



**Supporting  
Statement for OMB  
Clearance Request**

**Instrument 10:  
HPOG 2.0 Tribal  
Evaluation Program  
Participant  
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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*Federal Project Officers:*  
Nicole Constance, Hilary Forster, and  
Amelia Popham

## Program 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.

### Program Processes

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#### Recruitment and Retention

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

8. Did you have any concerns about the program? Did program staff address these concerns when you were joining the program or while you were enrolled?
9. 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?
10. Did the program engage your family in any way?
  - a. If yes, 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?

### Orientation

11. Once enrolled, were you welcomed or oriented to the program?
  - a. If yes, 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

12. 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)
13. How did you learn about the supportive services that were available?
14. Did you receive any services after completing your academic or training program (e.g. additional employment related services or transitional assistance)?
15. Did these services meet your needs and your family's needs? What additional services would have helped you complete the program? Or find a job?
16. Did you receive tuition assistance while you were in the program?

### Strategies or Instructional Models

17. How would you describe the quality of the instruction?
  - a. Were you satisfied with the:
    - i. Content?
    - ii. Training method?
    - iii. Ways in which the instructors engaged students?
  - b. Do you have any suggestions on ways to improve the instruction?
18. 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?
19. Was the training culturally relevant to you and your community?
20. Do you feel prepared to work in your chosen profession?

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**Program Outcomes**

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**Educational Attainment**

21. Did you complete one or more academic or training programs?
- a. Please specify which program or personal components were important to your success:
    - i. Training that allowed you to master the content and skills in your chosen field
    - ii. Supportive/cultural services
    - iii. Employment related services
    - iv. Instructional equipment or facilities
    - v. Job training partnerships
22. Did you pursue a state or industry licensure or certificate after completion of the program? Did you receive the licensure or certificate?
- a. If yes, specify which program or personal components were important to your success?
    - i. Training that allowed you to master the content and skills in your chosen field
    - ii. Supportive/cultural services
    - iii. Employment related services
    - iv. Instructional equipment or facilities
    - v. Job training partnerships
  - b. If no, why not? What do you plan to do?
23. Did the [HPOG grantee] recognize your accomplishments? If yes, how so (e.g. graduation)? Are there other ways in which you celebrated success? Was your family involved or engaged in these activities?
24. Do you have plans to continue your education? If yes, please describe.
25. Did your completion of the training have a positive influence on your family, your children, and/or other members of your community? Did others decide to pursue education? If yes, please explain.

**Employment Outcomes**

26. Did you have a job prior to participating in the program? If yes, were you working in a healthcare field?
27. Are you currently employed? Please indicate whether you are:
- a. Employed full-time
  - b. Employed part-time
  - c. In an internship or unpaid position
28. If you are employed, what is your job?
- a. How did you find out about the job? Did the program help you find the job?
  - b. How far is your job from home?
  - c. Did you find a job in your community?
    - i. If yes, was it difficult to find?

- d. How long have you been in your position?
- e. 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?
- f. Are you working with tribal populations?

**Program Satisfaction**

- 29. In what ways has your life changed, since enrolling/completing the program? *Probe: self-sufficient, contribute to family, serve as a role model for others, contribute to community.*
- 30. How did your family feel about your participation in the program? How has your participation in the program affected your family? *Probe: children.*
- 31. Have you experienced any challenges or barriers to participating in the HPOG program?
- 32. Did you meet your goals?
- 33. Did the program affect your outlook on the future? *Probe: sense of hope or optimism, achieving future career or family goals.*
- 34. What would you say about the program if you were asked by an interested family member or friend?
- 35. Is there anything that you would change about the program that could be helpful to future participants?

**Conclusion**

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

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