

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix F:  
HPOG-NIE  
Management and  
Staff Survey**

**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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*Submitted by:*  
Office of Planning,  
Research & Evaluation  
Administration for Children & Families  
U.S. Department of Health  
and Human Services

*Federal Project Officers:*  
**Molly Irwin and Mary Mueggenborg**

## Appendix F: HPOG-NIE Management and Staff Survey



**[ADVANCE EMAIL TO PROGRAM MANAGERS/SUPERVISORS.]**

Dear [name of program manager/supervisor.]:

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The study is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising HPOG-funded post-secondary education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of HPOG program managers/supervisors involved in overseeing staff and program services. We are asking program managers/supervisors like you to complete a brief survey to help us better understand the structure of [name of local HPOG program.]. The survey should take you approximately 30 minutes to complete. It is divided into three areas: staff background and program involvement, nature and amount of assistance provided to participants, and professional and program context. Your answers will be kept private. Information you provide will not be shared with other program staff. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the HPOG study team providing you with a link to a web-based survey form. The email will be sent from [sender.], and it will reference [subject line.] in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

Sincerely,

Abt Associates HPOG Project Director

*The Paperwork Reduction Act Burden Statement: 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 xxxx-xxxx, and it expires xx/xx/xxxx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name.]; [Contact Address.]; Attn: OMB-PRA (xxxx-xxxx).*



**[ADVANCE EMAIL TO PROGRAM STAFF (e.g., case managers, career advisors, intake specialists).]**

Dear [name of program staff member.]:

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The study is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising HPOG-funded post-secondary education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs. I am writing to enlist your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of HPOG program staff who provide direct support and services to participants. We are asking program staff like you to complete a brief survey to help us better understand the types of services provided as part of [name of local HPOG program.] and the contexts in which these services are provided. The survey should take you approximately 30 minutes to complete. It is divided into four areas: staff background and program involvement, type of assistance provided to participants, nature and amount of assistance provided to participants, and professional and program context. Your answers will be kept private. Information you provide will not be shared with other program staff, including your supervisor. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

Shortly you will receive an email from the HPOG study team providing you with a link to a web-based survey form. The email will be sent from [sender.], and it will reference [subject line.] in the "Subject" line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

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[CONSENT SCREEN FOR PROGRAM MANAGERS/SUPERVISORS.]

[If Manager, present "Management Consent." If Staff, skip to "Staff Consent".]

## Health Profession Opportunity Grants (HPOG) Management and Staff Survey Management Consent

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising post-secondary HPOG-funded education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs.

As part of the HPOG study, we are asking program managers/supervisors involved in overseeing program staff and services to complete a brief survey to help us better understand the structure of [name of local HPOG program.]. The survey should take you approximately 30 minutes to complete. It is divided into three areas: staff background, nature and amount of assistance provided to participants, and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program staff. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

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[CONSENT SCREEN FOR PROGRAM STAFF.]

[If Manager, skip to item 1. If Staff, present “Staff Consent”.]

## Health Profession Opportunity Grants (HPOG) Management and Staff Survey Staff Consent

As you may know, [name of local HPOG program.] is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising post-secondary HPOG-funded education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs.

As part of the HPOG study, we are asking program staff who provide direct support and services to participants (such as advising, case management, or employment support) to complete a brief survey to help us better understand the types of services provided as part of [name of local HPOG program.] and the contexts in which these services are provided. The survey should take you approximately 30 minutes to complete. It is divided into four areas: staff background and program involvement, type of assistance provided to participants, nature and amount of assistance provided to participants, and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program staff, including your supervisor. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

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## Part A. Background and Program Involvement

Please complete the requested information below or select the category for each item that best describes your background.

[If Manager or Staff present items 1 - 10.]

**1. What is your title in your current position with [name of local HPOG program.]?**

\_\_\_\_\_

**2a. How long have you been working in this position of [title from Q1.] or a similar one at [name of local HPOG program.]?**

\_\_\_\_\_ years    \_\_\_\_\_ months

**2b. On average, what percent of your time do you spend on [name of local HPOG program.]?**

\_\_\_\_\_ %

**3. Are you male or female?**

Male

Female

**4. What is your age? \_\_\_\_\_ years**

**5. Are you of Hispanic, Latino, or Spanish Origin?**

**(Please select only one answer.)**

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin

**6. What is your race?**

**(You may select one or more answers.)**

White

Black, African American, or Negro

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

**7. What is the highest level of education you have completed?**

**(Please select only one answer.)**

- Some high school (no diploma/no GED)
- High school diploma or GED
- Some college (no degree)
- Associate’s Degree
- Bachelor’s Degree
- Master’s degree
- Doctoral degree or equivalent
- Other (*Please specify*): \_\_\_\_\_

**8. Have you earned a post-secondary degree in any of the following academic areas?**

**(Please select all that apply. If you have not earned a degree in an academic area, leave it blank.)**

Academic Area	Degree(s) Earned			
	Associate’s Degree	Bachelor’s Degree	Master’s Degree	Doctoral Degree
8a. Adult Education				
8b. Business				
8c. Communication Arts				
8d. Education				
8e. Education/Elementary School				
8f. Education/Middle School				
8g. Education/Secondary School				
8h. Education/Reading				
8i. Special Education				
8j. Engineering				
8k. English				
8l. ESL				
8m. Guidance/Counseling				
8n. History				
8o. Language/Linguistics				
8p. Mathematics				
8q. Science (i.e., Biology, Botany, Chemistry, Physics, Health Sciences, Nursing)				
8r. Social Science (i.e., Anthropology, Economics, Political Science, Sociology, Psychology)				
8s. Social Work				
8t. Other academic area ( <i>Please specify</i> ): _____				

**9. In addition to these post-secondary degrees, do you hold any educational certifications?**

- Yes  
 No

**10. If yes, please specify the subject area in which you are certified and the type of certification you hold. You may include temporary or emergency certifications. Please do not include certifications that are in progress.**

Subject Area	Type Certification
10a.	
10b.	
10c.	
10d.	
10e.	
10f.	

[If Manager, present 11-M. If Staff, skip to 11-S.]

**11-M. What is your primary responsibility as part of [name of local HPOG program.]?**

(Please select only one answer.)

- Hiring staff  
 Supervising case managers/advisors  
 Supervising instructional staff  
 Supervising other types of staff (e.g., recruitment, study intake, enrollment)  
 Program design/enhancements  
 Program reporting  
 Fundraising  
 Other (Please specify): \_\_\_\_\_

[If Manager, skip to 12-M. If Staff, present 11-S.]

**11-S. What is your primary responsibility as part of [name of local HPOG program.]?**

(Please select only one answer.)

- Recruitment  
 Intake and enrollment  
 Academic advising (e.g., assistance with course selection, tutoring, etc.)  
 Non-academic advising (e.g., assistance with personal/financial supports and guidance)  
 Career advising (e.g., assistance with career and employment choices)  
 Employment assistance (e.g., job readiness, job search, job placement)  
 Other (Please specify): \_\_\_\_\_

[If Staff, skip to 12-S. If Manager, present 11-M.]

**11-M. What other (secondary) responsibilities do you have as part of [name of local HPOG program.]?****(Please select all that apply.)**

- Hiring staff
- Supervising case managers/advisors
- Supervising instructional staff
- Supervising other types of staff (e.g., recruitment, study intake, enrollment)
- Program design/enhancements
- Program reporting
- Fundraising
- Other (Please specify): \_\_\_\_\_

[If Manager, skip to 13. If Staff, present 12-S.]

**12-S. What other (secondary) responsibilities do you have as part of [name of local HPOG program.]?****(Please select all that apply.)**

- Recruitment
- Intake and enrollment
- Academic advising (e.g., assistance with course selection, tutoring, etc.)
- Non-academic advising (e.g., assistance with personal/financial supports and guidance)
- Career advising (e.g., assistance with career and employment choices)
- Employment assistance (e.g., job readiness, job search, job placement)
- Other (Please specify): \_\_\_\_\_

[If Manager or Staff, present item 13.]

**13. How much total work experience (including your current and prior positions) do you have in performing responsibilities similar to those you carryout as part of [name of local HPOG program.]?****(Please select only one answer.)**

- More than 5 years
- 3 to 5 years
- 1 to less than 3 years
- Less than 1 year

[If Manager, present 14a-M. If Staff, skip to 14a-S.]

**14a-M. In your position of [insert title from Q1.] at [name of local HPOG program.], do you formally manage/supervise staff on an ongoing basis?**

- Yes
- No

[If 14a-M = no, skip to 15. If 14a-M = yes, present 14b-M and 14c-M.]

**14b-M. If yes, how many staff are you typically manage/supervise?**

\_\_\_\_\_ # staff

**14c-M. Do you supervise:**

**(Please select all that apply.)**

- Instructors
- Case manager or advisors
- Employment-related staff
- Administrative staff
- Other (Please specify): \_\_\_\_\_

[If Manager, skip to 15. If Staff, present 14a-S.]

**14a-S. In your position of [insert title from Q1.] at [name of local HPOG program.], are you responsible for working with a number of participants on an ongoing basis (i.e., do you carry a “caseload”)?**

- Yes
- No

[If 14a-S = no, skip to 15.]

**14b-S. If yes, how many participants do you typically work with (i.e., what is your caseload)?**

\_\_\_\_\_ # participants

[If Manager or Staff, present items 15 - 17.]

**15. In your position of [insert title from Q1.] at [name of local HPOG program.], are you a:**

**(Please select only one answer.)**

- Full-time employee
- Part-time employee
- Contractor

**16a. Do you receive any fringe benefits (e.g., paid time off, health insurance) as part of your employment with [name of local HPOG program.]?**

- Yes
- No

[If 16a = no, skip to 17a.]

**16b. If yes, please select all that apply.**

- Paid vacation
- Health insurance
- Life insurance
- Sick leave
- Tuition reimbursement
- Free or discounted tuition
- Other (Please specify): \_\_\_\_\_

**17a. Are professional development opportunities (e.g., workshops or training) available to you as part of your job?**

- Yes
- No

[If 17a = yes, continue to 17b. If 17a = no and Manager, skip to 19-M. If 17a = no and Staff, skip to 18-S.]

**17b. If yes, please select all that apply.**

- Workshops/Trainings
- Professional conferences
- Professional association memberships or journal subscriptions
- Online learning resources
- Mentoring/Coaching
- Learning communities or listservs
- Other (Please specify): \_\_\_\_\_

**17c. Are the majority of the professional development opportunities available to you: (Please select the one answer that is most accurate.)**

- Paid by your employer and available during your normal work hours
- Paid by your employer, but on personal time
- Available at a cost to you, but provided time during work hours to attend/use
- Available at a cost to you, on personal time

**17d. How often do you attend/participate in professional development activities?**

- More than 5 times per year
- 3-5 times per year
- 1-2 times per year
- Never

[If Manager, skip to 19-M. If Staff, present Part B header and item 18-S.]

## Part B. Type of Assistance Provided

18-S. Using a scale of 1 to 7, where 1 = None of My Time and 7 = Most of My Time, please indicate how much time you spend on each of the following activities:

Domain	Item	Scale						
		1 None of My Time	2	3	4	5	6	7 Most of My Time
<b>Recruitment</b>	18a-S. Recruiting participants for the program							
<b>Academic Advising</b>	18b-S. Advising participants on admissions requirements or pre-requisites							
	18c-S. Advising participants on course selection							
	18d-S. Assisting participants with enrollment in classes							
	18e-S. Obtaining and reviewing participants' academic assessment results							
	18f-S. Monitoring participants' day-to-day academic progress							
	18g-S. Arranging instructional support such as tutoring or study groups for participants							
	<b>Non-academic advising</b>	18h-S. Advising participants on personal issues and needs						
18i-S. Advising or assisting participants with financial aid or scholarships								
18j-S. Referring or connecting participants to support services (childcare, TANF, SNAP, transportation, housing, etc.)								
18k-S. Assisting participants with developing skills needed for success at school, work, and other areas of life (either in a group setting or individually)								

Domain	Item	Scale						
		1 None of My Time	2	3	4	5	6	7 Most of My Time
<b>Career Advising</b>	18l-S. Helping participants develop career goals							
	18m-S. Providing career information and advice to participants							
<b>Employment Assistance</b>	18n-S. Assisting participants with internships/externships/clinical placements							
	18o-S. Helping participants prepare resumes							
	18p-S. Identifying job openings for participants							
	18q-S. Referring participants to job search/placement services							
	18r-S. Conducting mock interviews with participants							
<b>Other</b>	18s-S. Other ( <i>Please specify</i> ): _____							
	18t-S. Other ( <i>Please specify</i> ): _____							

## Part C. Nature and Amount of Assistance Provided

[If Manager, present 19-M. If Staff, skip to 20-S.]

**19-M. On average, how often do staff in your program who work with participants on an ongoing basis have contact with participants through each of the following methods?**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
20a-M. In person, individual session					
20b-M. In person, group session					
20c-M. Over the phone					
20d-M. By email or other electronic communication					
20e-M. Other method ( <i>Please specify</i> ): _____					

[If Manager, skip to 22-M. If Staff, present 20-S.]

**20-S. On average, how often do you have contact with participants through each of the following methods?**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
20a-S. In person, individual session					
20b-S. In person, group session					
20c-S. Over the phone					
20d-S. By email or other electronic communication					
20e-S. Other method ( <i>Please specify</i> ): _____					

[If all in {20a-S - 20e-S} = 1 ("never"), skip to 22-S. If any in {20a-S - 20e-S} NOT= 1, present 21-S.]

**21-S. In general, who initiates the majority of the participant meetings?**

- I do
- Another program staff member does
- The participant does
- Equally me or another person (program staff or participant)
- It varies case to case

[If Manager, present 22-M. If Staff, skip to 22-S.]

**22-M. On average, how often do you...**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
22a. Communicate with instructional staff about participants' individual situations (e.g., participant progress, strengths, barriers to participation)? [Note 22a is identical for Management and Staff.]					
22b-M. Communicate with case managers/advisors about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?					
22c-M. Communicate directly with participants about their individual situations (e.g., participant progress, strengths, barriers to participation)?					

[If Manager, skip to 23 If Staff, present 22-S.]

**22-S. On average, how often do you...**

	Scale				
	1 Never	2 A Few Times per Year	3 About Once a Month	4 2 to 3 Times a Month	5 Once a Week or More
22a. Communicate with instructional staff about participants' individual situations (e.g., participant progress, strengths, barriers to participation)? [Note 22a is identical for Management and Staff.]					
22b-S. Communicate with program management or supervisors about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?					

[If Manager or Staff, present items 23 - 30.]

**23. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements:**

	Scale				
	1 Strongly Disagree	2	3	4	5 Strongly Agree
23a. Staff in this program make an effort to get to know the participants well.					
23b. Staff in this program make an effort to learn about participants' personal and family situations.					
23c. Staff in this program closely monitor the academic progress of its participants.					
23d. Staff in this program make an effort to learn about participants' career and employment goals.					

24. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how much you agree or disagree with the following statement:

If people in my job do good work, we can really improve the lives of participants.

Scale				
1	2	3	4	5
Strongly Disagree				Strongly Agree

25. In your opinion, which three of the following personal problems or challenges most frequently stand in the way of participants' successfully completing the program?

(Please select up to three answers.)

- Motivational issues
- Mental health issues
- Substance abuse issues
- Physical health issues
- Domestic violence issues
- Other domestic issues (e.g., marital or relationship issues)
- Child care or dependent care issues
- Transportation problems
- Child behavioral issues
- Homelessness or housing problems
- Criminal history
- Legal problems
- Financial issues
- Other (Please specify): \_\_\_\_\_

**26. In your opinion, does your program offer sufficient support services to participants with the following issues?**

	Yes	No	Don't Know
26a. Motivational issues			
26b. Mental health issues			
26c. Substance abuse issues			
26d. Physical health issues			
26e. Domestic violence issues			
26f. Other domestic issues (e.g., marital or relationship issues)			
26g. Child care or dependent care issues			
26h. Transportation problems			
26i. Child behavioral issues			
26j. Homelessness or housing problems			
26k. Criminal history			
26l. Legal problems			
26m. Financial issues			
26n. Other (Please specify): _____			

**27. Based on the practices in your program, what would you say is the more important goal of the program?**

- To help participants move along the career pathway *by finding employment in their desired field as quickly as possible*
- To help participants move along the career pathway *by continuing their education with the aim of achieving further credentialing to support higher-skilled employment*

Scale						
1	2	3	4	5	6	7
<b>Employment</b> To help participants move along the career pathway <i>by finding employment in their desired field</i> as quickly as possible			<b>Both Equally</b>			<b>Education</b> To help participants move along the career pathway <i>by continuing their education</i> with the aim of achieving further credentialing to support higher-skilled employment

**28. In your opinion, which do you feel the more important goal of the program should be?**

- To help participants move along the career pathway *by finding employment in their desired field as quickly as possible*
- To help participants move along the career pathway *by continuing their education with the aim of achieving further credentialing to support higher-skilled employment*

Scale						
1	2	3	4	5	6	7
<b>Employment</b> To help participants move along the career pathway <i>by finding employment in their desired field</i> as quickly as possible			<b>Both Equally</b>			<b>Education</b> To help participants move along the career pathway <i>by continuing their education</i> with the aim of achieving further credentialing to support higher-skilled employment

**29. In your opinion, if participants get the typical services provided by your program, how helpful will these services be to them in getting a job in the field they are studying?**

Scale						
1	2	3	4	5	6	7
Little Help in Getting a Job						Considerable Help in Getting a Job

**30. In your opinion, if participants get the typical services provided by your program how helpful will the services be to them in feeling better about themselves?**

Scale						
1	2	3	4	5	6	7
Little Help in Feeling Better About Themselves						Considerable Help in Feeling Better About Themselves

## Part D. Professional and Program Context

Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly do you agree or disagree with each of the following statements about [name of local HPOG program.] and your experiences in your position?

[Present the items in Part D to respondents in a random order. Do not end survey with an item from the “stress” domain/subscale. Do not present the columns “universe” or “domain/subscale.” Use the information in the column “universe” to determine the respondent type (manager or staff) for each item.]

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Staffing	31. Frequent staff turnover is a problem for your program.					
Staff & Mgt.	Staffing	32. Staff in your program are able to spend the time needed with participants.					
Staff & Mgt.	Staffing	33. Staff in your program have the skills they need to do their jobs.					
Staff & Mgt.	Staffing	34. Your program has enough staff to meet current participant needs.					
Staff & Mgt.	Staffing	35. Staff in your program are well-trained.					
Staff & Mgt.	Staffing	36. A larger support staff is needed to help meet needs at your program.					
Staff & Mgt.	Training	37. Staff training and professional development are priorities in your program.					
Staff & Mgt.	Training	38. You learned new skills or techniques at a professional training in the past year.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Training	39. Your program holds regular in-service training.					
Staff & Mgt.	Training	40. The budget in your program allows staff to attend professional training.					
Staff only	Supervision	41-S. Your program is managed well.					
Staff only	Supervision	42-S. Your program has supervisors who are capable and qualified.					
Staff only	Supervision	43-S. When needed, program supervisors devote much time and attention to staff supervision.					
Staff only	Supervision	44-S. Management decisions for your program are well planned.					
Staff only	Supervision	45-S. You have confidence in how decisions at your program are made.					
Staff only	Supervision	46-S. You meet frequently with supervisors about participant needs and progress.					
Staff only	Supervision	47-S. Staff concerns are ignored by management when making decisions about your program.					
Staff & Mgt.	Growth	48. Your program encourages and supports professional growth for the staff.					
Staff & Mgt.	Growth	49. Keeping your knowledge and skills up-to-date is a priority for you.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Growth	50. You do a good job of regularly updating and improving your skills.					
Staff & Mgt.	Growth	51. You regularly read professional articles or books in your field of expertise.					
Staff & Mgt.	Growth	52. You review new techniques or updates in the field regularly.					
Mgt. only	Efficacy	53-M. You have the skills needed to effectively manage staff.					
Staff only	Efficacy	53-S. You have the skills needed to effectively advise/case manage participants.					
Staff & Mgt.	Efficacy	54. You are effective and confident in doing your job.					
Staff & Mgt.	Efficacy	55. You usually accomplish whatever you set your mind on.					
Staff & Mgt.	Efficacy	56. You have the skills needed to be effective in your job.					
Staff & Mgt.	Efficacy	57. You consistently plan ahead and carry out your plans.					
Staff & Mgt.	Adaptability	58. Learning and using new procedures are easy for you.					
Staff & Mgt.	Adaptability	59. You are able to adapt quickly when you have to make changes.					
Staff & Mgt.	Adaptability	60. You are willing to try new ideas even if some staff members are reluctant.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Adaptability	61. You are sometimes too cautious or slow to make changes.					
Staff & Mgt.	Satisfaction	62. You are satisfied with your present job.					
Staff & Mgt.	Satisfaction	63. You feel appreciated for the job you do.					
Staff & Mgt.	Satisfaction	64. You give high value to the work you do.					
Staff & Mgt.	Satisfaction	65. You are proud to tell others where you work.					
Staff & Mgt.	Satisfaction	66. You like the people you work with.					
Staff & Mgt.	Satisfaction	67. You would like to find a job somewhere else.					
Staff & Mgt.	Mission	68. Some staff members seem confused about the main goals for your program.					
Staff & Mgt.	Mission	69. Your duties are clearly related to the goals for your program.					
Staff & Mgt.	Mission	70. Your program operates with clear goals and objectives.					
Staff & Mgt.	Mission	71. Staff members at your program understand how program goals fit as part of the workforce development system in your community.					
Mgt. only	Mission	72M. Your program has a clear plan for its future.					
Staff only	Mission	72 S. Management for your program has a clear plan for its future.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Cohesion	73. Staff members at your program work together as a team.					
Staff & Mgt.	Cohesion	74. Mutual trust and cooperation among staff in your program are strong.					
Staff & Mgt.	Cohesion	75. Staff members at your program get along very well.					
Staff & Mgt.	Cohesion	76. Staff members at your program are quick to help one another when needed.					
Staff & Mgt.	Cohesion	77. There is too much friction among staff members you work with.					
Staff & Mgt.	Cohesion	78. Some staff in your program do not do their fair share of work.					
Staff only	Autonomy	79. S. Your professional decisions often get revised by a supervisor.					
Staff & Mgt.	Autonomy	80. Staff in your program are given broad authority in carrying out their responsibilities.					
Staff & Mgt.	Autonomy	81. Staff in your program can try out different techniques to improve their effectiveness.					
Staff & Mgt.	Autonomy	82. Staff members are given too many rules in your program.					
Mgt. only	Autonomy	83. M. You fully trust professional judgments of staff you supervise.					
Staff only	Autonomy	83-S. Management fully trusts professional judgments of staff in your program.					

Universe	Domain/ Subscale	Item	Scale				
			1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
Staff & Mgt.	Communi- cation	84. More open discussions about program issues are needed where you work.					
Mgt. only	Communi- cation	85-M. Ideas and suggestions of staff you supervise get fair consideration.					
Staff only	Communi- cation	85-S. Ideas and suggestions in your program get fair consideration by management.					
Staff & Mgt.	Communi- cation	86. Your program staff is kept well informed.					
Staff & Mgt.	Communi- cation	87. The formal and informal communi- cation channels in your program work very well.					
Staff & Mgt.	Communi- cation	88. Staff members always feel free to ask questions and express concerns in your program.					
Staff & Mgt.	Stress	89. The heavy staff workload reduces the effectiveness of your program.					
Staff & Mgt.	Stress	90. You are under too many pressures to do your job effectively.					
Staff & Mgt.	Stress	91. Staff members at your program often show signs of high stress and strain.					
Staff & Mgt.	Stress	92. Staff frustration is common where you work.					

## Screen Shots of HPOG-NIE Management and Staff Survey



### HPOG Management Survey

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#### Health Profession Opportunity Grants (HPOG) Management Survey

As you may know, {invite.Local HPOG} is participating in the National Evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The evaluation is being conducted by Abt Associates and the Urban Institute. It will assess a range of promising post-secondary HPOG-funded education and training programs around the nation that are designed to help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, to secure well-paying health care jobs.

As part of the HPOG study, we are asking program staff who provide direct support and services to participants (such as advising, case management, or employment support) to complete a brief survey to help us better understand the types of services provided as part of {invite.Local HPOG} and the contexts in which these services are provided. The survey should take you approximately 30 minutes to complete. It is divided into four areas: staff background and program involvement, type of assistance provided to participants, nature and amount of assistance provided to participants, and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program staff, including your supervisor. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any reports published, and comments will not be attributed to you. Instead, your information will be combined with information provided by others. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

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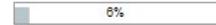
*The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to supplement information gathered during on-site visits. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).*

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## HPOG Management Survey



### Part A. Management Background and Program Involvement

*Please complete the requested information below or select the category for each item that best describes your background.*

1. What is your title in your current position with {invite.Local HPOG}?

Back

Save and continue later

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### HPOG Management Survey

#### Part A. Management Background and Program Involvement

Please complete the requested information below or select the category for each item that best describes your background.

2a. How long have you been working in this position of { title } at {invite.Local HPOG}?

years

months

2b. Were you working in your current position before {invite.Local HPOG} started?

- Yes
- No

2c. If so, for how many months and years before {invite.Local HPOG} started were you in your current position?

years

months

3. Are you male or female?

- Male
- Female

4. What is your age?

Years

5. Are you of Hispanic, Latino, or Spanish Origin?

(Please select only one answer.)

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

6. What is your race?

(You may select one or more answers.)

- White
- Black, African American, or Negro
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian