

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix E: HPOG-  
Impact  
Implementation  
Interview Guides**

**National Implementation  
Evaluation of the Health  
Profession Opportunity  
Grants (HPOG) to Serve  
TANF Recipients and  
Other Low-Income  
Individuals and HPOG  
Impact Study**

0970-0394

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## Appendix E-1: HPOG-Impact Implementation Interview Guide for Partnering Employers

## HPOG Impact Evaluation

### Interview Guide for Partnering Employers

**Introductory statement to respondents:** We are members of the HPOG Research Team. We are visiting all of the HPOG grantees included in an impact study to document in greater detail program design and implementation. Today we'd like to ask about your involvement as a partnering employer of the [name of HPOG program]. By partnering employer, we mean an employer that is involved with the development, operation and results of the [name of HPOG program] program. The major purpose of this interview is to gather more nuanced and detailed information about your organization's involvement in [name of HPOG program]. We plan to use the information to produce research reports that describe the HPOG initiative and analyze its results and effectiveness.

***In preparation for our discussion today we have reviewed the information that you or representatives of your organization have provided in responses to the recent surveys, as well all other information about the [name of HPOG program] program we already have available. For example, as a partnering employer, someone from your organization would have responded to questions from a Stakeholder Survey, an Employer Survey and/or a Grantee Survey that included multiple-choice responses to questions about your organization's role in [name of HPOG program] planning, development, and/or operations. We have taken this step to personalize the information we will be discussing to the program in which you are involved. This will allow us to reduce the amount of information you will need to provide today.***

The interview will take about 30 minutes to complete. Before we begin, I would like to assure you that all of your responses will be kept private and used only for this research study. Your name will not appear in any written reports we produce. Also, the interview is voluntary and you may choose not to answer any specific question.

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0394 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397). Do you have any questions before we begin?

(Answer questions from respondent.) Let's start by discussing your organization's role in [name of HPOG program].

\*Pre-populate with information from NIE surveys.

**I. Background Information**

1. What is your role in [name of employer partner]?
2. We understand from the recent survey we sent your organization that it is a partner of [name of HPOG program] [\*]? Is that information still correct, and if not, in what ways? How many individuals from your organization are involved in the partnership with [name of HPOG program]?

**II. HPOG Program Socio-Economic Context and Local Healthcare Labor Market**

*We are going to focus on some aspects of the socio-economic environment in which the HPOG program you partner with was developed and operates.*

***Institutional/organizational environment, local labor market and differences between sites/locations targeted by the HPOG program***

1. Please describe the local labor market in which the HPOG program operates.
  - a. How would you describe the overall health of the local economy? How about for entry-level jobs?
  - b. Have there been any notable changes (increase or decrease) in the number of jobs available since the Fall of 2010? If yes, explain.
    - i. In what industry/what employer(s)?
  - c. Are there any local economic conditions that may have affected the ability of [name of HPOG program] to recruit/retain participants or place participants in employment? If yes, explain.

***Demand for entry- and mid-level positions in healthcare; major industries and employers of healthcare workers***

1. What is the local demand for entry- , low- and mid-level positions in healthcare? Who are the major employers?
  - a. What jobs in particular are in high demand?
  - b. What have the challenges been to secure employees for these positions?
2. What are the major local industries and employers of healthcare workers?

**III. Program Design, HPOG Planning, and Start Up (NOTE to interviewer: Ask only if employer was involved in program planning or design)**

*\*Pre-populate with information from NIE surveys.*

We understand that you were involved in the planning and design of [name of HPOG program] [\*]. We are going to discuss in more detail the nature of your role. (NOTE to interviewer: Ask only about the relevant issues below.)

1. We understand that your organization had a role in developing the grant proposal for [name of HPOG program]? If yes, what was your role?
2. We understand that your organization had a role in designing and planning [name of HPOG program]?
  - a. If yes, what was your role? In particular, did you have input into the program design that reflects your labor needs and standards for specific jobs? If yes, in what ways?
  - b. Did you have input into the range and volume of trainings provided?
3. What is your assessment of the [name of HPOG program] planning and design process? Has the program been implemented as envisioned, or is it different than expected? If yes, in what ways?

**IV. Incumbent Worker Training Program** (NOTE to interviewer: Ask only if employer is involved in incumbent worker training programs)

We understand that you are a partner with [name of HPOG program] in a formal incumbent worker training program [\*]. We are going to discuss in more detail the nature of your role.

1. When did you first enter into an agreement with [name of HPOG program] for an incumbent worker program?
2. What type of worker have you targeted for the incumbent worker program at [name of HPOG program]?
3. How do you recruit workers for the incumbent worker program?
4. Do you assess a worker's eligibility and suitability for the incumbent worker program? If yes, describe the process.
  - a. Do the workers you choose get immediate access to [name of HPOG program] or does the program also conduct eligibility determination?
5. What trainings are available to incumbent workers?
  - a. Which organization(s) provide the training?
  - b. Where does training take place?

\*Pre-populate with information from NIE surveys.

6. Is incumbent worker training full-time or part-time?
  - a. If part-time, do incumbent workers continue to work?
  - b. Approximately how long is incumbent worker training, depending on the specific training?
7. In addition to any services provided by the [name of HPOG program], how does your organization support incumbent workers?
8. Do incumbent workers automatically receive promotions and/or wage increases if they successfully complete the training?
  - a. What positions are incumbent worker program graduates expected to fill?
9. Approximately how many incumbent workers have been trained to date?
10. Are you generally satisfied with the [name of HPOG program] incumbent worker training program? Why or why not?
  - a. If not, what can be improved?
  - b. Would you continue to be part of an incumbent worker program with [name of HPOG program] if they continue operations after their current federal grant ends (at the end of September 2015)?

**V. Program Marketing, Recruitment and Intake** (NOTE: Ask only if employer is involved in marketing, recruiting and/or intake for [name of HPOG program] outside of its incumbent worker program)

*We understand that you have been marketing and/or recruiting for [name of HPOG program] [\*]. We are going to discuss your role in these activities.*

1. What is the nature of your role in marketing and recruitment for [name of HPOG program]?
2. On what specific target populations or institutions do your marketing and recruitment efforts focus?
3. Do you conduct any part of the eligibility process for [name of HPOG program]?
  - a. If yes, which part(s)?
  - b. Please describe the process.
4. How would you assess the results of your efforts in marketing and recruitment for [name of HPOG program]?

*\*Pre-populate with information from NIE surveys.*

**VI. Training and Services** (NOTE: Ask only if employer is involved in providing any direct training and/or training placements or internships to participants in the [name of HPOG program] outside of its incumbent worker program[\*])

We understand that you have been providing training services or training placements for participants in [name of HPOG program]. We are going to discuss your role in these activities.

1. Does your organization provide any of the following training services for participants in [name of HPOG program]?

- a. Healthcare career awareness
- b. Specific vocational skills and/or professional career training
- c. Workplace behavior and attitudes
- d. Contextualized basic skills training
- e. Job search and resume and interview training
- f. Other, please specify: \_\_\_\_\_

If yes, for each one, please tell us:

- the location;
- training approach (e.g., classroom, worksite demonstration, distance learning, other);
- name(s) of the instructor(s);
- number of participants trained at any one time and overall;
- content of the training;
- scheduling and length of time of training;
- whether or not completers receive some certification; and
- your overall assessment of the quality and results of the training.

2. Does your organization provide any of the following workplace training opportunities for participants in [name of HPOG program]?

- a. Part-time employment during training
- b. Lab placements or other practicums
- c. Job shadowing
- d. Transitional or subsidized employment
- e. Apprenticeships

\*Pre-populate with information from NIE surveys.

f. Other, please specify: \_\_\_\_\_

If yes:

- How are they arranged and to what degree do they coordinate with and/or contribute to training?
- What is your assessment of their quality and effectiveness?

3. Does your organization provide any of the following support services for participants in the [name of HPOG program] program?

- a. Academic counseling
- b. Career counseling
- c. Personal counseling
- d. Financial counseling
- e. Mentoring
- f. Financial support
- g. Books, uniforms, equipment
- h. Other support services, please specify: \_\_\_\_\_

If yes:

- How are they arranged and to what degree are they coordinated with project staff?
- What is your assessment of their quality and effectiveness?

## VII. Hiring Practices

*Now, I'd like to ask you about your organization's hiring practices for entry-level healthcare positions. We've learned about your general hiring policies from the employer survey that a representative of your organization recently completed [\*]. I'd like to focus our discussion today on your hiring decisions about graduates of [name of HPOG program].*

1. Do you give preference to graduates of [name of HPOG program]? If yes, how does that work?

2. Describe the process for learning about and screening graduates of [name of HPOG program].

- a. Has the process worked well? Why or why not?

*\*Pre-populate with information from NIE surveys.*



3. Approximately how many graduates of [name of HPOG program] have you hired and for what positions?
4. How would you rate the overall quality of graduates of [name of HPOG program] compared to other candidates for the same jobs?

### **VIII. Systems Change**

*Now, I'd like to ask you some questions about whether and how [name of HPOG program] has facilitated any changes in the systems by which low-income workers are trained for healthcare careers. We are going to discuss changes that your experiences with [name of HPOG program] may have brought about...*

*For example, since [name of HPOG program] began its development and operations:*

1. Have there been any changes in the way in which your organization interacts with [name of HPOG program]'s parent organization? If yes, what are they?
2. Have there been any changes in the way in which your organization interacts in general with training institutions for entry-level jobs? If yes, in what ways?
3. Have there been any changes in the network of institutions that are involved in training and hiring entry-level healthcare workers? If yes, in what ways?
4. What are the remaining barriers to effective changes in training and hiring for entry-level positions in healthcare? From your perspective, how might those barriers be overcome?

### **IX. Perspectives on [name of HPOG program]**

*Now, I'd like to ask you your assessment of the quality and effectiveness of [name of HPOG program]. I am going to ask you similar questions to those included in our recent survey [\*] and would like you to discuss the responses you give today.*

1. Do you think that [name of HPOG program] is effectively helping to meet local area healthcare labor needs? Why or why not?
2. Do you think that [name of HPOG program] is effectively developing career ladders? Why or why not?
3. Do you think that [name of HPOG program] is effectively producing graduates with adequate skills for the job? Why or why not?

*\*Pre-populate with information from NIE surveys.*

4. Have people in your organization been satisfied overall with the job-readiness of [name of HPOG program] graduates? Why or why not?

*Now, I'd like to close our discussion by asking you 1) if there are ways in which [name of HPOG program] can improve anything about their overall design, trainings, or services and 2) if you have any general advice for those designing programs like [name of HPOG program].*

*Thank you for your time and your thoughtful responses. Please feel free to contact us if you have additional information you'd like to communicate.*

**NOTE to Interviewer: Provide respondent sheet with contact information**