# 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

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 Mueggenborg**

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

![HPOG - Health Profession Opportunity Grants logo]

*[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

**[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.

Sincerely,

Abt Associates HPOG Project Director

# 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.

*[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.

*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).*

# 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 <u>current position</u> 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 <u>highest</u> level of education you have completed?**
**(Please select only one answer.)**

☐ Some high school (<u>no</u> diploma/<u>no</u> 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 <u>post-secondary</u> 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 *(Please specify)*: _____ | | | | |

**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 <u>primary</u> 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 <u>primary</u> 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 <u>similar</u> 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 <u>one answer that is most accurate</u>.)**

☐ 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 |
| **Recruitment** | 18a-S. Recruiting participants for the program | | | | | | | |
| **Academic Advising** | 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 | | | | | | | |
| **Non-academic advising** | 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<br>None of<br>My Time | 2 | 3 | 4 | 5 | 6 | 7<br>Most of<br>My Time |
| **Career Advising** | 18l-S. | Helping participants develop career goals | | | | | | | |
| | 18m-S. | Providing career information and advice to participants | | | | | | | |
| **Employment Assistance** | 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 | | | | | | | |
| **Other** | 18s-S. | Other *(Please specify)*: _____ | | | | | | | |
| | 18t-S. | Other *(Please specify)*: _____ | | | | | | | |

## 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 <u>staff in your program who work with participants</u> on an ongoing basis have contact with participants through each of the following methods?**

|  | Scale | | | | |
|---|---|---|---|---|---|
|  | **1**<br>**Never** | **2**<br>**A Few**<br>**Times per**<br>**Year** | **3**<br>**About**<br>**Once a**<br>**Month** | **4**<br>**2 to 3**<br>**Times a**<br>**Month** | **5**<br>**Once a**<br>**Week or**<br>**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 (*Please specify*):<br>_____ |  |  |  |  |  |

[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**<br>**Never** | **2**<br>**A Few**<br>**Times per**<br>**Year** | **3**<br>**About**<br>**Once a**<br>**Month** | **4**<br>**2 to 3**<br>**Times a**<br>**Month** | **5**<br>**Once a**<br>**Week or**<br>**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 (*Please specify*):<br>_____ |  |  |  |  |  |

[If all in {20a-S – 20e-S} = 1 ("never"), skip to 22-S. If any in {20a-S – 20e-S} <u>NOT</u>= 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**<br>**Never** | **2**<br>**A Few Times per Year** | **3**<br>**About Once a Month** | **4**<br>**2 to 3 Times a Month** | **5**<br>**Once a Week or More** |
| 22a. Communicate with instructional staff about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?<br>[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**<br>**Never** | **2**<br>**A Few Times per Year** | **3**<br>**About Once a Month** | **4**<br>**2 to 3 Times a Month** | **5**<br>**Once a Week or More** |
| 22a. Communicate with instructional staff about participants' individual situations (e.g., participant progress, strengths, barriers to participation)?<br>[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**<br>**Strongly Disagree** | **2** | **3** | **4** | **5**<br>**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 <u>agree</u> or <u>disagree</u> with the following statement:**

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

| Scale | | | | |
|---|---|---|---|---|
| 1<br>Strongly<br>Disagree | 2 | 3 | 4 | 5<br>Strongly<br>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 <u>three</u> 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 <u>sufficient</u> 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. <u>Based on the practices in your program</u>, 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 |
| **Employment** To help participants move along the career pathway *by finding employment in their desired field* as quickly as possible | | | **Both Equally** | | | **Education** To help participants move along the career pathway *by continuing their education* with the aim of achieving further credentialing to support higher-skilled employment |

28. <u>**In your opinion**</u>**, 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** |
| **Employment** To help participants move along the career pathway *by finding employment in their desired field* as quickly as possible | | | **Both Equally** | | | **Education** To help participants move along the career pathway *by continuing their education* with the aim of achieving further credentialing to support higher-skilled employment |

29. <u>**In your opinion**</u>**, 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. <u>**In your opinion**</u>**, 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 <u>agree</u> or <u>disagree</u> 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 manage-ment when making decisions about your program. | | | | | |
| Staff & Mgt. | Growth | 48. Your program encourages and supports profess-sional 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 develop-ment 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**
Health Profession Opportunity Grants

**HPOG Management Survey**

`0%`

**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.

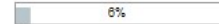`Next`

**HPOG Management Survey**

6%

**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   Next

**HPOG Management Survey**

13%

### 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 <u>current</u> position before {invite.Local HPOG} started?

- ○ Yes
- ○ No

#### 2c. If so, for how many months and years <u>before {invite.Local HPOG} started</u> were you in your <u>current</u> 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

Back    Save and continue later    Next