



# Using Performance Information to Manage Health Professions Training Programs

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## Overview

The Health Profession Opportunity Grants (HPOG) Program, established by the Patient Protection and Affordable Care Act of 2010 (ACA), awarded grants for programs to train Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals in high-demand healthcare professions. The Administration for Children and Families required (ACF) all 32 HPOG grantees funded in the first round of programs (in 2010) to use the HPOG Performance Reporting System (PRS) to track participant characteristics, engagement in activities and services, and training and employment outcomes.

This report is part of the HPOG National Implementation Evaluation (NIE). It describes how HPOG grantees used the PRS and other sources of performance information to manage their programs, identify areas in need of change, and make programmatic improvements. The report is based on a review of documents such as grantee performance progress reports, a survey of HPOG program directors, and interviews with a subset of these directors. Key findings include:

- Most grantees used performance information, including PRS data, to manage their programs. The most common uses included developing goals or targets, tracking participants' progress, motivating staff, communicating about program progress, and making decisions about procedures or policies.
- Half of the grantees reported learning about the need for a programmatic change from PRS data. While feedback from various stakeholders was the most common way grantees identified the need for program change, PRS data often provided additional guidance.
- A majority of grantees used other management information systems (MIS) in addition to the PRS. However, most grantees reported that PRS performance information was more useful than information from their other MIS, especially for the program management functions described above.
- Some grantees reported increased use of performance information, particularly PRS data, over the course of the program. Several described how they grew more familiar with the PRS reporting tools over time, and how they coordinated the use of their own systems with the PRS. Many grantees offered ideas about how the PRS could be improved or enhanced to make it more useful for program management. The suggestions for improvement included enhancing the PRS' capacity for measuring progress along career pathways, and for recording additional follow-up information about participants.

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## Introduction

As part of the Patient Protection and Affordable Care Act of 2010, Congress authorized the Health Profession Opportunity Grants (HPOG) Program “to conduct demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.”<sup>1</sup> The HPOG Program funds training in high-demand healthcare professions targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. In 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) awarded five-year grants disbursed annually to 32 HPOG grantees, including five tribal organizations in 23 states. Each grantee tailored its programming to meet the needs of the communities it serves.

The goals of the HPOG Program are to:

- Prepare participants for employment in the healthcare sector in positions that pay well and are expected to either experience labor shortages or be in high demand;
- Target skills and competencies demanded by the healthcare industry;
- Support career pathways, such as an articulated career ladder;
- Result in employer- or industry-recognized, portable credentials (e.g., certificates or degrees and professional certifications and licenses, which can include a credential awarded by a Registered Apprenticeship program);
- Combine support services with education and training services to help participants overcome barriers to employment; and

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<sup>1</sup> Authority for these demonstrations is included in Patient Protection and Affordable Care Act, Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a).

- Provide training services at times and locations that are easily accessible to targeted populations.<sup>2</sup>

The need for healthcare workers is predicted to grow over the next several decades as the population ages, medical technology advances, and the number of individuals with health insurance increases.<sup>3</sup> HPOG is structured to meet the dual goals of demonstrating new ways to increase the supply of healthcare workers and creating vocational opportunities for low-income, low-skilled adults. ACF's Office of Planning, Research and Evaluation (OPRE) is using a multipronged research and evaluation strategy to assess the success of the HPOG Program. The strategy includes examining program implementation, systems change resulting from HPOG programs, and outcomes and impacts for participants.<sup>4</sup>

The HPOG National Implementation Evaluation (NIE) included a sub-study to examine how HPOG grantees used performance information to manage and inform decisions about their programs. *Performance information* is the set of data and measures that programs use to carry out performance measurement. *Performance measurement* is a tool to help organizations know whether their programs and services are performing expected tasks intended to lead to desired results, and the extent to which specified outcomes are achieved. Performance measurement can help organizations:

- track how efficiently they are allocating resources;
- identify the conditions under which a program is doing well or poorly;
- inform and assess the success of program changes;
- help staff develop and carry out strategies to improve service delivery; and
- better understand problems and what can be done to help improve future outcomes.

In the HPOG Program, program management information systems (MIS), such as the Performance Reporting System (PRS), served as the main source of performance information.

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<sup>2</sup> See the original Funding Opportunity Announcement for the Health Profession Opportunity Grants to Serve TANF and Other Low-Income Individuals at <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OFA-FX-0126>.

<sup>3</sup> Health Resources and Services Administration. *Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers*. Washington, DC: US Department of Health and Human Services, Spring 2003.

<ftp://ftp.hrsa.gov/bhpr/nationalcenter/changedemo.pdf>.

Congressional Budget Office, "Updated Estimates for the Insurance Coverage Provisions of the Affordable Care Act," March 2012.

<sup>4</sup> Details on the HPOG research portfolio can be found at <http://www.acf.hhs.gov/programs/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog>.

While the performance information discussed in this report is important for tracking a program’s progress in achieving its goals it does not by itself reveal the causes of the changes in outcomes it identifies. Determining why particular outcomes occurred requires program evaluation.<sup>5</sup>

The research questions addressed in the sub-study included:

- How did grantees use performance information to manage their programs? What types of performance information did they most commonly use and/or consider most useful for managing their programs?
- What sources of information did grantees use to identify the need for program change?
- What was the role of performance information in the changes grantees made to their program structure or focus?
- How did grantees change the way they used performance information during the HPOG Program grant period? How did differences in grantees’ past experience with performance information affect their use of this information during the HPOG Program grant period?

All HPOG grantees were required to use the HPOG PRS to track and report information on their performance. ACF created the PRS for grantees to enter data on participant characteristics, engagement in activities and services, and training and employment outcomes. The PRS automatically generated metrics for the semi-annual Performance Progress Report (PPR) from these participant data.

Many HPOG grantees also used other MIS to collect and maintain additional data about their programs. Some of these MIS were from programs that pre-dated the HPOG Program or from the first year of HPOG prior to the implementation of the PRS. Others were developed to collect additional information. For all grantees, the PRS served as the primary MIS. The PRS featured several management reports that displayed statistics on participant activities, trainings, services received and other outcomes, as well as a flexible Query Tool that staff used to generate custom grant- or site-specific charts, graphs and tables. Because the PRS included the PPR, management reports, and the Query Tool, the remainder of the paper refers to all of these sources of performance information together as “the PRS.”

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<sup>5</sup> The HPOG Impact Study will provide evidence on the impact of the HPOG Program on participant outcomes based on experimental methods.

After a brief description of methodology and data collection, the report addresses each of these research questions and presents considerations for improving the collection and use of performance information.

## Methodology and Data Collection

This study examined the 27 non-tribal grantees' use of performance information during Years 1 through 4 of the HPOG Program.<sup>6</sup> The study used both quantitative and qualitative methods.<sup>7</sup> The study team first conducted a document review to collect initial information about program changes and use of performance information. These documents included the PPRs submitted by grantees and summaries of grantee activities developed by the HPOG Impact Study team.<sup>8</sup> While the review yielded limited information on actual use of performance information, it identified examples of program changes and changes to performance targets, which served as a framework for later interviews with program directors.

*Grantees* are the entities receiving the HPOG grant and responsible for funding and overseeing programs. A *program* is a unique set of local services, training courses and personnel. Grantees may fund more than one program. To account for the possibility that directors of programs within a grant may have used performance information differently from the grant director, the study team interviewed a grant director and two program directors from one of these "complex" grantees.

Starting in December 2014, the team also administered a closed-ended questionnaire to the directors of all 27 non-tribal HPOG grantees on their use of performance information to identify and implement program changes. Twenty-six of these directors responded.<sup>9</sup> The study team then conducted a total of 20 telephone interviews with non-tribal grantee staff; two of the interviewed grantees operated multiple programs (see box). The interviewees were generally HPOG

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<sup>6</sup> ACF also awarded grants to five tribal entities not included in this report. The tribal grantees fulfilled the same reporting requirements as all other HPOG grantees but were evaluated separately under the Evaluation of Tribal HPOG, conducted by NORC at the University of Chicago in partnership with Red Star Innovations and the National Indian Health Board.

<sup>7</sup> Appendix A contains a complete description of the study methodology.

<sup>8</sup> For grantees participating in the HPOG Impact Study, the team reviewed study materials including summaries of the Impact Study site visit reports that were available at the time of the review, and the grantee-specific Evaluation Design Implementation Plans (EDIPs). The EDIPs, which contained detailed descriptions of grantee operations and challenges, were the result of an extensive interview and site visit process between HPOG Impact Study researchers and grantee staff in preparation for the implementation of random assignment. The team also reviewed the grantee summaries produced in spring 2012 as part of the HPOG Implementation, Systems and Outcomes study.

<sup>9</sup> Appendix B contains the questionnaire. Appendix C presents responses from the 26 grantee directors who responded (the director from the single nonresponding grantee left her position shortly before the questionnaire was fielded) and for the eighteen grantees who participated in the interviews.

program directors, some of whom invited other members of their staff to participate. Based on the results of the questionnaire and document review, the team selected these grantees for interviews to reflect diversity in use of performance information and in organizational characteristics.<sup>10</sup>

Although the closed-ended questionnaire provided a standardized overview of grantees' perspectives on their use of performance information, it did not provide details or nuances specific to individual programs. The in-depth telephone interviews provided richer information about how grantees used performance information. However, the information and insights provided by grantees are limited by the questions asked, time constraints, and by the retrospective nature of the study. The following sections present the sub-study's findings.

## **How Grantees Used Performance Information for Program Management**

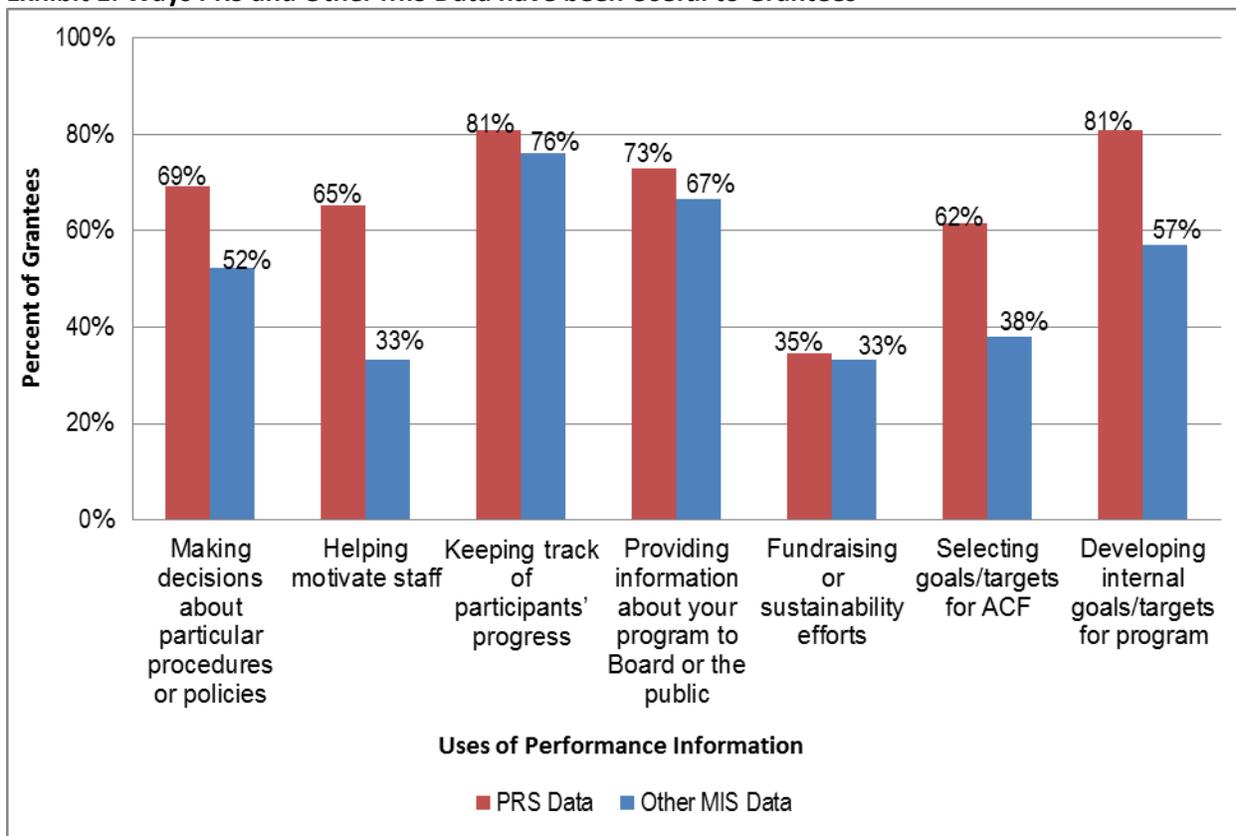
The non-tribal HPOG grantees used performance information from a variety of sources and in multiple ways to manage their programs and identify potential areas for programmatic change. This section describes the different ways grantees reported using performance information to manage their programs. Exhibit 1 shows grantees' reports of the ways PRS information (including PPRs, management reports, and the Query Tool) and other MIS information have been useful to their HPOG programs. All grantees entered data into the PRS as required as a condition of the grant. Of the 26 respondents to the questionnaire, 81 percent (21 grantees) reported they used another MIS in addition to the PRS. As seen in Exhibit 1 below, for each use of performance information identified in the questionnaire, a larger percentage of grantees found PRS data useful than found other MIS data useful.<sup>11</sup>

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<sup>10</sup> Appendix D contains the telephone interview guide used to conduct the open-ended interviews.

<sup>11</sup> The percentage of grantees reporting other MIS information as useful is calculated out of those grantees with another MIS.

**Exhibit 1. Ways PRS and Other MIS Data have been Useful to Grantees**



Source: HPOG Screening Questionnaire, 2014, Q3a – 3g (N = 26 grantees) and Q5a – 5g (N = 21 grantees).

***Making decisions about procedures or policies***

Slightly more than two-thirds (69 percent) of questionnaire respondents found PRS data useful for making decisions about their procedures or policies (Exhibit 1). During interviews, several directors gave examples of large-scale changes they made to specific program procedures based on PRS data. For example, one described how his program designed a new orientation curriculum to address the low pass rate on certification examinations required for some types of employment. The new curriculum was based on a multisite orientation curriculum originally designed by another grantee and featured a “boot camp” setup, with several weeks of orientation meetings to introduce newly enrolled participants to their healthcare training courses. After implementing this change, the PRS data indicated that pass rates improved from percentages in the low 70s to nearly 100.

Another director described a change made to academic support services because PRS data showed low pass rates for particular certification tests. To address this issue, the program created an initiative at their allied health resource center where participants could receive supplemental instruction in the classroom. In addition to tracking certification receipt in the PRS, staff subsequently collected data outside of the PRS system to assess the effectiveness of the initiative. Staff compiled data both on eligibility to take a particular certification test and on successful completion of the test for students who participated in one or more supplemental skills instruction sessions as compared to those who did not. Participants who received the supplemental instruction showed higher levels of eligibility to take the test (by completing the coursework with a grade of “C” or higher) and to have higher pass rates on it. Passing the test is required for employment; thus, this programmatic change had the potential to affect employment outcomes.

More than half of those questionnaire respondents (52 percent) who used data from other MIS reported they found these data useful for informing decisions about program procedures (Exhibit 1). For example, during interviews, one director reported keeping track of how long it took for applicants to move through different stages of the enrollment process (e.g., initial information session, paperwork submission, admission interviews, and enrollment). The data showed that applicants took an average of over two months to complete the process and that the program appeared to be losing potential participants as a result. The data, in combination with feedback from program partners, led the director to streamline and shorten the process. Another reported using data from the grantee’s own MIS to determine whether student retention rates varied across instructors, to inform decisions about continued use of instructors with low retention rates.

### ***Motivating staff members***

Almost two-thirds of the questionnaire respondents (65 percent) reported they found PRS data useful to motivate staff (Exhibit 1) to promote accountability, to develop solutions for problems, and for other reasons. During interviews, several program directors discussed presenting performance information to their staff in group meetings or individually as a positive motivational technique, or posting goals to “keep the needle moving.” Some reported reviewing data at regular staff meetings to acknowledge accomplishments, celebrate successes, and improve morale. One director described an atmosphere of “friendly competitions” across different program sites because the director reviewed performance figures broken out by each site at staff meetings and awarded small prizes (such as candy)

to the site with the best numbers. Conversely, another felt it was not appropriate to promote competition because of differences in participant characteristics at the program's sites, but she did share aggregate data in meetings so staff were aware of program performance. In addition, the director also held individual discussions with staff members to encourage them to come up with different ideas to improve performance, such as ideas for increasing the number of TANF recipients participating in the program.

“When I came on board, we hired a new data manager and said, “Here are the areas we need to focus on and develop plans for...” We have goals posted in every office; any staff member can look at the board at any time and see where we are in our goals. Everyone has their targets. We look at how many classes we have for the whole year, when do they start, when do we start recruiting students to come in. Everyone has access to our posted data—case managers, job developers, everyone.”

Some program directors reported engaging staff in discussions about performance information in ways that promoted awareness and accountability. Several reported they had one-on-one sessions with staff to review PRS data and develop solutions to apparent problems, such as a drop in retention rates, which might suggest a need for more support services. Others mentioned they used data to remind staff to keep up with data entry when they realized the PRS did not reflect their programs' actual activity. One director remarked that she sent notes to her staff and grant partners about PRS numbers that looked inaccurate to alert them to check the data.

### ***Monitoring participants' progress***

Four-fifths of grantees (81 percent) reported they found PRS data useful for tracking participants' progress (Exhibit 1). In addition, a slightly smaller percentage of those grantees using other institutional MIS found the information from that MIS useful for participant tracking (76 percent). For example, several directors mentioned they conducted post-program surveys of participants to gather follow-up data, particularly on job retention, that were not included in the PRS' required 6-month follow-up data. Another interviewee used a spreadsheet to collect data on which participants remained in the program from semester to semester. This information complemented data on training completion recorded in the PRS. He noted the importance of this information for his program saying, “if we can't retain them, they're not going to complete the program.”

### ***Providing information to external audiences***

Almost three-quarters of grantees (73 percent) indicated in the questionnaire that PRS data were useful for reporting program results to external stakeholders, such as the board of directors or the public (Exhibit 1). Many grantees (67 percent) also used data from other MIS for these purposes. In the interviews, most program directors reported they used PRS and other data in public-facing documents or products. Many reported they used newsletters, websites, listservs, and specially created handouts or slides to present selected performance information to various audiences. One such handout, labeled an “HPOG Scorecard,” showed cumulative data on the percentage of participants employed and average hourly and annual wages for each of the grantee’s HPOG training courses.

Several program directors described producing outcome statistics for subpopulations to inform their partners. Some used PRS data for these purposes, presenting data to local audiences associated with particular sites or organizations, such as college campuses or housing authorities. Some directors that had local evaluators who were collecting customized data (e.g., on the well-being of program participants) or performing special analyses, discussed using data from these other sources to supplement information from the PRS. One described combining PRS data with data on TABE scores<sup>12</sup> and course grades when making presentations to the program’s advisory board to develop a better understanding of factors associated with the progress of TANF and non-TANF participants.

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<sup>12</sup> Tests of Adult Basic Education, which are widely used to assess basic skills among adults.

### ***Fundraising or sustainability***

About one-third of questionnaire respondents (35 percent) reported presenting PRS data to potential funders to promote sustainability (Exhibit 1). During interviews, one program director described using PRS data as part of a successful application for another federal grant. Another noted referencing compliance with PRS requirements when applying for other grants as evidence of experience in managing data systems. Other interviewees discussed presenting performance information to stakeholders, such as college leaders, to encourage continuation of HPOG trainings after the end of the grant period. One director housed in a state agency indicated her program does not generally release its results to the public at large but does produce a one-page PRS data snapshot for their partners to advertise the success of their program and make the case for continued support.

### ***Selecting goals and targets***

A majority of questionnaire respondents (62 percent) reported using PRS data to select their official goals and targets for their programs, while a larger percentage (81 percent) used PRS data more generally to set internal goals (Exhibit 1). All HPOG grantees created projections for the entire five-year grant period at the start of their programs. They also created annual targets each year for multiple outcomes including enrollment, training completion, and employment. In some cases, performance information played an important role in determining how to change their annual performance targets. Interviews with directors revealed that several grantees made changes to annual targets based on program results (for instance, lower than expected enrollments in Year 1) and changed their programming in an effort to meet the new targets for later years.

One director described using estimated completion data from the PRS to inform their year-to-year changes in targets: “[To] dictate that enrollment target, I would weigh what we actively have enrolled and then you have to look at what your budget is going to let you do. You have to see how many you can add on top of what you’re still paying for those currently enrolled. If they’re in LPN or RN program[s], we’re still paying for them. You have to calculate their completion dates and then make sure you have those monies allocated and then how much left to serve new folks.”

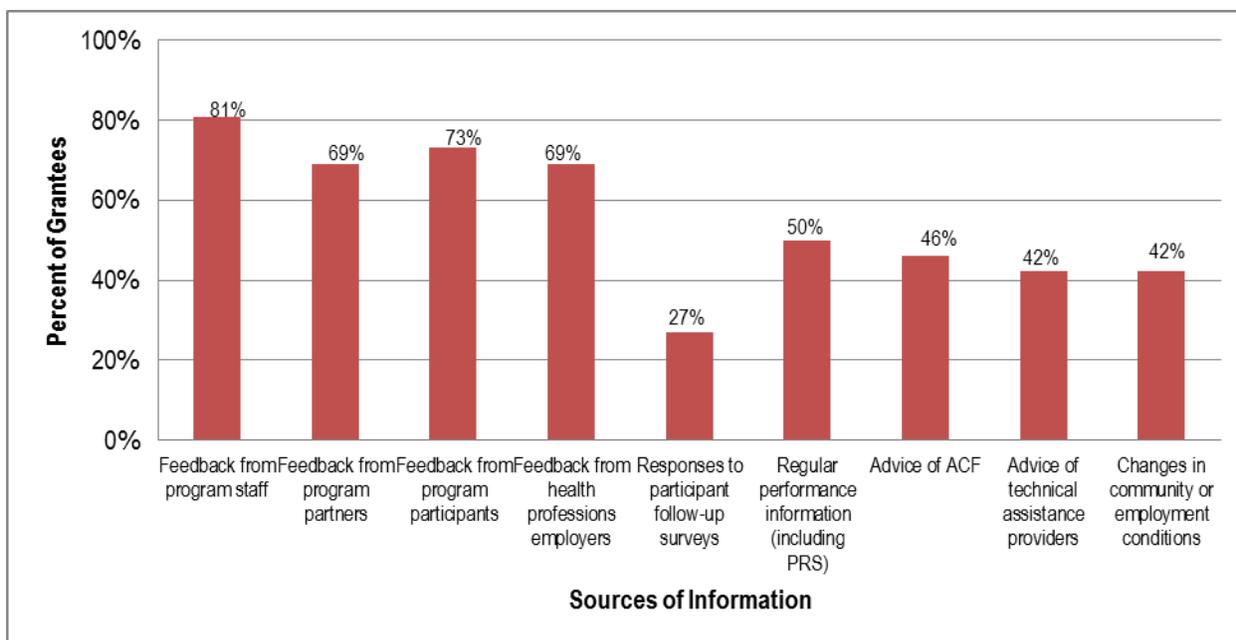
In the interviews, several directors indicated they used past PRS data rather than local labor market information for annual estimates of the next year’s program outcomes, such as projected wages, because reliable local-area estimates of wages for specific occupations were difficult to find. One director described the changes in her program’s year-to-year projections as part of an overall strategy to

meet their five-year goals for enrollment, completion and employment. Knowing that her program had missed its initial targets for Year 1, her staff concentrated on meeting their original Year 2 targets and exceeding their targets for Years 3 and 4.

## Sources of Information Grantees Used to Identify the Need for Change

As described in the previous section, HPOG grantees used PRS data for a variety of purposes. However, grantees used many data sources – including, but not limited to, performance information – to identify the need to make program adjustments. Half of all questionnaire respondents (50 percent) indicated they used regular performance information, including data from the PRS, to identify the need for changes to their programs (Exhibit 2). Larger proportions of respondents indicated they commonly used feedback from other sources – including program staff and participants, partner organizations, or employers – to identify needed changes, in addition to, or instead of, PRS data.

**Exhibit 2. Sources of Information Commonly Used to Identify the Need for Change**



Source: HPOG Screening Questionnaire, 2014, Q2a – 2i (N = 26 grantees).

The most common sources of feedback were program staff (81 percent), program participants (73 percent), and health profession employers and partners (69 percent each) (Exhibit 2). During interviews, directors reported the impetus for a given change may have come from more than one source. As one interviewee noted during the discussion of major program changes, "All of these various

examples are in response to ongoing conversations with partners, students, stakeholders, and response to labor market indicators."

Respondents reported receiving feedback from staff and participants largely through informal channels, such as through comments made at meetings, rather than through structured sources, such as surveys. Only about one-quarter of questionnaire respondents (27 percent) reported they learned about the need for change from follow-up surveys of participants (Exhibit 2). A much larger proportion (73 percent) made changes based on direct and informal feedback from participants. One interviewee described how her program changed the age requirement for potential participants to allow older adults to apply, based on feedback from would-be applicants who exceeded the original age limit. Even more respondents (81 percent) relied on staff feedback to identify the need for change. For example, one director reported that staff encouraged her to hire a dedicated job developer to add specific expertise to the team. Another reported contracting out for counselors to help keep participants engaged in training after hearing from program staff that many students had more serious issues than the current staff could address.

During interviews, directors indicated that they also commonly used feedback from program partners or local employers in the healthcare occupations to inform program changes. For example, one program director created a new community health worker certification training course based on a recommendation from a senior official at the college's hospital. Another streamlined the program's enrollment process after hearing from partners that it took too long. A third added "professionalism" training after hearing from employers that students had adequate technical skills but needed to enhance their professional skills.

Less than half the questionnaire respondents (42 percent) reported they altered their programs based on information about changes in their communities (Exhibit 2), including local employment conditions. In cases where they did use labor market information, program directors revealed during interviews that this information was used mainly during the start-up period of their HPOG grants. Modifications in state employment law also led to a few instances of

One director reported creating a standardized coaching curriculum after receiving feedback from employers, so students could "hit the ground running" when they started their jobs: "I could sit in on the local employer's training committee, so I got to hear what they were designing for their new employee training. Locally, a lot of employers were using the Great Employee Handbook, so we implemented that into our team meetings to give our students a leg up."

changes in HPOG programming. For example, one interviewee described how her program was preparing for increased demand for substance abuse counselors, due to changes in the state licensing requirements, by offering additional training. Another added a career pathway for pharmacy technicians because she believed her state was likely to create a licensing requirement.

Although slightly less than half the questionnaire respondents (46 percent) reported that they made changes based on feedback they received from their Program Specialists in ACF's Office of Family Assistance (OFA)<sup>13</sup> (Exhibit 2), a few program directors referenced this source of feedback during interviews. One reported that their Program Specialist advised them to change an enrollment target for one program year, and another described changes they made to their plans for future years in response to program office concerns about the slow progress they had made during their first grant year.

Less than half the questionnaire respondents (42 percent) reported they made changes to their programs based on feedback they received from technical assistance providers. During interviews, one director described changes made to the healthcare training courses offered after reviewing the results of a needs assessment conducted by the technical assistance contractor. Another discussed changing their case management approach to be more strengths-focused based on guidance from their technical assistance provider.

Finally, although the questionnaire did not ask about the influence other grantees had on programmatic changes, several program directors indicated during interviews that they borrowed ideas or practices from their HPOG peers. For example, one grantee reported adapting the intensive "boot camp" pre-training model initiated by another grantee to help new enrollees succeed in school and future employment. This grantee modified the curriculum used by the original program to fit in with the focus of its courses, but eliminated the original boot camp's residential component, which was difficult to adapt to the grantee's multi-site urban program. The modified model is provided from 9 to 5 for four or five weeks. In contrast, another director reported that she tried to implement an internship program for pharmacy technicians used by another grantee, but that differences in state law made the program infeasible.

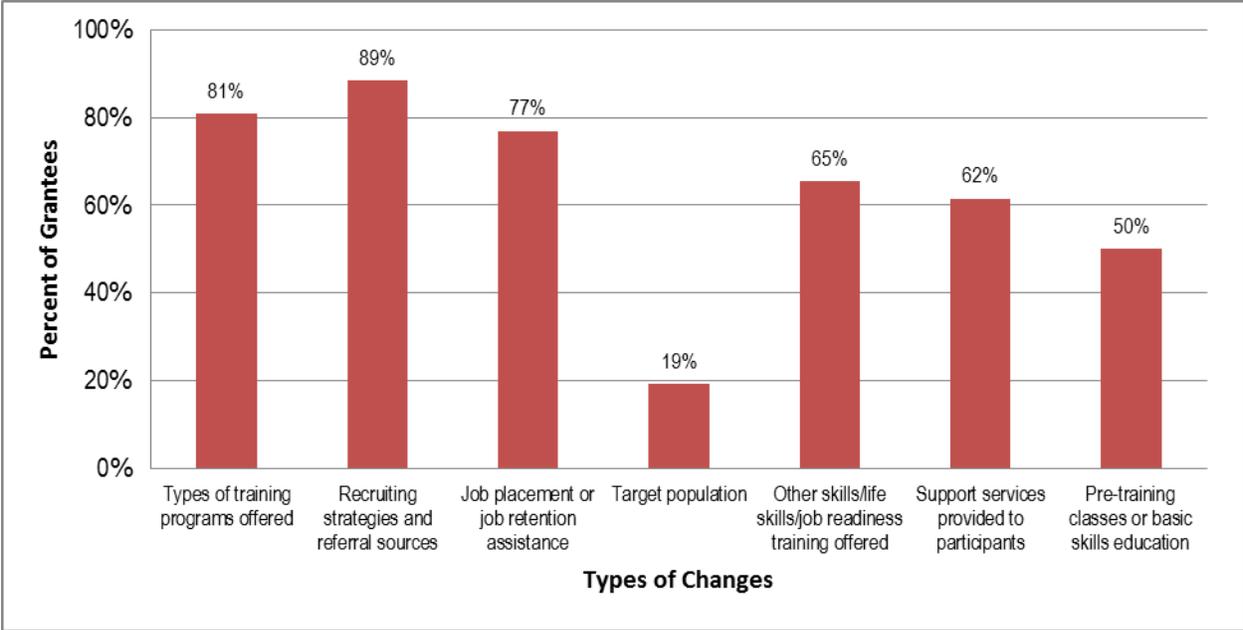
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<sup>13</sup> The response category in the questionnaire was "Advice from ACF." OFA is the office in ACF responsible for administering the HPOG Program, and the Program Specialists in OFA typically provided advice and guidance to grantees about program performance.

### Types of Changes Made by Grantees and the Role of Performance Information

As reported in responses to the questionnaire, all HPOG grantees made changes to their programs to meet their grant goals. Exhibit 3 presents results from the questionnaire about the types of changes grantees made to their program since the inception of HPOG. The study team used responses from the questionnaire, as well as specific changes that the team identified during the review of grantee materials, to frame their discussions with program directors about how (or whether) they used performance information to make these changes. In many cases, directors interviewed were not able to link specific types of performance information to those changes, or discussed changes made where performance information did not play a prominent role in the decisions. Nevertheless, as described below, directors provided examples of their use of performance information to make changes to HPOG programs.

**Exhibit 3. Types of Changes Made by HPOG Programs**



Source: HPOG Screening Questionnaire, 2014, Questions 1a – 1g (N = 26 grantees).

As Exhibit 3 shows, the largest proportions of respondents reported making changes to their recruitment and/or referral strategies and procedures (89 percent), the types of healthcare training programs they offer (81 percent), and to their job placement or job retention assistance services (77 percent). During interviews, directors described how these changes were motivated by performance

information, as well as information from other sources. For example, during interviews, one director described how her program added emergency medical technician and paramedic training in part because of labor market data, and in part because PRS data indicated the program was not serving many males, whom they believed would be attracted to those training courses. A newly-hired director described making changes to recruitment practices after reviewing recruitment and enrollment data (the latter are captured in the PRS). That director replaced the original subcontractor responsible for recruitment and intake, and expanded the program's recruitment sites to include housing authority communities and Goodwill Centers.

Almost two-thirds of respondents (65 percent) reported making changes to job-readiness and life-skills training and related activities (Exhibit 3). In their interviews, several directors described how they used performance information to make changes in these areas and to assess how well changes worked. One discussed adding workshops to help prepare students who needed to retake the Computer Adaptive Placement Assessment and Support System (COMPASS) test which was required for acceptance to the college and to participate in healthcare training. Her staff collected data on changes in developmental levels of those who took the workshop the program offered and those who did not. The staff discovered that participants who took the test a second time tested out of more developmental requirements; they theorized that first-time test takers were not passing the exam due to being unfamiliar with the test, not the material. Based on these findings, advisors began referring students to the workshop to improve their scores, and began mentioning the findings about the effects of the workshop during the program's orientation to encourage participation. Another director implemented digital literacy courses after PRS data indicated that employment rates were low for participants leaving the program, and after hearing from employers that their participants were deficient in this area.

Over half the questionnaire respondents (61 percent) reported making changes to support services offered to participants (Exhibit 3). Several directors discussed using performance information to inform these changes. One director described how reviewing case notes in the PRS led to developing more consistent communication with students and tracking of support services (see box). Another program developed a participant motivation system after performance data showed that some students were not using test preparation services. To encourage participation in those services, and other positive behaviors, the program began awarding incentive points for particular behaviors or accomplishments (such as participating in workshops or making the Dean’s List). Students could use the points to “purchase” additional supports such as gas or grocery cards and school supplies. A third director initiated mandatory tutoring for nursing assistant students if their grades dropped below a certain threshold after PRS data indicated a drop in nursing assistant training course completion.

“With every interaction, the student coach puts case notes in the PRS. Every month the program director and I review [the] case notes section of PRS and we’d see some students didn’t have case notes [entered]. That led us to implement a standardized process for communicating with students [involving four required contacts per month]. We’re constantly looking at PRS to see what components students have completed and how quickly. That’s how we use PRS to manage the program and see that coaches are [entering] the supports provided.”

Half of all questionnaire respondents (50 percent) reported making changes to the pre-training and basic skills development curricula (Exhibit 3). One program director discussed how she used performance information to assess participants’ need for training in basic skills and how she modified her program to ensure participants received appropriate training. She noted that the original basic skills training was designed for older students with little formal education and limited English-language proficiency. Over time, the demographic characteristics of her program’s participants changed, so that current program participants were more likely to be native English speakers who needed remediation to integrate into the community-college environment. To meet the needs of both types of students, the director expanded the focus of the pre-training curriculum to include greater emphasis on preparation for occupational training courses, examinations, and performing college-level work.

Less than a quarter of questionnaire respondents (19 percent) reported changing their target population (Exhibit 3). In interviews, however, several directors discussed changes they made to better

target TANF recipients for recruitment, indicating they monitored their TANF enrollment statistics in the PRS very closely.

## Changes in Grantee Use of Performance Information

When they first received HPOG grants in 2010, some grantees already had considerable experience using performance information to manage programs similar to HPOG, while others had limited experience. Most grantees struggled with the introduction of the PRS, especially during the start-up period where they were “building the plane [their program] as they flew it,” in the words of one interviewee. Grantees that had just finished launching their new HPOG programs then needed to learn how to use a newly built MIS to collect essential data for their programs.

After its launch, the PRS underwent several major changes, including the addition of a series of standardized reports and the Query Tool. By the fourth year of the HPOG Program, at the time of the interviews, many program directors reported using PRS data in new ways to help guide their management decisions. One discussed how her office grew better at communicating the lessons gleaned from the data to external audiences, especially funders, as the staff grew more comfortable with the use of performance information for internal programmatic discussions. Another described the progress the program had made using performance information from the PRS to boost accountability among staff; she cited this progress as the reason the program had recent success in achieving its performance goals.

Several interviewees also discussed how they changed the way their organizations collect and use performance information since the introduction of the PRS. One said her office decided to phase out their use of the MIS they had before the PRS was implemented,

“So do I use PRS more or less? It’s matured. There were a lot of things not on PRS that are there now. I can’t do without the [standardized] report tab. I do use the Query Tool on PRS. I would love for it to be even better.”

because it had grown too cumbersome to maintain and synchronize both systems. Another described a system they created and implemented to serve as a complement to the PRS. This new system contained some of the data from the PRS but added information about child care services (e.g., which children were receiving care, who the provider was, when care started and stopped), workshop attendance, and other casework.

Many directors commented that they increased their use of performance information over time. One interviewee stated, “I can tell you that 20 years ago, I was much more touchy feely. Now, I’m a believer [in the use of data].” Another interviewee observed that the more you work with data the better you are able to interpret it, and recognized that one’s level of understanding of the data is going to “dictate whether you’re being successful or whether you need to make adjustments.” She stated that you need to adopt a process of “evaluate, adjust, and reevaluate.”

## Grantee Recommendations for Changes to the PRS

Several interviewees described potential enhancements to the PRS that they felt would have allowed them to make better use of the system’s performance information.<sup>14</sup> One director said her program sites would have benefited from being able to generate site-specific versions of the PPR on their own; the PPR is automatically generated at the grantee level, but grantees had to ask the PRS Support team to produce reports that disaggregated data by site. Another said her staff would have benefited from being able to search the case notes that caseworkers enter into the PRS so they could learn about issues their participants frequently encounter. Finally, one director whose program shared annual data with prospective funders wished her program had been able to access comparative annual trend data across all HPOG grantees to illustrate relative progress toward their five-year goals.

As noted earlier, some interviewees commented they wished the PRS had enhanced ability to record data on participants’ progress, particularly post-HPOG achievements. The two most commonly cited requests were for an easier way to capture longitudinal data on participants, which would have enabled programs to track long-term participant progress, and for fields to capture additional specific information about employers, such as employer name and location, to track which

“I know we’re all different, but [being able to compare historical progress to date for our program with that of HPOG as a whole] would be helpful because it shows it’s not [just] a local issue; being able to say how successful [HPOG] is across the nation would be valuable.”

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<sup>14</sup> In 2015, HPOG grantees had an opportunity to share suggestions for the design of a new MIS for the second round of HPOG grants, which will begin in fall 2015. ACF and the developers of the new MIS adopted some of these suggestions after weighing considerations such as feasibility, grantee burden, and usability of the new MIS.

employers had hired the most participants.<sup>15</sup>

Some directors described how they captured data on post-HPOG experiences, especially information about post-HPOG employment and educational attainment, with their own MIS because the PRS did not offer a convenient way to collect this post-program data. One director reported collecting data on post-program receipt of assistance, such as Supplementary Nutrition Assistance Program (SNAP) benefits and TANF, which was collected at intake but not updated afterward, to be able to demonstrate reduced need for such assistance by program graduates. Others suggested that they did not need additional performance information but rather easier ways to use the information collected in the PRS. One director observed that although the PRS allows them to assemble longitudinal data about participant training and employment participation, certain tasks involved require considerable work. Several directors mentioned other desirable PRS modifications, such as a way to track outreach activities to recruit participants in order to assess the effectiveness of different approaches, and a way to track participant attendance at healthcare training courses and other required activities.

## Summary of Key Findings

Overall, most HPOG grantees participating in this sub-study used performance information not just for the required purpose—to track program outcomes for grant performance reporting—but also as a tool for day-to-day program management and to identify the need for program improvements.

**Most grantees found performance information, including PRS data, useful for case management (tracking participant progress) and for making decisions about their programs.** Most grantees considered performance information collected for HPOG, either through the PRS or other MIS, to be useful for developing targets and for tracking the progress of participants. Many grantees also used data in other ways, such as to motivate staff or to communicate program progress to external audiences. The majority of grantees reported that they found HPOG performance information useful in making decisions about their program procedures, policies, and/or structures.

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<sup>15</sup> Currently, the PRS collects data on participant employment at intake, during the program, at exit, and six months after exit. At those times, grantees record or update information on wage, occupation, hours worked, and health benefits. The PRS does not allow staff to record information on employer name.

**A majority of grantees used another MIS in addition to the PRS to collect data for their HPOG programs.** The PRS was implemented one year after the HPOG Program began and did not capture all the performance information that many grantees wanted. As a result, many grantees used other MIS to collect program data for various purposes, including following up with participants who left the program and assessing the effectiveness of outreach to employers and potential participants. However, more grantees reported using performance information from the PRS than from another MIS. Grantees found the information from the PRS more useful than information from their other MIS for each of the potential uses of performance information included on the questionnaire.

**Half of the grantees reported using performance information (including PRS data) to identify the need for program change,** but grantees were more likely to use other sources of information to identify the need for change, such as feedback from program staff, stakeholders and partners, local employers, and program participants. Grantees often supplemented such feedback with PRS data.

**Some grantees reported increased use of performance information, particularly the PRS, over the course of the program.** Grantees varied in their capacity to use performance information to manage their HPOG programs when the HPOG grants were first awarded. Many grantees faced a steep learning curve when the PRS was introduced. Several grantees reported that they grew more familiar with the PRS reporting tools over time, and many grantees took steps to integrate their own systems with the PRS.

**Many grantees offered ideas about how the PRS could be improved or enhanced to make it more useful for program management.** However, many also discussed the limitations of the PRS as a source for anything other than the primary metrics of enrollment, completion, and employment. Several grantees suggested enhancements to the PRS that would make it more useful for management purposes, such as improvements in the PRS' functionality for measuring participant progress along career pathways and recording additional follow-up information about participants. Other suggestions included expanding the functionality for querying case notes and allowing site directors and staff to have more flexibility in querying PRS data and creating reports, especially site-specific versions of the PPR.

## Considerations for Improving Use of Performance Information

The results of this sub-study suggest some considerations for grant makers who seek to encourage their grantees to collect and use performance information as a way to inform and manage change and continuously improve their programs.

- **Develop a management information process that avoids the need for grantees to maintain more than one system.** To facilitate grantee use of a new MIS, make it available to grantees immediately after a program is implemented. To the extent possible, coordinate the new MIS with existing systems and minimize duplication of grantee effort.
- **Provide guidance to grantees on basic analysis of performance data.** For most performance management purposes, sophisticated analysis is not needed; basic tools such as cross-tabulations (for instance, percentage employed by age, educational attainment at enrollment, or race and ethnicity) can be very helpful, and the information produced is likely to be readily understandable.
- **Provide grantees with early guidance as to how performance information can be used by managers and other staff for performance management.** For example, performance information can be used for such purposes as: (a) motivating staff, including those staff in programs with sites in multiple locations, such as by providing each site with regular performance data on their own participants; (b) marketing the program to potential employers; (c) providing clues about what works, what does not work, and for what types of participants; (d) identifying the frequencies of and reasons for early exits; (e) evaluating innovative practices; (f) marketing the program to potential funders; and (g) providing information to stakeholders and the community. Additional guidance about the potential uses of performance information, especially effective practices used by other high-performing organizations, might increase the number of grantees who use data to manage and improve their programs.
- **Provide guidance on tracking participants who have left the program.** Grantees would benefit from guidance about how to collect and use data on post-completion employment status. Such uses include: (a) identifying which job assistance procedures seem to be associated with higher placement rates; (b) identifying employers likely to hire program participants; and (c) gathering feedback from former participants about program improvements.

## Appendix A. Methodology

The major research question for this project was “How, and to what extent, did HPOG grantees use performance measurement information to change their programs?” The study team used two primary sources of data to address this question: 1) a brief closed-ended questionnaire about programmatic change and the use of performance information, and 2) interviews with HPOG grantee directors (or designated staff members). To gather necessary background information about grantees, and to prepare for the interviews, the study team reviewed relevant project materials for each grantee.

### Materials Review

The purpose of the materials review was to generate grantee-specific content on important program changes in advance of the grantee interviews. Although the primary focus of this review was to detect program changes, the team also gathered available information on the reasons for changes and the use of performance information, including but not limited to PRS data. The materials review included all 27 non-tribal HPOG grantees and had two parts. The first was a review of data from the Performance Progress Reports (PPRs) on target and actual values for enrollments, completions, and employments and the associated explanations of variance (short narrative sections of 150 characters or less). The second part was a review of materials from the PPR narrative sections and other qualitative documents described below.

#### Review of Quantitative PPR Data

The team reviewed quantitative data from the final PPRs for program Years 2 and 3, as well as data current as of late September 2014 for Year 4, to examine whether patterns in the projected and actual performance measures suggested possible program changes or identified questions for follow-up with grantees during the interviews. The team focused on projections and actual performance numbers for three primary metrics (enrollment, training course completion, and employment) for each grantee, as well as on the content of the PPR’s “explanation of variance” field (which contains a brief explanation of the difference between the projected and actual metrics), to identify important changes in program direction and design. The team examined year-to-year changes in each grantee’s measures, and the explanation for these changes, to generate a list of salient changes or patterns that could be discussed in the interview with the grantee’s director.

## Review of Qualitative Documents

The team also reviewed qualitative narratives found in several grantee documents to identify information on program changes, reasons for those changes, and grantee use of performance information. The primary sources of information for this review were the final PPRs from Years 2 and 3 for all 27 non-tribal grantees. The narrative components of the PPR, especially the “Obstacles” and “Proposed Changes” sections, contain descriptions of the grantee’s program over the past year. In addition, for grantees participating in the HPOG Impact Study, the team reviewed study materials including the grantee-specific Evaluation Design Implementation Plans (EDIPs) and summaries of the Impact Study site visit reports that were available at the time of the review. The EDIPs, which contain detailed descriptions of grantee operations and challenges, are the result of an extensive interview and site visit process between HPOG Impact Study researchers and grantee staff in preparation for the implementation of random assignment. The team also reviewed the grantee summaries produced in spring 2012 as part of the HPOG Implementation, Systems and Outcomes study. In addition to these document reviews, the team also interviewed Program Specialist from ACF’s Office of Family Assistance (OFA) – the program office that administers the HPOG Program – to gain their insight into the extent to which grantees changed their programs based on performance information.

### **Closed-Ended Questionnaire**

In December 2014, the team sent a short online closed-ended questionnaire to the directors of all 27 non-tribal grantees. The questionnaire asked whether they used performance measurement information to make program changes during the first four years of their grant and to list the types of information used to identify a need for program changes. By the time the questionnaire closed in February 2015, 26 grantees had responded; the director of the non-responding grantee had left her position in the fall of 2014, and no other staff member possessed the institutional knowledge required to complete the questionnaire. Appendix C contains a complete set of responses to each of the questions on the screening questionnaire.

### **Open-Ended Grantee Interviews**

The final phase of data collection involved interviews with staff – usually directors and invited colleagues – from selected grantees. The interviewers used a semi-structured interview guide (see Appendix D) with customized questions added to each interview about the changes identified during the

materials review. To clarify and focus the interview, the identified changes were shared with each grantee with the advance letter sent to request an interview.

The process for selecting grantees to interview was based primarily on the results of the materials review and the results of the web-based questionnaire. The study team also considered feedback from PRS Support staff at the Urban Institute and HPOG Program Specialists from OFA about grantees' capacity to use performance information. Three grantees were excluded from consideration because their directors were either absent or relatively new and thus would likely have limited experience with using performance information over the course of the grant. The team selected a group of grantees to interview that exhibited diversity in their experience with the use of performance information, and also reviewed the sample to ensure diversity in organization type and enrollment size.

The final sample included 18 of the 24 qualifying non-tribal grantees; in addition, the team interviewed two site directors from a "complex" grantee that operates separate programs,<sup>16</sup> for a total of 20 interviews. The interviews were conducted between February 12, 2015 and March 10, 2015.

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<sup>16</sup> Grantees are the lead organizations with overall management responsibility for the HPOG grant. A program is the structure and content of all services and activities available to participants within an administrative unit. Four grantees have multiple programs within their grant, that is, sites with substantial autonomy in daily operations given to the local administrators. These sites may provide distinct services and activities and/or serve distinctly different clients, in addition to operating relatively independently from the grantee. To account for the possibility that directors of these programs could be using performance information differently from the grant director, the study team interviewed a grant director and two program directors from one of these "complex" grantees.

## Appendix B. Web-Based Screener Questionnaire

### HPOG Screening Questionnaire

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

Thank you for agreeing to participate in a very brief survey as part of the national evaluation of the Health Profession Opportunity Grants (HPOG), sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). This questionnaire is being sent to all non-tribal HPOG grantees. Your responses will help us better understand the decision making process that grantees use to make changes to their program to achieve their HPOG objectives.

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

If you have any questions or problems regarding this questionnaire, please contact Nathan Dietz at [ndietz@urban.org](mailto:ndietz@urban.org) (202-261-5775).

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

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 0970-0394, and it expires 12/31/2017. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Pamela Loprest; [ploprest@urban.org](mailto:ploprest@urban.org); Attn: OMB-PRA (0970-0394).

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

- Types of training programs offered
- Recruiting strategies and referral sources
- Job placement or job retention assistance
- Target population
- Other skills/life skills/job readiness training offered
- Support services provided to participants (or to particular types of participant)
- Pre-training classes or basic skills education (e.g., GED, ABE or ESL)
- Other (please specify) \_\_\_\_\_

- No changes were made to this program’s practices, focus, structure, goals or target numbers since the program began. [Skip to Q3 if this response is checked]

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

- Feedback from program staff
- Feedback from program partners
- Feedback from program participants
- Feedback from health professions employers
- Responses to participant follow-up surveys
- Regular performance management information such as from the PPR, Query Tool, or other PRS information
- Advice of ACF
- Advice of technical assistance providers
- Changes in community or employment conditions
- Other (please specify) \_\_\_\_\_

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

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

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

- Yes
- No

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

- Making decisions about your particular procedures or policies
- Helping motivate your staff
- Keeping track of your participants’ progress
- Providing information about your program to your Board or the public
- Fund- raising or sustainability efforts

- Selecting goals/targets for ACF
- Developing internal goals/targets for your program
- Other (please specify): \_\_\_\_\_

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

## Appendix C. Complete Results from Web-Based Questionnaire

The tables below contain results from the closed-ended questionnaire administered to the directors of all 27 non-tribal HPOG grantees. Results are presented for the 26 grantee representatives who responded to the questionnaire (“all grantees”) and also for the 18 grantees whose representatives participated in the open-ended interviews (“interview subjects only”).

<b>Q1: Please identify the types of changes you have made to your HPOG program practices, focus, structure, goals or target numbers since the program began.</b>		
	<u>All Grantees</u>	<u>Interview Subjects Only</u>
Q1a: Types of training programs offered	80.8%	83.3%
Q1b: Recruiting strategies and referral sources	88.5%	88.9%
Q1c: Job placement or job retention assistance	76.9%	72.2%
Q1d: Target population	19.2%	22.2%
Q1e: Other skills/life skills/job readiness training offered	65.4%	61.1%
Q1f: Support services provided to participants (or to particular types of participant)	61.5%	61.1%
Q1g: Pre-training classes or basic skills education (e.g., GED, ABE or ESL)	50.0%	50.0%

<b>Q2. Which of the following types of information were most commonly used to identify a need for change(s) in program practices, focus, structure, goals or target numbers?</b>		
	<u>All Grantees</u>	<u>Interview Subjects Only</u>
Q2a: Feedback from program staff	80.8%	83.3%
Q2b: Feedback from program partners	69.2%	66.7%
Q2c: Feedback from program participants	73.1%	77.8%
Q2d: Feedback from health professions employers	69.2%	77.8%
Q2e: Responses to participant follow-up surveys	26.9%	33.3%
Q2f: Regular performance management information such as from the PPR, Query Tool, or other PRS information	50.0%	50.0%
Q2g: Advice of ACF	46.2%	55.6%
Q2h: Advice of technical assistance providers	42.3%	44.4%
Q2i: Changes in community or employment conditions	42.3%	44.4%

<b>Q3. Has performance information you have collected for ACF (such as data from the PRS including enrollment, completion, and employment data) been useful to your HPOG program in any of the following ways?</b>		
	<u>All Grantees</u>	<u>Interview Subjects Only</u>
Q3a: Making decisions about your particular procedures or policies	69.2%	66.7%
Q3b: Helping motivate your staff	65.4%	72.2%
Q3c: Keeping track of your participants' progress	80.8%	83.3%
Q3d: Providing information about your program to your Board or the public	73.1%	72.2%
Q3e: Fund-raising or sustainability efforts	34.6%	38.9%
Q3f: Selecting goals/targets for ACF	61.5%	61.1%
Q3g: Developing internal goals/targets for your program	80.8%	77.8%

<b>Q4: Do you use another system besides the PRS to collect performance information for your HPOG grant?</b>		
	<u>All Grantees</u>	<u>Interview Subjects Only</u>
	80.8%	83.3%
<b>Q5: If so, how has the performance information you have collected from this other system been useful to your HPOG program?</b>		
Q5a: Making decisions about your particular procedures or policies	42.3%	50.0%
Q5b: Helping motivate your staff	26.9%	33.3%
Q5c: Keeping track of your participants' progress	61.5%	66.7%
Q5d: Providing information about your program to your Board or the public	53.8%	50.0%
Q5e: Fund-raising or sustainability efforts	26.9%	33.3%
Q5f: Selecting goals/targets for ACF	30.8%	33.3%
Q5g: Developing internal goals/targets for your program	46.2%	50.0%

## Appendix D. Open-Ended Interview Guide

### Telephone Interview Guide

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

##### **Introduction:**

Thank you for taking the time to talk with us today.

I am \_\_\_\_\_, from the Urban Institute, part of the team conducting the national evaluation of the HPOG Program for the U.S. Department of Health and Human Services. We want to thank you for taking the time to talk with us today.

We want to talk with you today about the decision making process used to make changes to [name of HPOG program] to achieve HPOG objectives. In the email we sent you to schedule this call, we identified some changes in your program's targets or practices. These were taken from information you provided in the recent questionnaire we sent you as well as from review of your program performance reports (PPRs) and other information you have provided or submitted previously.

This interview will take approximately 60 minutes. Before we begin, I would like to assure you that all of your responses will be kept private to the extent permitted by law and used only for this research study. Information you provide will not be shared with other program staff and will not be attributed to particular individuals or specific HPOG programs. However, because of the relatively small number of organizations participating in the study, there is a possibility that a response could be correctly attributed to you. Your participation in this interview is completely voluntary, but it is important that we have as much input as possible to ensure accurate evaluation of these programs.

We ask you to answer the interview questions as accurately as possible. Feel free to ask me to repeat a question or define a term. Do you have any questions before we begin?

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 0970-0394, and it expires 12/31/2017. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Pamela Loprest; ploprest@urban.org; Attn: OMB-PRA (0970-0394).

##### **Semi-Structured Discussion Guide**

Q1. First, we'd like to hear about what you consider to be important changes made to your HPOG program since it began. Please identify some examples of important changes.

[Interviewer: for each change in turn, probe for type of change made, why they feel it was an important change, the information used/decision making process that led to the change, what happened after the change was made, and whether the change had the desired effect – as in Q2a - Qc]

Q2. We identified a few changes made to your HPOG program from the information we have, and would like to find out more about why these changes were made.

Q2a. [Interviewer: identify a change and approximate timeframe and whether it was identified from their response to the screening questionnaire or from review of PPRs or other documents.] What led you to make that change? [Interviewer: probe for specific types of information that led to making that change.]

Q2b. [If not mentioned in response to 2a] Did you use performance information in deciding to make that change? If so, what kind of performance information did you use?

Q2c. Did this change have the desired effect? Why do you say that? [probe for what happened after the change was made and evidence of desired effect, or reason they feel it did not have the desired effect]

[Interviewer - After obtaining response for first change, repeat sequence of questions for subsequent pre-identified changes.]

Q3. Are there any other important changes that were made to program practices, policies, program focus, program structure, goals or target numbers that we haven't talked about yet? If yes:

Q3a. What was the change? [For each change mentioned, ask:]

Q3b. What led you to make that change? [Interviewer – probe as in Q2 for types of information used]

Q3c. [If not mentioned in response to 3b] Did you use performance information in deciding to make that change? If so, what kind of performance information did you use?

Q3d. Did this change have the desired effect? Why do you say that? [Seek information about what happened after the change was made and evidence of desired effect, or reason they feel it did not have desired effect]

[Interviewer: after discussing first additional change mentioned, ask if there are any others and obtain same information for each.]

Q4: Has your program used the information obtained from the PPR or PRS for any of the following purposes: [Interviewer: screen out any of the following topics that have already been covered in previous questions.]

Q4a. Helping motivate your staff?

Q4b. Providing information about your program to your Board or the public?

Q4c. Fund raising/sustainability efforts?

Q4d. Developing internal targets for your program?

Q4e. Keeping track of participant's progress?

[Interviewer: For each of the above uses identified by the respondent, ask for specifics as to how the information was used and how useful the information was in bringing about the desired effect.]

Q5: Has the way you or other HPOG program staff used performance information changed since the start of your HPOG program?

[If yes]:

Q5a. In what way has it changed? Has it been for the better or the worse? [Interviewer: Probes if needed – is it used more, or less? Used in different ways? More or different staff involved in using it?]

Q5b. Are there other ways you would like to change the way performance information is used? [explain]

[If no:]

Q5c. Would you like to change the way you or your colleagues use performance information? [If yes:] What changes would you like to make?

Q6. Thinking back to your past experience in programs other than HPOG, how does the usefulness of the HPOG performance information system compare to other systems you have used? [Interviewer – probe for why they said that].

Q6a. Has your previous experience with performance information systems affected the way you have used performance information in HPOG? [If yes:] In what ways? Has it affected use for the better or the worse?

Q7: What other performance information that the PRS does not currently collect would be helpful for program management? How would that information be helpful?

Q8: Is there anything else you'd like to tell me about your experience using performance information to make program changes or for program management?

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