

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix E: HPOG-  
NIE Screening  
Questionnaire**

**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:  
**Hilary Forster and Mary Mueggenborg**

## Appendix E: HPOG-NIE Screening Questionnaire

## Advance Email

### Grantees' Use of Performance Measurement Information in the HPOG Program

Dear **[Name of grantee representative]**:

As you know, **[name of local HPOG program]** is participating in a 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. We appreciate your organization's participation in evaluation activities to date.

I am writing to ask your support and assistance in an additional piece of this important project. We are asking grantee representatives like yourself to participate in a brief web-based questionnaire to help us better understand the decision making process that grantees use to make changes to their program to achieve their HPOG objectives. We will conduct follow-up telephone interviews with representatives of many, but not all, grantees.

The questionnaire will take approximately 10 minutes, and the telephone interview will take approximately 60 minutes. In both of these, your answers will be kept private to the extent permitted by law. 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. Only the HPOG 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. Your responses to these questions are also completely voluntary, but it is important that we have as much input as possible. The information from this study will be used to improve the HPOG program, specifically the ways that grantees collect and use data for program management.

Shortly you will receive an email from a member of the HPOG study team with instructions for accessing the web-based questionnaire. After you have completed the questionnaire, a member of the study team may contact you to schedule a convenient time for a follow-up telephone interview. Thank you in advance for your assistance in participating in this questionnaire and interview 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,

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 xxx-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).*

## Email with Link for Screening Questionnaire Grantees' Use of Performance Measurement Information in the HPOG Program

Dear **[Name of grantee representative]**:

We are asking for your participation in completing a very brief questionnaire as part of 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). This questionnaire is being sent to all non-tribal HPOG grantees. Your responses will help us better understand the decision making process that grantees use to make changes to their program to achieve their HPOG objectives.

The questionnaire will take approximately 10 minutes or less. Your answers will be kept private to the extent permitted by law. 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. Only the HPOG 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. Your responses to these questions are also completely voluntary, but it is important that we have as much input as possible.

To access the questionnaire please go to this URL: **[link here]**

Your username is: **[User name here]**

Your password is: **[Password here]**

If you have any questions regarding this questionnaire, please contact xxxx at [xxx@urban.org](mailto:xxx@urban.org) (202-261-xxxx).

Thank you in advance for your assistance in providing important information for the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

Sincerely,

XXXXX

HPOG Evaluation Team

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## HPOG Screening Questionnaire

### Grantees' Use of Performance Measurement Information in the HPOG Program

Thank you for agreeing to participate in a very brief survey as part of 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). This questionnaire is being sent to all non-tribal HPOG grantees. Your responses will help us better understand the decision making process that grantees use to make changes to their program to achieve their HPOG objectives.

The questionnaire will take approximately 10 minutes or less. Your responses will be kept private to the extent permitted by law and used only for this research study. Information you provide will not be shared with other program staff and will not be attributed to particular individuals or specific HPOG programs. 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 is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

If you have any questions or problems regarding this questionnaire, please contact **xxx** at [xxx@urban.org](mailto:xxx@urban.org) (202-261-**xxx**).

Thank you in advance for your assistance in providing important information for the study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

Q1) Please identify the types of changes you have made to your HPOG program practices, focus, structure, goals or target numbers since the program began. Please check all that apply.

- Types of training programs offered
- Recruiting strategies and referral sources
- Job placement or job retention assistance
- Target population
- Other skills/life skills/job readiness training offered
- Support services provided to participants (or to particular types of participant)
- Pre-training classes or basic skills education (e.g., GED, ABE or ESL)
- Other (please specify): \_\_\_\_\_
- No changes were made to this program's practices, focus, structure, goals or target numbers since the program began. [Skip to Q3 if this response is checked].

Q2) [Ask of those who indicated a change was made in Q1] Which of the following types of information were most commonly used to identify a need for change(s) in program practices, focus, structure, goals or target numbers? Please check all that apply.

- Feedback from program staff
- Feedback from program partners
- Feedback from program participants
- Feedback from health professions employers
- Responses to participant follow-up surveys
- Regular performance management information such as from the PPR, Query Tool, or other PRS information

- Advice of ACF
- Advice of technical assistance providers
- Changes in community or employment conditions
- Other (please specify): \_\_\_\_\_

Q3) Has performance information you have collected for ACF (such as data from the PRS including enrollment, completion, and employment data) been useful to your HPOG program in any of the following ways? Please check all the responses that apply.

- Making decisions about your particular procedures or policies
- Helping motivate your staff
- Keeping track of your participants' progress
- Providing information about your program to your Board or the public
- Fund- raising or sustainability efforts
- Selecting goals/targets for ACF
- Developing internal goals/targets for your program
- Other (please specify): \_\_\_\_\_

Q4) Do you use another system besides the PRS to collect performance information for your HPOG grant?

- Yes
- No

Q5) [if Q4 = yes] If so, how has the performance information you have collected from this other system been useful to your HPOG program? Please check all the responses that apply.

- Making decisions about your particular procedures or policies
- Helping motivate your staff
- Keeping track of your participants' progress
- Providing information about your program to your Board or the public
- Fund- raising or sustainability efforts
- Selecting goals/targets for ACF
- Developing internal goals/targets for your program
- Other (please specify): \_\_\_\_\_

**On behalf of ACF, thank you for taking the time to participate in this survey!**

## Email Reminder Notice for Screening Questionnaire Grantees' Use of Performance Measurement Information in the HPOG Program

Dear **[Name of grantee representative]**:

On **[date]**, you received an invitation to complete a very brief web-based questionnaire that was sent to all non-tribal grantees of the Health Profession Opportunity Grants (HPOG) program.

This questionnaire is part of the national evaluation of the HPOG program, and is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). Your responses will help us better understand the decision making process that grantees use to make changes to their program to achieve their HPOG objectives.

If you have completed this questionnaire, thank you. If you have not yet completed the questionnaire, we would appreciate you completing it by **[due date - no more than one week after reminder message is sent]**.

To access the questionnaire, please go to this URL: **[survey link here]**

Your username is: **[User name here]**

Your password is: **[Password here]**

This questionnaire will take approximately 10 minutes or less. 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. Only the HPOG 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. Your responses to these questions are also completely voluntary.

Thank you in advance for your assistance in providing important information for this study. With your help, we will have better information about the practices of participating HPOG programs across the nation.

If you have any questions or problems regarding this survey, please contact xxx at [xxx@urban.org](mailto:xxx@urban.org) (202-261-xxxx).

Sincerely,

XXXXX

HPOG Evaluation Team

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