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Instrument 3: HPOG 2.0 National Evaluation First-Round Telephone Interviews with Management, Staff, Partners, and Stakeholders

National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (HPOG)

0970-0462

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[A. Instructions for Interviewers/HPOG Site Teams 1](#_Toc478979694)

[B. Grantee Preparation Guide 4](#_Toc478979695)

[Sample Email to HPOG Management and Staff 5](#_Toc478979696)

[Sample Email to HPOG Partners and Stakeholders 7](#_Toc478979697)

[Instructions for Management, Staff, Partners, and Stakeholders 9](#_Toc478979698)

[1. Program Administration 11](#_Toc478979699)

[2. Healthcare Occupational Training 16](#_Toc478979700)

[3. Work-Readiness Training Provision 17](#_Toc478979701)

[4. Program Supports 19](#_Toc478979702)

[C. First-Round Telephone Interviews 3](#_Toc478979703)

[Study Overview and Consent 4](#_Toc478979704)

[1. Staff Positions and Roles 5](#_Toc478979705)

[A. Respondent Characteristics and Roles 5](#_Toc478979706)

[2. Program Administration 7](#_Toc478979707)

[B. Partnership Characteristics and Roles 7](#_Toc478979708)

[3. Outreach and Recruitment 12](#_Toc478979709)

[C. Recruitment Strategies 12](#_Toc478979710)

[4. Eligibility and Intake 13](#_Toc478979711)

[D. Eligibility Criteria 13](#_Toc478979712)

[E. Application Process 24](#_Toc478979713)

[F. HPOG Ineligibility 28](#_Toc478979714)

[5. Education and Healthcare Occupational Training 33](#_Toc478979715)

[G. Basic Skills Training 33](#_Toc478979716)

[H. Healthcare Occupational Training 37](#_Toc478979717)

[I. Career Pathway Training Opportunities 38](#_Toc478979718)

[J. Work-Readiness Training Provision 47](#_Toc478979719)

[6. Program Supports 52](#_Toc478979720)

[K. Academic Supports 52](#_Toc478979721)

[L. Personal/Logistical Supports 59](#_Toc478979722)

[M. Employment Assistance and Work-Based Learning Opportunities 62](#_Toc478979723)

[N. Employer Engagement 68](#_Toc478979724)

[7. Control Group Services 72](#_Toc478979725)

[8. Sustainability 74](#_Toc478979726)

[9. Conclusion 79](#_Toc478979727)

1. Instructions for Interviewers/HPOG Site Teams

As part of this study we are conducting phone interviews with management, staff, partners, and stakeholders to learn more about how programs are designed and implemented as well as the training and support services they provide.

Use the “Grantee Preparation Guide for the HPOG 2.0 National Evaluation First Round Telephone Interviews” to help management, staff, partners, and stakeholders prepare for the telephone interviews.

We expect that the telephone interview will take approximately 90 minutes to complete depending on the module in the interview protocol and role of key respondents involved in [name of local HPOG program].

**The deadline to complete all telephone interviews with management, staff, and stakeholders is [date].** Please follow the 11 steps below to ensure all data collection materials are completed for the HPOG 2.0 Implementation Study.

**Before the telephone interview:**

1. **Complete the “Screening Interview to Identify Respondents for the HPOG 2.0 National Evaluation First-Round Telephone Interviews.”** Schedule a meeting with management and staff to identify the most appropriate HPOG program staff, key partners, and stakeholders to interview for each module in the interview protocol (e.g. Program Administration, Outreach and Recruitment, etc.).
2. **Schedule telephone interviews with respondents.** Once you have identified the appropriate respondents to interview, work with management, staff, partners, and stakeholders to schedule dates and times to complete the telephone interviews.
3. **Pre-fill interview questions and responses, if available, with information from required data sources** **in advance of each telephone interview.**  The junior site team member/interviewer should pre-fill the interview protocol in the online survey and on paper to help prepare for the telephone interview. Please follow the “Interviewer/HPOG Site Team Instructions” on which data sources to prefill for each interview question and selected tables. Data sources may include, but are not limited, to the following:
   * Evaluation Design and Implementation Plan (EDIP) Reports
   1. Target population and recruitment strategies
   2. Eligibility criteria and application processes
   3. Control group services and conditions

* PAGES
  1. Screenings and assessments during eligibility
  2. Basic skills and other skills development activities
  3. Healthcare occupational training
  4. Employment
  5. Program Supports (e.g., Academic Supports, Personal/Logistical Supports, Employment Assistance Supports, and Work-Based Learning Opportunities)
* Site Team Monitoring Call Notes
  1. Updates on marketing and recruitment strategies
  2. Treatment group use of services and training (e.g., percentage enrolled in remedial/pre-training activities, percentage enrolled in training, etc.)
  3. Documented program changes
  4. Implementation experiences
  5. Updates on control group services

***For interview questions that require information from PAGES***: Junior site team members should follow instructions on how to extract information from PAGES using the spreadsheet saved here: [File Path]. Please note that information from PAGES will vary by grantee and program. Refer to the EDIP and site monitoring call notes to help pre-fill questions or responses in cases where information is limited from PAGES or leave blank until the telephone interview.

1. **Delete all “Interview/HPOG Site Team instructions.”** Once you have pre-filled the questions and responses, please remember to delete all the “Interview/HPOG Site Team Instructions” before emailing the “Grantee Preparation Guide for the HPOG 2.0 National Evaluation First Round Telephone Interviews” to respondents.
2. **Email the pre-filled “Grantee Preparation Guide for the HPOG 2.0 National Evaluation First Round Telephone Interviews.”**  We are requesting management, staff, partners, and stakeholders to review selected questions and pre-filled responses to prepare for the telephone interview. Please advise all respondents *not* to submit any changes to the responses by phone or email. Respondents will have an opportunity to change responses during the telephone interview.
3. **Familiarize yourself with the skip patterns in each module of the interview protocol.** Some interview questions can be skipped based on how the respondent answers a particular question.

**During the telephone interview:**

1. **Use the online survey to document all responses during the telephone interview**. The junior site team member will record all responses in the online survey during the interview. Please record all changes to any pre-filled responses that management, staff, or stakeholders identify as incorrect in the online survey. This is an internal survey, so please do not share the link with the respondent.
2. **Share screens to reduce burden (optional).** Arrange a WebEx meeting to share screens and allow respondents to view each question and the responses during the telephone interview.
3. **Complete the HPOG 2.0 Site Team Program Module.** We have identified a few questions that site teams can complete on their own using information from the EDIP, site monitoring call notes, or other data sources. This includes information about outreach and recruitment, eligibility and intake, and control group services.

**After the telephone interview:**

1. **Review all responses to ensure they are complete and accurate.** The lead interviewer will review all closed and open-ended responses to ensure they are completed before submission.
2. **Thank the respondents.** Don’t forget to thank your respondents for completing these interviews and providing important information for the study.
3. Grantee Preparation Guide

Sample Email to HPOG Management and Staff

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**Health Profession Opportunity Grants (HPOG) 2.0 Implementation Study**

**Sample Email to HPOG Management and Staff**

Dear [Name of HPOG Program Director/Staff],

As you may know, [name of local HPOG program] is participating in a national evaluation of the Health Profession Opportunity Grants. The second round of grants were awarded in 2015 (referred to as HPOG 2.0) and are sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (DHHS). The evaluation is being conducted by Abt Associates, the Urban Institute, MEF Associates, NORC, and Insight Policy Research, Inc. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, secure well-paying healthcare jobs. I am writing to enlist your support and assistance in this project.

We plan to conduct interviews by phone with all HPOG Program grantees to better understand the structure, operations, and services of their programs. In particular, we are asking about your program background and context, organizations with which you collaborate, including their roles and responsibilities, and program activities such as outreach and recruitment, eligibility and intake, training, and support services. The interview should take approximately 60 to 90 minutes to complete depending on the role of key staff in [name of local HPOG program]. With your help, we have identified the most appropriate staff, partners, and stakeholders to talk to us about each of the topic areas.

In preparation for this telephone interview, we are asking all HPOG Program grantees to review the responses to questions from our telephone interview protocol in the attached document. We selected responses using information from the Evaluation Design and Implementation Plan (EDIP) report, weekly and monthly site monitoring reports, and PAGES. ***Please do not submit any changes to the questions or responses in this document.*** We simply ask that you review the information in preparation of the telephone interview. You will have an opportunity to share changes and corrections during the telephone interview. Thank you in advance for your assistance for participating in these interviews and providing important information for the study. With your help, we will have better information about the practices of HPOG programs across the nation.

Sincerely,

*HPOG site team*

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 0970-0462 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 (0970-0462).

Sample Email to HPOG Partners and Stakeholders

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**Health Profession Opportunity Grants (HPOG) 2.0 Implementation Study**

**Sample Email to HPOG Partners and Stakeholders**

Dear [HPOG Partner or Stakeholder],

As you may know, [name of local HPOG program] is participating in a national evaluation of the Health Profession Opportunity Grants. The second round of grants were awarded in 2015 (referred to as HPOG 2.0) and are sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (DHHS). The evaluation is being conducted by Abt Associates, the Urban Institute, MEF Associates, NORC, and Insight Policy Research, Inc. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, secure well-paying healthcare jobs. I am writing to enlist your support and assistance in this project.

We plan to conduct interviews by phone with all HPOG Program grantees to better understand the structure, operations, and services of their programs. In particular, we are asking about how partners and stakeholders collaborate with HPOG programs, including their roles and responsibilities, and program activities such as education and healthcare occupational training and program supports. We have worked with representatives from [name of local HPOG program] to identify partners and stakeholders that have been involved in their HPOG program. The interview should take approximately 60 to 90 minutes to complete.

In preparation for these telephone interviews, we are asking all HPOG partners and stakeholders to review the responses to questions from our telephone interview protocol in the attached document. We selected responses using information from the Evaluation Design and Implementation Plan (EDIP) report (a brief report that documents the HPOG program’s target population, recruitment strategies, eligibility criteria and application processes for enrollment and services available to individuals randomly assigned to the control group), weekly and monthly site monitoring reports with grantees and programs, and the Participant Accomplishment and Grant Evaluation System (PAGES, the management information system that supports program management, performance reporting, and data collection for the evaluation). ***As you review,*** ***please do not submit any changes to the questions or responses in this document.*** We simply ask that you review the information in preparation of the telephone interview.

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

Sincerely,

*HPOG site team*

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 0970-0462 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 (0970-0462).

Instructions for Management, Staff, Partners, and Stakeholders

Thank you in advance for your assistance in completing these interviews and providing important information for the study. As part of this study we are conducting phone interviews with management, staff, partners and stakeholders at each HPOG program to learn more about how programs are designed and implemented as well as the training and support services they provide. Please follow the steps below in preparation for your telephone interview with Abt on [**date of interview**].

1. **Review the questions and pre-filled responses.** To help save time during the telephone interview, we have pre-filled responses with information collected from the Evaluation Design and Implementation Plan (EDIP) report (a brief report that documents the HPOG program’s target population, recruitment strategies, eligibility criteria and application processes for enrollment and services available to individuals randomly assigned to the control group), site monitoring call notes, and Participant Accomplishment and Grant Evaluation System (PAGES, the management information system that supports program management, performance reporting, and data collection for the evaluation). Please review the questions and pre-filled responses included in this document to ensure the information is correct and up-to-date. *Please note that responses to questions are left blank when data are not available.*
2. **Do not submit any changes.** If the information is incorrect, use the “Grantee Preparation Guide for First Round Telephone Interviews” to document any changes that need to be made. You will have an opportunity to report all changes during the telephone interview. We simply ask that you only review the questions and pre-filled responses in preparation for your telephone interview. Some response options are left blank in cases where we had limited data from PAGES or other data sources. You will have an opportunity to provide additional responses during the telephone interview.
3. **Review data sources in advance**. To reduce time during the telephone interview, please be prepared to discuss the following information:

* Roles of partners currently involved in your program;
* Eligibility criteria, including thresholds to determine financial eligibility (e.g., percent of federal poverty level, household or individual income, etc.);
* Delivery of basic skills training and other skill development activities;
* Delivery of healthcare occupational training and program supports (e.g., academic, personal/logistical, employment assistance supports and work-based learning opportunities);
* Type and accessibility of control group services; and
* Plans for sustainability.

1. **Contact your HPOG Site Team if you have questions or concerns.** If you have any questions or concerns, please do not hesitate to contact your HPOG site teams members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following email addresses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# Program Administration

*The following questions focus on how your HPOG program is organized and how you and your partners deliver services and training opportunities to participants.*

|  |
| --- |
| **1.1. Based on information collected by your HPOG study team, we have compiled a list of organizations that are involved with or have supported [name of local HPOG program]. This list currently includes basic skills and healthcare occupational training providers. Do you have any changes or updates to the organizations listed in the table? What type of organization is each partner? If partners include employers, please consider only employers who are involved beyond hiring graduates.**  **Interviewer/HPOG Site Team Instructions: Select only one answer for each organization.**   * **Question 2.1 in telephone interview protocol**   **Data Source(s): PAGES [Vendors: Columns Selected (Vendor ID, Name, Type of Organization)]**   * **EDIP and Site monitoring call notes for new organizations**   **Grantee/HPOG Program Instructions: Information about organizations involved with your program was collected from PAGES, the EDIP, or site monitoring call notes. Please review each of the organizations listed in the table below. If an organization does not appear below or is no longer involved with [name of local HPOG program], please be prepared to discuss during the telephone interview. Select only one answer for each organization.** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **I** | **J** |
| **State government agency** | **Local government agency** | **Work Investment Board** | **One-Stop Career Center/**  **American Job Center** | **Community/ Technical college** | **Community and faith-based organizations (Non-profits)** | **For-profit or proprietary service/**  **training provider** | **Healthcare Employer** | **Other**  **(Please specify: )** |
| a. [Organization Name] |  |  |  |  |  |  |  |  |  |
| b. [Organization Name] |  |  |  |  |  |  |  |  |  |
| c. [Organization Name] |  |  |  |  |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Questions 1.1 and 5.1* *and Master Interview Guide, Question 26*

Go to question 1.2

|  |
| --- |
| **1.2. What is each organization’s current role in [name of local HPOG program]?**  **Interviewer/HPOG Site Team Instructions: Select all that apply.**   * **Question 2.2 in telephone interview protocol**   **Data Source(s): PAGES [Training & Services: Columns Selected (Category, Vendor, Training/Support Type)]**   * **EDIP and Site monitoring call notes for new organizations**   **Grantee/HPOG Program Instructions: Information about organizations was collected from PAGES, the EDIP, or site monitoring call notes. Please review each of the partners organizations listed in the table below. Please refer to the key examples listed below if a category is unclear. If an organization does not appear below or is no longer involved with [name of local HPOG program], please be prepared to discuss during the telephone interview. Select all that apply.** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** |
| **Planning and design of HPOG grant activities** | **Referral of applicants for services provided by [name of local HPOG program]** | **Marketing and Outreach** | **Curriculum Development** | **Healthcare Occupational Training** | **Basic and Other Skill Development Activities (non-occupational)** | **Academic Support** | **Personal/**  **Logistical Support** | **Employment Assistance Support** | **Work-Based Learning Opportunities** | **Direct Financial Support** |
| a. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |
| b. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |
| c. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |
| d. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |

*Source: HPOG Stakeholder/Network Survey, Question 14*

Key Examples:

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 (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 Healthcare 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 Basic and other skill development activities (e.g., Adult basic education, Adult secondary education (GED, HiSET, TASC), English language acquisition, College

developmental education, Introduction to Healthcare Career Workshop, Work Readiness, College Readiness, Digital Literacy, CPR Training, Mandatory work readiness

with peer support)

G Academic support (e.g., case management, academic advising, tutoring, mentoring, peer support, post eligibility assessments training related costs assistance (other

than tuition), laptop for blended learning, internet access for blended learning)

H Personal/Logistical support (e.g., emergency, non-emergency food, child/dependent care, transportation, housing support/assistance)

I Employment Assistance Support (e.g., job development activities (including job readiness workshops, job search skills training, individual job search assistance, job

coach navigator, group job search support, post-placement and retention support), job placement activities (including obtaining and screening job listings for HPOG

participants, screening HPOG participants for suitability for a position, scheduling interviews for a job candidate, and providing interview space), and job retention

services (including counseling for specific job-related issues, incumbent worker career advancement counseling, and job-specific workplace behavior counseling))

J Work-based Learning Opportunities (e.g., work experience, job shadowing opportunities, registered apprenticeships, unpaid internships or externships, or on-the-

Job training)

K Direct Financial Support (e.g., grants, loans, work-study funds, etc.)

|  |
| --- |
| **Include this question only for returning HPOG 1.0 grantees**  **1.3. Which of the following organizations are new or returning partners from the HPOG 1.0 grant?**  **Interviewer/HPOG Site Team Instructions: Select only one answer for each row.**  **Data Source(s): PAGES [Vendors: Columns Selected (Vendor ID and Name)]**   * **Results from the National Implementation Evaluation (NIE) of the HPOG Program Survey.**   **Grantee/HPOG Program Instructions: Information about organizations was collected from PAGES and previous results from the National Implementation Evaluation (NIE) of the HPOG Program Survey. Please review each of the organizations listed in the table below. Please be prepared to discuss any changes during the telephone interview. Select only one answer for each row.** |

|  |  |  |
| --- | --- | --- |
| **Organization** | **New Organization** | **Returning Organization from HPOG 1.0 grant** |
| a. [Organization Name] |  |  |
| b. [Organization Name] |  |  |
| c. [Organization Name] |  |  |
| d. [Organization Name] |  |  |

Go to question 1.4

|  |
| --- |
| **1.4. Are you currently collaborating with (or planning to collaborate with) your partners in one or more of the following ways to improve the service delivery system in which your program operates?**  **Interviewer/HPOG Site Team Instructions: Select all that apply**   * **Question 2.5 in telephone interview protocol**   **Grantee/HPOG Program Instructions: Please review the responses below. If the information is incorrect or left blank, please be prepared to discuss during the telephone interview. Select all that apply.** |

Creation of a logic model or theory of change that is being used across organizations to shape practice and track performance

Curriculum developed for HPOG participants that can be shared with and used for

training services by partners

Development of new credentials that are recognized by employers

Development of a new or improvement of a current referral system across partners

Development or improvement of case management practices across partners to

reduce duplication

Outreach efforts to employers to help change their perspectives on and hiring practices for the target groups served by the

HPOG program

Increased capacity across partners for training and other services that HPOG participants and others in need can access

Articulation agreements between education and training programs to support advancement on a career pathway

Creation of a sector partnership where employers identify training priorities and lead program design

Creation of a collaborative group across service and training providers to better coordinate activities

Sharing of funding or resources or joint identification of new resources by partners

Data sharing on participants or program operations

Joint outreach efforts to market training and career opportunities in the healthcare industry to target populations such as youth

Other (Please specify: )

Go to “Healthcare Occupational Training”

# Healthcare Occupational Training

|  |
| --- |
| **2.1. I am going to name the healthcare occupational training courses that our records show you offer, and for each, I would like you to tell me if each course is open only to HPOG participants or to any non-HPOG students, including the control group. By healthcare occupational training, we mean the combination of one or more classes that are necessary for you to consider that a participant has completed the healthcare occupational training. For example, a six-week training for nursing assistants would be one healthcare occupational training activity. The coursework necessary to become a registered nurse would also be listed as one healthcare occupational training activity, even though it is made up of many individual classes.**  **Interviewer/HPOG Site Team Instructions: Select all that apply.**   * **Question 5.7 in telephone interview protocol**   **Data Source(s): PAGES [Training & Services: Columns Selected (Category**  **(Health Occupation Training), Occupational Code, Vendor, Training/Support**  **Type, and Career Pathway Level)]**   * **Availability to HPOG and non-HPOG students is not available in PAGES** * **Supplement with EDIP or site monitoring call notes**   **Grantee/HPOG Program Instructions: Please review the responses below. If the**  **information is incorrect or left blank, please be prepared to discuss during the**  **telephone interview. Select all that apply.** |

| **Healthcare Training Course**  **(Pre-fill from PAGES)** | **Available ONLY to HPOG Participants Only** | **Available to HPOG and other students** |
| --- | --- | --- |
| 1. [Training Course] |  |  |
| 1. [Training Course] |  |  |
| 1. [Training Course] |  |  |
| 1. Pre-fill with additional trainings as needed |  |  |

*Source: HPOG Grantee Survey, Question 8.8a-b*

Go to “Work-Readiness Training Provision”

# Work-Readiness Training Provision

*The following questions focus on the type of skill development training, activities, or workshops provided to improve participants’ soft and/or work-related skills, included when they are offered as part your HPOG program.*

|  |
| --- |
| **3.1a. Some HPOG programs offer skill development training, activities, or workshops to improve participants’ soft and/or work-related skills such as orientation/introduction to healthcare careers, work readiness, college readiness, and others. Does your HPOG program currently offer the following skill development training and activities to prepare participants for healthcare training and employment?**  **Interviewer/HPOG Site Team Instructions: Select all that apply**   * **Question 5.17a in telephone interview protocol**   **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Other Skill Development Activities) and Training/Support Type)]**  **Grantee/HPOG Program Instructions: Information about skill development training, activities, or workshops was collected from PAGES. Please review the responses below. If the information is incorrect or left blank, please be prepared to discuss during the telephone interview. Select all that apply.**  **Key Definitions:**   * Introduction to Healthcare Careers: A workshop that provides information in a group setting about a variety of healthcare careers, including necessary educational and other requirements, day-to-day work activities, and career pathways. * Work Readiness: A course or workshop that focuses on world-of-work awareness and addresses the interpersonal and intrapersonal skills (or “soft skills”) individuals need to be successful in the workplace. * Digital Literacy: A course or workshop that educates participants on the use of digital technology, communication tools or networks to locate, evaluate, use and create information; the ability to understand and use information in multiple formats from a wide range of sources when it is presented via computers; how to read and interpret media; how to reproduce data and images through digital manipulation; and how to evaluate and apply new knowledge gained from digital environments. * CPR Training: Course of instruction in cardiac pulmonary resuscitation (CPR) that follows a nationally recognized program such as those of the American Heart Association or Red Cross and those approved by the Occupational Safety and Health Administration (OSHA) or state license boards for medical professionals. |
| ☐ Introduction to Healthcare Career workshop  ☐ Work readiness (e.g. positive work habits, attitudes, and behavior, etc.)  ☐ College readiness  ☐ Digital literacy  ☐ CPR training  ☐ Other (Please specify: ) |
| **3.1c. Which courses, activities, or workshops are mandatory or voluntary for HPOG participants?**  **Interviewer/HPOG Site Team Instructions: Select one answer for each course,**  **activity, or workshop offered.**   * **Question 5.17c in telephone interview protocol**   **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Other Skill Development Activities), Vendor, and Training/Support Type)]**   * **Requirements (e.g. mandatory or voluntary) for courses, activities, or workshops are not available in PAGES**   **Grantee/HPOG Program Instructions: Information about courses, activities, and**  **workshops was collected from PAGES, the EDIP and site monitoring call notes.**  **Please review the responses in the table below. If the information is incorrect or left**  **blank, please be prepared to discuss these changes during the telephone interview.**  **Select one answer for each course, activity, or workshop offered.** |

|  |  |  |
| --- | --- | --- |
|  | **Mandatory for HPOG Participants** | **Voluntary for HPOG Participants** |
| 1. Introduction to Healthcare Career workshop |  |  |
| 1. Work readiness (e.g. positive work habits, attitudes, and behavior, etc.) |  |  |
| 1. College readiness |  |  |
| 1. Digital literacy |  |  |
| 1. CPR training |  |  |
| 1. Other (Please specify: ) |  |  |

***Go to “Program Supports”***

# Program Supports

*The following questions focus on the type of academic, personal/logistical, and employment assistance supports you and your partners offer and what ways you believe they help participants complete training and obtain employment in the healthcare field.*

|  |
| --- |
| **4.1. What type of case management and counseling services are delivered to participants? Who among your staff provides these services? Are any of the services delivered by partners (at a cost to the HPOG program or not) or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: For each service offered, please indicate whether HPOG staff, partners, or other programs or community service agencies provide the service. Select all that apply.**   * **Question 6.5 in telephone interview protocol** * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP and site monitoring call notes**  **Grantee/HPOG Program Instructions: Information about case management and counseling services was collected**  **from the EDIP and site monitoring call notes. Please review the responses in the table below. If the**  **information is incorrect or left blank, please be prepared to discuss during the telephone interview. Select all that**  **apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to your program or not.** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case Management and Counseling Services** | **Services Provided by [name of local HPOG program]** | | | | **Services provided by partners** | | **Services provided by other** **programs or community service agencies** | **Not Offered** |
| **Case Manager** | **Academic/**  **Career Advisor** | **Job Developer** | **Other HPOG staff** | **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Participant monitoring (e.g., assessing participants’ progress in training or needs for program supports) |  |  |  |  |  |  |  |  |
| 1. Academic counseling (e.g., course advising) |  |  |  |  |  |  |  |  |
| 1. Career counseling (e.g., reviewing careers or career pathways) |  |  |  |  |  |  |  |  |
| 1. Counseling to identify personal and supportive service needs |  |  |  |  |  |  |  |  |
| 1. Financial counseling (e.g., helping with financial aid or related income support or budget matters) |  |  |  |  |  |  |  |  |
| 1. Job search assistance |  |  |  |  |  |  |  |  |
| 1. Job placement assistance |  |  |  |  |  |  |  |  |
| 1. Job retention services |  |  |  |  |  |  |  |  |
| 1. Other (Please Specify: ) |  |  |  |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.2*

Key Definitions:

f. Job Search Assistance: Provision of assistance, one-on-one or in a group, in job search including information on labor markets, occupational information, and job search

techniques (resumes, interviews, applications, and follow-up letters). Resulting job search is self-directed by participants. This assistance does not include job

placement assistance.

g. Job Placement Assistance: Referral of individuals to jobs matching their abilities and interests. Staff may interview and assess/test participants for the purpose of

achieving suitable job placements where there is a good match between management needs and employee qualifications. This is separate from job search assistance

that results in self-directed job search.

h. Job Retention Services: Various practices that help a person maintain employment or change jobs without a period of unemployment. The services in this category

must take place while the participant is employed and differ from services that focus on work readiness training prior to finding employment. Examples of job

retention services include counseling for specific job-related issues, incumbent worker career advancement counseling, and job-specific workplace behavior

counseling.

***Go to question 4.2***

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| **4.2. Please describe the type of advising services that are routinely offered by [name of local HPOG program]. Are these services provided directly by your program, your partners (at a cost to the HPOG program or not) , or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: For each service offered, please indicate whether HPOG staff, partners, or other programs or community service agencies provide the service. Select all that apply.**   * **Question 6.6 in telephone interview protocol** * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP and site monitoring call notes**  **Grantee/HPOG Program Instructions: Information about advising services was**  **collected from PAGES, the EDIP, and site monitoring call notes. Please review the**  **responses in the table below. If the information is incorrect or left blank, please**  **be prepared to discuss during the telephone interview. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to your program or not.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Advising Services** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Advise on graduation requirements |  |  |  |  |  |
| 1. Advise on college entrance requirements or prerequisites |  |  |  |  |  |
| 1. Assistance developing and tracking career goals in healthcare |  |  |  |  |  |
| 1. Advise on course selection |  |  |  |  |  |
| 1. Assistance with license/certification examination preparation |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 8.15*

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| ***Go to question 4.3*** |
| **4.3. Some academic support services are designed to connect participants in a social setting or with other individuals, including mentors or peers. Does your organization and/or any of your partners provide academic support services such as mentoring or peer support to participants? If so, are they provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: For each service offered, please indicate whether it is provided by the program, partner, or other programs or community service agencies. Select all that apply.**   * **Question 6.7 in telephone interview protocol** * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Academic Supports), Training/Support Type, and Provider)]**   * **Select only if Provider is “HPOG grantee”** * **Supplement with EDIP or site monitoring call notes**   **Grantee/HPOG Program Instructions: Information about academic support**  **services was collected from PAGES, the EDIP, and site monitoring call notes.**  **Please review the responses in the table below. If the information is incorrect or**  **left blank, please be prepared to discuss during the telephone interview. Select**  **all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to your program or not.**   **Key Definitions:**   * Mentoring: Advice and counseling to a participant by a person other than case manager/program staff who has already achieved goals that are the same as or similar to the goals that a participant has set for his/herself, based on the mentor’s personal experiences. This involves an ongoing relationship that may be formal or informal. * Peer Support: Activities that foster social and emotional connections among a consistent cohort or group of participants with the intention of enabling mutual assistance and shared accountability and commitment to program retention and completion. |

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| --- | --- | --- | --- | --- | --- |
| **Academic Support Services** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Mentoring activities |  |  |  |  |  |
| 1. Peer support activities |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.8 and HPOG Master Interview Guide 75*

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| ***Go to question 4.4*** |

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| **4.4. According to our information, [name of local HPOG program] offers the following personal/logistical supports: [Interviewer/HPOG Site Team Instructions: Pre-fill with information from PAGES]. Have there been any changes? Are these services provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: For each service offered, please indicate whether it is provided by the program, partner, or other programs or community service agencies. Select all that apply.**   * **Question 6.8 in telephone interview protocol** * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Personal/Logistical Supports), Training/Support Type, and Provider)]**   * **Select only if Provider is “HPOG grantee”** * **Supplement with EDIP or site monitoring call notes**   **Grantee/HPOG Program Instructions: Information about personal/logistical**  **supports was collected from PAGES, the EDIP, and site monitoring call notes.**  **Please review the responses in the table below. If the information is incorrect**  **or left blank, please be prepared to discuss during the telephone interview. Select**  **all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to your program or not.** * **Please see glossary of terms below.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal/Logistical Supports** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Emergency assistance |  |  |  |  |  |
| 1. Non-emergency food assistance |  |  |  |  |  |
| 1. Child/dependent care assistance |  |  |  |  |  |
| 1. Transportation assistance |  |  |  |  |  |
| 1. Housing support/assistance |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.11 and 9.19 and HPOG Master Interview Guide, Question 83*

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| **Key Definitions:**  A Emergency Assistance: Usually a one-time payment for an unexpected and atypical expense for which a  participant’s current resources are inadequate, and that if not met causes the participant to be at significant risk  of ending program participation or employment due to hardship or practical necessity. These include but are not  limited to expenses for rent, utilities, food, or car repairs when the lack of payment would result in a loss of  housing, utilities, or necessary transportation.  B Non-Emergency Food Assistance: Payments or other assistance that provide food for an HPOG participant, as part  of an HPOG training program or activity on a non-emergency basis.  C Child/Dependent Care Assistance: Payments or other financial assistance for direct care for children or dependent  family members that enable a participant to participate in education and training, other HPOG services, or  attaining and retaining employment. Care provider must meet the child/dependent care requirements of state  and local law.  D Transportation Assistance: Payments or other assistance that enable the participant to travel to and from  education and training, other HPOG services, or employment that do not meet the definition of emergency  assistance. These include but are not limited to bus/subway cards, gas vouchers/cards, or van/carpool  arrangements.  E Housing Support/Assistance: Payments or other assistance that enable a participant to attain or maintain housing  or a temporary accommodation that do not meet the definition of emergency assistance. These include but are not  limited to first month’s rent, security deposit, housing during training, and utility payments.  ***Go to question 4.5*** | |
| **4.5. What type of training-related costs and assistance are delivered to participants? Are these services provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: For each service offered, please indicate whether it is provided by the program, partner, or other programs or community service agencies. Select all that apply.**   * **Question 6.9 in telephone interview protocol** * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP or site monitoring call notes**  **Grantee/HPOG Program Instructions: Information about training-related costs and**  **assistance was collected from PAGES, the EDIP, and site monitoring call notes.**  **Please review the responses in the table below. If the information**  **is incorrect or left blank, please be prepared to discuss during the telephone**  **interview. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to your program or not.** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training-Related Costs and Assistance** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Book costs |  |  |  |  |  |
| 1. College fees (e.g., course fees, tuition support) |  |  |  |  |  |
| 1. Licensing and certification fees |  |  |  |  |  |
| 1. Exam/exam preparation fees |  |  |  |  |  |
| 1. Work/training uniforms, supplies, tools |  |  |  |  |  |
| 1. Computer/technology equipment (e.g., laptops, software, etc.) |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.17*

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| ***Go to question 4.6a*** |

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| **4.6a. What type of job search and placement assistance does your organization and/or any of your partners provide to [name of local HPOG program] participants? Are they provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: For each service offered, please indicate whether it is provided by the program, partner, or other programs or community service agencies. Select all that apply.**   * **Question 6.11 in telephone interview protocol** * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP or site monitoring call notes**  **Grantee/HPOG Program Instructions: Information about job search and placement**  **assistance was collected from PAGES, the EDIP, and site monitoring call notes.**  **Please review the responses in the table below. If the information**  **is incorrect or left blank, please be prepared to discuss during the telephone**  **interview. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to your program or not.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Search and Placement Assistance** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Job search skills workshops (e.g., group workshops on writing resumes and cover letters, conducting a job search, interviewing, etc.) |  |  |  |  |  |
| 1. Identifying job openings for program graduates |  |  |  |  |  |
| 1. Meeting with employers to identify job openings for graduates |  |  |  |  |  |
| 1. One-on-one job search assistance |  |  |  |  |  |
| 1. Advising on career and job choices |  |  |  |  |  |
| 1. Operating or providing referrals to job fairs |  |  |  |  |  |
| 1. Job screening (e.g., screen for suitability for a job) |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.21 and 9.24*

***Go to question 4.6b***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **4.6b. When do you provide these job search and placement assistance to [name of local HPOG program] participants? Are they offered before healthcare training, during healthcare training, during the job search, after job placement, or all of the above?**  **Interviewer/HPOG Site Team Instructions: Select all that apply for each service offered.**   * **Question 6.11b in telephone interview protocol**   **Data Sources(s): EDIP or site monitoring call notes**  **Grantee/HPOG Program Instructions: : Information about job search and**  **placement assistance was collected from PAGES, the EDIP, and site monitoring call**  **notes. Please review the responses in the table below. If the information is**  **incorrect or left blank, please be prepared to discuss t during the telephone**  **interview. Select all that apply.** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Before healthcare training** | **During healthcare training** | **During job search** | **After Job Placement** | | 1. Job search skills workshops (e.g., group workshops on writing resumes and cover letters, conducting a job search, interviewing, etc.) |  |  |  |  | | 1. Identifying job openings for program graduates |  |  |  |  | | 1. Meeting with employers to identify job openings for graduates |  |  |  |  | | 1. One-on-one job search assistance |  |  |  |  | | 1. Advising on career and job choices |  |  |  |  | | 1. Operating or providing referrals to job fairs |  |  |  |  | | 1. Job screening (e.g., screen for suitability for a job) |  |  |  |  | | 1. Other (Please specify: ) |  |  |  |  |   *Source: HPOG-NIE Grantee Survey, Question 9.21 and 9.24*  ***Go to question 4.7*** |

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| **4.7. What type of job retention (e.g., after job placement) services does your organization and/or any of your partners provide to [name of local HPOG program] participants? Are they provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: For each service offered, please indicate whether it is provided by the program, partner, or other programs or community service agencies. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP or site monitoring call notes**  **Grantee/HPOG Program Instructions: Information about job retention services was**  **collected from PAGES, the EDIP, and site monitoring call notes. Please review the**  **responses in the table below. If the information is incorrect or left blank, please be**  **prepared to discuss during the telephone interview.**   * **If services are provided by partners, identify whether the service is provided at a cost to your program or not.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Retention Services** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. In-person meetings with participant |  |  |  |  |  |
| 1. Phone check-ins with participant |  |  |  |  |  |
| 1. Phone calls or meetings with participant’s supervisor |  |  |  |  |  |
| 1. Email check-ins with participant |  |  |  |  |  |
| 1. Social media (e.g., Facebook groups, LinkedIn) |  |  |  |  |  |
| 1. Host events for and/or group meetings with program graduates? |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.22*

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*Thank you for your assistance reviewing the responses in preparation of the telephone interview. We greatly appreciate your participation in the pilot. With your help, we will have better information about the practices of participating HPOG programs across the nation.*

C. First-Round Telephone Interviews

Study Overview and Consent

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**Health Profession Opportunity Grants (HPOG) 2.0 Implementation Study**

**Study Overview and Consent**

As you may know, [name of local HPOG program] is participating in a national evaluation of the Health Profession Opportunity Grants. The second round of grants were awarded in 2015 (referred to as HPOG 2.0) and are sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (DHHS). The evaluation is being conducted by Abt Associates, the Urban Institute, MEF Associates, NORC, and Insight Policy Research, Inc. It is studying all HPOG-funded education and training programs across the country and examining how they help low-income individuals, including Temporary Assistance for Needy Families (TANF) recipients, secure well-paying healthcare jobs.

As part of the HPOG study, we are asking grantee staff, partners, and stakeholders to participate in an interview conducted by phone to help us better understand the structure, operations, and services of their programs. The interview should take approximately 60 to 90 minutes to complete. It asks about your program background and context, organizations with which you collaborate, including their roles and responsibilities, and program activities such as outreach and recruitment, eligibility and intake, training, and support services. With your help we have identified the most appropriate staff, partners, and stakeholders to talk to us about each of the topic areas.

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 interview. Names will not be listed in any reports published and comments will not be attributed to grantees. Instead, your information will be combined with information provided by other grantees. 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 a particular grantee. Your responses to these questions are also completely voluntary. We hope you will choose to complete all of the questions in the interview, but you may choose to skip any question you do not feel comfortable answering.

If you have any questions or concerns about participating in the interview, please let me know. Your verbal decision to participate in the interview will be considered as your consent. Do I have your verbal permission to participate in this interview?

Yes

No

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 0970-0462 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 (0970-0462).

# Staff Positions and Roles

*Before we get started, do you have any questions? To begin, could you/each person on the phone please introduce himself or herself?*

## Respondent Characteristics and Roles

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| **1.1. What is/are your title(s)/position(s) as part of [name of local HPOG program, or name of partner organization working with the local HPOG program]?**  **Interviewer/HPOG Site Team Instructions: Select all that apply. If a title/position is not defined, please include it in the “Other” category below.**  **Programming Instructions: Expand the table to include up to thirteen respondents** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Respondent 1** | **Respondent 2** | **Respondent 3** |
| 1. Program Director |  |  |  |
| 1. Program Coordinator |  |  |  |
| 1. Case Manager |  |  |  |
| 1. Career Advisor/counselor (e.g., assistance with career and training, etc.) |  |  |  |
| 1. Academic advisor (e.g., assistance with course selection, tutoring, etc.) |  |  |  |
| 1. Marketing/recruitment specialist |  |  |  |
| 1. Intake coordinator/staff (e.g., eligibility verification and assessment, etc.) |  |  |  |
| 1. Job developer (e.g., assistance with job readiness, job search, job placement, etc.) |  |  |  |
| 1. Instructor (e.g., healthcare occupational training, basic skills, work readiness courses, etc.) |  |  |  |
| 1. Employer |  |  |  |
| 1. Community service organization/partner |  |  |  |
| 1. Academic Dean/Director of Healthcare Training(s) |  |  |  |
| 1. Other (Please specify: [textbox, line type=single, size=150 characters]) |  |  |  |

*Source: HPOG Master Interview Guide, Question 1 and 3*

***Go to question 1.2***

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| **1.2. How long have you been working in this/these position(s)?**  **Programming Instructions: Expand the table to include up to thirteen respondents** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Respondent 1** | **Respondent 2** | **Respondent 3** |
| 1. Years | Choose an item. | Choose an item. | Choose an item. |
| 1. Months | Choose an item. | Choose an item. | Choose an item. |

*Source: HPOG Master Interview Guide, Question 2*

Go to question 1.3

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| **1.3. How long have you been working at [name of grantee institution]?**  **Programming Instructions: Expand the table to include up to thirteen respondents** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Respondent 1** | **Respondent 2** | **Respondent 3** |
| 1. Years | Choose an item. | Choose an item. | Choose an item. |
| 1. Months | Choose an item. | Choose an item. | Choose an item. |

*Source: HPOG Master Interview Guide, Question 2*

Go to question 1.4

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| **1.4. How long have you been working as part of [name of local HPOG program]?**  **Programming Instructions: Expand the table to include up to thirteen respondents** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Respondent 1** | **Respondent 2** | **Respondent 3** |
| 1. Years | Choose an item. | Choose an item. | Choose an item. |
| 1. Months | Choose an item. | Choose an item. | Choose an item. |

*Source: HPOG Master Interview Guide, Question 2*

Go to “Program Administration”

# Program Administration

*Let’s now discuss how your HPOG program is organized and how you and your partners deliver services and training opportunities to participants.*

## Partnership Characteristics and Roles

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| **2.1. Based on information collected by your HPOG study team, we have compiled a list of organizations that are involved with or have supported [name of local HPOG program]. This list currently includes basic skills and healthcare occupational training providers. Do you have any changes or updates to the organizations listed in the table? What type of organization is each partner? If partners include employers, please consider only employers who are involved beyond hiring graduates.**  **Interviewer/HPOG Site Team Instructions: This question and list of organizations was shared with respondents in advance of the telephone interview. Please note that PAGES only provides a list of organizations involved with basic skills or healthcare occupational trainings. If the respondent includes employers, please advise that they consider only employers who are involved beyond simply hiring graduates (e.g., select employers who provide work-based learning opportunities such as job shadowing, clinicals, etc.). If the respondent has any changes or updates, please delete or include additional organizations. Select only one answer for each organization.**  **Data Source(s): PAGES [Vendors: Columns Selected (Vendor ID, Name, Type of Organization)]**   * **EDIP and Site monitoring call notes for new organizations** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** |
| **State government agency** | **Local government agency** | **Work Investment Board** | **One-Stop Career Center/**  **American Job Center** | **Community/ Technical college** | **Community and faith-based organizations (Non-profits)** | **For-profit or proprietary service/training provider** | **Healthcare Employer** | **Other**  **(Please specify:**  **[textbox, line type= single, size=50 characters])** |
| a. [Organization Name] |  |  |  |  |  |  |  |  |  |
| b. [Organization Name] |  |  |  |  |  |  |  |  |  |
| c. [Organization Name] |  |  |  |  |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Questions 1.1 and 5.1* *and Master Interview Guide, Question 26*

Go to question 2.2

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| --- |
| **2.2. What is each organization’s current role in [name of local HPOG program]?**  **Interviewer/HPOG Site Team Instructions: This question and list of partner organizations was shared with respondents in advance of the telephone interview. If the respondent has any changes or updates, please include them in the table below and select all that apply.**  **Data Source(s): PAGES [Training & Services: Columns Selected (Category, Vendor, Training/Support Type)]**   * **EDIP and Site monitoring call notes for new organizations**   **Programming Instructions: Auto-populate names of organizations from question 2.1. Allow interviewers/HPOG site teams to hover over the terms in columns A-K (e.g., “planning and design of HPOG grant activities”) for examples** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** |
| **Planning and design of HPOG grant activities** | **Referral of applicants for services provided by [name of local HPOG program]** | **Marketing and Outreach** | **Curriculum Development** | **Healthcare Occupational Training** | **Basic and Other Skill Development Activities (non-occupational)** | **Academic Support** | **Personal/**  **Logistical Support** | **Employment Assistance Support** | **Work-Based Learning Opportunities** | **Direct Financial Support to [name of local HPOG program]** |
| a. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |
| b. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |
| c. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |
| d. [Organization Name] |  |  |  |  |  |  |  |  |  |  |  |

*Source: HPOG Stakeholder/Network Survey, Question 14*

Key Examples:

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 (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 for different parts of the

program)

E Healthcare 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 Basic and other skill development activities (e.g., Adult basic education, Adult secondary education (GED, HiSET, TASC), English language acquisition, College

developmental education, Introduction to Healthcare Career Workshop, Work Readiness, College Readiness, Digital Literacy, CPR Training, Mandatory work readiness

with peer support)

G Academic support (e.g., case management, academic advising, tutoring, mentoring, peer support, post eligibility assessments training related costs assistance (other

than tuition), laptop for blended learning, internet access for blended learning)

H Personal/Logistical support (e.g., emergency, non-emergency food, child/dependent care, transportation, housing support/assistance)

I Employment Assistance Support (e.g., job development activities (including job readiness workshops, job search skills training, individual job search assistance, job

coach navigator, group job search support, post-placement and retention support), job placement activities (including obtaining and screening job listings for HPOG

participants, screening HPOG participants for suitability for a position, scheduling interviews for a job candidate, and providing interview space), and job retention

services (including counseling for specific job-related issues, incumbent worker career advancement counseling, and job-specific workplace behavior counseling))

J Work-based Learning Opportunities (e.g., work experience, job shadowing opportunities, registered apprenticeships, unpaid internships or externships, or on-the-

Job training)

K Direct Financial Support to the program (e.g., grants, loans, work-study funds, etc.)

*Source: HPOG Master Interview Guide, Question 26*

If a returning HPOG 1.0 grantee, go to question 2.3  
Otherwise skip to question 2.4

|  |
| --- |
| **For returning HPOG 1.0 grantees**  **2.3. Which of the following organizations are new or returning partners from the HPOG 1.0 grant?**  **Interviewer/HPOG Site Team Instructions: This question was shared with returning HPOG 1.0 grantees to review in**  **advance of the telephone interview. If the respondent has any changes or updates, please include them in the table**  **below.**  **Data Source(s): PAGES [Vendors: Columns Selected (Vendor ID and Name)]**   * **Results from the National Implementation Evaluation (NIE) of the HPOG Program**   **Programming Instructions: Auto-populate names of organizations from question 2.1.** |

|  |  |  |
| --- | --- | --- |
| **Organization** | **New Organization** | **Returning Organization from HPOG 1.0 grant** |
| a. [Organization Name] |  |  |
| b. [Organization Name] |  |  |
| c. [Organization Name] |  |  |
| d. [Organization Name] |  |  |

Go to question 2.4

|  |
| --- |
| **2.4. Are you currently collaborating with (or planning to collaborate with) your partners in one or more of the following ways to improve the service delivery system in which your program operates?**  **Interviewer/HPOG Site Team Instructions: This question was shared with the grantee to review in advance of the telephone interview. Please limit discussion to current and future collaborative efforts. Select all that apply.** |

Creation of a logic model or theory of change that is being used across organizations to shape practice and track performance

Curriculum developed for HPOG participants that can be shared with and used for

training services by partners

Development of new credentials that are recognized by employers

Development of a new or improvement of a current referral system across partners

Development or improvement of case management practices across partners to

reduce duplication

Outreach efforts to employers to help change their perspectives on and hiring practices for the target groups served by the

HPOG program

Increased capacity across partners for training and other services that HPOG participants and others in need can access

Articulation agreements between education and training programs to support advancement on a career pathway

Creation of a sector partnership where employers identify training priorities and lead program design

Creation of a collaborative group across service and training providers to better coordinate activities

Sharing of funding or resources or joint identification of new resources by partners

Data sharing on participants or program operations

Joint outreach efforts to market training and career opportunities in the healthcare industry to target populations such as youth

Other (Please specify: [textbox, line type= single, size=200 characters])

Go to “Outreach and Recruitment”

# Outreach and Recruitment

*Next, I would like to discuss the groups you target for HPOG services, including your recruitment strategies.*

## Recruitment Strategies

|  |
| --- |
| **3.1. According to information collected by your HPOG study team, your organization used the following strategies to inform your community and potential participants about the program: [Programming Instructions: Include textbox for interviewers/HPOG site teams to pre-fill information from EDIP and site monitoring call notes]. Has this changed over the course of the program? Which strategies do you believe have been most effective? Which strategies have been the least effective?**  **Interviewer/HPOG Site Team Instructions: Please include a brief high-level**  **summary of recruitment strategies. Refer to following example below.**  *According to information collected by your HPOG study team, your organization*  *used the following strategies to inform your community and potential*  *participants about the program: tv or radio public announcements, Facebook,*  *presentations, and referrals from TANF agencies, and other partner*  *organizations.*  **Data Source(s): EDIP and site monitoring call notes** |

|  |
| --- |
| **[textbox, line type=multiple, size=1,000 characters]** |

*Source: HPOG Master Interview Guide, Question 49*

Go to “Eligibility and Intake”

# Eligibility and Intake

*As you recall, the HPOG study team worked extensively with [name of local HPOG program] to understand your intake and enrollment process for random assignment. At this time we would like to confirm the eligibility criteria and application procedures used to select HPOG participants.*

## Eligibility Criteria

|  |
| --- |
| **4.1a. Which of the following eligibility criteria does [name of local HPOG program] use for HPOG enrollment?** **If your HPOG program offers multiple training tracks and eligibility criteria vary by training tracks, select the responses that apply to one or more of the training courses offered by your program.**  **Interviewer/HPOG Site Team Instructions: Please advise respondents to discuss eligibility criteria used to confirm HPOG enrollment and not criteria used after random assignment or later stages of HPOG participation (e.g., While applicants complete assessments during the intake process, low scores do not preclude an applicant from enrolling in the HPOG program). Select all that apply.**  **Data Source(s): EDIP and site monitoring call notes** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Income eligibility standards (e.g., TANF, Pell grant recipient, specific percentage of the  Federal Poverty Level, etc.)  Educational attainment (e.g., high school diploma or GED)  English language proficiency and/or fluency  Literacy level (e.g., minimum reading levels on assessments)  Numeracy level (e.g., minimum math levels on assessments)  Criminal background screening  Substance abuse screening  Physical or medical exam screening  U.S. citizenship or U.S. legal residency  Other (Please specify: [textbox, line type= single, size=200 characters])  *Source: HPOG-NIE Grantee Survey, Question 7.4, 7.6, and 7.8a and HPOG Master Interview Guide, Question 52*  ***Go to question 4.1b***   |  | | --- | | **4.1b. Which of the following factors does [name of local HPOG program] use in determining financial eligibility?**  **Interviewer/HPOG Site Team Instructions: Select all that apply**  **Data Source(s): EDIP and the site monitoring call notes** |   Federal poverty level  Household income  Individual income/earnings (e.g., TANF, Social Security, UI, etc.)  Eligible for TANF  Eligible for SNAP  Other (Please specify: [textbox, line type= single, size=200 characters])  *Source: HPOG-NIE Grantee Survey, Question 7.8a*  ***Go to question 4.1c***   |  | | --- | | **4.1c. What threshold has your program established to determine financial eligibility?**  **Interviewer/HPOG Site Team Instructions: Use specific percentage or amounts in the table below based on criteria selected in question 4.1b. If household income was selected, use a family size of two.**  **Data Source(s): EDIP and site monitoring call notes**  **Programming Instructions: Present those items selected in question 4.1b** |  |  | **Income Eligibility Standards** | **Eligibility Threshold** | | --- | --- | --- | |  | 1. Percent of the Federal Poverty Level | \_\_\_\_% | |  | 1. Household income (for a family size of two) | $\_\_\_\_ | |  | 1. Individual income/earnings | $\_\_\_\_ | |  | 1. Other (Please specify: [textbox, line type= single, size=100 characters]): | \_\_\_\_ |   ***Go to question 4.2***   |  | | --- | | **4.2. Are applicants to [name of local HPOG program] required to apply for a Pell Grant? Would you say yes, no, or no but most do apply?**  **Data Source(s): EDIP and site monitoring call notes** | | Yes  No  No but most do apply  *Source: HPOG-NIE Grantee Survey, Question 7.10a* | | Go to question 4.3 |   *Source: HPOG-NIE Grantee Survey, Question 7.8b*   |  | | --- | | **4.3. Are applicants to [name of local HPOG program] required to fill out the Free Application for Federal Student Aid (FAFSA) form? Would you say yes, no, or no but most do complete it?**  **Data Source(s): EDIP and site monitoring call notes** | | Yes  No  ☐ No but most do complete it  *Source: HPOG-NIE Grantee Survey, Question 7.10b* | |

***If “criminal background screening” was selected in question 4.1a, go to question 4.4a.***

***If “Literacy level or Numeracy level” was selected in question 4.1a, go to question 4.5a.***

***If “criminal background screening” and “Literacy level or Numeracy level” were selected in question 4.1a, go to questions 4.4a-f, and then go to question 4.5a-g.***

***Otherwise skip to question 4.6a.***

Yes

No

|  |
| --- |
| **4.4a. Does [name of local HPOG program] accept otherwise eligible applicants with misdemeanors?**  **Data Source(s): EDIP and site monitoring call notes** |

If Yes, go to question 4.4b  
If No, skip to question 4.4d

|  |
| --- |
| **4.4b. What criterion(a) does [name of local HPOG program] use in determining eligibility for applicants with misdemeanors? How, if any, does this differ from other applicants?** |

|  |
| --- |
| **[textbox, line type=multiple, size=500 characters]** |

Go to question 4.4c

|  |
| --- |
| **4.4c. Does your program advise applicants with misdemeanors to pursue selected healthcare trainings? If so, which training courses?**  **Data Source(s): EDIP and site monitoring call notes**  **Programming Instructions: If yes is selected, please include up to five**  **textboxes for interviewers/HPOG site teams to specify selected**  **healthcare trainings.** |

Yes, (If yes, please specify: [Click here to enter text.],[ Click here to enter text.])

No

Go to question 4.4d

|  |
| --- |
| **4.4d. Does [name of local HPOG program] accept otherwise eligible applicants with felonies?**  **Data Source(s): EDIP and site monitoring call notes** |

Yes

No

***If Yes, go to question 4.4e***

***If No, go to question 4.5a***

|  |
| --- |
| **4.4e. What criterion(a) does [name of local HPOG program] use in determining eligibility for applicants with felonies? How, if any, does this differ from other applicants?** |

|  |
| --- |
| **[textbox, line type=multiple, size=500 characters]** |

Go to question 4.4f

|  |
| --- |
| **4.4f. Does your program require applicants with felonies to pursue selected healthcare trainings? If so, which training courses?**  **Data Source(s): EDIP and site monitoring call notes**  **Programming Instructions: If yes is selected, please include up to five**  **separate textboxes for interviewers/HPOG site teams to specify healthcare**  **occupational training courses.** |

Yes, (If yes, please specify: [Click here to enter text.],[ Click here to enter text.])

No

If “Literacy level or Numeracy level” was selected from question 4.1a, go to question 4.5a  
Otherwise skip to question 4.6a

|  |
| --- |
| **Programming Instructions: Show question if “Literacy level” or “Numeracy level” was selected from question 4.1a**  **4.5a. According to our information from the EDIP, your intake process requires applicants to complete the following formal assessments during the intake and enrollment process: [Programming instructions: Include a textbox for interviewers/HPOG site teams to specify the type of formal assessments required (e.g., TABE, CASES, WorKeys etc.)] Have there been any changes? If yes, when did the changes occur, what were they and why were they made?**  **Data Source(s): EDIP and site monitoring call notes** |

Yes (Please specify any changes, [textbox, line type=multiple, size=500 characters])

No

*Source: HPOG Master Interview Guide, Question 55*

***Go to question 4.5b***

|  |
| --- |
| **4.5b. How are these formal assessments used during the intake and enrollment process? Are they used to determine applicants’ career interests, to assess applicants’ needs for basic skills training, to verify applicants’ readiness for healthcare occupational training, or for other purposes?**  **Data Source(s): EDIP and site monitoring call notes** |

To determine applicants’ career interests or aptitudes

To assess applicants’ needs for basic skills training (e.g., adult basic education, adult

secondary education, English language acquisition, or college developmental education)

To verify applicants’ readiness for healthcare occupational training

Other (Please specify: [textbox, line type=single, size=200 characters])

*Source: HPOG Master Interview Guide, Question 55*

***Go to question 4.5c***

|  |
| --- |
| **4.5c. What is the minimum reading grade level your program requires?**  **Interviewer/HPOG Site Team Instructions: Select only one answer**  **Data Source(s): EDIP and site monitoring call notes** |

4th grade or equivalent

5th grade or equivalent

6th grade or equivalent

7th grade or equivalent

8th grade or equivalent

9th grade or equivalent

10th grade or higher

*Source: HPOG-NIE Grantee Survey, Question 7.7b*

***Go to 4.5d***

|  |
| --- |
| **4.5d. What is the minimum math grade level your program requires?**  **Interviewer/HPOG Site Team Instructions: Select only one answer**  **Data Source(s): EDIP and site monitoring call notes** |

4th grade or equivalent

5th grade or equivalent

6th grade or equivalent

7th grade or equivalent

8th grade or equivalent

9th grade or equivalent

10th grade or higher

*Source: HPOG-NIE Grantee Survey, Question 7.7c*

***Go to 4.5e***

|  |
| --- |
| **4.5e. Do some healthcare training courses require that applicants meet a certain score on a formal assessment? For example, courses for registered nursing or those leading to a degree may require participants to have higher-level academic skills than training courses that do not confer a degree.**  **Data Source(s): EDIP and site monitoring call notes** |

Yes

No

***If Yes, go to question 4.5f***

***Otherwise skip to question 4.5g***

|  |
| --- |
| **4.5f. Please describe the type of formal assessments required for each healthcare training course and the minimum reading and math grade levels required for HPOG enrollment.**  **Data Source(s): EDIP and site monitoring call notes**  **Programming Instructions: Allow interviewers/HPOG site teams to specify the**  **reading and math grade levels (e.g., include grades 4-10) and type of assesments**  **required by healthcare training course using a drop-down menu of assessments.**   * **TABE (Test of Adult Basic Education)** * **CASAS (Comprehensive Adult Student Assessment Systems)** * **WorKeys** * **COMPASS** * **ACCUPLACER** * **Other (Please specify: [textbox, line type=single, size=100 characters)** |

| **Healthcare Training Course** | **Assessments required for HPOG enrollment** | **Minimum reading level required for HPOG enrollment** | **Minimum math Grade Level required for HPOG enrollment** |
| --- | --- | --- | --- |
| 1. [Training Course] | Choose an item. | Choose an item. | Choose an item. |
| 1. [Training Course] | Choose an item. | Choose an item. | Choose an item. |
| 1. [Training Course] | Choose an item. | Choose an item. | Choose an item. |
| 1. Pre-fill with additional trainings as needed | Choose an item. | Choose an item. | Choose an item. |

***Go to question 4.5g***

|  |
| --- |
| **4.5g. Does your program consider applicants who are close but unable to meet minimum reading and math grade level requirements on assessments?**  **Data Source(s): EDIP and site monitoring call notes** |

Yes

No

***If Yes, go to question 4.5h***

***Otherwise skip to question 4.6a***

|  |
| --- |
| **4.5h. What criteria does [name of local HPOG program] use in determining eligibility for these applicants?** |

|  |
| --- |
| **[textbox, line type=multiple, size=500 characters]** |

Go to question 4.5i

|  |
| --- |
| **4.5i. Does your program require these applicants to upgrade their basic skills before enrolling in courses?** |

Yes

No

No, but it is recommended

Go to question 4.6a

|  |
| --- |
| **4.6a. In addition to meeting specified eligibility criteria, does your program’s intake process also include an evaluation of an applicant’s general suitability for [name of local HPOG program]? Some examples from other grantees include job readiness, motivation, social skills, etc.**  **Interviewer/HPOG Site Team Instructions: If an activity is not listed in the responses below, please include it in the “Other” category. Select all that apply.**  **Data Source(s): EDIP and site monitoring call notes** |
| Career aptitudes  Career interests  Coping skills  Job-readiness or “soft skills” (e.g., problem solving, workplace behavior, etc.)  Learning styles  Life skills (e.g., time management, personal hygiene)  Motivation  Social skills (e.g., interpersonal skills)  Support service needs (e.g., child/dependent care, housing, transportation, etc.)  Other (Please specify: [textbox, size=200 characters])  Not applicable  *Source: HPOG-NIE Grantee Survey, Question 7.1*  If “Personal and logistical support needs” are selected in question 4.6a, go to 4.6b  Otherwise skip to question 4.6c |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **4.6b. How is a need for support services identified? Who identifies the need and is it assessed during intake as well as during participant’s enrollment?** |  |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** |   *Source: HPOG Master Interview Guide, Question 84*  Go to question 4.6c | |
| **4.6c. What are the three most important criteria your program uses when evaluating an applicant’s general suitability?**  **Programming Instructions: Insert textboxes for each criterion below** |
| Criterion 1: Click here to enter text.  Criterion 2: Click here to enter text.  Criterion 3: Click here to enter text.  *Source: HPOG-NIE Grantee Survey, Question 7.13b* |
| Go to question 4.6d |
| **4.6d. How is this “suitability” review conducted? Do you use one-one-one or group-based interviews, results from assessments, or other screenings?**  **Interviewer/HPOG Site Team Instructions: Select all that apply**  **Data Source(s):** **EDIP and site monitoring call notes** |
| One-on-one interview  Group interview  Results from assessments listed from question 4.6a.  Other screening(s) or assessments(s) (Please specify: )  *Source: HPOG-NIE Grantee Survey, Question 7.13c* |
| Go to Section E. Application Process |

## Application Process

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| **Interviewer/HPOG site team Instructions: Use the EDIP and site monitoring call notes to determine if orientations or information sessions are conducted as part of intake. If so, auto-populate question 4.7a. Otherwise skip to question 4.9.**  **4.7a. According to information collected in the EDIP, applicants to [name of local HPOG program] are required to participate in one-on-one and/or group orientations that uses a standard explanation of the program and/or the application process.**  **Interviewer/HPOG Site Team Instructions: Please pre-populate (select one response only). If you don’t have the information, ask question 4.9a in the telephone interview and select the appropriate response.** |
| Yes, ONLY one-on-one orientations [**Go to question 4.7b**]  Yes, ONLY group orientations [**go to question 4.7b**]  Yes, one-on-one AND group orientations [**go to question 4.7b**]  No, program does not conduct orientation sessions as part of intake [**go to**  **question 4.8a**] |

|  |
| --- |
| **For HPOG programs that require orientations as part of intake**  **4.7b. According to information collected in the EDIP, applicants to [name of local HPOG program] are required to participate in one-on-one and/or group orientations that uses a standard explanation of the program and/or the application process (e.g., application forms and required documentation, program services and requirements for participants) prior to enrollment. Has anything about this process changed? If yes, when did the changes occur and why were they made?** |
| Yes, (Please specify: [textbox, line type=multiple, size=500 characters])  No  *Source: HPOG-NIE Grantee Survey, Question 7.5a*  ***If 4.7a =“Yes, ONLY one-on-one orientations” or “Yes, one-on-one AND group orientations,” go to question 4.7c***  ***If 4.7a = “Yes, ONLY group orientations,” go to question 4.8a*** |

|  |
| --- |
| **For HPOG programs that require one-on-one orientations**  **4.7c. As we understand, one-on-one orientations are held [Programming Instructions: pre-fill with information from EDIP and site monitoring call notes]. Has this changed? If your HPOG program has multiple providers and the frequency of one-on-one orientation sessions vary by providers, select the response that best describes the most common approach.**  **Interviewer/HPOG Site Team Instructions: If any information has changed, please update and select only one answer below. If orientations are held based on the time training courses are offered, please select “on an as needed basis.”**  **Data Source(s): EDIP and site monitoring call notes** |
| More than once per week  Once per week  2 to 3 times per month  Once a month  About once a quarter  Rarely, but at least one time over the course of the program  On an “as needed” basis  *Source: HPOG-NIE Grantee Survey, Question 7.5b* |
| Go to question 4.7d |
| **For HPOG programs that require one-on-one orientations as part of intake**  **4.7d. On average, about how long do these orientation sessions last? Are they shorter than one day, one day, or two days to one week?**  **Note to Interviewer/HPOG Site Team: Select only one answer**  **Data Source(s): EDIP and site monitoring call notes** |
| Shorter than one day  One day  Two days to one week  *Source: HPOG-NIE Grantee Survey, Question 7.5c* |
| ***If 4.7a=“Yes, one-on-one AND group orientations,” go to question 4.8a***  ***Otherwise skip to question 4.9*** |
| **For HPOG programs that require group orientations**  **4.8a. As we understand, group orientations are held [Programming Instructions: pre-fill with information from EDIP and site monitoring call notes]. Has this changed?**  **Interviewer/HPOG Site Team Instructions: If orientations are held based on the**  **time training courses are offered, please select “on an as needed basis.” Select**  **only one answer.**  **Data Source(s): EDIP and site monitoring call notes** |
| More than once per week  Once per week  2 to 3 times per month  Once a month  About once a quarter  Rarely, but at least one time over the course of the program  On an “as needed” basis  *Source: HPOG-NIE Grantee Survey, Question 7.5b* |
| Go to question 4.8b |

|  |
| --- |
| **For HPOG programs that require group orientations**  **4.8b. On average, about how long do these group orientation sessions last? Are they shorter than one day, one day, or two days to one week?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| Shorter than one day  One day  Two days to one week  *Source: HPOG-NIE Grantee Survey, Question 7.5c* |
| Go to question 4.19 |

|  |
| --- |
| **4.9. On average, how long does it take to complete the application/intake process (from the day an application is filed to the day an eligibility determination is made)? Would you say it is less than a week, one to two weeks, two to four weeks, or greater than four weeks?**  **Interviewer/HPOG Site Team Instructions: Please advise the respondent not to**  **include time after acceptance waiting for services to begin. If there is substantial**  **variation across training programs, or individual partners’ intake procedures,**  **please ask the respondent for an approximation. Select only one answer.**  **Data Source(s):** **EDIP and site monitoring call notes** |
| Less than one week  One to two weeks  two to four weeks  Greater than four weeks  *Source: HPOG-NIE Grantee Survey, Question 7.17a* |
| Go to question 4.10a |

## HPOG Ineligibility

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| --- |
| **4.10a. Among the applicants who formally apply to your program, approximately what percentage of applicants are found ineligible? Would you say it is 10 percent or less, 11 to 30 percent, 31 to 50 percent, or more than 50 percent? By applicant, we mean an individual who submits a formal application and/or eligibility documentation before random assignment.**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| 10 percent or less  11-30 percent  31-50 percent  More than 50 percent  *Source: HPOG-NIE Grantee Survey, Question 7.13d* |
| Go to question 4.10b |

|  |
| --- |
| **4.10b. Approximately what percentage of applicants do not meet income eligibility standards? Would you say it is 10 percent or less, 11 to 30 percent, 31 to 50 percent, or more than 50 percent?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| 10 percent or less  11-30 percent  31-50 percent  More than 50 percent |
| Go to question 4.10c |

|  |
| --- |
| **4.10c. For those who meet income standards but are otherwise ineligible, what are the most common reasons for ineligibility? Would you say that applicants do not meet educational and/or academic requirements, do not meet U.S. citizenship or residency requirements, are not proficient in English, or not able to pass criminal background, substance abuse, or medical exam screenings, or other reasons?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| Applicants no longer interested in healthcare after orientation  Applicants do not meet educational requirements (e.g., High school diploma or  GED)  Applicants are unable to meet minimum reading and/or math levels on assessments  ☐ Applicants do not meet U.S. citizenship or U.S. legal residency requirements  ☐ Applicants are not proficient in English  Applicants cannot pass criminal background screenings  Applicants cannot pass substance abuse screenings  Applicants cannot pass physical or medical exam screenings  Applicants are deemed “unsuitable” for healthcare training or employment  Other (Please specify: [textbox, line type=single, size=200 characters]) ) |
| If “Applicants are deemed “unsuitable” for healthcare training or employment” is selected, go to question 4.11a  Otherwise skip to 4.12 |

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| **4.11a. Among applicants who meet the objective eligibility criteria for [name of local HPOG program] (e.g., income, assessments, etc.), approximately what percentage are found *not* “suitable” for the program? By *not* suitable, we mean individuals who meet your eligibility criteria, but may lack other important characteristics necessary for program success such as motivation, interest in healthcare, or other important skills. Would you say it is less than 5 percent, 5 to 10 percent, 11 to 20 percent, 21 to 30 percent, or more than 30 percent?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| Less than 5 percent  5-10percent  11-20 percent  21-30 percent  More than 30 percent  *Source: HPOG-NIE Grantee Survey, Question 7.13d* |
| Go to question 4.11b |

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| **4.11b. Some applicants are less suitable for HPOG based on their lack of motivation, interest, or other skills. What are the most common reasons you believe that applicants are *not* found suitable for your program?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| Applicants lack basic academic skills  Applicants are not interested in healthcare careers  Applicants lack job-readiness or “soft skills” (e.g., problem solving, appropriate  workplace behavior)  Applicants lack life skills (e.g., time management, personal hygiene)  Applicants lack coping skills  Applicants lack social skills (e.g., interpersonal skills)  Applicants lack motivation  Applicants require substantial support services  Other (Please specify: [textbox, line type=-single, size=200 characters]) |
| Go to question 4.12 |

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| **4.12. What do you do for applicants that are found ineligible or unsuitable for HPOG participation? Do you refer to another agency or community service organization , enroll them in a different training program, or provide them with a list of alternate services in the community?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| Refer them to another agency or community service organization  Enroll them in a different training program (e.g., other occupational training or skill development training and activities)  Provide them with a list of alternate services in the community  Other (Please specify: [textbox, line type=single, size=200 characters])  *Source: HPOG Master Interview Guide, Question 53b* |
| Go to question 4.13a |
| **4.13a. Approximately, what percentage of applicants do *not* complete the full application process? Would you say it is 10 percent or less, 11 to 30 percent, 31 to 50 percent, or more than 50 percent? By applicant, we mean an individual who submits a formal application and/or eligibility documentation before random assignment.**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| 10 percent or less  11-30 percent  31-50 percent  More than 50 percent |
| Go to question 4.13b |
| **4.13b. What are the most common reasons you believe that applicants do *not* complete the full application process? Would you say that applicants lose interest in healthcare, cannot provide the required paperwork, lack motivation, learn that they are probably not eligible, find that the intake process is too long, lack childcare or transportation, or other reasons?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| Applicants are no longer interested in healthcare  Applicants cannot provide/do not have required paperwork  Applicants lack motivation  Applicants learn they are probably not eligible  Applicants find the application process too long  Applicants lack childcare  Applicants lack transportation  Other (Please specify: [textbox, size=200 characters]))  *Source: HPOG Master Interview Guide, Question 53b*  Go to “Education and Healthcare Occupational Training” |

# Education and Healthcare Occupational Training

*Now let’s discuss the type of educational, healthcare training, and work-based learning opportunities available to prepare participants for jobs in the healthcare field.*

## Basic Skills Training

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| **5.1a. According to information from the Performance Project Report (PPR) in [Programming Instructions: Pre-fill with grant year], approximately [Programming Instructions: Include a textbox for interviewers to pre-fill with information collected from the Performance Project Report on the number of individuals projected to receive basic skills training] individuals are projected to receive basic skills training. Is this correct? If not, how many individuals do you plan to serve with low basic skills?**  **Programming Instructions: Allow interviewers to hover over term “basic skills”**  **for definition (See below).**  **Key Definitions:**   * Basic Skills: Basic skills training is the combination of one or more courses or activities designated as basic skills training by a grantee. These courses or activities may include: Adult basic education, Adult secondary education, College developmental education, and English language acquisition. Basic skills training may be delivered prior to healthcare training or concurrent with healthcare training. Basic skills training that is integrated with healthcare occupational training will be listed with healthcare occupational training activities and should not be included as a distinct basic skills training. |
| Yes  No (Please specify: [textbox, line type=multiple, size=500 characters]) |
| If Yes, go to 5.1b If No, go to 5.1c |
| **5.1b. Is your program on target to serve that many individuals with low basic skills? If no, please explain.** |
| Yes  No, (Please specify: [textbox, line type= multiple, size=500 characters]) |
| Go to question 5.2 |

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| **5.2. According to PAGES, approximately [Programming Instructions: Include a textbox for interviewers to pre-fill with information from PAGES on the percentage of individuals who received basic skills training ]% have completed basic skills training. Do you believe your program improved basic skills for these individuals? If yes, please explain.** |
| Yes, (Please specify: [textbox, line type=multiple, size=500 characters])  No |
| Go to question 5.3 |

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| **5.3. What do you do for participants requiring training in basic academic skills? Do you refer them to basic skills courses offered by non-HPOG agencies, enroll them in basic skills courses offered by [name of local HPOG program] and partners specifically for HPOG participants, enroll them in basic skills courses offered by [name of local HPOG program] and partners not specifically for HPOG participants, or refer them to basic skills courses offered by another source?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| Refer them to basic skills courses offered by non-HPOG agencies  Enroll them in basic skills courses offered by [name of local HPOG program] and  partners specifically for HPOG participants  Refer them to basic skills courses offered by [name of local HPOG program] and  partners not specifically for HPOG participants  Other (Please Specify: [textbox, size=500 characters]) |
| Go to question 5.4a |
| **5.4a. According to information collected from PAGES, [name of local HPOG program] is using the following strategies to accommodate individuals entering your program with low basic skills:[Programming Instructions: Include a textbox that allow interviewers/HPOG site teams to pre-fill with information for all basic skills courses offered from PAGES]. Has anything changed?**  **Interviewer/HPOG Site Team Instructions: Select all that apply.**  **Data Source(s): PAGES [Training & Services: Columns Selected (Category**  **(Basic Skills Training), Vendor, Training/Support Type, Accelerated, Blended**  **Learning, Contextualized, Delivery Mode, Integrated Training)]**   * **Responses one through four below are included in PAGES.** * **Please prepopulate response options one through four using PAGES data and confirm the prepopulated responses with respondent during the interview.** * **Note that response options five and six are new and not included in PAGES. You should ask both questions during the interview.** * **If there are changes to the prepopulated responses, please update the appropriate response options.** * **Use the “Other, please specify” option, if needed** |
| 1 Basic skills training is integrated into healthcare training  2 Basic skills training is provided as a stand-alone component taken  independently of healthcare training activities  3 Participants can simultaneously enroll in basic skills courses and healthcare  training  4 Basic skills training is accelerated (time required to complete the course less than  typical similar courses)  5 Basic skills training is delivered in a flexible way with regard to location, schedule,  pace, and strategy  6 Basic skills training is offered off-site or provided through distance learning  opportunities such as an on-line format  7 Other (Please specify: [textbox, size=500 characters])  *Source: HPOG Master Interview Guide, Question 66e* |
| Go to question 5.4b |
| **5.4b. Do you believe these strategies for delivering basic skills training successfully improves participants’ basic skills proficiency levels? Is it effective in helping participants earn marketable credentials? If so, how?** |
| Yes, (Please specify:[textbox size = 700 characters])  No  *Source: HPOG Master Interview Guide, Question 67* |
| Go to question 5.5 |
| **5.5. In what ways, if any, is your program doing something unique or promising regarding basic skills training? You can answer N/A if this question doesn’t apply to your program at this time.** | |
| N/A | |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | |

Go to “Healthcare Occupational Training”

## Healthcare Occupational Training

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| **5.5. I am going to name the healthcare occupational training courses that our records show you currently offer, and for each, I would like you to tell me if each course is open only to HPOG participants or to any non-HPOG students, including the control group. By healthcare occupational training, we mean the combination of one or more classes that are necessary for you to consider that a participant has completed the healthcare occupational training. For example, a six-week training for nursing assistants would be one healthcare occupational training activity. The coursework necessary to become a registered nurse would also be listed as one healthcare occupational training activity, even though it is made up of many individual classes.**  **Interviewer/HPOG Site Team Instructions: This question was shared with the**  **grantee to review in advance of the telephone interview. If the respondent has**  **any changes or updates, please include them in the table below and select which**  **healthcare occupational training courses are offered to HPOG and non-HPOG**  **students.**   * **Please advise the grantee to consider only current healthcare**   **occupational trainings offered to participant and NOT the ones they plan to offer in the future.**  **Data Source(s): PAGES [Training & Services: Columns Selected (Category**  **(Health Occupation Training), Occupational Code, Vendor, Training/Support**  **Type, and Career Pathway Level)]**   * **Availability to HPOG and non-HPOG students is not available in PAGES** * **Supplement with EDIP or site monitoring call notes** |

| **Healthcare Training Course**  **(Pre-fill from PAGES)** | **Available ONLY to HPOG Participants Only** | **Available to HPOG and other students** |
| --- | --- | --- |
| 1. [Training Course] |  |  |
| 1. [Training Course] |  |  |
| 1. [Training Course] |  |  |
| 1. Pre-fill with additional trainings as needed |  |  |

*Source: HPOG Grantee Survey, Question 8.8a-b*

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| Go to “Career Pathway Training Opportunities” |

## Career Pathway Training Opportunities

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| **5.6a. Among the healthcare occupational training courses currently offered by [name of local HPOG program], which are available during the day, in the evening or on the weekends?**  **Interviewer/HPOG Site Team Instructions: Select all that apply for each healthcare occupational training course listed below. Please refer to definition of healthcare occupational training courses in question 5.5.**  **Data Source(s): PAGES [Training & Services: Columns Selected (Category**  **(Health Occupation Training), Occupational Code, Vendor, Training/Support**  **Type, and Career Pathway Level)]**   * **Timing of healthcare occupational training courses is not available in PAGES** * **Supplement with EDIP or site monitoring call notes**   **Programming Instructions: Auto-populate with response options from question 5.5** |

| **Healthcare Occupational Training Course**  **(Pre-fill from PAGES)** | **During the Day** | **In the Evening (after 5pm)** | **On Weekends** |
| --- | --- | --- | --- |
| 1. [Training Course] |  |  |  |
| 1. [Training Course] |  |  |  |
| 1. [Training Course] |  |  |  |
| 1. Pre-fill with additional trainings as needed |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 8.9*

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| --- | --- |
| Go to question 5.6b | |
| **5.6b. What percentage of your students are working part-time or full-time while enrolled in healthcare training? Would you say the percentage is zero/none, 1 to 10 percent, 11 to 30 percent, 31 to 50 percent, or more than 50 percent?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** | |
| None  1- 10 percent  11-30 percent  31-50 percent  More than 50 percent  Don’t know  *Source: HPOG-NIE Grantee Survey, Question 8.9* | |

Go to question 5.7

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| **5.7. According to PAGES, the following healthcare occupational training courses were purposely designed (or redesigned/compressed) for accelerated completion: [Programming Instructions: Allow interviewers pre-fill with information from PAGES]. Is this correct? If not, what additional healthcare training courses are accelerated? By accelerated, we mean courses where instruction and/or curricula were reorganized in ways that allow students to complete them more quickly than in a traditional format. This may mean students move through the content in fewer hours of instruction or it may mean that students attend class for more hours per week.**  **Programming Instructions: If yes is selected, please include up to five**  **separate textboxes for interviewers/HPOG site teams to write in healthcare**  **occupational training courses.** |
| Yes, (Please specify:[Click here to enter text.]; [Click here to enter text.])  No  *Source: HPOG-NIE Grantee Survey, Question 8.10 and 8.11* |
| Go to question 5.8a |

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| **5.8a. Do you present your program as a “career pathways” program? By career pathways, we mean the following: “a clear sequence, or pathway, of education coursework and/or training credentials” that are reorganized by employers.[[1]](#footnote-1)** |
| Yes  No  *Source: HPOG Master Interview Guide, Question 52d* |
| Go to question 5.8b |
| **5.8b. When and how do you first introduce participants to the concept of career pathways and the training courses needed to move up the pathway? Can you give an example or two of when and how you introduce the concept of career pathways to participants? For example, do you provide career maps or trajectories of how healthcare occupational trainings can fit together? Do you build a customized pathway plan for students?** | |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | |
| *Source: HPOG Master Interview Guide, Question 52d* | |
| Go to question 5.8c | |
| **5.8c. According to information collected from your grantee application, [name of local HPOG program] uses the following strategies to discuss career pathway training opportunities: [Programming Instructions: Allow interviewers to pre-fill information collected from the grantee application]. Is this correct?** | | |
| Yes  No  Go to question 5.8d   |  | | --- | | **5.8d. When and how do you discuss the concept of career pathways and the training courses needed to move up the pathway for participants as they reach the end of their training course? Can you give an example or two of when and how you discuss career pathways near the end of healthcare occupational training?** | | |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | | *Source: HPOG Master Interview Guide, Question 52d* | | Go to question 5.9a | | | |
| **5.9a. How often does your program emphasize the concept of career pathways for participants pursuing entry-level healthcare occupational trainings (e.g., CNA, Medical Assistant, Home Health Aide, etc.) relative to participants in higher-level healthcare occupational trainings (e.g., RN, Pharmacy Technician, etc.)? Would you say more often, about the same, or less often?**  **Interviewer/HPOG Site Team Instructions: Select only one answer**  **Key Definitions:**  Career Pathway level: Entry level training is for occupations with average wages less than $15 an hour; mid-level for occupations with average wages greater than $15 but less than $25 an hour; and high-level for occupations with average wages greater than $25 an hour. |
| More often  About the same  Less often |
| Go to question 5.9b |

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| **5.9b. Once a participant completes healthcare occupational training, does your program routinely follow-up with the participant about their career path or next steps for training?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| Yes  No |
| Go to question 5.10a |

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| **5.10a. Do HPOG participants discuss and lay out with staff their short- and long-term educational and employment goals?** |
| Yes  No  *Source: HPOG Master Interview Guide, Question 52b* |
| If Yes, go to question 5.10b Otherwise skip to question 5.11 |
| **5.10b. How often do staff revisit these goals with participants? Would you say more than once per week, once per week, 2 to 3 times per month, once a month, about once a quarter or semester, rarely but at least once over the course of the program, or on an “as needed” basis?**  **Interviewer/HPOG Site Team Instructions: Select only one answer.** |
| More than once per week  Once per week  2 to 3 times per month  Once a month  About once a quarter or semester  Rarely, but at least one time over the course of the program  On an “as needed” basis |
| Go to question 5.10b |

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| **5.10b. Typically, who initiates the majority of check-ins with participants to monitor progress toward their goals?**  **Interviewer/HPOG Site Team Instructions: Select all that apply.** |
| The participant  Case manager  Academic/career counselor  Job developer  Other HPOG staff (Please specify: [textbox, line type=single, size=100 characters])  Partners or community service agencies (Please specify: [textbox, line type-single, size=300 characters]) |
| Go to question 5.10c |
| **5.10c. What are the common ways staff communicate with participants about their goals? Would you say they communicate in-person (e.g., face-to-face), by phone, text message, email, social media such as Facebook, or any other methods?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| In-person (e.g., face-to-face)  Phone  Text message  Email  Social media (e.g., Facebook)  Other (please specify: ) |
| Go to question 5.11 |
| **5.11. Does your program monitor participants’ passage of licensing or other external credentialing exams after completing HPOG-funded training? If so, what strategies and/or tools are used to monitor completion?** |
| Yes, (Please specify: [textbox, line type=multiple, size=500 characters])  No |
| Go to question 5.12a |
| **5.12a. Are any of the healthcare occupational trainings offered associated with clearly defined and industry-recognized credentials that are “stackable” with other available trainings? If so, which credentials and/or tracks are stackable (e.g., nursing, HIM, etc.)? By stackable, we mean: a credential “is part of a sequence of credentials that can be accumulated over time to build up an individual’s qualifications and help them to move along a career pathway or up a career ladder to different and potentially higher-paying jobs.”[[2]](#footnote-2)**  **Programming Instructions: If yes, please include up to ten separate textboxes for**  **interviewers/HPOG site teams to write in the type of credentials and/or tracks**  **that are stackable** |
| Yes, (Please specify: Click here to enter text.; Click here to enter text. )  No  *Source: HPOG Master Interview Guide, Question 73e* |
| If Yes, go to question 5.12b Otherwise skip to question 5.13 |
| **5.12b. Approximately what percentage of the healthcare occupational training courses offered convey credentials that are stackable within the same occupational career pathway (e.g., nursing career pathways, information technology, other therapies or technologies)? Would you say 0 to 25 percent, 26 to 50 percent, 51 to 75 percent or 76 to 100 percent?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** | |
| 0-25%  26-50%  51-75%  76-100%  ***Go to question 5.13*** | |
| **5.13. What strategies and/or tools (e.g., academic advising and supports, career maps, career navigation, and support services) has [name of local HPOG program] implemented to help participants continue along a career pathway when they are ready?** | |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | |
| Go to question 5.14 | |

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| **5.14. What is the biggest obstacle to your participants achieving their career goals?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| Low or inadequate basic skill levels of applicants  Problems with transportation or location  Inadequate child care options  Criminal background/legal issues  Problems with housing (e.g., homeless, etc.)  ☐ Problems with substance abuse or addiction  Availability of other training options besides [name of local HPOG program]  Availability of tuition to move beyond [name of local HPOG program]  ☐ Problems with class schedules or off-hours availability of services  Prospective applicant’s need to work, which limits feasibility of enrolling in training.  Other (Please specify: [textbox, line type=single, size=200 characters]) |
| Go to question 5.15 |

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| **5.15. How effective is [name of local HPOG program] at developing career pathway**  **training opportunities for participants? Would you say that it is not effective, somewhat effective, effective, very effective, or you are uncertain?**  **Interviewer/HPOG Site Team Instructions: Select only one answer.** |
| Not effective  Somewhat effective  Effective  Very effective  Uncertain  *Source: HPOG Master Interview Guide, Question 137* |
| Go to question 5.16 |

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| **5.16. In what ways, if any, is your program doing something unique or**  **promising regarding career pathway training opportunities? You can answer N/A if this question doesn’t apply to your program at this time .** |
| N/A |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | |
| Go to “J. Work-Readiness Training Provision” | |

## Work-Readiness Training Provision

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| **5.17a. Some HPOG programs offer skill development training, activities, or workshops to improve participants’ soft and/or work-related skills such as introduction to Healthcare Career workshop, work readiness, college readiness, and others. Can you please describe the type of skill development training and activities you currently offer to prepare participants for healthcare training and employment?**  **Interviewer/HPOG Site Team Instructions: This question was shared with**  **respondents to review in advance of the telephone interview. If any information**  **has changed, please update the responses below and select all that apply.**  **Data Source(s): PAGES [Training & Services: Columns Selected (Category**  **(Other Skill Development Activities), Vendor, and Training/Support Type)]**  **Programming Instructions: Allow interviewers/HPOG site teams to hover**  **over each term listed below for the definition:**  **Key Definitions:**   * Introduction to Healthcare Careers: A workshop that provides information in a group setting about a variety of healthcare careers, including necessary educational and other requirements, day-to-day work activities, and career pathways. * Work Readiness: A course or workshop that focuses on world-of-work awareness and addresses the interpersonal and intrapersonal skills (or “soft skills”) individuals need to be successful in the workplace. * Digital Literacy: A course or workshop that educates participants on the use of digital technology, communication tools or networks to locate, evaluate, use and create information; the ability to understand and use information in multiple formats from a wide range of sources when it is presented via computers; how to read and interpret media; how to reproduce data and images through digital manipulation; and how to evaluate and apply new knowledge gained from digital environments. * CPR Training: Course of instruction in cardiac pulmonary resuscitation (CPR) that follows a nationally recognized program such as those of the American Heart Association or Red Cross and those approved by the Occupational Safety and Health Administration (OSHA) or state license boards for medical professionals. |
| Introduction to Healthcare Career workshop  Work readiness (e.g. positive work habits, attitudes, and behavior, etc.)  College readiness (e.g., study, financial, and time management skills, etc.)  Digital literacy  CPR training  Other (Please specify: [textbox, line type=single, size=200 characters]) |
| Go to question 5.17b |
| **5.17b. Which courses, activities, or workshops are mandatory or voluntary for HPOG participants?**  **Interviewer/HPOG Site Team Instructions: This question was shared with**  **respondents to review in advance of the telephone interview. If any information**  **has changed, please update the responses below and select all that apply.**  **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Other Skill Development Activities), Vendor, and Training/Support Type)]**   * **Requirements (e.g. mandatory or voluntary) for courses, activities, or workshops are not available in PAGES**   **Programming Instructions: Auto-populate left column in table with**  **responses selected from question 5.17a** |

|  |  |  |
| --- | --- | --- |
|  | **Mandatory for HPOG Participants** | **Voluntary for HPOG Participants** |
| 1. Introduction to Healthcare Career workshop |  |  |
| 1. Work readiness (e.g. positive work habits, attitudes, and behavior, etc.) |  |  |
| 1. College readiness |  |  |
| 1. Digital literacy |  |  |
| 1. CPR training |  |  |
| 1. Other (Please specify: [textbox, line type=single, size=200 characters]) |  |  |

|  |
| --- |
| If “Voluntary for HPOG Participants” is selected for responses a-g, go to question 5.17c  Otherwise skip to question 5.18a |

|  |
| --- |
| **5.17c. How do you encourage HPOG participants to attend courses, activities, or workshops that are voluntary?** |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | |
| Go to question 5.18a |

|  |
| --- |
| **5.18a. Some HPOG programs require participants to complete bootcamps. By bootcamp, we mean an intensive orientation to healthcare training that may focus on vocabulary, study and soft skills, healthcare careers, etc. Does [name of local HPOG program] offer bootcamps as part of HPOG enrollment?** |
| Yes  No |
| If Yes, go to question 5.18b Otherwise skip to question 5.19 |

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| --- |
| **5.18b. Please describe the bootcamp, including its goal, whether it is required or voluntary for all or some participants, and when and how long it is offered.** |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | |
| Go to question 5.19 |

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| **5.19. Approximately how much time do participants spend in work-readiness training? Would you say a day, week, one quarter, semester or other period? By work readiness, we mean a course or workshop that focuses on world-of-work awareness and addresses the interpersonal and intrapersonal skills (or “soft skills”) individuals need to be successful in the workplace.**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| One day  One week  One quarter  One semester  Other (Please specify: [textbox, size=200 characters])) |
| Go to question 5.20a |
| **5.20a. Do you formally assess each participant’s work-readiness skill level? If so, how?** |
| Yes, (Please specify: [textbox, size=700 characters])  No |
| If yes, go to question 5.20b  Otherwise go to question 5.21a |

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| --- |
| **5.20b. Does the time participants spend in work-readiness training vary by work-readiness skill level. If so, how?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| Yes (Please specify: [textbox, size=700 characters])  No |
| Go to question 5.21a |

|  |  |
| --- | --- |
| **5.21a. Have you received any feedback from employers about the quality of your HPOG participants? If so, please describe the type of feedback received.** | |
| Yes (Please describe: [textbox, size=700 characters])  No | |
| If Yes, go to question 5.21b Otherwise skip to question 5.22 | |
| **5.21b. How would they rate the overall quality of your HPOG graduates in terms of their soft and work-readiness skills? Would they rate them as very poor, below average, average, above average, excellent, or don’t know?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** | |
| Very poor  Below average  Average  Above average  Excellent  Don’t know | |
| Go to question 5.22 | |
| **5.22. In what ways, if any, is your program doing something unique or promising regarding work readiness training provisions? You can answer N/A if this question doesn’t apply to your program at this time.** | |
| N/A | |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | | |
| Go to “Program Supports” | | |

# Program Supports

*Now I would like to discuss the type of academic, personal/logistical, and employment assistance services you and your partners offer and what ways you believe they help participants complete training and obtain employment in the healthcare field.*

## Academic Supports

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| --- |
| **6.1. Is there an individual who is assigned to work one-on-one with each [name of local HPOG program] participant throughout their stay in the program? This person is sometimes called a “case manager” or “academic advisor,” though there are other titles such as “navigator”.**  **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Academic Supports), Training/Support Type, Participants Have Assigned**  **Case Manager, and Provider)]** |
| Yes  No  *Source: HPOG-NIE Grantee Survey, Question 9.1* |
| ***Go to question 6.2*** |

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| **6.2. How many full-time and part-time case managers and/or academic advisors does [name of local HPOG program] currently use to support its participants and what is the average caseload?** |
| |  |  | | --- | --- | | \_\_\_\_# full-time case managers | \_\_\_average caseload for full-time case managers | | \_\_\_\_# part-time case managers | \_\_\_average caseload for part-time case managers | | \_\_\_\_# full-time academic advisors | \_\_\_average caseload for full-time academic advisors | | \_\_\_\_# part-time academic advisors | \_\_\_average caseload for part-time academic advisors |   *Source: HPOG-NIE Grantee Survey, Question 9.3* |
| ***Go to question 6.3*** |
| **6.3. Are case managers employed by [name of the local HPOG program], [name of the grantee institution], partner organization, or both?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| Employed by [name of local HPOG program] or [name of grantee institution]  Employed by partner organization  Both  *Source: HPOG-NIE Grantee Survey, Question 9.4* |
| ***Go to question 6.4*** |

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| **6.4. Among your HPOG employees, who has responsibility for making sure that various personnel employed by non-HPOG partners are meeting with HPOG participants on a regular basis? Would you say the program director, program coordinator, director of career advising, director of academic advising, director of case management, or other?**  **Interviewer/HPOG Site Team Instructions: Select all that apply.** |
| Program director  Program coordinator  ☐ Director of career advising  ☐ Director of academic advising  Director of case management  Other (Please Specify: (Please specify: [textbox, line type=single, size=700 characters]) |
| ***Go to question 6.5*** |

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| **6.5. What type of case management and counseling services are delivered to participants? Who among your staff provides these services? Are any of the services delivered by partners (at a cost to the HPOG program or not) or other programs or community service agencies? By partners we mean organizations that are involved with or have supported your HPOG program.**  **Interviewer/HPOG Site Team Instructions: This question was shared with respondents to review in advance of the telephone interview. If the respondent has any changes, please update the table below. For each service offered, indicate whether HPOG staff, partners, or other programs or community service agencies provide the service. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP and site monitoring call notes** |

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| **Case Management and Counseling Services** | **Services Provided by [name of local HPOG program]** | | | | **Services provided by partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **Case Manager** | **Academic/**  **Career Advisor** | **Job Developer** | **Other HPOG staff** | **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Participant monitoring (e.g., assessing participants’ progress in training or needs for program supports) |  |  |  |  |  |  |  |  |
| 1. Academic counseling (e.g., course advising) |  |  |  |  |  |  |  |  |
| 1. Career counseling (e.g., reviewing careers or career pathways) |  |  |  |  |  |  |  |  |
| 1. Counseling to identify personal and supportive service needs |  |  |  |  |  |  |  |  |
| 1. Financial counseling (e.g., helping with financial aid or related income support or budget matters) |  |  |  |  |  |  |  |  |
| 1. Job search assistance |  |  |  |  |  |  |  |  |
| 1. Job placement assistance |  |  |  |  |  |  |  |  |
| 1. Job retention services |  |  |  |  |  |  |  |  |
| 1. Other (Please Specify: ) |  |  |  |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.2*

Key Definitions:

f. Job Search Assistance: Provision of assistance, one-on-one or in a group, in job search including information on labor markets, occupational information, and job search

techniques (resumes, interviews, applications, and follow-up letters). Resulting job search is self-directed by participants. This assistance does not include job

placement assistance.

g. Job Placement Assistance: Referral of individuals to jobs matching their abilities and interests. Staff may interview and assess/test participants for the purpose of

achieving suitable job placements where there is a good match between management needs and employee qualifications. This is separate from job search assistance

that results in self-directed job search.

h. Job Retention Services: Various practices that help a person maintain employment or change jobs without a period of unemployment. The services in this category

must take place while the participant is employed and differ from services that focus on work readiness training prior to finding employment. Examples of job

retention services include counseling for specific job-related issues, incumbent worker career advancement counseling, and job-specific workplace behavior

counseling.

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| ***Go to question 6.6*** |

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| **6.6. Please describe the type of advising services that are routinely offered by [name of local HPOG program]. Are these services provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: This question was shared with respondents to review in advance of the telephone interview. For each service offered, indicate whether it is provided by the HPOG program, partner, or other programs or community service agencies. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP or site monitoring call notes** |

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| --- | --- | --- | --- | --- | --- |
| **Advising Services** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Advise on graduation requirements |  |  |  |  |  |
| 1. Advise on college entrance requirements or prerequisites |  |  |  |  |  |
| 1. Assistance developing and tracking career goals in healthcare |  |  |  |  |  |
| 1. Advise on course selection |  |  |  |  |  |
| 1. Assistance with license/certification examination preparation |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 8.15*

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| ***Go to question 6.7*** |

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| **6.7. Some academic support services are designed to connect participants in a social setting or with other individuals, including mentors or peers. Does your organization and/or any of your partners provide academic support services such as mentoring or peer support to participants? If so, are they provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: This question was shared with respondents to review in advance of the telephone interview. For each service offered, please indicate whether it is provided by the HPOG program, partner, or other programs or community service agencies. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Academic Supports), Training/Support Type, and Provider)]**   * **Use information from PAGES to indicate whether services are provided by the HPOG program (e.g. Provider = “HPOG grantee”)** * **Supplement with EDIP or site monitoring call notes**   **Programming Instructions:** **Allow interviewers/HPOG site teams to hover over the terms listed in the table using the key definitions below.**  **Key Definitions:**   * Mentoring: Advice and counseling to a participant by a person other than case manager/program staff who has already achieved goals that are the same as or similar to the goals that a participant has set for his/herself, based on the mentor’s personal experiences. This involves an ongoing relationship that may be formal or informal. * Peer Support: Activities that foster social and emotional connections among a consistent cohort or group of participants with the intention of enabling mutual assistance and shared accountability and commitment to program retention and completion. |

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| **Academic Support Services** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Mentoring activities |  |  |  |  |  |
| 1. Peer support activities |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.8 and HPOG Master Interview Guide 75*

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| ***Go to question 6.8*** |

## Personal/Logistical Supports

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| **6.8. According to our information, [name of local HPOG program] offers the following personal/logistical supports: [Programming instructions: Include a textbox for interviewers/HPOG site teams to pre-fill with information from PAGES or other data sources]. Have there been any changes? Are these services provided directly by your program, your partners (at a cost to the HPOG program or not), or other program or community service agencies?**  **Interviewer/HPOG Site Team Instructions: This question was shared with the grantee to review in advance of the telephone interview. For each service offered, please indicate whether it is provided by the HPOG program, partner, or other programs or community service agencies. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Source(s):** **PAGES [Training & Services: Columns Selected (Category**  **(Personal/Logistical Supports), Training/Support Type, and Provider)]**   * **Use information from PAGES to indicate services provided by the HPOG program (e.g. Provider = “HPOG grantee”)** * **Supplement with EDIP or site monitoring call notes**   **Programming Instructions: Allow interviewers/HPOG site teams to hover**  **over each term listed below for definition (these definitions are included in**  **PAGES).** |

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| **Personal/Logistical Supports** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Emergency assistance |  |  |  |  |  |
| 1. Non-emergency food assistance |  |  |  |  |  |
| 1. Child/dependent care assistance |  |  |  |  |  |
| 1. Transportation assistance |  |  |  |  |  |
| 1. Housing support/assistance |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.11 and 9.19 and HPOG Master Interview Guide, Question 83*

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| ***Go to question 6.9*** |

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| **6.9. What type of training-related costs and assistance are delivered to participants? Are these services provided directly by your program, your partners (at a cost to the HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: This question was shared with the grantee to review in advance of the telephone interview. For each service offered, please indicate whether it is provided by the HPOG program, partner, or other program or community service agencies. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP or site monitoring call notes**  **Programming Instructions: Allow interviewers/HPOG site teams to hover**  **over each term listed below for definition (these definitions are included in**  **the PAGES glossary).** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training-Related Costs and Assistance** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Book costs |  |  |  |  |  |
| 1. College fees (e.g., course fees, tuition support) |  |  |  |  |  |
| 1. Licensing and certification fees |  |  |  |  |  |
| 1. Exam/exam preparation fees |  |  |  |  |  |
| 1. Work/training uniforms, supplies, tools |  |  |  |  |  |
| 1. Computer/technology equipment (e.g., laptops, software, etc.) |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.17*

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| ***Go to “M. Employment Assistance and Work-Based Learning Opportunities”*** |

## Employment Assistance and Work-Based Learning Opportunities

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| **6.10. Approximately what percentage of healthcare occupational training courses offered provide HPOG participants with clinicals or employer placements? Would you say 0 to 25 percent, 26 to 50 percent, 51 to 75 percent, or 76 to 100 percent?**  **Interviewer/HPOG Site Team Instructions: Select only one answer** |
| 0-25%  26-50%  51-75%  76-100% |
| ***Go to question 6.11a*** |

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| **6.11a. What type of job search and placement assistance does your organization and/or any of your partners provide to [name of local HPOG program] participants? Are they provided directly by your program, your partners (at a cost to your HPOG program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: This question was shared with respondents to review in advance of the telephone interview. For each service offered, please indicate whether it is provided by the program, partner, or other programs or community service agencies. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP or site monitoring call notes** |

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| --- | --- | --- | --- | --- | --- |
| **Job Search and Placement Assistance** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. Job search skills workshops (e.g., group workshops on writing resumes and cover letters, conducting a job search, interviewing, etc.) |  |  |  |  |  |
| 1. Identifying job openings for program graduates |  |  |  |  |  |
| 1. Meeting with employers to identify job openings for graduates |  |  |  |  |  |
| 1. One-on-one job search assistance |  |  |  |  |  |
| 1. Advising on career and job choices |  |  |  |  |  |
| 1. Operating or providing referrals to job fairs |  |  |  |  |  |
| 1. Job screening (e.g., screen for suitability for a job) |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.21 and 9.24*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Go to question 6.11b***   |  | | --- | | **6.11b. When do you provide these job search and placement assistance to [name of local HPOG program] participants? Are they offered before healthcare training, during healthcare training, during the job search, after job placement, or all of the above?**  **Interviewer/HPOG Site Team Instructions: This question was shared with respondents to review in advance of the telephone interview. Select all that apply.**  **Data Sources(s): EDIP or site monitoring call notes**  **Programming Instructions: Auto-populate table with services selected from question 6.11a.** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Job Search and Placement Assistance** | **Before healthcare training** | **During healthcare training** | **During job search** | **After Job Placement** | | 1. Job search skills workshops (e.g., group workshops on writing resumes and cover letters, conducting a job search, interviewing, etc.) |  |  |  |  | | 1. Identifying job openings for program graduates |  |  |  |  | | 1. Meeting with employers to identify job openings for graduates |  |  |  |  | | 1. One-on-one job search assistance |  |  |  |  | | 1. Advising on career and job choices |  |  |  |  | | 1. Operating or providing referrals to job fairs |  |  |  |  | | 1. Job screening (e.g., screen for suitability for a job) |  |  |  |  | | 1. Other (Please specify: [textbox, line type=single, size=200 characters]) |  |  |  |  |   *Source: HPOG-NIE Grantee Survey, Question 9.21 and 9.24*  ***Go to question 6.12a*** |

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| **6.12a. What type of job retention (e.g., after job placement) services does your organization and/or any of your partners provide to [name of local HPOG program] participants? Are they provided directly by your program, your partners (at a cost to your program or not), or other programs or community service agencies?**  **Interviewer/HPOG Site Team Instructions: This question was shared with respondents to review in advance of the telephone interview. For each service offered, please indicate whether it is provided by the program, partner, or other programs or community service agencies. Select all that apply.**   * **If services are provided by partners, identify whether the service is provided at a cost to the program or not.**   **Data Sources(s): EDIP or site monitoring call notes** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Retention Services** | **Services provided by [name of local HPOG program]** | **Services provided by Partners** | | **Services provided by other programs or community service agencies** | **Not Offered** |
| **At a cost to the HPOG program** | **At no cost to the HPOG program** |
| 1. In-person meetings with participant |  |  |  |  |  |
| 1. Phone check-ins with participant |  |  |  |  |  |
| 1. Phone calls or meetings with participant’s supervisor |  |  |  |  |  |
| 1. Email check-ins with participant |  |  |  |  |  |
| 1. Social media (e.g., Facebook groups, LinkedIn) |  |  |  |  |  |
| 1. Host events for and/or group meetings with program graduates |  |  |  |  |  |
| 1. Other (Please specify: ) |  |  |  |  |  |

*Source: HPOG-NIE Grantee Survey, Question 9.22*

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| ***Go to question 6.12b*** |

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| **6.12b. During what time period after placement are these services provided? Are they provided the first 30 days, first 60 days, first 90 days, or longer than 90 days after employment?**  **Interviewer/HPOG Site Team Instructions: Select only one answer.** |
| First 30 days  First 60 days  First 90 days  Longer than 90 days  *Source: HPOG-NIE Grantee Survey, Question 9.22* |
| ***Go to question 6.13a*** |

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| **6.13a. To receive job search services discussed, do [name of local HPOG program] participants request them or are they offered as a standard part of the program and routinely provided?** |
| Available upon request  Standard part of program services  *Source: HPOG-NIE Grantee Survey, Question 9.23* |
| ***Go to question 6.13b.*** |

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| **6.13b. Do job search services offered depend on the type of healthcare training course completed by the participant? If yes, please give examples.** |
| Yes, (Please specify: [textbox, line type=multiple, size=500 characters])  No |
| ***Go to question 6.14c*** |

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| **6.13c. To receive job placement services, do [name of local HPOG program] participants request them or are they offered as a standard part of the program and routinely provided?** |
| Available upon request  Standard part of program services  *Source: HPOG-NIE Grantee Survey, Question 9.23* |
| ***Go to question 6.13d*** |
| **6.13d. Do job placement services offered depend on the type of healthcare training course completed by the participant? If yes, please give examples.** |
| Yes, (Please specify: [textbox, line type=multiple, size=500 characters])  No |
| ***Go to question 6.13e*** |

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| **6.13e. Once a participants is employed, do you routinely provide job retention services as a standard part of the program? If no, do [name of local HPOG program] participants need to request them?** |
| Yes  No (Please specify: [textbox, line type=multiple, size=500 characters])  *Source: HPOG-NIE Grantee Survey, Question 9.23* |
| ***Go to question 6.13f*** |

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| **6.13f. Do job retention services offered depend on the type of healthcare training course completed by the participant? If yes, please give examples.** |
| Yes, (Please specify: [textbox, line type=multiple, size=500 characters])  No |
| ***Go to question 6.14a*** |

## Employer Engagement

*Now we would like to discuss the ways you engage employers as part of [name of local HPOG program].*

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| **6.14a. Please describe the type of activities or services that are provided by employers.**  **Interviewer/HPOG Site Team Instructions: Please review the following activities and services below with the respondent and select the best response. If the respondent does not understand an activity or service, please review the definitions below. If an activity or service is not listed, please include it in the “Other” category.**  **Select all that apply.**  **Programming Instructions: Allow interviewers/HPOG site teams to hover**  **over the responses for “key examples.”** |
| 1 Oversight or advisory board membership  2 Contracting with grantee to provide training  3 Advising or informing curricula, necessary technical/professional skills, or other  aspects of program  4 Providing work experiences  5 Providing financial or physical resources  6 Involvement in career fairs  7 Delivering lessons, lectures or presentations  8  Hosting field trips  9 Special hiring considerations  10 Providing job opening information  Other (Please specify: [textbox, size=200 characters])  Key Examples:  1An employer is represented on the grantee’s advisory board or plays another oversight role  2 An employer has contracted the grantee to provide training for current or potential employees  3 An employer provides information to the grantee, such as labor market information, or provides input into the  program design, curricula, eligibility criteria, etc.  4An employer provides work experiences, such as internships, externships, clinicals, apprenticeships, or OJT, for the  program participants  5 An employer supports the initiative by providing equipment or other physical resources or financial support  6 An employer participates in events where they provide information on job opportunities, conduct interviews and  accept job applications.   7 An employer teaches a component of a course or provides information to participants about what it is like to work  in a particular sector or occupation  8 An employer agrees to host field trips to build participants’ knowledge of industries and occupations  9 An employer agrees to special hiring considerations, such as committing to review applications/CVs, interview or  hire program participants  10An employer provides notice of job openings to program staff  *Source: HPOG-NIE Grantee Survey, Question 9.27* |
| ***Go to question 6.14b*** |

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| **6.14b. Of this list, in which activities would you like to see more employer involvement with your program? Please be specific.** |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** |   ***If grantee discusses 6.14a3 “Advising or Informing curricula or other aspects of the program, go to question 6.14c.***  ***Otherwise go to question 6.15.*** |

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| --- |
| **6.14c. How do employers provide input into curricula or program design? What are the ways you ensure curricula are aligned with the needs of employers? Can you provide an example of how you shaped curricula based on feedback from employers?** |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** |   ***Go to question 6.15*** |

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| **6.15. How many employers would you say are currently involved with your HPOG program, beyond those involved only because they hire graduates?**  **Choose an item.** |
| ***Go to question 6.16*** |

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| **6.16. What strategies are most successful for establishing and maintaining contacts with employers?**  **Interviewer/HPOG Site Team Instructions: Select all that apply.** |
| Leveraging personal and professional networks to identify potential employer  partners  Marketing what my organization offers to employers  Involving employers early in the program, not just upon job placement  Working with employers to understand their needs  Hiring staff that understand the healthcare industry  Assigning staff to build and maintain relationships with employers  Holding staff responsible for employer engagement outcomes  Communicating regularly with employers and providing opportunities for their  input and feedback  Offering customized training to employers  Participating in regional workforce or industry partnerships  Requesting commitments from companies to be involved in the program or to hire  program graduates  Sharing program outcomes/results with employers  Other (Please specify: [textbox, size=200 characters])  *Source: HPOG Master Interview Guide, Question 90* |
| ***Go to question 6.17a*** |

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| **6.17a. Do you have employers you consider to be strong partners? By strong partners, we mean employers who do more than just hire a small number of program graduates; they are involved in other activities (e.g., oversight, program design, operations, training, etc.) or hire large numbers of graduates.** |
| Yes  No |
| ***If Yes, go to question 6.17b***  ***Otherwise skip to 6.18*** |

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| --- |
| **6.17b. Please explain.** |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** |   ***Go to question 6.18*** |

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| --- |
| **6.18. In what ways, if any, is your program doing something unique or promising regarding employer engagement? You can answer N/A if this question doesn’t apply to your program at this time?** |
| N/A   |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | |

# Control Group Services

*I would like to discuss the services and training opportunities available from your program or other organizations to non-HPOG participants, including those in the control group.*

|  |
| --- |
| **7.1. I am going to name the support services and job training opportunities within your program and from other organizations that our records indicate are available to control group members. For each, I would like you to tell me if control group members are easily able to access alternate training courses and support services. Please indicate yes, no, or unsure. By access, we mean that control group members can easily enroll in job training programs and/or resources and funding is available.**  **Interviewer/HPOG Site Team Instructions: This question was shared with**  **respondents to review in advance of the telephone interview. Select only one**  **answer for each row.**  **Data Source: EDIP and site monitoring call notes**  **Programming Instructions: Include textboxes in the table below for**  **interviewers/HPOG site teams to pre-fill support services and job training**  **opportunities available to control group members.** |
| |  |  |  |  | | --- | --- | --- | --- | | **Support service or job training opportunities (Healthcare or Non-Healthcare Related) available** | **Yes** | **No** | **Unsure** | | 1. Click here to enter text. |  |  |  | | 1. Click here to enter text. |  |  |  | | 1. Click here to enter text. |  |  |  | | 1. Click here to enter text. |  |  |  | | 1. Click here to enter text. |  |  |  | | 1. Click here to enter text. |  |  |  | | 1. Click here to enter text. |  |  |  |   *Source: HPOG Master Interview Guide, Question 111* |
| ***Go to question 7.2*** |

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| **7.2. What are the barriers to accessing those alternate services for control group members? Would you say that alternate services are not available in the community, are available in limited supplies, , control group generally lose interest, or other reasons?**  **Interviewer/HPOG Site Team Instructions: Select all that apply** |
| Alternate services are *not* available in the community  Limited supplies or funds are available for alternate services (e.g., ITA funds, Pell  grants, WIOA funds)  Control group members generally lose interest  Other (Please Specify: [textbox, size=300 characters])  *Source: HPOG Master Interview Guide, Question 113* |
| ***Go to question 7.3*** |

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| **7.3. Do you know of any colleagues or partners that can provide additional information about control group services? If so, would you be willing to share their contact information with us?** |
| Yes, (Please specify: [textbox for first and last name], [textbox for email address], [textbox for phone number])  No |
| ***Go to “Sustainability”*** |

# Sustainability

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| --- |
| **8.1. What percentage of funds for activities or program components are HPOG funds? Would you say none (all non-HPOG funds), less than 25 percent, 26 to 50 percent, 51 to 75 percent, or 76 to 100 percent?**  **Interviewer/HPOG Site Team Instructions: This question was shared with respondents to review in advance of the telephone interview. If the respondent has any changes, please include them in the table below. Select one answer for each row.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None (all by Non-HPOG funds)** | **Less than 25 percent** | **26 to 50 percent** | **51 to 75 percent** | **76 to 100 percent** |
| 1. Healthcare trainings offered | ☐ |  |  |  |  |
| 1. Basic skills training |  |  |  |  |  |
| 1. Academic support (e.g., case management, peer support, tutoring, etc.) |  |  |  |  |  |
| 1. Personal/logistical support (e.g., emergency assistance, non-emergency food assistance, work-related costs, etc.) |  |  |  |  |  |
| 1. Employment assistance (e.g., job search, placement, and retention services) |  |  |  |  |  |
| 1. Work-based learning opportunities (e.g., job shadowing, clinical, etc.) |  |  |  |  |  |
| 1. Other (Please specify: [textbox, line type=single, size=300 characters]) |  |  |  |  |  |

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| --- |
| *Source: HPOG Master Interview Guide, Question 130a* |
| ***Go to question 8.2*** |
| **8.2. Which of the following training courses or services for low-income individuals are at risk of being reduced after HPOG funding ends? Would you say one or more healthcare training courses offered, basic skills training, academic support, personal/logistical support, employment assistance, work-based learning opportunities, or other services are at risk of being reduced?**  **Interviewer/HPOG Site Team Instructions: Select all that apply.** |
| One or more healthcare training courses offered  Basic skills training  Academic support (e.g., case management, peer support, tutoring, etc.)  Personal/logistical support (e.g., emergency assistance, etc.)  Employment assistance (e.g., job search, placement, retention services)  Work-based learning opportunities (e.g., job shadowing, clinical, etc.)  Other (Please specify: [textbox, line type=single, size=200 characters])  *Source: HPOG Master Interview Guide, Question 130b* |
| ***Go to question 8.3a*** |
| **8.3a. Have you made any plans for program sustainability when your HPOG grant ends?** |
| Yes  No  *Source: HPOG Master Interview Guide, Question 131* |
| ***If Yes, go to question 8.3b***  ***Otherwise skip to question 8.4*** |

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| **8.3b. Have you put these plans into action? For example, have you contacted partner agencies or programs for a joint effort in finding and securing funding?** |
| Yes  No |
| ***Go to question 8.4*** |

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| **8.4. Have you assigned staff or hired a consultant to pursue potential future funding or other support?** |
| Yes  No |
| ***Go to question 8.5*** |

|  |  |
| --- | --- |
| **8.5. Please describe any current efforts your organization is engaging in or plans to engage in to sustain HPOG programming after the HPOG 2.0 funding for this effort ends. What strategies has [name of local HPOG program] implemented or will implement (e.g., leveraging funds, maintaining key partnerships, etc.) to sustain HPOG programming?** | |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** |   *Source: HPOG Master Interview Guide, Question 130* | |
| ***Go to question 8.6a*** | |
| **8.6a. To what extent do you think this approach is or will be effective in sustaining HPOG programming after the HPOG 2.0 funding ends? Would you say that your approach is very ineffective, ineffective, neither ineffective or effective, effective, or very effective?** |
| Very ineffective  Ineffective  Neither ineffective or effective  Effective  Very effective |
| ***Go to question 8.6b*** |

|  |
| --- |
| **8.6b. Please explain.** |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | |
| ***Go to question 8.7a*** |

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| --- |
| **8.7a. Are you optimistic about future funding and sustainability?** |
| Yes  No |
| ***Go to question 8.7b*** |
| **8.7b. What are your reasons for optimism or lack of optimism?** | |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | |
| ***Go to question 8.8*** | |
| **8.8. In what ways, if any, is your program doing something unique or promising regarding sustainability? You can answer N/A if this question doesn’t apply to your program at this time.** |
| N/A |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | | |

***Go to “Conclusion”***

# Conclusion

|  |
| --- |
| **9.1. If there is anything else about the structure and operations of [name of local HPOG program] that was either not covered in this interview or that you would like to share?** |
| |  | | --- | | **[textbox, line type=multiple, size=1,000 characters]** | |
|  |

*Thank you for your assistance in completing this interview and providing important information for the study. We appreciate the information you’ve shared with us today. With your help, we will have better information about the practices of participating HPOG programs across the nation.*

**END OF INTERVIEW**

1. U.S. Department of Labor, “Career Pathways Toolkit: A Guide for System Development.” Available at <https://wdr.doleta.gov/directives/attach/TEN/TEN_17-15_Attachment_Acc.pdf> [↑](#footnote-ref-1)
2. U.S. Department of Labor, “Career Pathways Toolkit: A Guide for System Development.” Available at <https://wdr.doleta.gov/directives/attach/TEN/TEN_17-15_Attachment_Acc.pdf> [↑](#footnote-ref-2)