The Gap Year @ Roux
Evaluation Plan

April 2024

Northeastern University

PPUA6509: Techniques of Program Evaluation

Created by Kehinde Akande, Kristyn Berry, and Ji Hyun An

Table of Contents

Introduction *3*

Background & Context *3*

Background 3

Purpose for Evaluation 5

Expectations 5

Decision makers & Stakeholders 5

Resources (time, staff, and other resources) 6

Program Stakeholders *6*

Program Operations 6

Those Served or Affected by the Program 7

Primary Users of The Evaluation Results 9

Overview of Program to Be Evaluated *9*

Description of the Program 9

Program goals 9

Target Population 10

Program Logic Model 10

Evaluation Design *14*

Data Analysis & Reporting *17*

Use & Dissemination of the Evaluation Results *19*

Conclusion *20*

References *20*

Appendix *21*

Introduction

The Gap Year Program at the Roux Institute was created in partnership with Northeastern University's Bouvé College of Health Sciences. It is a 12-month program sponsored by a industry partnerships grant from the Maine Department of Labor. The program aims to encourage recent college graduates to explore their interests in the healthcare industry all while helping to fill major gaps in Maine's healthcare workforce. The program addresses a crisis in Maine's healthcare industry, where shortages exist in critical medical fields like nursing, medicine, physical therapy and more especially due to the COVID-19 pandemic, wih many healthcare workers retiring or leaving their jobs.[1] As such, this shortage also motivated the Gap Year program to partner with healthcare organizations like MaineHealth to create healthcare partnerships (hereinafter referred to as "HPs").

By partnering with HPs and academic institutions like the University of New England, the University of Southern Maine, and Northeastern University's Bouve Insitute, the program is able to provide opportunities and openings to its participants that provide exposure to the healthcare industry with entry-level clinical roles. By soliciting a living stipend during its 12-month duration, a paid healthcare job, and the only academic prerequisite being applicants must be post-baccalaureate, the Gap Year aims to be as applicable and low-barrier as possible for interested graduates. Simultaneously, the program addresses the workforce crisis in Maine with its participants filling full-time, entry-level roles within Maine's healthcare systems and clinics. Besides medical experiences and opportunities, the Gap Year program also uses Academic partnerships (hereinafter referred to as "APs") with colleges and research institutions to provide students with advisors to seek higher healthcare-related education, as well as invitations to outside excursions to gain hands-on experience in the industry.[2]

The evaluators of this evaluation plan intend to determine if HPs, APs and participants themselves experienced value by engaging in this program, and what kind of value it was. In its design, the evaluation organizes types of value into eight indicators depending on the category of its contribution (e.g., engagement and growth, secure new funding). By studying any changes or issues that arise in related processes and analyzing the indicator results, ideas to improve the program's growth and expand its reach and secure more support and funding can be uncovered.

Background & Context

Background

The Roux Institute, situated in Portland, Maine, emerged from a collaboration between Northeastern University, and David Roux, a former executive at the technology-focused private

[1] Healthcare Workforce - MHA | Michigan Health & Hospital Association. (n.d.). Https://www.mha.org/. https://www.mha.org/issues-advocacy/key-issues/workplace-sustainability/

[2] http ://www.northeastern.edu, N. U. (n.d.). About. Roux Institute at Northeastern University. https://roux.northeastern.edu/about/

equity firm Silver Lake Partners, along with his wife Barbara. In 2019, the institute was officially created and announced, with significant funding from the Roux family to establish the institution.[3] Today, the Roux Institute provides a variety of educational programs, including graduate degrees, certificates, and professional development courses, tailored to meet the evolving needs of the digital economy for students. Through partnerships with local businesses, startups, and government agencies, the institute offers students firsthand experiences and entrepreneurship opportunities, helping set up successful careers in the STEM sectors.[4]

Additionally, the institute contributes to increasing community engagement and economic development in the state. By opening up its resources and expertise, the institute aims to support local initiatives and projects and help launch them.[5]

Within the last few years, the region's long-term prosperity in the healthcare industry has been a rising concern. Currently, Maine's healthcare system is grappling with a severe workforce shortage, and this challenge is exacerbated by the state's demographics. According to the 2020 census, the Northeast region has the highest percentage of people older than 50 and the lowest percentage of individuals aged 18-50. This demographic composition presents a unique predicament: while there's a higher demand for health care services from the older population, there's a scarcity of workers in the age group that typically makes up most of the health care workforce.[6]

As part of those efforts to support career development and address the regional healthcare workforce crisis, the Gap Year program at the Roux Institute was created in 2023 to provide opportunities to post-baccalaureate graduates with any interest in the healthcare industry with real-world experiences and networking opportunities with Maine healthcare providers to encourage them to continue their career in the industry. The program acts as a bridge between academic education and clinical training, partnering with key healthcare organizations across the state to offer participants valuable real-world experience. Engaging in this program enables individuals to actively contribute to the expansion of healthcare access throughout Maine.

The program offers support to its applicants and future participants during their Gap Year. Participants do not need to have a healthcare background, are offered paid employment, committing to a full-time position for a required 12-month period, and a housing stipend of $500 per month to assist throughout the program. Networking opportunities are also abundant, allowing participants to connect with HPs and APs based in Maine.

---

[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Maine Public. (2023, April 14). Maine's health care workforce shortage is exacerbated by the state's demographics. Retrieved from https://www.mainepublic.org/health/2023-04-14/maines-health-care-workforce-shortage-is-exacerbated-by-the-states-demographics

Purpose for Evaluation

To provide information and review what value the program is providing to its stakeholders, various data will be obtained by determining if long-term and short-term goals of the program have been met. For example, long-term goals like if participants continue a career in healthcare and if engagement from potential HPs and APs has increased. Short-term goals include if the number of applicants to the program increased and if the participants obtained valuable clinical experience.

For its healthcare partners, this evaluation will be used to discern what may help incentivize their engagement with future HPs and APs, and if this program's recruitment and purpose provided more value to the organization.

Expectations

The expectation for this evaluation plan is to report whether the program provides value to its stakeholders, categorize and assess the value into one of 8 possible indicators, and if the program's continuance is feasible to the Roux Institute. Specifically, the evaluation covers the capability of the program to grow and expand its reach, if and what value was provided to its participants, if and how the healthcare industry workforce in Maine was impacted, and how new funding may be secured to further cultivate relations with partner organizations.

Decision makers & Stakeholders

There are three main groups of stakeholders for this evaluation and program ranging from those involved in the program's operations, those who serve or use the program, and those receiving and implementing the results of the evaluation.

In the first cohort, those who are involved in executing the program, the Gap Year program staff stakeholders include Jesse Billingham, the program manager, Kathy Simmons, Director of Partnerships, Aileen Huang-Saad, Directors of Life Sciences, Health, and Engineering programs at Roux Institute. All HPs and APs are stakeholders of the program as well, as they play a critical role in it. Other stakeholders in this group include recruiters who help connect the partner organizations to the Gap Year program.

The stakeholders of the second cohort include program participants, as the program focuses on how it has impacted or changed them. HPs and APs affected by the program's collaboration could also be considered stakeholders in this category.

Stakeholders in the final category of those who will use the results of evaluation are the current sponsors of the program, like the Maine Department of Labor and future potential funders.

Resources (time, staff, and other resources)

The managing organization overseeing the evaluation plan's coordination and implementation is the Northeastern University Roux Institute. This institute works with a diverse group of stakeholders, including funding bodies like the Maine Department of Labor through its Industry Partnership grant. Moreover, it partners with health organizations such as Maine Health, Northern Light Health, and others listed. Additionally, institutional partners like the University of New England, the University of Southern Maine, and Northeastern University's Bouvé College of Health Sciences contribute expertise and resources to support the evaluation efforts.

Program Stakeholders

There are a wide range of stakeholders involved in or in some way touched by and impacted by The Gap Year program. At a very high level, the stakeholders include those listed in the table below:

Those involved in program operations	Northeastern Team: • Jesse Billingham (Program Manager) • Kathy Simmons (Director of Partnerships) • Aileen Huang-Saad (Principal Investigator) Directors of Life Sciences, Health, and Engineering programs at Roux Institute Health Partner Organizations Recruiters
Those served or affected by the program	Program participants Individuals within the state of Maine, and the state economy Health Partners Organizations Academic Partner Organizations Industry Partner Organizations
The primary users of the evaluation results	The Gap Year Program including all those involved in program operations Current Funder (Maine Department of Labor) Future Funders Health Partner Organizations

Program Operations

The team at Northeastern that manages program operations, including logistics and implementation, includes the program manager, director of partnerships, Principal Investigator,

Directors of Life Sciences, and directors through the Roux Institute. These individuals, especially the team's program manager, are actively involved in the day-to-day activities of the program, and all communications with partner organizations and connecting with participants, recruiters, and partner organizations. Jesse Billingham has been involved in the creation of this evaluation report, as well as Kathy Simmons.

Health Partner Organizations, while both served and affected by the program, are also involved in program operations and implementation. Health Partner Organizations include Maine Health , Northern Light Health, Knox Free Clinic, Oasis Free Clinics, Maine Primary Care Association, Veing Healthcare Center, Greater Portland Health, Island Community Medical Services, Covenant Health (Saint Mary's Health System), HealthReach Community Health Centers, and Mount Desert Island Hospital. Health Partners range in size; for example, Maine Health is The Gap Year's largest partner, while Greater Portland Health is their smallest partner. Partner size guides how many resources the partner has in place to train new participants, how many open roles they must fill, and generally may impact how much the partner is able to engage with The Gap Year and the types of supports they could provide to participants.

Health Partners connect with The Gap Year to become an official partner for the program and set up an official legal agreement. The Gap Year Program Manager then meets with partners to discuss roles they are looking to fill and sends along applicant resumes to Recruiters. Afterwards, Health Partners reach out directly to applicants to discuss open roles, and applicants formally apply to a role through an interview process. Over about 12 months, Health Partners provides training and guidance to participants to help them succeed at their job.

Those Served or Affected by the Program

Program participants are a primary stakeholder group directly served and affected by The Gap Year program. As mentioned previously, the program participants include individuals who have graduated with an undergraduate degree in any field of study within the past 5 years; these qualifications make them eligible to participate in the program.

The program serves these participants by helping them explore the healthcare field and help guide and support their future path (i.e., graduate/medical school, obtaining a job in healthcare). Their ability to obtain clinical hours during the Gap Year program can help them as they continue their education in the medical field. Additionally, participants have access to additional programming and resources through the Roux, and are connected to experiential and summer internship programs, public health and healthcare-related programming, career panels, and opportunities like Start Summits (a Hackathon focused on healthcare). Additionally, the program "helps students navigate healthcare career opportunities, develop their portfolios so they are eligible, better prepared, and more competitive as they advance in their healthcare careers,

and establish a community among future health care providers ultimately interested in practicing in Maine".[7]

Individuals within the state of Maine, and Maine's economy, are additional primary stakeholders served and affected by the program. One of this program's major goals was to establish access to a new labor pool for Maine. Maine is the most rural state within the country and has the largest share of elderly residents, leading to significant workforce challenges. The labor shortage is particularly severe for Maine's healthcare industry, and impacts roles at all levels of the healthcare system. As part of the program's proposal, The Gap Year sought to "pilot a program that will facilitate connections between pre-clinical graduates from Northeastern University and other higher education institutions with our healthcare partners in Maine for employment in unfilled entry level positions across the state".[8]

With the hiring and filling of roles during the 12-month long period of the Gap Year, the staff at individual healthcare partners may be positively impacted by having some of their workload reduced and giving healthcare professionals more time to spend with patients. Over time, training new individuals at these facilities and in these roles and bringing them into healthcare communities may also lead to retaining them in roles or giving them incentives to return to Maine to start or continue their career in healthcare. These opportunities may impact individuals within the state, and generally impact Maine's economy by bringing young people into the state of Maine to live, work, and build families and lives. It could also positively impact the state of Maine by bringing a more diverse pool of individuals into a state with the greatest number of residents who identify as White.

Academic Partners include official partners like the University of New England, the University of Southern Maine, and Northeastern University's Bouve Institute. Unofficial Academic Partners include the College of Health Sciences, Bowdoin College, and Bates College. Academic Partners were involved in the foundational idea of the program and have been involved throughout the course of the pilot by joining quarterly partner meetings with the program manager. Advising personnel and other team members from academic partners, help connect The Gap Year with students who are leaving academic partners and looking to begin new opportunities. The Gap Year hopes to continue engaging and involving these stakeholders. There is also a chance for The Gap Year to send students to academic partners when they apply for healthcare education-related opportunities after the Gap Year's duration. Additional partners who serve as collaborators with The Gap Year include Industry Partners such as Maine Hospital Association, Maine Primary Care Association, Community Care Partnership of Maine, and Maine Workforce Board.

[7] (http ://www.northeastern.edu, n.d.-b)
[8] Ibid.

Primary Users of The Evaluation Results

The Gap Year team is a primary user of the evaluation results and the main requestor. The Gap Year team hopes to use the results of the evaluation to learn about many aspects of the program, including where there is room for improvement, how to engage with partners more thoughtfully, and where participants may need more support. The team will use the evaluation results to share successes and outcomes with future funders, and to start to share a narrative around the experience with other participants and partners.

The evaluation results will also be shared with future funders to demonstrate programmatic successes, challenges, and how they are working on them. The results will help secure enough funding for the next one to two years and increased funding may help increase the number of participants who can participate in the program.

The evaluation results will help Health Partner organizations understand the direct impact participants are having on their organizations and the impact they are having on participants. For example, health partners can learn about how the different training programs and career support they have provided impact participants in the long-run and influence their future careers. Additionally, a look into the program's short-term outcomes can help illuminate what operational challenges may exist and where there may be room for improvement. For example, there have been challenges in efficient communication for health partners, as there are many individuals involved in setting health partners up with the Gap Year and then connecting them with Gap Year participants for hiring. When lines of communication dissolve, information about the program may dissolve as well. Well organized and efficient training pathways have been identified by the Gap Year program as an important expectation and opportunity for participants.

Overview of Program to Be Evaluated

Program goals

The program goals that drive the Gap Year's purpose and execution vary by short and long-term. Regarding short-term goals (within 1-3 years), like the inefficient lines of communication mentioned previously, the program aims to foster a shift in participants' attitudes and interests towards healthcare professions, validated by surveys confirming their next steps towards medical careers. Additionally, it strives to enhance awareness and understanding of the healthcare field while providing hands-on clinical experience. The program also seeks to attract more participants, increasing its pool size annually, offering on-the-job healthcare training without stringent prerequisites.

In its intermediate outcomes(5-8 years), the program hopes for an increase in non-medical background applicants, both locally and internationally, fostering improved communication among stakeholders and boosting partner organization satisfaction and capacity.

Finally, in its long-term outcomes (5 years and beyond), the goals are to improve strong, engaged relationships with partner organizations, expanding healthcare services in Maine, and increase the program's geographic reach across Maine in an equitable manner.

Target Population

The program is aimed at young students who are working on their bachelor's degree or have just graduated and want to get into healthcare careers, like being a doctor, nurse practitioner, or nurse assistant. Some students might be from Boston or other parts of New England and have connections to Northeastern University. But there are also international students, like those from Belarus, the Democratic Republic of Congo, Jamaica, and Switzerland, who are looking for work while they study for exams like the MCAT. The goal of the program is to encourage recent college grads to explore healthcare jobs and help fill the gaps in Maine's workforce. Some students in this group might not be sure about their career path yet, or they might want to get some hands-on experience before going into clinical education.

Program Logic Model

Inputs

The anticipated resources, or the inputs, implemented into the program are the stakeholders, including the leadership board of the Roux Institute and the program, such as Director Aileen Huang-Saad. As stated, the program's intent is to connect post-Baccalaureate graduates with partner health organizations and to encourage them to stay in connection throughout their career. The two main partner organizations are Maine Health and Northern Light Health clinics, which provide the participants with essential and critical pre-clinical experience and mentoring opportunities, and help the program remain running. The Maine Department of Labor provided the funding through the Industry Partnership grant, supplying the program with the ability to award participants with a $500 housing stipend throughout the 12-month program duration, helping provide extensive and diverse clinical experience to the participants are the institutional partners, sharing facilities and allowing travel abroad opportunities. Finally, the participants who applied to the program to develop their healthcare careers are additional primary inputs.

Activities and Outputs

Once the Gap Year program cohort is selected and recruits enough participants, the program staff members give them entry-level healthcare roles in partner organizations. Using the housing stipend, the participants move to Maine to begin their 12-month placement and will complete entrance surveys as a part of the evaluation plan. Throughout the 12-months, the participants attend internal and external engagements to experience different opportunities the program provides. The experiences are evaluated, and satisfaction of such experiences are expressed through exit surveys and monthly interviews. To capture the feedback of the other

program stakeholders, the Gap Year Program staff will have monthly meetings with Health Partners.

Outputs from communications and collaboration with Partners include program feedback, the creation of relationships between partners and The Gap Year, and mentoring provided by partner organizations, to program participants. The outputs of participant participation in the program include the time spent by each individual working with their healthcare partner in the state of Maine, as well as their own reflections and assessments on their experience with the program.

Outcomes (Short-Term, Medium-Term, Long-Term)

The program's short-term outcomes include operational aspects of the program such as planning for program sustainability beyond May 2025 by securing enough funding and increasing the number of participants who can participate, as well as developing strong partnerships between The Gap Year and Healthcare Partners. Short-term outcomes also include encouraging participants to continue their career in healthcare by providing them with actionable on-the-job healthcare experiences, while also attracting them to the state of Maine by engaging them in the professional and educational opportunities in their surroundings. For Healthcare Partners and Maine's workforce, short-term outcomes include giving more time for healthcare professionals (HCPs) to do patient work (as participants take over some of their workload) and enabling healthcare organizations to meet the needs of their population through the hiring of new staff.

The short-term outcome of planning for program sustainability in the near-term (beyond May 2025) extends into a medium-term outcome of developing a consistent group of funders who can consistently and reliably contribute to the program over the next 3+ years. Additionally, the goal is for the short-term outcomes of encouraging participants to continue their healthcare careers and encouraging people to apply to the program, to guide a more extensive outcome of building a diverse cohort of participants and encouraging participants to return to Maine for graduate education or job opportunities.

The long-term outcome is an increased and equitable Gap Year Program geographic footprint across Maine to improve the declining workforce within the state. Through creating a strong and cohesive and relationship between participants, partner organizations and the Roux Institute, a long-term program outcome is increasing the percentage of those who will come back to the state of Maine to work in healthcare and increase healthcare workers in Maine. With the success of the program, another long-term outcome is for healthcare organizations in Maine, especially those in rural sites, to be able to expand their services. Additionally, the program ultimately hopes to guide individuals in their decision-making on whether they will pursue healthcare opportunities and professions.

External Factors

External factors the program must consider is funding, which limits its ability to accommodate many participants. The program will have to apply for or obtain more funding and maintain the interest of post-Baccalaureate recruits adequate to reach 30 participants in the next round of cohorts, compared to the 23 participants accepted in the 2023-2024 cohort. Applicant numbers will also be greatly affected by the amount of adequate housing near their place of employment with the partner organization. Finally, the current funders and stakeholders' commitment to continually funding the program will be a significant external factor to being able continue the program.

Limitations

Current limitations due to external factors include a limited capacity for program accommodation, from housing stipend to quota of accepted applicants. The deposit of the housing stipend has also proved to be a challenge at times in the past, and a consistent line of communication between some health partners and the participants have proved to falter once the program starts due to varied schedules and communication-style preferences.

LOGIC MODEL

Post-Baccalaureate, Pre-Clinical Healthcare Gap Year Program

Description: The Gap Year program is a full-time, pre-clinical experience for post-undergraduate students to start and grow their healthcare career and networking opportunities while being provided housing stipend. The program's purpose is to introduce and encourage students to explore a career in the healthcare industry and help fill gaps in Maine's workforce with the Maine Department of Labor.

	INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
FUNDING	• Funding from the Maine Department of Labor (Industry Partnership Grant	• Presentations to potential funders to request funding for the program.	• Funding for the program and potential new funders onboarded to the program.	• Plan for sustainability of the program beyond May 2025, including planning to secure enough funding to increase the number of participants who can participate.	• Develop a consistent line of funding/group of funders to reliably contribute to the program over 3+ years.	• Healthcare organizations in Maine can expand their services because they have added individuals to their workforce. • Gap Year participants are employed in rural sites across the state of Maine. • The program helps individuals in their future decision-making on whether they will pursue healthcare opportunities and professions. • A high percentage of people come back to the state of Maine to work, study, and/or live.
PARTNER COLLABORATION	• Collaboration with Health Partner Organizations including: Maine Health, Northern Light Health, Knox Free Clinic, Oasis Free Clinics, etc. • Collaboration with Academic Partners including University of New England, University of Southern Maine, Northeastern University's Bouvé • Collaboration with Industry Partners including, Maine Hospital Association, Maine Primary Care Association, Community Care Partnership of Maine, and Maine Workforce Board	• Quarterly meetings with all partners (including academic partners). • Ad-hoc meetings with healthcare employer partners (about once a month) • Communication between partners and Gap year on any changes to employment status of participants • Connection of Health Partners to Gap Year and creation of partnership	• Feedback from partners on how the program is going, how participant's are doing in their roles, etc. • Relationships built between health partners and the Gap Year. • Number of partner organizations participating current round of program • Mentoring/support provided by individuals at the partner organizations, to participants of the program. • MEDOL career map from health partners.	• Establish trusting relationship with partner organizations to promote their participation in Gap Year program and willingness to employ Gap Year participants. • Maintain reliable, consistent and open communication between the Gap Year, participants, and healthcare partners.	• Create long-lasting relationships with healthcare partners and develop ways for healthcare partners to engage more closely with The Gap Year over time.	
PROGRAM LEADER COLLABORATION	• Stakeholders and program leaders of the managing organization including Northeastern's Roux Institute and The Gap Year.	• Recruitment of participants • Placement and 12-month duration of participant assignment to Health Partner role. • Participant training provided by Health Partners • Exit surveys and periodic interviews between participants and Gap Year leaders.	• Program metrics created by The Roux • Results of entrance and exit surveys	• Promote the program to increase the number of applicants who apply. • Provide participants with on-the-job healthcare experience and training without the need for prior requirements/prerequisites. • Prepare participants with increased awareness and clinical experience for the healthcare field. • Attract participants to the state of Maine through their employment opportunity and other opportunities to connect with communities, engage in professional and education and their surroundings.	• Build a diverse cohort of participants by increasing the number of applicants from across the state, country and internationally • Help participants determine their next steps within the healthcare field. • Participants stay in or return to Maine for graduate education in health field. • Bring participants back to Maine for future employments opportunities and continued relationship-building.	
PARTICIPANT INVOLVEMENT	• Involvement by participants, who include individuals with any undergraduate degree (the majority are from similar healthcare-related academic backgrounds (e.g., biology, biochemistry, biomedical engineering, psychology) located in Maine as well as other parts of the United States (and international locations). These individuals are using the year as an opportunity to explore whether healthcare is the right path for them.	• Internal and external engagements attended by participants. (e.g., health-focused experiential opportunities, summer internship programs, Start Summit, Roux Institute career panels, workshops & courses, and programs hosted by academic and professional partners).	• Number of recruited participants for next cohort. • Hours spent by each individual working with the healthcare partners in Maine during the 12-month duration. • Reflection and assessment on relationships developed between participants in the program	• Allow flexibility for participants to engage as much as they want with other Gap Year participants and programming opportunities. • In smaller clinic, increase morale, help HCPs do patient work without only being responsible for operational tasks. • Enable healthcare orgs to 'provide' or 'meet the needs of' their population by filling critical entry-level vacancies		

EXTERNAL FACTORS/ASSUMPTIONS

- There is limited funding for participants.
- Current program capacity limits the number of participants the program can accommodate, and this limits the number of participants assigned to Health partner organizations (the goal is to reach 30 participants in the next round of cohorts, compared to 23 participants).
- Funders may not be committed to funding the program for future rounds of cohorts.
- The program relies on maintaining the interest of post-Baccalaureate students and recruiting adequate program applicants.
- Socioeconomic factors such as housing costs and housing availability near places of employment
- Finding and funding outside training for certain positions (i.e. dental assistant).
- There is a broad perception of Maine not being an attractive place to go for your healthcare career.

LIMITATIONS

- There is limited capacity for program implementation (funding, staffing).
- Payment of stipends to students is not a smooth process.
- Line of communication with health partners, and program information dissolves once partners start work at their placement. This is not consistent across all health partners.
- Maintaining cohort cohesiveness is a challenge due to participants' varied schedules and communication-style preferences.

Evaluation Design

The Gap Year program at the Roux Institute provides people who have recently completed a baccalaureate degree who aspire to careers in healthcare the opportunity to work directly with patients on the front lines. These opportunities can help them decide if they would like to continue to pursue a career within the healthcare field and enhance their competitiveness for healthcare focused programs in the future. The 12-month-long job opportunities are provided through HPs.[9] As Participants work for these HPs during the program, they receive additional academic and professional enrichment from APs. They provide opportunities for students to attend events exposing Participants to the health field. These offerings assist Participants in gaining relevant work experience and in cultivating professional ties to Maine, which may increase their likelihood of continuing in this career path, returning to pursue professional degrees within the field, and eventually becoming a provider within the state which helps address the healthcare labor shortage.[10]

The Gap Year program has chosen to utilize the 'Context, Input Process and Product' (CIPP) model, from the Pragmatic Paradigm and Use Branch to guide this evaluation plan.[11] This model will address their short- and long-term needs while taking a big-picture approach to evaluating the program's impact.

Evaluation Questions

The Gap Year program evaluation plan seeks to answer the following central evaluation questions, (1) What value does the Gap Year program provide to Program Partners (HPs and APs). (2) How can the Gap Year increase value for Program Partners and encourage partner engagement?

The evaluation plan will answer six sub-evaluation questions, including, (1) What are the Program Partners' perspectives on the effectiveness of the Gap Year Program? (2) What is the geographic footprint of the Gap Year program across Maine? (3) What is the Gap Year program's direct impact on Maine? (4) How does the Gap Year program compare with other Gap Year programs within the U.S.? (5) Is the distribution of the Gap Year program's Participants among the large and small health providers equitable? (6) How can Program Partners support the Gap Year program? (See Exhibit 1).

Criteria & Standards for Performance

[9] These are healthcare organizations located across Maine. They vary in size (with some large and small), and some have multiple sites.
[10] Roux Institute's Gap Year participants are referred to as 'Participants' to distinguish them from others. 'Health Partners' and 'Academic Partners' are also capitalized to distinguish them from external organizations.
[11] Mertens, D. M., & Wilson, A. T. (2019). *Program Evaluation Theory and Practice: A Comprehensive Guide* (2nd ed., p. 93). Guilford Press.

The criteria for evaluating the success of the Gap Year program includes 8 indicators addressing the Gap Year programs' value provided to its Partners (2 indicators), and the Program's capacity to continue this endeavor (6 indicators) (See Exhibit 2). The Gap Year Program and its capacity to support the employment and enrichment of high-quality Participants broadly impacts its value to Program Partners and the state of Maine. To continue to provide value, the Gap Year program seeks to specifically develop (1) Engagement and Growth, (2) Expanded Programming (for Participants), (3) Retention (of Participants in Maine's healthcare workforce), and (4) New Funding, to sustain itself in supporting their HPs in caring for Maine's residents both now and in the future. All but evaluation sub-question four speaks to a specific aspect of the criteria listed here (See Exhibit 2).[12]

Evaluation Design In Detail

This section discusses the sub-evaluation questions in greater detail, addressing the evidence that will assess any changes, methods, and measurement tools assisting in data collection, the sample, sources of information, and the expected time frame for data collection. Since this evaluation measures the program's impact on the various Program Partners and the state of Maine, a blend of quantitative and mixed methods approaches is required. All data collection will occur between May 2024 and April 2025.

The first evaluation sub-question, '**What are the Program Partners' perspectives on the effectiveness of the Gap Year Program?**' will collect primarily qualitative data and some quantitative data (See Exhibit 3- Part 1). It will help identify which of the Gap Year program's offerings are valuable to Program Partners and opportunities for engagement. This subsection uses interviews to understand HPs' and APs' perspectives on the program's effectiveness through the value provided and assesses if the program is doing well or not. It also measures engagement by asking if they will continue collaborating with the Gap Year program. It gauges their previous levels of engagement, including questions about Participants' work quality, assessment of resources invested to implement the program, and their recommendations for improving the program. APs' are asked whether they have shared information about the Gap Year program with their students, any barriers suppressing interest in this, and recommendations for mitigating this. Gathering this data will allow researchers to compare pre-and post-program intervention data to measure how each partner performs with each new cycle of the Gap Year program, understand impact, and their needs. It will also enable the Gap Year program to understand overall feedback from larger and smaller health providers as distinct groups, including what perceptions are shared and where needs differ.

The second evaluation sub-question, '**What is the geographic footprint of the Gap Year program across Maine?**' will gather quantitative and qualitative data to detail the Gap Year program's geographic footprint through a survey of HPs, desk review and through mapping this data using GIS (See Exhibit 3- Part 2). It will show the spatial distribution of Participants and

[12] Number 3 and 4 are especially critical for the Gap Year program.

quantify the number of locations by HPs and indicate where Gap Year Participants are placed. It will highlight which locations are in rural settings and which are in urban settings. Also, it will identify healthcare providers with the most vacancies and those with the capacity to provide training to Participants by geography. These questions are more quantitative but incorporate qualitative aspects to learn about context, labor needs, and resource availability spatially. These questions are more retrospective, looking back at the previous cycle. Year 1 data will look back at Cycle 1, while Year 2 data will look back at Cycle 2. This will allow the Gap Year to assess yearly trends to see if the program's reach is expanding or shrinking and will provide a visual on participant distribution across HPs locations.

The third evaluation sub-question, '**What is the Gap Year program's direct impact on Maine?**' will provide quantitative and qualitative data to help assess changes in the HPs' organizations on staff capacity and changes in the number of patients the Participants assisted by the end of each cycle (See Exhibit 3- Part 3). The questions measure staff morale, the organization's ability to schedule patients, and cost-savings. An assessment of Participants' assistance of Maine residents through HP facilities also considers if their facilities had full teams and the impact of adding Participants to these teams. It also measures an increase in patient load to assess the effects on HPs' capacity to care for residents. This information will be obtained through interviews with HPs and a desk review of recorded data from HPs. This supplementary data will be obtained from the electronic health records, and Gap Year participants' 'patients touched' data. The nature of the questions in this section is also retrospective, looking back at the previous cycle. This section is critical because it will help the Gap Year program understand the story behind how they impact HPs and Maine by bolstering the ability to provide healthcare services.

The fourth evaluation sub-question, '**How does the Gap Year program compare with other Gap Year programs within the U.S.?**' will also provide predominately qualitative data with some minimal quantitative data (See Exhibit 3- Part 4). Through research and desk review, researchers will analyze program documents, websites, and print materials to assess external Gap Year programs by 1) urban, suburban, and rural settings, 2) An assessment and comparison of Gap Year programs in the Greater Portland area to those outside of the Greater Portland area and 3) assessing top Gap Year programs and their key strategies. As understood by the Gap Year program, top Gap Year programs have a broad reach regarding their partnership network across the United States. This research will be supplemented by brief interviews to clarify and verify information and understand competitors' program strategies. This data will allow researchers to derive lessons for strengthening this program. This data will provide a better understanding on the patterns and differences that exist in how programs advertised by rurality (urban/rural). It will also provide supplementary background information on what strategies may be worth considering for the Gap Year program.

The fifth evaluation sub-question, '**Is the distribution of the Gap Year program's Participants among the large and small health providers equitable?**' will also provide

quantitative but primarily qualitative data through interviews (See Exhibit 3- Part 5). Questions that assess the process of advertising roles, hiring, and training Participants, and the need for training support and resources available to assist with this, will help illustrate the needs of HPs and available resources. Interviews with HPs and the Gap Year program will provide this data. This will help the Gap Year assess equitable ways to distribute Participants among HPs given limited resources.

Lastly, the sixth evaluation sub-question, '**How can Program Partners support the Gap Year program?**' will provide primarily qualitative but some quantitative data identifying the number and those (of HPs and APs) with an interest in providing additional support to Participants through a range of enrichment opportunities (See Exhibit 3- Part 6). Specifically, the questions to HPs gauge interest in providing training to their assigned Participants and more broadly training Gap Year program Participants (regardless of HP affiliation), and their willingness to offer career-focused discussions. Questions posed to APs will gauge interest in providing mentorship or coaching and incentives through their academic institutions to the Participants. There is no measurement for this as these interview questions are more open-ended. This information will be obtained through interviews focusing specifically on HPs, and APs.

Evaluation Plan Limitations

No sampling approach is used because all the Program Partners are included. Limitations of this approach include that it will be time-intensive and costly. Due to the use of interviews internal validity may be questioned. However, recording and transcribing interviews, requiring a reflective journal from those collecting data, using multiple data collectors, and discussing findings regularly to collaborate utilize and systematize coding methods can reduce threats to validity.[13] The Gap Year program will consider hiring a staff member to support implementation of the plan. It may shift budget priorities to support this. Another approach used in the plan is desk review. It may provide limited and outdated information about the identified external Gap Year programs. Interviews with identified organizations can help confirm the accuracy and timeliness of the information provided in organizational documents and websites. More specific questions about information that may not be publicly available can provide additional insight for researchers. These short interviews can also follow previously discussed strategies for addressing threats to validity.

Data Analysis & Reporting

The evaluation plan uses a mixed methods approach incorporating both qualitative and quantitative data to assess if the program is providing added value for Program Partners through the number of Participants coming from APs and hired by HPs. Through The Gap Year program's support of these Program Partners, it hopes to help meet Maine's healthcare workforce needs.

[13] (Mertens, Donna, and Wilson, 2018, pp.363-364, p.387)

The evaluation criteria are based on the goals the Gap Year program hopes to achieve (See the Headers in Exhibit 2). The goals reveal what is valuable to the Gap Year program. The data and information obtained through the interviews, desk review and internet research processes help provide information that can be assessed against these criteria and will provide new insights that can help the Gap Year assess its progress, with many insights on what can be done to improve the program further, and additional resources to help execute this such as capacity building, and resource allocation strategies.

This evaluation will allow evaluators to compare Year 1 and Year 2 raw data, and perspectives to understand how the Gap Year has helped Health Partners address staff capacity needs, and where it can improve. It incorporates measures of success by devoting a significant portion of the evaluation towards collecting data on experiences including understanding perceptions of what has added value to their organization, resources used to implement the Gap Year program in their organizations, perceptions on the prospects of continued collaboration, on participant quality, barriers to collaboration, and recommendations. The program's characteristics include but are not limited to patients served, number of vacancies, training opportunities, and number of Participant staff. This evaluation will not use many statistics, but descriptive statistics will be helpful in Part 1 (average number of referrals from APs) and Part 2 which is focused on geography (including figures such as the average number of locations, vacancies, and training opportunities) through GIS software to a spatial map of Health Partners by location (See Exhibit 3). Evaluators will transcribe the interviews, but what may also help here is that some of the questions ask for data that HPs track so there is a possibility that they may provide this information in a document format. Overall, it will be important to explain what has stayed consistent, any changes, and highlight any differences between large HPs and small HPs.

The Gap Year is also interested in incorporating their stakeholder's participation in this evaluation. One way of including this is to use one to two quarterly partnership meetings to devote some time to supporting the interpretation of the evaluation. This could provide an opportunity to verify that findings are correct, and it can provide an opportunity to understand where data may need further clarification, or context to help make better sense of the findings. It is important to balance this effort with ensuring that the conclusions are drawn from the evidence to ensure validity.[14] Researchers can also use triangulation, the use of multiple data sources, to verify that the conclusions are correct.[15]

The evaluation activities will include preparations, interviews, data collection, desk review and research, data analysis, and GIS and mapping geographical data. During preparations for the interview, it could be helpful to verify which questions in the questionnaire could be answered through documentation provided by HPs (see Exhibit 3). Preparing to ask for this

[14] (Mertens, Donna, and Wilson, 2018 p.345)
[15] (Mertens, Donna, and Wilson, 2018 p. 346)

documentation prior to interviews may help make transcription easier, as their responses during the interview would be clarifying for the researchers. Also, it may be helpful to short-list 5 to 10 Gap Year programs nationwide for each of the 3 research categories (1. Urban, Suburban, Rural, 2. Greater Portland, and outside of the Greater Portland area, 3. Key strategies of top Gap Year programs).

Use & Dissemination of the Evaluation Results

The results of the evaluation will be disseminated to the appropriate stakeholders; these key stakeholders (referred to as "audiences" in the table below) include existing partners of the program, prospective partners, potential or future funders, and the public. The content within the results should be tailored to specific groups of stakeholders; for example, existing partners may want to see a more robust and comprehensive set of results to see if there were any recommendations coming out of their experiences with their participants. However, prospective partners may only need a snapshot or glimpse of how the program has performed and may want to focus on the evaluation as it relates to partners, to decide whether to develop that partner relationship with The Roux. Similarly, funders may be specifically interested in the outcomes of the program (to determine whether it has been successful in its goals) and any costs and budgetary items related to funding the program. The public (i.e. participant stories on The Gap Year website, etc.) will likely be more interested in hearing about participant experiences in the form of stories, narratives, quotes, etc.

The information the Gap Year receives about what value it provides can help them revisit how it provides value to its Partners, and in collaboration with them. By ensuring follow-up, they can make sure that any changes needed to better meet the partner and participant needs are made. The Gap Year intends to make sure the outputs of the evaluation are actionable by sharing out results with Partners in Quarterly Partnership Meetings and in follow-ups with each partner organization.

The results of the evaluation will have tangible recommendations specific to operations and logistics, partner experiences, and participant experiences, and The Gap Year internal team will help articulate next steps to take and decisions to make as a result.

Audiences	1. Existing Partners 2. Prospective Partners 3. Potential/Future Funders 4. Public (Gap Year Website @ Roux- for the Prospective Participants)

How to Share Results	1. Share out results during Quarterly Partnership Meetings 2. Use results and share-outs as a tool for recruiting new partners 3. Allow potential funders to review the final report. 4. Share some key summaries (i.e. stories or narratives about the program experience) with prospective participants.

Conclusion

This evaluation plan demonstrates the program's goals and objectives, its stakeholders, the evaluation design, data analysis and reporting methods used to assess its execution and impacts. As this is The Gap Year's first formal program evaluation, this plan will give the team the opportunity to understand the strengths of the program as well as its challenges. With these learnings comes the ability to improve the program over time, track trends, and create a more robust organization of participants and partners that will ultimately help increase success for Program Participants and for Maine.

References

Healthcare Workforce - MHA | Michigan Health & Hospital Association. (n.d.). Https://Www.mha.org/. https://www.mha.org/issues-advocacy/key-issues/workplace-sustainability/

http ://www.northeastern.edu, N. U. (n.d.-a). About. Roux Institute at Northeastern University. https://roux.northeastern.edu/about/

http ://www.northeastern.edu, N. U. (n.d.-b). Post-Baccalaureate, Pre-Clinical Healthcare Gap Year in Maine. Roux Institute at Northeastern University. https://roux.northeastern.edu/life-sciences-health-engineering/gap-year-maine-interest/

Mertens, D. M., & Wilson, A. T. (2019). *Program Evaluation Theory and Practice: A Comprehensive Guide* (2nd ed.). Guilford Press.

Appendix

Exhibit 1:

Evaluation Question(s) *What questions will be answered by the data you collect?*	**Evidence** *What will be measured to determine if change occurred?*	**Method(s) & Measurement Tool (s)** *How will data be collected?*	**Sample** *Who will be the source of information and how will they be selected?*	**Time Frame** *When will data be collected?*
What are the Program Partners' perspectives on the effectiveness of the Gap Year Program?	Collect mostly Qualitative data and some Quantitative data. This will provide contextual information.	Interviews	All Health Partners All Academic Partners	between May 2024 and April 2025
What is the geographic footprint of the Gap Year program across Maine?	Collect data to identify, map and track the locations of Health Provider facilities, and important attributes (spatial distribution: Number of Gap Year Participants at HP location, Rurality of HP location, number of vacancies, and opportunity for training by HP location).	Interviews (Available records that answer the listed questions where possible will help supplement this data) *GIS data visualization of the data.	All Health Partners	between May 2024 and April 2025
What is the Gap Year program's direct impact on Maine?	Assess changes in the Health Partners' Healthcare system, in terms of staff capacity, at the end of each 12-month cycle. Assess changes in the number of patients the Participants have assisted at the end of each 12-month cycle.	Interviews and recorded data from Health Partners (supplementary data will be pulled in from electronic health records, and Gap Year participants 'patients touched' data).	All Health Partners	between May 2024 and April 2025
How does the Gap Year program compare with other Gap Year programs within the U.S.?	Comparing Summary research-based information about external Gap Year programs by (1. setting 2. Is it within or outside the Greater Portland area 3. Top External Gap Year programs with extensive partner networks) with the Gap Year program to learn lessons for improvement of the Gap Year Program.	Primarily Internet Research/Desk Review, with brief Interviews	External Gap Year programs across the U.S.	between May 2024 and April 2025
Is the distribution of the Gap Year program's Participants among the large and small health providers equitable?	Assess the process of advertising roles to Participants. Assess the capabilities of Health Partners in attracting, hiring, and training participants. Identify Health Partners that can hire Participants but need support in training them.[16]	Interviews	The Gap Year Program All Health Partners	between May 2024 and April 2025
How can Program Partners support the Gap Year program?	No measure needed. (This section gauges Partner interest in providing additional support that can be meaningful and gauges their capacity for additional support).	Interviews	All Health Partners All Academic Partners	between May 2024 and April 2025

Exhibit 2:

Criteria and Standards
What is the value provided to Program Partners?

• **Health Partners**
  ○ An increase in the number of Participants hired overall across all Health Partners. [17]
• **Academic Partners**
  ○ An increase in number of Participants coming from Academic Partners.[18]

How can the Gap Year increase this for them?

• **Gap Year Program & Capacity**
  ○ **Engagement & Growth**
  ▪ An increase in the number of applicants to the program. [19]
  ▪ Continued Health Partner engagement and growth with respect to hiring Participants.[20]
  ○ **Expanded Programing**
  ▪ Expand programming by leveraging the resources of Health and Academic Partners. [21]
  ○ **Retention** in Maine's healthcare workforce
  ▪ Short-term: Number of Participants remaining in Maine after 12-months to continue employment or pursue graduate school.
  ▪ Long-term: Number of Participants who leave but return to Maine as healthcare providers.
  ○ **New Funding**
  ▪ Securing additional funding from new organizations.

[16] Information on which Health Partners are small and large will also be looped into this section to provide informative attributes.
[17] See evaluation sub-question 2. Additionally, evaluation sub-questions 1, 2 and 3 also addresses quality of work.
[18] See evaluation sub-question 1.
[19] See evaluation sub-question 1, and Gap Year Program data.
[20] See evaluation sub-questions 1, 3 and 5.
[21] See evaluation sub-question 6.

Exhibit 3

<table>
<tr><td colspan="2">Part 1: Understanding Program Partners' Perspectives on Program Effectiveness.
Methods: Interviews</td></tr>
<tr><td>Health Partners (HPs)
What (if any) value is the Gap Year program adding to your organization?
Tell us about the resources your organization has used to implement the Gap Year program? For example, staff time (approx. hours), professional development, training, other)
What is the Program doing well?

Do you anticipate continuing to collaborate with the Gap Year program beyond the two-year pilot phase? If no, are there impediments to continuing with the program, if so, what are they?
What recommendations do you have for improving the program? For example, communication, resources provided, support for participants, other.
On the whole, how would you characterize the quality of the participants on the job performance?
Do you have recommendations for improving the way the Roux Institute connects your organization with applicants?</td><td>Academic Partners (APs)
What (if any) value is the Gap Year program adding to your organization?
Tell us about the resources your organization has used to collaborate with the Gap Year program? For example, recruitment of participants, staff time to quarterly meetings, offering programming support, other.
What is the Program doing well? For example, communication, highlighting educational offerings of your institution to Gap Year participants, recruiting students from your institution, other
Do you anticipate continuing to collaborate with the Gap Year program beyond the two-year pilot phase? If no, are there impediments to continuing with the program, if so, what are they?
What recommendations do you have for improving the program? For example, communication, highlighting educational offerings of your institution to Gap Year participants, recruiting students from your institution, other
How have you shared information about the Gap Year program with students at your institution?
Are you aware of any barriers for students from your institution to apply to the Gap Year program?
Do you have recommendations for improving the way the Roux Institute connects with your institution staff and students about the Gap Year program?</td></tr>
<tr><td>Measurement Notes:
Compare HPs pre and post program intervention. (The questions above can be asked near the start and end of the 12-month placement).
Measure the state of the organization before engaging with the Gap Year Program.
Compare the overall feedback of the larger HPs to smaller HPs. (What similarities and differences are there?)
What is a Large HP?
What is a Small HP?</td><td>Measurement Notes:
Compare APs pre- and post-program intervention. (The questions above can be asked near the start and end of the 12-month placement).
Understanding APs Gap Year needs, prior to engagement with the Gap Year Program.
○ What opportunities are graduating students taking?
○ How many of your students are engaged in post-baccalaureate opportunities in pursuance of healthcare careers?
○ Can you list these programs, and what they entail?

○ Understanding the Gap Year Program's impact on APs Gap Year needs, after engagement.
○ How has engagement with the Gap Year program impacted what</td></tr>
</table>

	students choose to do after graduation? ○ How many students are engaging with post-baccalaureate opportunities since collaboration with the Gap Year Program?
Key questions & considerations for this section: What offerings from the Gap Year Program are valuable to the Program Partners? How can the Program Partners be engaged more thoughtfully?	

Part 2: The Gap Year's Geographic Footprint Across Maine. **Methods**: Survey, Desk Review & map data using GIS	
Health Partners (HPs) 1. How many locations do you have? 2. What settings are your facilities in? (urban/ rural, etc.) 3. Organizational Capacity Which locations have the largest number of vacancies? ○ Which locations have the greatest capacity to provide on the job training?	**Academic Partners (APs)**
Measurement Notes: (These questions should be asked considering only the recently concluded cycle. These questions should be posed to HPs looking back on the previous 12 months.): For questions 1 through 3: As this data is collected yearly, is the Gap Year Program's reach expanding or shrinking? A threshold is needed to distinguish large HPs from smaller HPs. (See Part 1) For question 5, Which rural HP locations have more Gap Year participants? Which rural HP locations have less Gap Year participants? What does this look like?	

Part 3: The Gap Year's Direct Impact on Maine. **Methods**: Interviews & Desk Review	
Health Partners (HPs) Health Care System How has the addition of Gap Year Participants to your staff affected morale? How has the addition of Gap Year Participants to your staff affected your organization's capacity to see patients? Has this resulted in any cost savings?	**Academic Partners (APs)**
Key questions for this sub-section: what story does the data help tell here?	
Health Partners (HPs) Residents Visiting the Health Care System How many patients did Gap Year participants touch since joining your staff? Does the provider have a full team to operate efficiently? What is the impact of this? Was there an increase in patient load?	**Academic Partners (APs)**
Measurement Notes: Define 'Patients Touched'- number of patients Participants assisted during their 12-month role. Collect at the end of the cycle.	

Part 4: How the Gap Year Program Compares with Other Gap Year Programs. **Methods**: Primarily Internet Research/Desk Review, with brief Interviews
External Gap Year programs (Research by) Urban, Suburban settings, as compared to Rural settings. Greater Portland area, as compared to outside of the Greater Portland Area. Key Strategies of Top Gap Year programs. Focus on programs with a wide reach across the United States (in terms of their partner network). As top external Gap Year programs expanded their partnership network, what has the impact been on their staff capacity?
Measurement Notes: Research external Gap Year programs through the internet by the categories listed above. It may be supplemented with a conversation with an organizational representative (for 3rd component listed above). Compare and contrast each of the findings for the three sections with the Gap Year Program. What are the lessons that may help strengthen the Gap Year program?

Part 5: Assessing if the Distribution of Gap Year Participants Among Large and Small HPs is Equitable Methods: Interviews
Gap Year Program • Advertising   ○ How are HP locations curated and communicated with Participants during the job selection process?

○ How are roles curated and communicated with Participants during the job selection process? ○ How are the initial referrals to appropriate HPs selected and referred to Participants during the job selection process?	
Health Partners (HPs) • HP Capacity to Take on Participants ○ Are you able to hire Participants? ○ If you can hire, are you able to train Participants? ○ Do internal enrichment or training opportunities increase the number of applicants accepting positions offered? ○ Does your organization offer training and enrichment opportunities specifically for Gap Year Participants, or are Gap Year Participants invited to existing opportunities. Across your network of locations, how many clinical staff do you have employed? ○ How many patients are served by your institution annually (across all locations)? Please respond with however your institution keeps track of these metrics, for example ambulatory visits, hospitalizations, other outpatient visits, etc.	**Academic Partners (APs)**
Measurement Notes: • Which HPs cannot hire Participants? • Among HPs that hire, which cannot train Participants? • Which HPs have need, want to hire, but cannot offer training at this time?	
Health Partners (HPs) • Have You Struggled to Garner Interest Among Participants? ○ If so, why? ○ How many participants have you hosted per cycle? ○ Given the constraints of the program, do you feel that you have been connected with an equitable number of applicants?	
Key questions and considerations for this section: What is an equitable way to distribute the participants among HPs, given limited resources?	

Part 6: How Can Program Partners support the Gap Year Program? Methods: Interviews	
Health Partners (HPs) • Are you interested in supporting the Participants through training opportunities? • Are you interested in having members of your staff discuss their experience in various job roles, with Participants? • Do you have the capacity to open trainings or experiences to Gap Year participants working at other healthcare institutions?	**Academic Partners (APs)** • Are you interested in supporting the Participants through mentorship or coaching opportunities? • Are there academic incentives your institution could offer Gap Year Participants, such as free or low-cost seminars or credit hours/courses?
Measurement Notes: None	**Measurement Notes:** None