



**Supporting  
Statement for OMB  
Clearance Request**

**Instrument 11:  
HPOG 2.0 Tribal  
Evaluation Program  
Participant Non-  
completer  
Interviews**

**National and Tribal  
Evaluation of the 2<sup>nd</sup>  
Generation of the Health  
Profession Opportunity  
Grants (HPOG)**

0970-0462

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*Submitted by:*  
Office of Planning,  
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U.S. Department of Health  
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## Program Non-Completer Interview Protocol

Good morning/afternoon. My name is [insert name] and I work for NORC at the University of Chicago. NORC has been contracted by the Administration for Children and Families to evaluate the Tribal Health Profession Opportunity Grants (HPOG) Program. The [HPOG program] you participated in through [HPOG grantee] is part of the Tribal HPOG Program.

The Tribal HPOG Evaluation is a comprehensive evaluation of the design, implementation, and outcomes of the Tribal HPOG Program. The interview questions will focus on your perceptions of the [HPOG program], including the program design and curriculum, recruitment, orientation, supportive services, family engagement, the quality of instruction, educational attainment and employment outcomes, and overall satisfaction. The interview will take about 60 minutes to complete. Your participation is voluntary, but it is very important because your responses will help us to improve the program. We will keep information about you private and you will not be identified in any report or publication of this study or its results. You may decline to answer any question you wish. If you have any questions, please let me know.

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 number for this information collection is 0970-0462 and the expiration date is XX/XX/XXXX.

### Program Structure

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#### Program Design and Curriculum

1. What academic or training program did you enroll in?
2. Is this your first academic or training program at the [HPOG grantee]?
  - a. If yes, do you plan to enroll in future trainings at the [HPOG grantee]? Explain.
  - b. If no, what other trainings did you previously enroll in at the [HPOG grantee]? What made you decide to enroll in a second training? Did you work in between the two trainings or enter the second training immediately after finishing the first?
3. Why did you choose this program? (*Probe: the skills to be developed, the pre-requisites needed, the start and end dates, convenience and accessibility of the training*)
4. Did you find the [HPOG program] to be relevant to your culture? Please describe.
5. You started but did not finish the program. Please tell me about your decision. (*Probe: program was not what I wanted/changed my mind, not satisfied with the quality of training/teaching, courses not at the right level, family circumstances, financial hardship, time/workload issues, health problem or disability, other, prefers not to disclose reason*)

### Program Processes

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#### Recruitment

6. Thinking back, can you tell us how you learned about the [HPOG program]?
  - a. Were you referred to the program? By whom?
  - b. Were you recruited to participate? By whom?
7. Did you talk to anyone about whether you were a good fit for the program before you enrolled?

8. Did you feel you received enough information about the program before you enrolled?
9. Did you have any concerns about the program? Did program staff address these concerns when you were joining the program?
10. Were your needs discussed? This may include needs related to your education, your family, your finances, finding a job or any other social support needs. If yes, with whom?
11. Did the program engage your family in any way?
  - a. If so, how? (*Probe: provided information about the program, participated in orientation or graduation, participated in college activities, provided support for studying, other*).
  - b. Did this affect your participation in the program in any way?
  - c. Did this affect your decision to leave the program?

### Orientation

12. Once enrolled, were you welcomed or oriented to the program?
  - a. If yes, how so? What did the program staff do? Please describe.
  - b. If yes, was the orientation helpful? Please describe.
  - c. If yes, is there any information you felt was missing during orientation that would be helpful to provide to future participants?
  - d. If no, do you think orientation would have been helpful? What types of information would you have wanted to be included in orientation?

### Supportive Services

13. What kinds of services, if any, were you receiving before joining the program? What kind of services did you start receiving after you joined the program?
  - a. Academic services (e.g., mentoring, tutoring)
  - b. Social services (e.g., TANF, food assistance, childcare, transportation)
  - c. Employment related services (e.g., job development and placement, resume development, mock interviews, soft skills training)
14. How did you learn about the supportive services that were available?
15. Did these services meet your needs and your family's needs? What additional services would have helped you complete the program?
16. Did you receive tuition assistance while you were in the program?
17. Did you talk to or seek assistance/counsel from any program or support staff about your decision to leave the program?
18. Did the program provide assistance or supports to encourage you to stay in the program?

### Strategies or Instructional Models

19. How would you describe the quality of the instruction?
  - a. Were you satisfied with the:
    - i. Content?
    - ii. Training methods?
    - iii. Ways in which the instructors engaged students?
20. Did your instructors use any technology based methods (e.g., simulations, distance learning, online learning, or real time online instruction) as part of your coursework?
21. Was the training culturally relevant to you and your community?

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## Program Outcomes

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### Educational Attainment

22. What are your education and career goals? Do you have plans to go back to the [HPOG program]? Or continue your education elsewhere?

### Employment Outcomes

23. Did you have a job prior to participating in the program? If yes, were you working in a healthcare field?
24. Are you currently employed? Please indicate whether you are:
- Employed full-time
  - Employed part-time
  - In an internship or unpaid position
25. If you are employed, what is your job?
- How did you find out about the job?
  - How far is your job from your home?
  - Did you find a job in your community?
    - If yes, was it difficult to find?
  - How long have you been in your position?
  - Have you advanced in this job (e.g., higher pay, more responsibilities, a promotion)? Do you think you will be able to advance in the future?
  - Are you working with tribal populations?

### Program Satisfaction

26. Although you did not complete the program, were there any benefits to participating?
27. How did your family feel about your participation in the program? Did your participation in the program affect your family in any way? *Probe: children.*
28. Did the program affect your outlook on the future? *Probe: sense of hope or optimism, achieving future career or family goals.*
29. What would you say about the program if you were asked by an interested family member or friend?
30. Is there anything that you would change about the program that could be helpful to future participants?

### Conclusion

31. Is there anything you would like to add before concluding the interview?

***Thank you for your participation.***