

**Supporting
Statement for OMB
Clearance Request**

**Appendix G: HPOG-NIE
Stakeholder/ Network
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

April 24, 2013
Revised July 5, 2013

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 Muegenborg

Appendix G: HPOG-NIE Stakeholder/Network Survey



Health Profession Opportunity Grant (HPOG)

Stakeholder/Network Survey

As you may know, **[name of local HPOG program]** is participating in a national evaluation of the Health Profession Opportunity Grants (HPOG). This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and the Urban Institute. The study will assess a range of promising post-secondary health profession training programs that are designed to promote improvements in education, employment, and self-sufficiency among individuals receiving Temporary Assistance for Needy Families (TANF) support, as well as other low income individuals.

You have been selected to participate in this survey based on your role in an organization whose work is related to healthcare workforce development, supportive services for healthcare trainees, or another area that intersects with meeting the growing labor force needs of the healthcare sector. The survey is designed to collect information about HPOG implementation in your community to provide feedback to the HPOG grantees, the federal funders, and others in your locale who are interested in this topic.

The survey focuses on the nature of HPOG implementation. It seeks to understand how various partners collaborated on HPOG activities at several points in time. It also measures your perceptions of:

- Whether the HPOG initiative introduced substantial changes to healthcare training, supportive services, career opportunities, and employment for the targeted populations in your local or regional community; and
- Whether such changes are likely to be sustainable after the conclusion of the federally-funded program.

Your answers will be kept private. 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. Information you provide will not be shared with other staff at your program or organization. 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. The survey should take approximately 30 minutes to complete. 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.

[SURVEY ROADMAP AND INSTRUCTIONS WILL BE INSERTED ABOUT HERE.]

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)**.

Notes to reviewer

- Programming instructions are in **blue** font
- Prefilled text from previous responses is denoted in **green** font
- Rollover definitions are shaded in **aqua**

Part A. Awareness of HPOG

1. Are you aware that [name of grantee institution] is running a program called [name of local HPOG program] through the Health Profession Opportunity Grants (HPOG) program?

- Yes
 No

[IF "YES" IS SELECTED, SKIP TO 3. ELSE, CONTINUE TO 2..]

2. Is there anyone or a department at your institution that may have knowledge of the Health Profession Opportunity Grants (HPOG) program? If so, please provide the contact information for that person so we can send them this survey.

Name: _____

Title: _____

Telephone: _____

E-mail: _____

[SKIP TO END OF SURVEY.]

Part B. Organization Characteristics

In this section, we would like to gather some basic information about your organization.

Please feel free to consult others at your organization if you do not feel sure about any of the questions you are asked in this survey. The objective of this survey is to fully understand your organization's perspective on [name of local HPOG program] and the network of organizations involved.

3. Is [name of organization] the correct name of your organization?

- Yes
- No

[IF "YES" IS SELECTED, SKIP TO 5. ELSE, CONTINUE TO 4.]

4. What is the correct name of your organization? (Please specify.)

5. Which of the following best describes your organization's type?
(Please select only one answer.)

- TANF agency
- Workforce Investment Board (WIB)
- One-Stop Career Center
- Secondary school/school district (e.g., high school)
- Community or technical college (includes community college district)
- Four-year college or university (includes state colleges and private/religious institutions)
- Local government agency (e.g., city council, mayoral office, city/county agency)
- State government agency (aside from TANF agency)
- Economic development agency
- Non-profit community-based service organization
- Non-profit community-based training provider (includes faith-based providers but does not include - two- or four-year colleges and universities)
- Social enterprise organization
- For-profit or proprietary service/training provider
- Healthcare employer
- Industry/business association
- Professional association
- Foundation
- Labor organization (e.g., union/labor association/labor federation)
- Other (Please specify): _____

6. How many years has your organization been in operation? Your best estimate is fine.**(Please select only one answer.)**

- Less than 2 years
- 2 to 5 years
- 6 to 9 years
- 10 to 19 years
- 20 years or more

7. How many full-time equivalent employees does your organization have? Your best estimate is fine. (Please select only one answer.)

- Fewer than 10 employees
- 10 to 19 employees
- 20 to 49 employees
- 50 to 99 employees
- 100 to 499 employees
- 500 or more employees

8. What geographic area does your organization serve?**(Please select only one answer.)**

- One city or county
- Multiple cities/counties in a state
- All cities/counties in a state
- Multiple cities/counties across state lines
- Multiple states
- Other **(Please specify):** _____

9. What are the main activities conducted by your organization?**(Please select all that apply.)**

- Advocacy
- Curriculum development/technical assistance
- Direct healthcare provision
- Education and training
- Funding for healthcare or social services (e.g., grant funding)
- Monitoring/regulation or certification of healthcare or social services
- Program planning and policy development
- Research and evaluation
- Social/human service delivery (e.g., employment assistance/services)
- Other **(Please specify):** _____

Part C. Respondent/Grantee Relationship

In this section, we want to understand your organization's relationship with [name of grantee institution] prior to HPOG. The HPOG grant was awarded on or about [grant_award_date]. These questions refer to your relationship before this date.

10. How would you characterize the nature of your organizational relationship with [name of grantee institution] before they were awarded the HPOG grant?

(Please select only one answer.)

- Formalized relationship (e.g. formal memorandum of understanding (MOU) or contract)
- Informal collaboration
- No active relationship before the HPOG grant

[IF "No active relationship before the HPOG grant" IS SELECTED, SKIP TO 14.. ELSE, CONTINUE TO 11.]

11. How long had your organization been partners or collaborated with [name of grantee institution] before they were awarded the HPOG grant? Your best estimate is fine.

(Please select only one answer.)

- Less than a year
- 1 to 5 years
- More than 5 years

12. In what types of activities did your organization engage with or for [name of grantee institution] before they were awarded the HPOG grant?

(Please select all that apply.)

	YES	NO
a. Planning and design of HPOG grant activities (e.g., grant writing, letter of commitment, member of advisory/steering committee)		
b. Referral of applicants for services provided by [name of grantee institution] (e.g., formal referral arrangement, initial screening of applicants, referral of current employees)		
c. Marketing and outreach (e.g., printed materials available on-site, information available on partner's website, mentions during presentations to stakeholders, mentions during orientation for organization's services, mentions during assessment and counseling session)		
d. Curriculum development (e.g., offering examples of relevant curricula, providing feedback on draft curricula, writing modules for curriculum)		
e. Vocational or occupational training (e.g., operation of training program, provision of faculty/instructors, provision of training space, provision of equipment, provision of learning technologies, provision of work-based learning opportunities—e.g., internships, clinicals)		
f. Pre-training activities (e.g., Prior to training, provision of workshops on healthcare occupations and educational requirements, reading or math refresher courses, computer skills; and/or provision of pre-training faculty/instructors, training space, equipment, and/or learning technologies)		
g. Basic academic skills education (e.g., education for foundational math, reading, and writing skills, such as General Equivalency Degree (GED) classes, pre-GED Classes, English as a Second Language (ESL) instruction, adult basic education)		
h. Counseling and support services (e.g., academic supports and counseling, personal supports and counseling, financial supports, other social supports)		
i. Job development activities (e.g., job readiness workshops, job search skills training, individual job search assistance, job coach navigator, group job search support, post-placement and retention support)		
j. Job placement activities (e.g., obtaining and screening job listings for HPOG participants, screening HPOG participants for suitability for a position, scheduling interviews for a job candidate, providing interview space)		

	YES	NO
k. Recruitment or hiring of [name of local HPOG program] graduates (e.g., guaranteeing interviews for successful graduates or soon-to-be graduates, placing job listings with HPOG program, placing direct call(s) to HPOG program manager or other contact to learn about potential candidates)		

13. Since HPOG began, that is since [grant_award_date], has your organization's relationship with [name of grantee institution] expanded, diminished, or remained unchanged, compared to before [name of grantee institution] was awarded the HPOG grant?

(Please select only one answer.)

- Expanded
- Diminished
- Remained unchanged

Part D. HPOG Engagement/Involvement

In this section, we want to know about specific ways in which your agency/organization may have been involved in **[name of local HPOG program]** since the awarding of the HPOG grant.

14. Throughout the three years of HPOG, from **[grant_award_date]** to **[year_3_grant_end_date]**, has your organization ever been involved in the following activities in support of **[name of local HPOG program]**?

(Please select only one answer for all rows that apply.)

	YES	NO
a. Planning and design of HPOG grant activities (e.g., grant writing, letter of commitment, member of advisory/steering committee)		
b. Referral of applicants for services provided by [name of grantee institution] (e.g., formal referral arrangement, initial screening of applicants, referral of current employees)		
c. Marketing and outreach (e.g., printed materials available on-site, information available on partner's website, mentions during presentations to stakeholders, mentions during orientation for organization's services, mentions during assessment and counseling session)		
d. Curriculum development (e.g., offering examples of relevant curricula, providing feedback on draft curricula, writing modules for curriculum)		
e. Vocational or occupational training (e.g., operation of training program, provision of faculty/instructors, provision of training space, provision of equipment, provision of learning technologies, provision of work-based learning opportunities—e.g., internships, clinicals)		
f. Pre-training activities (e.g., Prior to training, provision of workshops on healthcare occupations and educational requirements, reading or math refresher courses, computer skills; and/or provision of pre-training faculty/instructors, training space, equipment, and/or learning technologies)		
g. Basic academic skills education (e.g., education for foundational math, reading, and writing skills, such as General Equivalency Degree (GED) classes, pre-GED Classes, English as a Second Language (ESL) instruction, adult basic education)		
h. Counseling and support services (e.g., academic supports and counseling, personal supports and counseling, financial supports, other social supports)		
i. Job development activities (e.g., job readiness workshops, job search skills training, individual job search assistance, job coach navigator, group job search support, post-placement and retention support)		

	YES	NO
j. Job placement activities (e.g., obtaining and screening job listings for HPOG participants, screening HPOG participants for suitability for a position, scheduling interviews for a job candidate, provided interview space)		
k. Recruitment or hiring of [name of local HPOG program] graduates (e.g., guaranteeing interviews for successful graduates or soon-to-be graduates, placing job listings with HPOG program, placing direct call(s) to HPOG program manager or other contact to learn about potential candidates)		

15. For each of the HPOG activities that you indicated your organization was involved with in support of [name of local HPOG program]:

- On a five-point scale, how would you rate your organization’s level of involvement with [name of local HPOG program] during the first year of the HPOG grant, from [year_1_grant_start_date] to [year_1_grant_end_date]?
- On a five-point scale, how would you rate your organization’s level of involvement with [name of local HPOG program] during the second year of the HPOG grant, from [year_2_grant_start_date] to [year_2_grant_end_date]?
- On a five-point scale, how would you rate your organization’s level of involvement with [name of local HPOG program] during the most recent (third) year of the HPOG grant, from [year_3 grant_start_date] to [year_3 grant_end_date]

[POPULATE TABLE ONLY WITH ITEMS WITH WHICH THEY WERE INVOLVED IN QUESTION 14.]

	First Year of HPOG					Second Year of HPOG					Third Year of HPOG				
	1 Not Involved	2	3	4	5 Highly Involved	1 Not Involved	2	3	4	5 Highly Involved	1 Not Involved	2	3	4	5 Highly Involved
a. Planning and design of HPOG grant activities															
b. Referral of applicants for services provided by [name of grantee institution]															
c. Marketing and outreach															

	First Year of HPOG					Second Year of HPOG					Third Year of HPOG				
	1 Not Involved	2	3	4	5 Highly Involved	1 Not Involved	2	3	4	5 Highly Involved	1 Not Involved	2	3	4	5 Highly Involved
d. Curriculum development															
e. Vocational or occupational training															
f. Pre-training activities															
g. Basic academic skills education															
h. Counseling and support services															
i. Job development activities															
j. placement activities															
k. Recruitment or hiring of [name of local HPOG program] graduates															

Part E. Resources

In this question, we want to understand if your organization made any donations or contributions to support the operations of [name of local HPOG program], providing resources that were not covered directly by the specific grant funding.

16. What type of donations or contributions has your organization made to support [name of local HPOG program] that were not covered by the grant funding?

(Please select all that apply.)

- Financial support
- Curriculum/training materials
- Equipment/space
- Mentors
- Scholarships/tuition assistance
- Staff/instructors
- Student support other than tuition (e.g., books, fees for exams)

- Other (Please specify): _____
- No donations

Part F. HPOG Partner Communication

In this section, we ask about the nature of relationships between organizations that may be involved with or supported [name of local HPOG program]. We ask about relationships at two points in time—before [name of grantee institution] was awarded the HPOG grant in [grant_award_date], and currently.

17. What is your current level of familiarity with the organizations below?
(Please select only one answer for each row.)

Organization	[17a] Never heard of this organization	[17b] Heard of them but have had no professional interaction	[17c] Familiar with them and have interacted professionally (but do not have a formal MOU/contract)	[17d] Familiar with them and have a formal MOU/contract
a. [name of grantee institution]				
b. [Organization 1]				
c. [Organization 2]				
d. [Organization 3]				
e. [Organization 4]				

Questions 18-20 ask about your relationships before [name of grantee institution] was awarded the HPOG grant, that is before [grant_award_date].

18. How frequently did people from your organization interact with the organizations below, before [name of grantee institution] was awarded the HPOG grant in [grant_award_date]?
[POPULATE TABLE ONLY WITH ORGANIZATIONS WITH WHICH THE RESPONDENT HAS FAMILIARITY IN 17.]

(Please select only one answer for each row.)

Organization	[18a] Never	[18b] On an "As-Needed" Basis	[18c] About Once a Quarter	[18d] Once a Month	[18e] 2 to 3 Times per Month	[18f] Once per Week	[18g] More than Once per Week
a. [name of grantee institution]							
b. [Organization 1]							
c. [Organization 2]							
d. [Organization 3]							
e. [Organization 4]							

19. What type of contact occurred with each of the following organizations before [name of grantee institution] was awarded the HPOG grant in [grant_award_date]?

[POPULATE TABLE ONLY WITH ORGANIZATIONS WITH WHICH THE RESPONDENT HAD SOME CONTACT IN 18.]

(Please select all that apply for each row.)

Organization	[19a] E-mail	[19b] One-on-One Call	[19c] Group Conference Call	[19d] In-Person Meeting
a. [name of grantee institution]				
b. [Organization 1]				
c. [Organization 2]				
d. [Organization 3]				
e. [Organization 4]				

20. How helpful was each organization in supporting the achievement of your organization’s objectives, before [name of grantee institution] was awarded the HPOG grant in [grant award date], using a scale of 1 to 5, where 1=Not At All Helpful and 5=Very Helpful?

[POPULATE TABLE ONLY WITH ORGANIZATIONS WITH WHICH THE RESPONDENT HAD SOME CONTACT IN 18.]

(Please select only one answer for each row.)

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	Do not Know
a. [name of grantee institution]						
b. [Organization 1]						
c. [Organization 2]						
d. [Organization 3]						
e. [Organization 4]						

We will now ask a similar set of questions about your CURRENT relationship with these organizations. We will ask you to focus on the relationships surrounding [name of local HPOG program] between your organization and each of the organizations listed below.

21. **Currently**, how frequently do people from your organization interact with the organizations below?

[POPULATE TABLE ONLY WITH ORGANIZATIONS WITH WHICH THE RESPONDENT HAS FAMILIARITY IN 17.]

(Please select only one answer for each row.)

Organization	[21a] Never	[21b] On an "As- Needed " Basis	[21c] About Once a Quarter	[21d] Once a Mont h	[21e] 2 to 3 Times per Month	[21f] Once per Week	[21g] More than Once per Week
a. [name of grantee institution]							
b. [Organization 1]							
c. [Organization 2]							
d. [Organization 3]							
e. [Organization 4]							

22. **Currently**, what type of contact occurs with each of the following organizations?

[POPULATE TABLE ONLY WITH ORGANIZATIONS WITH WHICH THE RESPONDENT HAS SOME CONTACT IN 18.]

(Please check all that apply for each row.)

Organization	[22a] E-mail	[22b] One-on-One Call	[22c] Group Conference Call	[22d] In-Person Meeting
a. [name of grantee institution]				
b. [Organization 1]				
c. [Organization 2]				
d. [Organization 3]				
e. [Organization 4]				

23. **Currently**, how helpful is each organization below in supporting the achievement of your organization’s objectives, using a scale of 1 to 5, where 1=Not At All Helpful and 5=Very Helpful?
(Please select only one answer for each row.)

Organization	1 Not At All Helpful	2	3	4	5 Very Helpful	Do not Know
a. [name of grantee institution]						
b. [Organization 1]						
c. [Organization 2]						
d. [Organization 3]						
e. [Organization 4]						

24. What type(s) of HPOG activities do you work on with the organizations below?

(Please select all that apply.)

[POPULATE TABLE ONLY WITH ORGANIZATIONS WITH WHICH THE RESPONDENT HAS SOME CONTACT IN 18.]

Activities	Organization			
	[Org. 1]	[Org. 2]	[Org. 3]	[Org. 4]
a. Planning and design of HPOG grant activities				
b. Referral of applicants for services provided by [name of grantee institution]				
c. Marketing and outreach				
d. Curriculum development				
e. Vocational or occupational training				
f. Pre-training activities				
g. Basic academic skills education				
h. Counseling and support services				
i. Job development activities				
j. Job placement activities				
k. Recruitment or hiring of [name of local HPOG program] graduates				

25. Are there any additional agencies/organizations that you know did not participate in [name of local HPOG program] but that you think should have?

- Yes
- No

[IF "YES" IS SELECTED, GO TO 26. ELSE, SKIP TO 27.]

26. What type(s) of organizations were these?

(Please select all that apply.)

- TANF agency
- Workforce Investment Board (WIB)
- One-Stop Career Center
- Secondary school/school district (e.g., high school)
- Community or technical college (includes community college district)
- Four-year college or university (includes state colleges and private/religious institutions)
- Local government agency (e.g., city council, mayoral office, city/county agency)
- State government agency (aside from TANF agency)
- Economic development agency
- Non-profit community-based service organization
- Non-profit community-based training provider (includes faith-based providers but does not include two- or four-year colleges and universities)
- Social enterprise organization
- For-profit or proprietary service/training provider
- Healthcare employer
- Industry/business association
- Professional association
- Foundation
- Labor organization (e.g., union/labor association/labor federation)
- Other (Please specify): _____

Part G. HPOG Collaboration

In this section, we want your opinion on the quality of collaboration within [name of local HPOG program].

27. To what extent do you agree with each of the following statements about the collaboration among all partner organizations working on [name of local HPOG program]?
(Please select only one answer for each row.)

	1 Strongly Disagree	2	3	4	5 Strongly Agree	Do not Know
a. In general, this effort had collaborative participation that was not dominated by any one group or sector.						
In general, organizations working on [name of local HPOG program] were effective in...						
b. ...recruiting and retaining essential partners/stakeholders (both individuals and agencies/organizations).						
c. ...gaining access to key local leaders and decision makers to support the objectives of HPOG.						
d. ...reaching out and making connections to key healthcare employers.						
e. ...gaining support and involvement of key healthcare employers.						
f. ...using credible information/data to solve problems and support decision making.						
g. ...developing and routinely communicating project activities and decisions to all partners/stakeholders.						
h. ...establishing clearly defined roles for the partners/stakeholders.						
In general, organizations working on [name of local HPOG program]...						
i. ...shared a common vision and achieved mutually satisfactory agreement on ground rules and norms for working together on the HPOG initiative.						
j. ...effectively influenced and shared decision making on major issues affecting the operations of [name of local HPOG program].						
k. ... were effective liaisons between their own organizations and [name of grantee institution].						
l. ...were conscientious in ensuring their organizations responsibly implemented HPOG activities.						

Appendix G

	1 Strongly Disagree	2	3	4	5 Strongly Agree	Do not Know
m. ...were willing to devote the effort and effectively shared resources needed to achieve [name of local HPOG program]'s goals.						
n. ...worked collaboratively to identify new resources.						
o. ...were generally respectful of one another, and trusted each other sufficiently to share information, perceptions, and feedback honestly and accurately.						
In general, to what extent do you agree or disagree about the extent to which the following posed challenges to information sharing among different partner/stakeholder organizations?						
p. Limited resources						
q. Competition between organizations, e.g. turf issues						
r. Local/state/federal policies and regulations						
s. Organizational policies and practices						

Part H. HPOG Community Support and Resources

In this section, we want to understand what factors encouraged success or presented challenges for HPOG.

28. To what extent do the following organizations or groups currently contribute to the success of **[name of local HPOG program]**? This can consist of providing direct resources, providing employment or training opportunities, or engaging in other activities that are beneficial to the success of **[name of local HPOG program]**.

(Please select only one answer for each row.)

	1 Not At All Helpful	2	3	4	5 Very Helpful	Do not Know
a. Employers						
b. Social service providers						
c. Training/education providers						
d. Case management/counseling providers						
e. Foundations						
f. Local and state government organizations						
g. Other (Please specify any other types of organizations or groups that are very helpful): _____						

29. Since **[name of grantee institution]** was awarded the HPOG grant, that is since **[grant award date]**, to what extent have the following groups become less helpful, stayed the same, or become more helpful?

(Please select only one answer for each row.)

	1 Less Helpful	2	3 No Change	4	5 More Helpful	Do not Know
a. Employers						
b. Social service providers						
c. Training/education providers						
d. Case management/counseling providers						
e. Foundations						
f. Local and state government organizations						

Part I. HPOG Effectiveness and Sustainability

In this section, we want to learn about your perceptions of the effectiveness of [name of local HPOG program] and your perception of collaboration among partners over the course of the entire initiative.

30. To what extent do you agree with each of the following statements about the network of partners that support [[name of local HPOG program]? Here, we are asking about your overall perceptions of the collaborative enterprise, rather than the contributions of particular partners.

(Please select only one answer for each row.)

In general, HPOG partners/stakeholders...	1 Strongly Disagree	2	3	4	5 Strongly Agree	Do not Know
a. ...agree upon the key goals of [name of local HPOG program].						
b. ...agree upon the different responsibilities each organization should play in [name of local HPOG program].						
c. ...clearly and adequately communicate with each other about [name of local HPOG program].						
d. ...are equally committed to achieving the goals of [name of local HPOG program].						

31. To what extent do you agree with each of the following statements about the effectiveness of [name of local HPOG program] in accomplishing the following goals? Here, we are asking about your overall perceptions.

(Please select only one answer for each row.)

[Name of local HPOG program] is effectively...						
	1 Strongly Disagree	2	3	4	5 Strongly Agree	Do not Know
a. ...engaging targeted participants (i.e., TANF, low-income individuals).						
b. ...filling available positions in the local healthcare industry.						
c. ...developing career ladders for HPOG participants.						
d. ...producing graduates with the healthcare skills needed.						

32. To what extent do you agree with each of the following statements about the satisfaction of people in your organization with each component of [name of local HPOG program]? Here, we are asking about your overall perceptions.

(Please select only one answer for each row.)

In general, people in my organization have been satisfied with...						
	1 Strongly Disagree	2	3	4	5 Strongly Agree	Do Not Know
a. ...the program design of [name of local HPOG program].						
b. ...the resource availability for [name of local HPOG program].						
c. ...[name of local HPOG program]'s adherence to its stated goals.						
d. ...[name of local HPOG program]'s ability to produce community awareness.						
e. ...occupational training choices offered by [name of local HPOG program].						
f. ... provision/content of occupational training offered as part of [name of local HPOG program].						
g. ...adult education/GED instruction provided by [name of local HPOG program].						
h. ... basic skills instruction provided by [name of local HPOG program].						
i. ... case management provided by [name of local HPOG program].						
j. ... academic and personal counseling provided by [name of local HPOG program].						
k. ...the availability of support services (e.g., child support, transportation, emergency assistance, etc.) provided by [name of local HPOG program].						
l. ... work-based learning opportunities coordinated by [name of local HPOG program] (e.g., internship/apprenticeship, job shadowing, etc.).						
m. ...[name of local HPOG program]'s collaboration with employers.						
n. ...[name of local HPOG program]'s placement opportunities.						
o. ...[name of local HPOG program]'s placement success.						
p. ...the job readiness of participants in [name of local HPOG program].						

33. On a scale of 1 to 5, where 1=Strongly Disagree and 5= Strongly Agree, please indicate the extent to which you agree with the following statements about the sustainability of changes that occurred under HPOG after the HPOG grant period ends.

Here, we are asking that you generalize about your relationship with [name of grantee institution], and with the group of other HPOG partners rather than each one individually. (Please select only one answer in each row.)

Appendix G

After the end of the HPOG grant period...	1 Strongly Disagree	2	3	4	5 Strongly Agree	Do not Know
a. [name of grantee institution] will continue to work with my organization to provide healthcare training to low income individuals in the community						
b. Other HPOG partners will continue to work with my organization to provide healthcare training to low income individuals in the community						
c. [name of grantee institution] will continue to work with my organization to provide support services for sectoral training programs						
d. Other HPOG partners will continue to work with my organization to provide support services for sectoral training programs						
e. Changes to administrative procedures or policy at the state or local level that were initiated by HPOG will remain in place						

[IF “Changes to administrative procedures or policy at the state or local level that were initiated by HPOG will remain in place” IS 4 or 5, GO TO 34. ELSE, SKIP TO 35.]

34. Which HPOG-initiated administrative procedure or policy changes at the state or local level will be sustained after the end of the grant? (Please specify.)

35. In your opinion, which of the following have been challenges to the success of [name of local HPOG program] so far?
[ROTATE OPTIONS TO REDUCE BIAS.]

	To what extent have the following been challenges to the success of [name of local HPOG program] participants?					Since [name of grantee institution] was awarded the HPOG grant in [grant_award_date], has this factor become a lesser or greater challenge?					Do not Know
	1 Not a Challenge	2	3 No change	4	5 A Serious Challeng e	1 Less of a Challenge	2	3 No change	4	5 More of a Challeng e	
a. Adequacy of resources needed to fully prepare [name of local HPOG program] participants											
b. Adequacy of time needed to fully prepare [name of local HPOG program] participants											
c. Articulation of a clear vision for the project											
d. Employers' awareness of [name of local HPOG program]											
e. Employers' confidence in [name of local HPOG program] graduates											
f. Identification of prospective applicants who are likely to succeed with the training											
g. Mix of available services to support breadth of participant needs											
h. Organization and management of [name of local HPOG program]											
i. Participants' personal barriers and their ability to follow through with the program											
j. Quality of available training											

36. Which of the following represent challenges to the sustainability/future of HPOG-related activities after the end of the HPOG grant?

(Please select only one answer for all rows that apply.)

[ROTATE OPTIONS TO REDUCE BIAS.]

	1 Not a Challenge	2	3	4	5 A Serious Challenge
a. Unfavorable economic conditions					
b. Excess of labor supply (e.g., too many new low- to mid-skilled healthcare graduates)					
c. Lack of common mission among partner organizations					
d. Lack of organizational resources within [name of grantee institution] (e.g. budget, staff, equipment, space)					
e. Not producing enough trained workers					
f. Not producing workers with the right skill mix					
g. Other (Please specify any other serious challenges that are not listed here): _____					

Part J. External Events Affecting HPOG

In this section, we want to understand how [name of local HPOG program] was affected by external factors.

37. Since [name of grantee institution] was awarded the HPOG grant, have any of the following external events positively affected HPOG's implementation or success?

(Please select all that apply.)

[ROTATE OPTIONS TO REDUCE BIAS]

- Favorable economic conditions
- Favorable political climate
- Increases in HPOG partners' organizational resources (e.g. budget, staff, equipment, space)
- Increases in your organization's resources
- Opening or expansion of prominent healthcare employer

- Other (Please specify): _____
- None of the above

38. Since [name of grantee institution] was awarded the HPOG grant, have any of the following external events negatively affected HPOG's implementation or success?

(Please select all that apply.)

[ROTATE OPTIONS TO REDUCE BIAS]

- Closing or down-sizing of prominent healthcare employer
- Competing initiative(s) serving the same population
- Unfavorable economic conditions
- Unfavorable political climate
- Decreases in resources of partner organizations (e.g. budget, staff, equipment, space)
- Decreases in resources of your organization (e.g. budget, staff, equipment, space)

- Other (Please specify): _____
- None of the above

Part K. Systems Change

In this section, we want to understand how education and training systems have changed since [name of grantee institution] was awarded the HPOG grant on [grant award date], if at all.

39. Which of the following objectives do you believe [name of local HPOG program] has helped achieve or improve? Check all that apply.

- Clearly defined healthcare career pathways or ladders
- Innovative training programs (e.g., accelerated learning processes) for healthcare careers
- Effective recruitment strategies to attract low income populations with limited education and employment experience to seek healthcare training opportunities
- Training for many healthcare career types
- Healthcare training opportunities in locations convenient and/or accessible to the program target population of low-income individuals with limited education and employment experience (e.g., online availability, trainings near public transportation, multiple training center locations)
- Basic education (e.g., GED, ESL, ABE instruction) and pre-training activities (such as information on various healthcare careers) to prepare individuals for healthcare training
- Employment-based learning opportunities (e.g., internships, apprenticeships, work study, on-the-job training)
- Employer supports (e.g., executive leadership, incentives/ rewards for participation/ completion)
- None of the above
- Do not Know

40. Has your organization made any administrative, procedural, management, or policy changes in the following areas since [name of local HPOG program] started on or about [grant_award_date] directly in response to being involved with the HPOG program?

(Please select all that apply.)

[ROTATE OPTIONS TO REDUCE BIAS.]

- Financing
- Eligibility rules or targeted groups
- Procedures for accessing services/supports
- Process of delivering services/supports
- Participant data or performance tracking
- Type(s) of education/training services provided
- Type(s) of support services provided
- Expectations for performance and participant outcomes
- Partnerships with other organizations other than [name of grantee institution]

- Other (Please specify): _____
- None of the above

[IF "NONE OF THE ABOVE" IS SELECTED, SKIP TO 42. ELSE, CONTINUE TO 41.]

41. Describe in one to three sentences the most important change that occurred directly in response to being a partner in HPOG.

[TEXTBOX, 1,000 CHARACTER LIMIT]

Part L. Respondent Characteristics

42. What is your name? _____

43. What is your job title or position? _____

44. How long have you been employed with this organization?
(Please select only one answer.)

- Less than a year
- 1 to 5 years
- 6 to 9 years
- 10 to 14 years
- 15 years or more

45. How long have you personally been involved in your organization's work on [name of local HPOG program]?

- Fewer than six months
- Six months to one year
- One to two years
- More than two years

Comments

46. Do you have any additional comments about the HPOG initiative, including advice for future grantees/communities trying to implement similar initiatives?

[TEXTBOX, 1,000 CHARACTER LIMIT]

On behalf of the Administration for Children and Families (ACF), thank you for taking the time to complete this survey.

Click here to submit your responses: [SUBMIT](#)

Screen Shots of HPOG-NIE Stakeholder/Network Survey



Go to: [Introduction](#) [Awareness of HPOG](#) [Organization Characteristics](#) [Respondent/Grantee Relationship](#) [HPOG Engagement/Involvement Resources](#) [HPOG Partner Communication](#) [HPOG Collaboration](#) [HPOG Community Support and Resources](#) [HPOG Effectiveness and Sustainability](#) [External Events Affecting HPOG](#) [Systems Change](#) [Respondent Characteristics](#) [Submit](#)

0%

HPOG Stakeholder/Network Survey

Health Professions Opportunity Grants (HPOG) Stakeholder/Network Survey

As you may know, {invite.Local HPOG} is participating in the National Implementation Evaluation of the Health Profession Opportunity Grants (HPOG). This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and the Urban Institute. The study will assess a range of promising post-secondary health profession training programs that are designed to promote improvements in education, employment, and self-sufficiency among individuals receiving Temporary Assistance for Needy Families (TANF) support, as well as other low income individuals.

You have been selected to participate in this survey based on your role in an organization whose work is related to healthcare workforce development, supportive services for healthcare trainees, or another area that intersects with meeting the growing labor force needs of the healthcare sector. The survey is designed to collect information about HPOG implementation in your community to provide feedback to the HPOG grantees, the federal funders, and others in your locale who are interested in this topic.

The survey focuses on the nature of HPOG implementation. It seeks to understand how various partners collaborated on HPOG activities at several points in time. It also measures your perceptions of:

- Whether the HPOG initiative introduced substantial changes to healthcare training, supportive services, career opportunities, and employment for the targeted populations in your local or regional community; and
- Whether such changes are likely to be sustainable after the conclusion of the federally-funded program.

Your answers will be kept private. Information you provide will not be shared with other staff at your program or organization. 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. The survey should take approximately 30 minutes to complete. 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.

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 xxx-xxxx, and it expires xxx/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 (xxx-xxxx).

Next



Go to: [Introduction](#) [Awareness of HPOG](#) [Organization Characteristics](#) [Respondent/Grantee Relationship](#) [HPOG Engagement/Involvement Resources](#) [HPOG Partner Communication](#) [HPOG Collaboration](#) [HPOG Community Support and Resources](#) [HPOG Effectiveness and Sustainability](#) [External Events Affecting HPOG](#) [Systems Change](#) [Respondent Characteristics](#) [Submit](#)

HPOG Stakeholder/Network Survey

1%

Awareness of HPOG

1. Are you aware that {invite.Grantee Institution} is running a program called {invite.Local HPOG} through the Health Profession Opportunity Grants (HPOG) program?

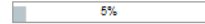
- Yes
- No

[Back](#) [Save and continue later](#) [Next](#)



Go to: [Introduction](#) [Awareness of HPOG](#) [Organization Characteristics](#) [Respondent/Grantee Relationship](#) [HPOG Engagement/Involvement Resources](#) [HPOG Partner Communication](#) [HPOG Collaboration](#) [HPOG Community Support and Resources](#) [HPOG Effectiveness and Sustainability](#) [External Events Affecting HPOG](#) [Systems Change](#) [Respondent Characteristics](#) [Submit](#)

HPOG Stakeholder/Network Survey



Organization Characteristics

In this section, we would like to gather some basic information about your organization.

3. Is {invite.Organization} the correct name of your organization?

- Yes
- No

[Back](#)

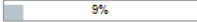
[Save and continue later](#)

[Next](#)



Go to: [Introduction](#) [Awareness of HPOG](#) [Organization Characteristics](#) [Respondent/Grantee Relationship](#) [HPOG Engagement/Involvement Resources](#) [HPOG Partner Communication](#) [HPOG Collaboration](#) [HPOG Community Support and Resources](#) [HPOG Effectiveness and Sustainability](#) [External Events Affecting HPOG](#) [Systems Change](#) [Respondent Characteristics](#) [Submit](#)

HPOG Stakeholder/Network Survey



Organization Characteristics

In this section, we would like to gather some basic information about your organization.

5. Which of the following best describes your organization's type?

- TANF agency
- Workforce Investment Board (WIB)
- One-Stop Career Center
- Secondary school/school district (e.g., high school)
- Community or technical college (includes community college district)
- Four-year college or university (includes state colleges and private/religious institutions)
- Local government agency (e.g., city council, mayoral office, city/county agency)
- State government agency (aside from TANF agency)
- Economic development agency
- Nonprofit community-based service organization
- Nonprofit community-based training provider (includes faith-based providers but does not include public two- or four-year colleges and universities)
- Social enterprise organization
- For-profit or proprietary service/training provider
- Healthcare employer
- Industry/business association
- Foundation
- Labor organization (e.g., union/labor association/labor federation)
- Other (Please specify)

6. How many years has your organization been in operation? Your best estimate is fine.

- Less than 2 years
- 2 to 5 years
- 6 to 9 years
- 10 to 19 years
- 20 years or more

7. How many full-time equivalent employees does your organization have? Your best estimate is fine.

- Less than 10 employees
- 10 to 19 employees
- 20 to 49 employees
- 50 to 99 employees
- 100 to 499 employees
- 500 or more employees