



**Supporting
Statement for OMB
Clearance Request**

**Instrument 8:
HPOG 2.0 Tribal
Evaluation
Employer
Interviews**

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

0970-0462

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Employer Interview Protocol Initial and Follow up Site Visits

This interview is being conducted for the evaluation of the second round of the Tribal Health Profession Opportunity Grants (HPOG) Program. The HPOG Program is administered by the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services. ACF funded 32 five-year demonstration projects to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for healthcare occupations. Five of the 32 demonstration projects were awarded to Tribal Organizations and Tribal Colleges to develop culturally-informed training programs. The Tribal HPOG Evaluation is a comprehensive evaluation of the design, implementation, and outcomes of the five Tribal HPOG programs. The interview questions will focus on your perceptions of the Tribal HPOG program, including the program design and curriculum, partnerships, the local healthcare labor market, supportive services, educational attainment and employment outcomes of participants, implementation barriers and facilitators, and overall satisfaction. The interview will take about 45 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.

Note: This interview protocol will be tailored based on the employer's role in the HPOG program. All sections may not be applicable to every employer.

Background

1. Please tell us about your organization.
 - a. How long has it been in existence? What is its history?
 - b. What types of services or products does it provide?
 - c. What is your organization's service area?
 - d. Does your organization serve tribal populations?
2. What is your role in the organization?

Partnership

We are now going to ask a series of questions about the [HPOG program]. [HPOG program] is a program at [HPOG grantee] that is training individuals for careers in the health professions.

3. How did you become involved with the [HPOG program]? Please describe.
4. Is your organization's relationship to the [HPOG program] a formal one (i.e. with MOU) or informal? Describe your relationship with the [HPOG grantee].
5. What are your roles and responsibilities for the [HPOG program]?
6. Have you worked with [HPOG grantee] before?

- a. *Other than [HPOG grantee] do you work closely with any of the other organizations that are working with [HPOG grantee] on the [HPOG program]? If yes, please describe.*
7. How is the partnership with [HPOG grantee] working out? Have you run into any challenges? If yes, please describe.
 - a. Have you had any successes so far? If yes, please describe.

Local Healthcare Labor Market

8. How would you describe the local or regional economic context at this time?
 - a. Are there any areas of job growth or decline?
9. Who are the major employers in this area/region? Who are the major healthcare employers in this area/region? How far are these employers from the [HPOG grantee] site and/or where the program participants reside (e.g., on reservation, surrounding area)?
10. In your opinion, what are the needs of healthcare employers in this area/region?
 - a. What are the local labor market conditions for [HPOG program]? In particular, what is the demand for entry- and mid-level positions in your industry?
 - b. Are there other local or regional training opportunities in the local healthcare industry? What educational opportunities are in place for low-income workers in vocational training?
 - i. *PROBE: What do you know about local healthcare industry training opportunities for low-income populations that existed prior to the [HPOG program]? Did they expand or change under the [HPOG program]?*
11. From your perspective, what is the rationale and need for offering training in these occupations?
12. Do you know why [HPOG grantee] decided to offer training for these occupations? If yes, please explain.

Planning

13. Was your organization involved in planning for the program? YES NO
If no, skip to the next section.
If yes, continue with the questions below.
14. As an employer, did you or others from your organization collaborate or consult on the grant application and/or program design? If so, what did you do?
PROBE: Develop program design; Identify and map needed knowledge and skills for healthcare jobs; Identify career pathways and credentials; Review and develop curricula.
15. Will your organization be involved in program planning/updates/decision-making throughout the program period?
 - a. If yes, in what ways?

Employer Connections

16. As an employer, are you involved in the [HPOG program] operations or training? If yes, in what ways?

PROBE: Serve on the [HPOG program] leadership team; Participate in Advisory Boards or Committees; Provide resources to support education and training (equipment, facilities); Serve as instructors; Mentor students; Participate in presentations, career fairs, or mock interviews; Commit to hire program graduates.

17. Has your organization or other local employers developed an incumbent worker program for the [HPOG program]? If so, please describe. *PROBE: Incumbent worker training; Flexible schedules; Tuition reimbursement, other.*
18. Is your organization involved in the planning, designing or implementation of any of the following strategies?
- Apprenticeships
 - Work-study placements
 - Internships
 - Visits to local employers
 - Job shadowing
 - Other work-based learning experiences
 - For each activity identified, ask these questions: For which occupations is it available? How do participants gain access? How is each activity or placement structured (duration, hours per week, etc.)? Does the activity lead to a credential?*
19. Does your organization work with the [HPOG program] to provide employment development services or activities? Are any of the following services or activities provided by your organization?
- Individual and group job search and placement assistance, workplace skills training and counseling, job retention and advancement training and counseling?
 - For each activity: What is its content and structure? Is it voluntary or mandatory? Who provides the service?*

Funding and Leveraged Resources

20. Does your organization provide any in-kind resources for the [HPOG program]?
21. Did your organization assist with any changes or improvement to the [HPOG program] facilities? Or provide equipment?

Program Design

22. Were you involved in advising, designing, or developing any program components and curricula/um for the [HPOG program]?
- If yes, what did you do? [role]
 - Describe your understanding of the [HPOG program]:
PROBE:
 - Are you aware of the strategies or instructional model(s) used to deliver instruction in the targeted healthcare profession (e.g., accelerated learning models/interventions, technology-enabled learning)?*

- d. Was the strategy or model adapted? Was the strategy or model adapted in any way to be culturally relevant?
 - e. Why was this curriculum/model/approach chosen? Were other curricula/models/approaches considered? If so, which ones?
 - f. Did the evidence for this curriculum/model/approach show relative advantage over other programs?
23. How do the goals of the [HPOG program] and trainings offered by the [HPOG program] relate to your organization and its work?
24. **[Follow up site visits only]** Are you aware of any changes to the program since the last time we spoke [or beginning of the program]?
25. How does the focus on career pathways¹ in the [HPOG program] relate to your organization and its work? In other words, are there opportunities for employees to advance at your organization? Is additional training required for advancement at your organization? If yes, do you support this additional training (e.g., financially, etc.)?

Outreach and Recruitment

26. Is your organization involved in outreach or recruitment of participants for the [HPOG program]? If yes, what do you do?
27. What have you found to be successful marketing strategies?
28. Do you or your organization play a role in assessing participant skills? If yes, please describe.

Supportive Services

29. Do you know about any services or incentives that are being provided to program participants?
- a. Academic services (e.g., mentoring, tutoring)
 - b. Social services (e.g., food assistance, childcare, transportation)
 - c. Employment related services (e.g., job development and placement, resume development, mock interviews, soft skills training, career transitional)
30. **[If knowledgeable]**, do you think these services make a difference for program participants? If so, how?
31. Does your organization provide supportive services to help program participants employed at your organization who are parents provide for or support their children or extended family? If yes, what do you do?
PROBE: Child/dependent care; transportation; flexible scheduling; tuition reimbursement; other?

Facilitators and Challenges

32. What kinds of things have been helping with implementation of the [HPOG program]?
33. What challenges have been experienced? Were they resolved? If so, how?

Employment Outcomes

34. Do you currently employ any [HPOG program] participants? Yes or No.
- a. If no, what are your reasons for not doing so?

¹ A career pathway is a sequence of steps by which a worker can progress to more demanding, higher-paying jobs.

- b. If yes, how many do you currently employ and in what positions?
35. Do you expect to employ any [HPOG program] participants in the future? Yes or No.
- a. If yes, in what positions? How many?
- b. If no, what are your reasons for not planning to in the future?
36. **[Ask only if they have hired]** What are your impressions of program graduates?
- a. Do the employee(s) have the skill set needed for the job?
- b. Approximately how much do these employee(s) earn? *PROBE: Wage, salary.* Do employee(s) receive any additional benefits (e.g., healthcare coverage)?
- c. Do you think these [HPOG program] participants will be able to advance in your organization or in another health field with higher pay? What do you think is needed to realize this potential? Is additional training required? If so, would you refer your employees back to the [HPOG program]?
- d. Were some positions grant funded? If yes, how many and which ones?
37. **[Ask if employer is directly involved with or knowledgeable of hiring]** Did or will the [HPOG program] help to fill vacancies in the Tribal health workforce? Are participants serving Tribal populations?
- a. In your opinion do you think there are challenges that [HPOG program] participants will face in finding employment in a tribal community or other community? If so, what would these challenges be?
- b. Do you know if other employers are aware of the [HPOG program]?

Program Satisfaction

38. Does the [HPOG program] benefit your organization? If yes, how so? *Examples are skilled workers, reduced turnover, productivity, less need for recruitment, career pathways, and diversity.*
39. In your opinion, what have been some of the key benefits for participants from the [HPOG program]?
40. Is there anything that you would change about the [HPOG program] that could be helpful to:
- a. Future participants?
- b. The [HPOG grantee]?
- c. Other employers?

Conclusion

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

Thank you for your participation.