Exploring Remaining Needs and Opportunities for Improvement in Rural Communities: A Focus on Health Profession Opportunity Grants (HPOG) Programs

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2M RESEARCH

There is a shortage of effectively trained and skilled healthcare providers in rural communities across the United States, leaving residents of rural counties with limited access to quality healthcare services (Hamlin 2018; Meit et al., 2016; Probst et al., 2019.) One program that strives to address this issue is Health Profession Opportunity Grants (HPOG), a federal initiative that trains participants to become healthcare workers and provides them with job opportunities.

Key Findings

- HPOG program funding in rural areas was concentrated in certain parts of the United States, including the Midwest and pockets of the Northeast and Southeast.
- HPOG program staff explained that a Two-Generation model is successful at delivering HPOG services in rural contexts and noted adaptations, such as, virtual/hybrid service delivery and directly responding to client feedback are important in rural communities.
- Despite the known successes of the HPOG Program, most rural counties have remaining need for HPOG services, especially rural counties in southern states and Native Lands in Oklahoma, New Mexico, Alaska, and other locations.
- Opportunities for strengthening HPOG programs in rural contexts include greater funding flexibility and education to address technological needs and ensuring the accessibility and actionability of relevant data.

In this brief, we highlight the *Human Services Programs in Rural Contexts* Study's findings on HPOG programs in rural contexts drawing on analysis of HPOG administrative data and secondary survey sources as well as interviews with HPOG rural human services providers across 4 sites[1]. These findings have implications for federal, state, and local policymakers, as well as for partners engaged in human services that promote self-sufficiency. It is worth noting that although some of these findings may also be relevant to human services outside of rural areas, it was not the intent of the larger study to draw comparisons of human services delivery in rural and non-rural areas.

[1] Georgetown County, SC; Hamilton County, NY; Montgomery County, KS; and Clinton County, PA.

Human Services Programs in Rural Contexts Study

This brief is part of a study focused more broadly on human services programs in rural contexts. Through a mixed methods research design that includes administrative and secondary data alongside 12 site visits, in tandem with engagement from human services practitioners and other subject matter experts, this project achieved the following: 1) provided an in-depth description of human services programs in rural contexts; 2) determined the remaining need for human services in rural communities; and 3) identified opportunities for strengthening the capacity of human services programs to promote the economic and social well-being of individuals, families, and communities in rural contexts. The study examined several human services programs administered by the U.S. Department of Health and Human Services, including Healthy Marriage and Responsible Fatherhood (HMRF); Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Health Profession Opportunity Grants (HPOG); Temporary Assistance for Needy Families (TANF); and other programs focused on early childhood development, family development, employment, and higher education and technical training.

The Health Profession Opportunity Grants Program

The HPOG Program, administered by the Administration for Children and Families (ACF), awarded discretionary grants to organizations that provide education and training to TANF recipients and other individuals with low incomes for healthcare jobs that are well-paying healthcare or expected to either experience labor shortages or high demand (Office of Planning, Research & Evaluation, 2020). In 2015, ACF awarded a second round of HPOG grants to 32 organizations across 21 states for a five-year period.[2] These grantees included the following:

- Ten higher education institutions
- Five tribal organizations
- Seven workforce system agencies
- Four state government agencies
- Six community-based organizations

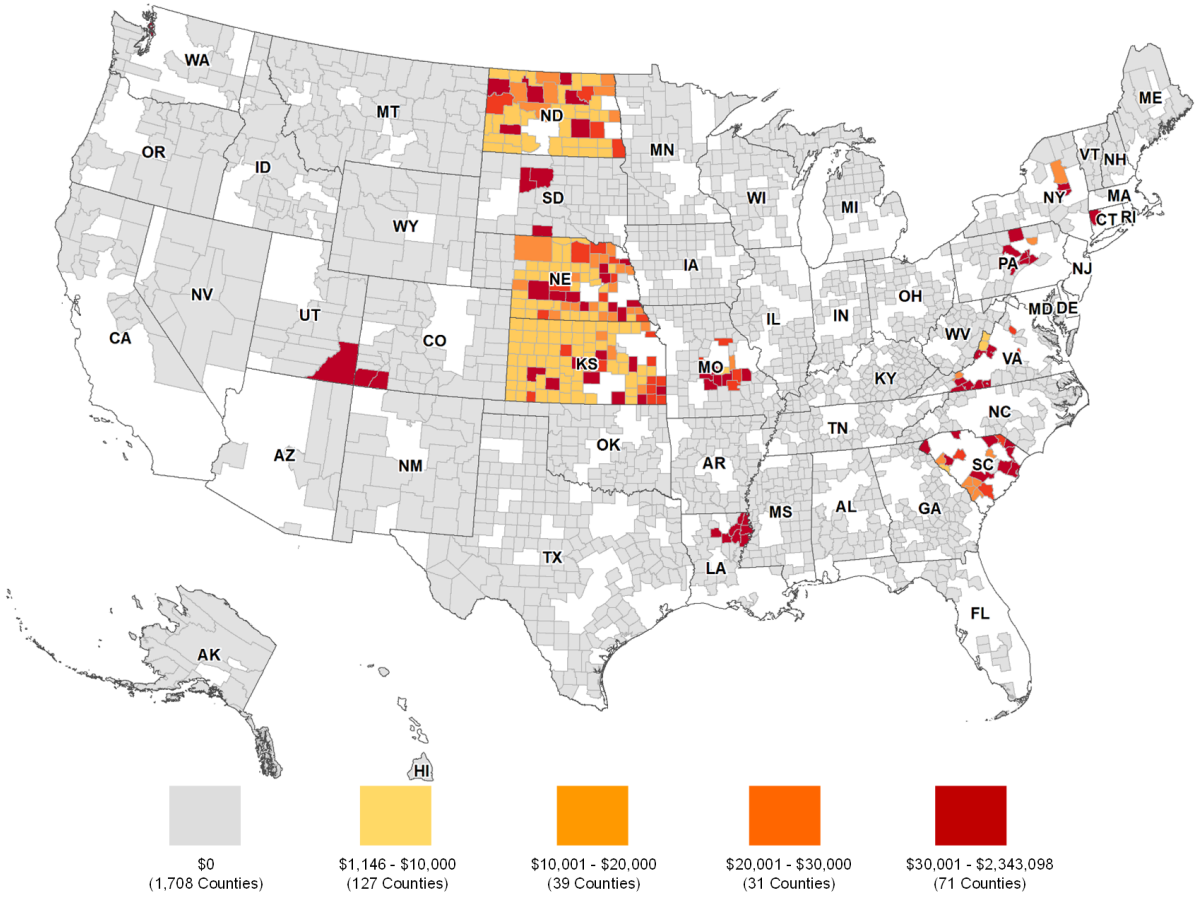
In determining eligibility, HPOG staff ensured that participants demonstrated both an interest in and an aptitude for a job in the healthcare industry through baseline educational assessments, drug testing, and criminal background checks (depending on the program or a participant's desired profession). HPOG programs provided participants with support services to address obstacles to program completion such as childcare assistance, training supplies, transportation, and career guidance. Participants worked with navigators to choose a healthcare career pathway aligned to workforce trends and their own interests. HPOG programs also focused on ensuring all participants finished the program with important skills such as interview techniques and time management (Administration for Children and Families [ACF], n.d.)

[2] HPOG was authorized by the 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 § 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). The second round of grants was extended for an additional year, ending in September 2021.

Successful completion of the program resulted in an industry-recognized certification. HPOG programs partnered with local employers who often went beyond simply hiring HPOG participants by taking part in career fairs and providing participants with work experience and information about job openings (Eyster et al., 2022). Additionally, HPOG supported participants striving to move up the ladder in their healthcare careers (ACF, n.d.). Research on HPOG 2.0 (the second round of program funding) showed that two-thirds of participants showed career progress by either completing their training, gaining employment in a healthcare job, or achieving a promotion in the healthcare industry (Sick and Loprest, 2022).

In fiscal year (FY) 2018, ACF allocated $71.9 million to HPOG programs (Non-Tribal and Tribal), of which about 13 percent ($9.6 million) went to programs that served rural counties[3]. HPOG funds in rural counties in FY 2018 were concentrated in the Dakotas, Nebraska, Kansas, and Missouri, as well as in pockets across the Northeast, Southeast, Louisiana, Utah, and Colorado (Exhibit 1).

Exhibit 1. Map of FY 2018 Funding for HPOG (Non-Tribal and Tribal) in Rural Counties[4]



[3] See HPOG Grantee Locations | The Administration for Children and Families (hhs.gov) for a list of HPOG 2.0 grantees and where they are located throughout the county.

[4] The 2M Team used HPOG and Tribal HPOG grantee abstracts from the ACF Office of Family Assistance to obtain the service areas of HPOG as well as a single document provided by ACF containing annual award amounts for HPOG 2.0 and Tribal HPOG 2.0 grantees to obtain funding information for HPOG. See Section 7.3.3 of the Comprehensive Report for the methods used to estimate funding at the county level.

HPOG Service Delivery in Rural Contexts

HPOG program staff in rural communities that we interviewed identified a service delivery model that they believed to be especially successful in rural contexts: the Two-Generation, sometimes called 2Gen (Office of the Assistant Secretary for Planning and Evaluation [ASPE], n.d.), or family approach model. The 2Gen/family approach focuses on addressing the needs of vulnerable children and their parents together, assessing the overlap of multiple areas of need while aligning resources to increase family self-sufficiency. This approach involves assessing 18 different domains such as childcare, transportation, access to healthcare, housing, and employment training in order to understand a client's needs and creates a goal-based plan to address those needs. By combining services for children and parents, HPOG services have the potential to produce better outcomes than delivering support separately (ASPE, n.d.). While the 2Gen/family approach model is not unique to HPOG, several HPOG program staff described it as especially useful for delivering services to rural participants because participants knew they could receive assistance tailored to their particular needs such as geographical and social isolation, lack of access to transportation, lack of access to broadband internet, and limited employment opportunities. One HPOG staff member described the Two Generation approach as "the secret sauce to helping a family move from living in poverty towards self-sufficiency."

In addition to referencing the Two Generation model, across our interviews, HPOG program staff identified ways in which their programs made adaptations to service delivery in response to the needs in rural contexts. Some key adaptations include the following:

- **Shifting to virtual/hybrid delivery models and reducing intake requirements**: HPOG program staff noted that the COVID-19 pandemic prompted a shift to virtual and/or hybrid delivery models, helping to resolve several key barriers to service delivery in rural contexts. One HPOG program, for example, developed a hybrid model in which classes were primarily online, significantly reducing transportation issues students may have previously faced by attending all classes in person. After the COVID-19 pandemic began, staff had to meet with clients virtually and they began making more adaptations to the intake process. As one rural program transitioned to online program intake, they dropped the requirement to pass the Test of Adult Basic Education (TABE). Drug screenings and health assessments were no longer done at intake; participants now took them upon entering a specific training program to reduce risk and exposure to COVID-19. Staff felt these adaptations to the intake requirements resolved issues inhibiting program participation.
- **Understanding client needs directly from clients**: One HPOG program sought to better understand their clients' circumstances and wants by designing a client feedback survey that better informed service delivery based on client needs. This survey, which was conducted every three months, "helped us really identify where we can support our clients better . . . one thing that came out of those [surveys] was the need for the peer group meetings and connecting individuals to mentors . . . they also really reiterated the need for how valuable the case managers are." This understanding is key in addressing the needs often experienced in rural communities as described by program staff including geographical and social isolation, lack of access to transportation, lack of access to broadband internet and limited employment opportunities. As a result of this data, the program also implemented peer group meetings and a mentorship program.

Remaining Need Associated with HPOG in Rural Contexts

Despite the successes of the HPOG Program that staff discussed during our interviews, our quantitative analysis for this study shows many rural communities have remaining need for HPOG program services.[5]

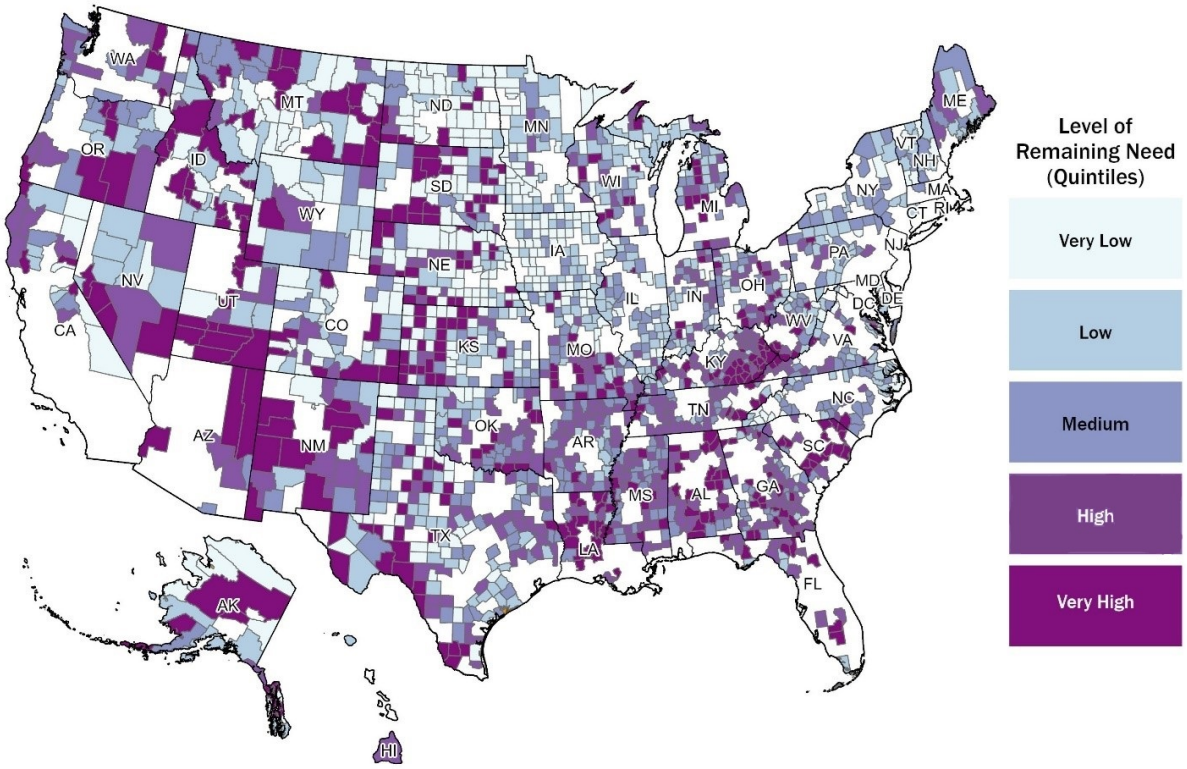
Exhibit 2 shows the geographic spread of the level of remaining need for HPOG services in rural counties. From this analysis, we draw the following key findings:

- Most rural counties in the U.S. have high or very high levels of remaining need for HPOG services. Added funding for HPOG programs may alleviate this need.
- Rural counties in southern states and Native Lands have higher levels of remaining need than the average. If re-authorized, future iterations of HPOG or similar programs could maximize impact by focusing on these locations.
- The Western and Midwestern U.S. contain pockets of rural counties with high and very high remaining need. While these locations could also be targeted by future programs, the need for HPOG services is less consistent than in rural counties in the South or Native Lands.

The finding that most rural counties have remaining need for HPOG program services aligns with literature detailing an overall shortage of healthcare industry jobs and services in rural areas and a lack of qualified individuals to fill the positions that do exist. In an evaluation of the first round of Tribal HPOG programs, Meit and colleagues (2016) found that healthcare workers often experienced challenges finding healthcare positions in rural areas, necessitating the need to move to more urban areas to find employment. Hamlin (2018) noted the general lack of obstetric care in rural areas; the rapid closings of rural hospitals; and the relationship of travel distance for healthcare services and patient health outcomes (e.g., when women in rural areas had to travel more than 30 miles for inpatient obstetric care, they had fewer prenatal visits, lower birth weight, and lower gestational-age infants). A study by Probst et al. (2019) found that nurses working in rural settings had a higher likelihood of reporting inadequate training, which impacted their ability to do their job compared to those working in urban areas (though there were no other differences in job satisfaction). Finally, HPOG program staff we interviewed expressed the general lack of job opportunities for rural residents that lack advanced training, noting that the limited available opportunities often require advanced skills and training. While future iterations of the HPOG Program could address the gap in healthcare industry skills and training and target areas with particularly high levels of remaining need, the issue of limited job availability may be harder to address without more comprehensive initiatives that ensure there is both people that are employable and employers that can hire them in rural communities.

[5] We defined the remaining need for HPOG program services as the difference between the eligible population and the population served. The greater the difference the greater the remaining need. We also accounted for the level of non-federal human services funding and the baseline level of need for HPOG program services in each rural county.

Exhibit 2. Quintiles of Remaining Need for HPOG Program Services in Rural Counties



Opportunities for Strengthening HPOG in Rural Contexts

Through our interviews with program staff, we identified several opportunities to strengthen HPOG programs in rural contexts.

COVID-19 CHANGED THE LANDSCAPE FOR HPOG AND OTHER EDUCATIONAL PROGRAMS

The pandemic increased access to services for many (particularly as it eliminated transportation concerns, allowed for scheduling flexibility, and enabled people to access services like online classes that previously may have been unavailable in person in their area). However, the overall shift to more online processes also made it harder to provide services for those rural populations with the least connectivity. To overcome connectivity issues, program staff suggested allowing greater flexibility regarding funding use and allocation so that funds can more effectively meet participants needs (e.g., buying and providing mobile Wi-Fi hotspots).

Additionally, some HPOG participants lacked knowledge of how to use virtual learning and connection platforms like Zoom. Because of the way COVID quickly changed service delivery models, staff believe there is now remaining need in the form of technology education. Although this education may be met by existing programs, other areas may require additional resources. While programs provide some technology education, staff felt it would likely be insufficient for people with little or no previous knowledge. Within HPOG, this could include "students who hadn't used the computer in 20 years [who] then have to switch to an online class . . . and how can we teach ourselves to then teach other people . . . how to navigate an online or remote class environment?"

PROGRAM DATA NEED TO BE ACCESSIBLE AND ACTIONABLE

Program staff articulated a delicate balance between data collection, data use, and their capacity to serve participants effectively. In many cases, staff felt data reporting requirements were time-consuming and impacted staff capacity. Staff indicated that in many, if not most, cases, data reporting requirements are time-consuming and impact staffing capacity in other areas. This strain on resources presumes the program already has sufficient staff with capacity to conduct interpretation and analysis and carry out direct local policies. Across sites, however, staff noted difficulties with staff recruitment and retainment in human services programs in rural areas (see section 3.3.3 of the comprehensive report) and often described feeling as if they perform multiple jobs at once. A key sticking point was a disconnect some staff felt between the collected data and the subsequent utility and accessibility of that data.[6] One HPOG program staff said they had to ask program-level staff to run reports to provide information on enrollment data for open and closed classes. Ultimately, many staff recommended that data and reporting requirements should serve to inform service delivery. To that end, they believe data should be both accessible and actionable to local program staff.

Conclusion

Overall, our interviews with program staff provided key insight into the functioning and delivery of HPOG programs in rural contexts. Although the HPOG Program increased healthcare professionals in rural areas, most rural counties have remaining need for HPOG program services. While the programs had slight differences across sites, common themes emerged across the different rural HPOG programs. Several HPOG programs in rural contexts have found a 2Gen model of service delivery to be successful in serving participants and making adaptations to service delivery according to their communities' needs. HPOG program staff also provided recommendations to strengthen rural service delivery through greater funding flexibility, technology education, and data and reporting requirements that facilitate improved service delivery. While this study opened a window into the delivery of HPOG programs in rural contexts through the perspectives of program staff, we believe future studies could bring even greater clarity by directly incorporating participant perspectives. Future research might also explore the effect of programs like HPOG on employment retainment and retention among participants in rural areas.

Additional analysis of the other programs of focus—Temporary Assistance for Needy Families (TANF); Maternal, Infant, and Early Childhood Home Visiting (MIECHV); and Healthy Marriage and Responsible Fatherhood (HMRF)—is available in their respective program area briefs as well as the Comprehensive Report for this study.

[6] HPOG provides guidance and technical assistance to grantees on data reporting requirements that include information on why different data is collected and how it will be used. It is possible that the staff members interviewed were unaware of the available guidance.

References

Administration for Children and Families. n.d. "HPOG Participant Pathway: Starting a Pathway to Financial Self-Sufficiency." https://www.acf.hhs.gov/sites/default/files/documents/ofa/hpog_participant_pathway_print.pdf#:~:text=HPOG%20programs%20support%20participants%20striving%20to%20move%20up,management%2C%20and%20are%20ready%20to%20join%20the%20workforce

Administration for Children and Families, Office of Planning, Research & Evaluation. 2020. *Health Profession Opportunity Grants Research and Evaluation.* https://www.acf.hhs.gov/sites/default/files/documents/opre/Health%20Profession%20Opportunity%20Grants%20%28Snapshot%29-508.pdf

Eyster, Lauren, Christin Durham, Amanda Briggs, Natalie Spievack, and Kassandra Martinchek. 2022. "Health Profession Opportunity Grants (HPOG 2.0) Program Operator and Partner Perspectives on Local Service Delivery Systems." OPRE Report No. 2022-134. The Administration for Children and Families; The Urban Institute.

Hamlin, Lynette. 2018. "Obstetric Access and the Community Health Imperative for Rural Women." *Family & Community Health* 41 (2): 105–10. https://doi.org/10.1097/fch.0000000000000192.

Meit, Michael, Catharine Fromknecht, Alana Knudson, Tess Gilbert, and Noelle Miesfeld. 2016. *Tribal Health Profession Opportunity Grants (HPOG) Evaluation.* OPRE Report 2016-38. https://www.acf.hhs.gov/sites/default/files/documents/opre/tribal_hpog_1_0_final_report_3_25_16_508compliant.pdf

Office of the Assistant Secretary for Planning and Evaluation. n.d. "Federal Resources on Two-Generation Approaches for Human Services." https://aspe.hhs.gov/federal-resources-two-generation-approaches-human-services

Probst, Janice C., Selina H. McKinney, Whitney Zahnd, and Eboni Haynes. 2019. *Perceived Facilitators and Barriers to Rural Nursing Practice.* Rural & Minority Health Resource Center Findings Brief. https://www.sc.edu/study/colleges_schools/public_health/research/research_centers/sc_rural_health_research_center/documents/perceivedfacilitatorsandbarrierstoruralnursingpracticed.pdf

Sick, Nathan, and Pamela Loprest. 2022. "Health Profession Opportunity Grants 2.0: Final Annual Report." OPRE Report 2022-228. Administration for Children and Families.

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