



An Introduction to the Tribal Health Profession Opportunity Grants (HPOG) 2.0 Program and Evaluation

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This practice brief is the first in a series of practice briefs being developed by the Tribal Health Profession Opportunity Grants (HPOG) 2.0 evaluation team. The briefs will be used to disseminate important lessons learned and findings from the evaluation of the Tribal HPOG 2.0 Program, which is being funded by the Office of Planning, Research and Evaluation within the Administration for Children and Families. The Tribal HPOG 2.0 program supports demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand. The purpose of this first practice brief is to: (1) introduce the Tribal HPOG 2.0 evaluation; (2) provide a summary of the findings from the Tribal HPOG 1.0 evaluation; and (3) describe how the Tribal HPOG 1.0 evaluation informed the Tribal HPOG 2.0 evaluation.

The Health Profession Opportunity Grants (HPOG) Program is administered by Administration for Children and Families (ACF), U.S. Department of Health and Human Services.¹ In 2010, ACF awarded the first round of HPOG grants (referred to hereafter as HPOG 1.0) to 32 organizations, including five tribal organizations. In September 2015, ACF awarded a second round of HPOG grants (referred to hereafter as HPOG 2.0) to 32 organizations, again including five tribal organizations. The HPOG grant awards support demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand. Individuals eligible to participate in HPOG include

Temporary Assistance for Needy Families (TANF) and Tribal TANF recipients and other low-income individuals. Many of these individuals face barriers to obtaining the training and skills they need to secure employment at sustainable wages, such as the financial burden of paying for training, securing transportation, and arranging childcare.²

The HPOG Program focuses on a career pathways model in which participants receive post-secondary education and training, along with related supportive services, in a series of manageable steps leading to successively higher credentials and employment opportunities in growing occupations.³ For example, many HPOG grantees offer training along the nursing

¹ HPOG was established by the Affordable Care Act in 2010 and was extended by the Protecting Access to Medicare Act in 2014.

² Overview of Tribal Health Profession Opportunity Grants (HPOG) Supportive Services. (2013, June). Administration for

Children and Families. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/hpog_practice_brief_supportive_services_june_2013_0.pdf

³ Career Pathways. (n.d.). Career Pathways. Retrieved from <http://www.career-pathways.org/about-career-pathways/>

career ladder, beginning with Certified Nursing Assistant (CNA) and moving to Licensed Practical Nurse (LPN) and Registered Nurse (RN). Supportive services provided by HPOG programs include financial assistance for tuition and textbooks; academic supportive services such as mentoring and tutoring; social supportive services such as childcare and transportation assistance; and employment related supportive services such as resume development and interview preparation.⁴

HPOG is a demonstration program. Accordingly, for both HPOG 1.0 and HPOG 2.0, ACF's Office of Planning, Research and Evaluation (OPRE) has funded a multi-pronged evaluation strategy to assess the success of the HPOG Program. For HPOG 2.0, the strategy includes impact, outcome, and implementation studies of the non-Tribal grantees (the National HPOG 2.0 Evaluation), and comprehensive implementation and outcome evaluations of the tribal grantees (the Tribal HPOG 2.0 Evaluation). NORC at University of Chicago led the evaluation of Tribal HPOG 1.0 and is conducting the Tribal HPOG 2.0 evaluation in partnership with Abt Associates. As with HPOG 1.0, the tribal evaluation team has retained emphasis on cultural responsiveness and collaboration when conducting research in tribal communities and has designed an evaluation grounded in a community-based participatory research approach. The evaluation will examine program implementation and participant outcomes at both the individual and grantee levels.

This practice brief provides a summary of the key findings from the Tribal HPOG 1.0 evaluation, which concluded in March 2016 with the publication of the final report, and an overview of the evaluation design for Tribal HPOG 2.0. Additionally, the brief describes how the tribal evaluation team has applied lessons learned from Tribal HPOG 1.0 to the evaluation design for Tribal HPOG 2.0.

KEY FINDINGS FROM THE TRIBAL HPOG 1.0 EVALUATION

Tribal HPOG 1.0 grantees were 1) Blackfeet Community College (BCC), 2) Cankdeska Cikana Community College (CCCC), 3) College of Menominee Nation (CMN), 4) Cook Inlet Tribal Council Inc. (CITC), and 5) Turtle Mountain Community College (TMCC).

Tribal HPOG 1.0 Grantees

- Blackfeet Community College (BCC)
 - ▶ Location: Browning, MT (Glacier County)
 - ▶ Project: Issksiniip Project: Meeting the Holistic Health and Education Needs of the Niitsitapi
- Cankdeska Cikana Community College (CCCC)
 - ▶ Location: Fort Totten, ND (Benson County)
 - ▶ Project: Next Steps: An Empowerment Model for Native People Entering the Health Professions
- College of Menominee Nation (CMN)
 - ▶ Location: Keshena, WI (Menominee County)
 - ▶ Project: College of Menominee's CNA to RN Career Ladder Program
- Cook Inlet Tribal Council, Inc. (CITC)
 - ▶ Location: Anchorage, AK (Anchorage County)
 - ▶ Project: Cook Inlet Tribal Council Health Professions Opportunity Program
- Turtle Mountain Community College (TMCC)
 - ▶ Location: Belcourt, ND (Rolette County)
 - ▶ Project: Project CHOICE: Choosing Health Opportunities for Indian Career Enhancement

OPRE contracted with NORC and its partners Red Star Innovations and the National Indian Health Board to conduct the Evaluation of the Tribal HPOG 1.0 Program between 2010 and 2016. The evaluation team used qualitative and quantitative methods to assess the structures, processes, and outcomes of the Tribal HPOG 1.0 programs. Below we present the research questions and key findings from the Tribal HPOG 1.0 evaluation. Additional information about the evaluation is available in the Tribal HPOG 1.0 Program Evaluation Final Report.⁵

Structures: What frameworks and relationships did the Tribal HPOG 1.0 grantees create to implement training and service delivery?

Tribal HPOG 1.0 grantees used one of three implementation structures: one primary implementation site at a tribal college (TMCC and CMN); one primary implementation site at a tribal college with multiple secondary implementation sites, including tribal colleges and state universities (BCC and CCCC); and one partnership between a social service organization and an academic institution (CITC). Community partnerships were essential to the Tribal HPOG programs, particularly those partners that provided academic training programs and supportive services. Tribal HPOG 1.0 grantees were required to form partnerships with the state TANF

⁴ Overview of Tribal Health Profession Opportunity Grants (HPOG) Supportive Services. (2013, June). Administration for Children and Families. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/hpog_practice_brief_supportive_services_june_2013_0.pdf

⁵ Tribal Health Profession Opportunity Grants (HPOG) Program Evaluation Final Report. (2016, March). Administration for Children and Families. Retrieved from <http://www.acf.hhs.gov/programs/opre/resource/tribal-health-profession-opportunity-grants-hpog-program-evaluation-final-report>

agency and various state and local workforce organizations. Staff reported that local and regional employers were key partners for their programs, particularly in the later years of program implementation as program completers began seeking employment.

In addition to partnerships, key components of the Tribal HPOG 1.0 Program were academic programs and supportive services. The Tribal HPOG 1.0 grantees designed and implemented programs based on: 1) the skills and competencies needed by the local/state workforce; and 2) the academic programs offered by the tribal college or academic training partner. Throughout the five years of implementation, grantees updated program offerings based on participant interest and enrollment, availability of instructors, and as needs for specific skills in the workforce changed. Some grantees added programs, such as Medical Lab Technician and Phlebotomy Technician, based on workforce needs in their community or the desire to offer shorter-term training programs that could be completed within the grant period. Other grantees discontinued or modified training programs due to low enrollment or factors related to job availability. For example, one grantee changed their Medical Billing and Coding program to a Medical Office Assistant program, eliminating the coding component given the region outsourced coding jobs. Grantee staff reported that skills for front desk medical office work were more marketable.

“This whole program is life changing for me. I don’t know if I would’ve come back to school. I always wanted to be a nurse, but financially, being a single mom, there is no way I could have done it without this program. This program just makes me want to go, go, go...I can’t believe I am here and done and it is all because of this program supporting me through it all. It has completely changed my life.”

- Tribal HPOG 1.0 Participant

While each of the grantees tailored the supportive services offered to the needs of their participants, the supportive services available were generally similar across the Tribal HPOG 1.0 programs. All five grantees provided supportive services to help participants overcome barriers to pursuing their education, including academic, social,

and employment-related supportive services. Examples of services provided by grantees include financial assistance for tuition and fees, transportation, childcare support, rental assistance, exam review materials and tutoring, and resume/cover letter assistance. During focus groups and follow-up interviews, many of the Tribal HPOG 1.0 participants said they would not have

been able to complete their degree programs without the support from the Tribal HPOG program.

Processes: How were training and supportive services delivered?

Grantees used a variety of recruitment strategies to market their programs to potential participants. Staff at all five grantees indicated that word of mouth among participants, instructors, and members of the community was the most effective method for recruiting potential participants. In addition, all five grantees developed promotional materials, such as brochures and flyers, at the beginning of the Tribal HPOG 1.0 program to assist with recruitment efforts. Grantees also accepted referrals from partner organizations, including TANF agencies and workforce development organizations. However, based on interviews with grantee staff, referrals seemed to be more effective in some communities than in others, often dependent on the strength of existing relationships between the grantee organization and partner organizations prior to implementation of the Tribal HPOG 1.0 grant.

Grantees identified a number of key retention strategies, beginning with the use of screening processes to select committed participants. All grantees limited eligibility to low-income individuals or TANF recipients, but other eligibility requirements varied among Tribal HPOG 1.0 grantees. Each of the grantees developed screening processes to identify motivated, qualified participants, which ranged from submission of an essay describing their interest in healthcare or letters of recommendation to conducting interviews with prospective students. Grantees also focused on participant retention by utilizing strategies for participant accountability, such as having faculty provide attendance records to program coordinators. Some grantees employed retention counselors to monitor and reach out to participants who were struggling. Administrators, staff, and participants noted that supportive services and case management also aided in participant retention.

All of the grantees assessed participants’ needs for supportive services at intake and throughout their enrollment in the Tribal HPOG program, although processes for assessment and distribution of supportive services varied across grantees. All sites had designated staff to assess student needs and request supportive services, such as the program coordinator, case managers/support specialists, and mentors/advisors. Participants reported feeling comfortable discussing their needs with mentors and grantee staff.

To varying degrees, grantees also worked to create an atmosphere that welcomed and honored familial involvement. Families were encouraged to support and participate in their family member's education with Tribal HPOG. Some grantees also employed strategies to enable participants to better balance their academic and family obligations, while helping family members to understand the demands of the academic program and to form a supportive environment. These strategies often included inviting families to orientation, graduation, and other recognition ceremonies, as well as other events at the colleges, such as holiday meals and powwows. In addition, one grantee offered an orientation for families concurrent with student orientation, which informed families about the expectations for students and student experiences, such as increased stress during exams.

Outcomes: What outcomes did participants achieve? Was healthcare workforce capacity enhanced in native communities?

Over the five-year grant period, a total of 2,270 participants enrolled across the five Tribal HPOG 1.0 programs. At the time of intake, 41 percent of participants had an annual income of \$10,000 or less and 16 percent of the participants were TANF recipients. Of the 2,270 participants, 65.3 percent (1,468) completed one or more healthcare trainings. Of those, 433 participants (29.4 percent) enrolled in a second training program, and 238 participants (16.2 percent) completed the second training. CNA programs had the highest completion rate (76.6 percent completion rate) but were also among the shortest training programs offered. The programs with the lowest completion rates were Emergency Medical Technicians and Paramedics (24.8 percent completion rate), Pharmacy Technician (28 percent completion rate), and Diagnostic Related Technician (25 percent completion rate, though there were only four total enrollees in this program).

At HPOG program intake, 1,468 participants (65 percent) were unemployed. Almost half of the participants who were unemployed at intake found employment at some time after intake. Additionally, all of the occupations obtained by these participants had annual full-time equivalent earnings that exceeded the 2015 poverty level for a family of three in the contiguous 48 states and District of Columbia, with an average hourly wage of \$15.47, about \$32,000 a year. Grantees reported that most of the participants who became employed maintained their employment, and some were promoted to higher positions.

While many participants completed one or more training programs and found employment, grantees experienced

challenges that made it difficult to achieve intended program outcomes. For example, there were limited employment opportunities in the rural communities

“Taking people off welfare means not just a lot to that person but also to their kids. It sets an example and motivates them to be like their parent.”

–Tribal HPOG Program Staff

where some grantees were located. In some cases, employment opportunities existed outside of the local area, but many participants were unwilling or

unable to move for employment. Some factors that contributed to participants' desire to stay in their communities were the importance of family connectedness and the high costs of moving and living off the reservation.

Across all of the grantee sites, participants, program staff, and instructors reported being satisfied with the Tribal HPOG 1.0 Program. Many participants reported that the program boosted their self-esteem, allowed them to provide for their families, and improved their skills and employment opportunities so they no longer needed public assistance. Program staff members saw the positive effect that the program had on participants' ability to complete training and to set an example for their children. Local employers described the program as mutually beneficial because the participants gained experience at clinical sites and filled open positions when they graduated.

All five grantees reported feeling that they had successfully trained American Indian/Alaska Native (AI/AN) individuals to enter health professions to address local workforce needs. Grantees and local employers spoke to the importance of having skilled AI/AN healthcare providers serving and working directly with native people. Employers from each grantee area reported being pleased with the Tribal HPOG 1.0 graduates they hired.

TRIBAL HPOG 2.0

ACF awarded five Tribal HPOG 2.0 grants in September 2015 to 1) Cankdeska Cikana Community College, 2) Cook Inlet Tribal Council, Inc., 3) Great Plains Tribal Chairmen's Health Board (GPTCHB), 4) Turtle Mountain Community College, and 5) Ute Mountain Ute Tribe (UMUT). Of these, two are tribal colleges, one is a human service agency, one is a Tribe and one is a Tribal Health Board. Three of the five grantees (CCCC, CITC, and TMCC) are returning grantees that implemented programs under HPOG 1.0.

Tribal HPOG 2.0 Grantees

- Cankdeska Cikana Community College (CCCC)
 - ▶ Location: Fort Totten, ND (Benson County)
 - ▶ Project: Next Steps II
- Cook Inlet Tribal Council, Inc. (CITC)
 - ▶ Location: Anchorage, AK (Anchorage County)
 - ▶ Project: Cook Inlet Tribal Council Health Professions Opportunity Program
- Great Plains Tribal Chairmen's Health Board (GPTCHB)
 - ▶ Location: Rapid City, SD (Pennington County)
 - ▶ Project: Pathways to Healthcare Professions
- Turtle Mountain Community College (TMCC)
 - ▶ Location: Belcourt, ND (Rolette County)
 - ▶ Project: HEART Project (Health Education Access through Rural Training Project)
- Ute Mountain Ute Tribe (UMUT)
 - ▶ Location: Towaoc, Colorado (Montezuma County)
 - ▶ Project: HCUTE (Health-Care Ute Project)

The key components of the Tribal HPOG 2.0 programs are similar to the Tribal HPOG 1.0 programs. Tribal HPOG 2.0 programs offer academic programs organized around clearly defined career pathways to provide participants with skills in demand in the healthcare industry. Tribal HPOG 2.0 programs offer supportive services to participants to help them overcome barriers to employment.⁶ Tribal HPOG 2.0 grantees are required to form partnerships with a number of organizations in their community, including the state agency that administers the TANF program, local and state Workforce Investment Boards, and the state Apprenticeship Agency.⁷ Along with these key partners, Tribal HPOG 2.0 grantees have formed additional partnerships to implement their programs, including partnerships with colleges and universities, social service organizations, foundations, non-profit organizations, and healthcare employers.

TRIBAL HPOG 2.0 EVALUATION APPROACH

The Tribal HPOG 2.0 evaluation approach is grounded in community-based participatory research and is guided by the seven values outlined in the *Roadmap for Collaborative and Effective Evaluation in Tribal*

Communities, developed by the Child Welfare Research and Evaluation Tribal Workgroup.⁸ The tribal evaluation team is committed to putting these values into practice in order to sustain a respectful partnership with the tribal communities and a collaborative learning experience. The tribal evaluation team is collaborating with the Tribal HPOG 2.0 grantees and a Tribal HPOG 2.0 Technical Work Group (TWG) comprised of tribal evaluators and subject matter experts to ensure that the evaluation design is both culturally and scientifically rigorous. Additional information about the tribal evaluation team's approach to the evaluation is described in another Tribal HPOG 2.0 practice brief, *Principles to Guide Research with Tribal Communities: The Tribal HPOG 2.0 Evaluation in Action*.⁹

The tribal evaluation team is working closely with each grantee to learn about their communities, including each Tribe's unique history and culture. During the first year of the evaluation, the tribal evaluation team conducted phone calls and, when possible, in-person visits to build relationships with the new grantees and maintain relationships with returning grantees. These initial visits provided the evaluation team an opportunity to talk with staff and learn about their community and culture. Additionally, these visits and phone calls provided the opportunity to clarify information about the grantees' HPOG programs and gain their input into the evaluation design and data collection protocols to ensure that the evaluation is culturally responsive and relevant to the Tribe and community. Together the tribal evaluation team and each of the Tribal HPOG 2.0 grantees developed and agreed to Memorandums of Understanding (MOUs) to clearly define the roles and responsibilities of each organization and to outline the purpose and methods of the evaluation. As described in the MOUs, NORC will lead the evaluation and conduct annual site visits to each grantee; seek required Tribal approvals for the evaluation; provide technical assistance around evaluation activities; build local capacity on using data and findings to inform program decisions and promote performance improvement; and share findings with the grantees.

The grantees will provide input into the evaluation design, provide relevant documents to the evaluation

⁶ Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal College or University. (2015). Administration for Children and Families. Retrieved from https://ami.grantsolutions.gov/files/HHS-2015-ACF-OFA-FY-0952_0.htm

⁷ Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal College or University. (2015). Administration for Children and Families. Retrieved from

https://ami.grantsolutions.gov/files/HHS-2015-ACF-OFA-FY-0952_0.htm

⁸ Tribal Evaluation Workgroup. A Roadmap for Collaborative and Effective Evaluation in Tribal Communities. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. September 2013.

⁹ Principles to Guide Research with Tribal Communities: The Tribal HPOG 2.0 Evaluation in Action. (Forthcoming, 2017). Administration for Children and Families.

team, assist in planning the annual site visits, maintain data in the HPOG Participant Accomplishment and Grant Evaluation System (PAGES), obtain consent from participants for collecting and using PAGES data for the evaluation, and in some cases collect participant Social Security Numbers (SSNs). PAGES, the management information system for the HPOG 2.0 Program, is being used to monitor program performance and provide data for the evaluation. Data being collected includes participant demographics at intake; educational enrollment and completion; number and type of supportive services received; employment status at intake and after training; and changes to participant wages.

The tribal evaluation team also met with each grantee to discuss the opportunity to track long-term participant outcomes through the National Directory of New Hires (NDNH). Collection of SSNs in PAGES will enable the evaluation team to link to the NDNH, a national database of wage and employment information, including files on new hires, quarterly wages, and unemployment insurance. Four of the five tribal grantees plan to collect SSNs of some or all of their participants. When possible, the evaluation team will use the information in PAGES to link to NDNH to provide longer-term data on participant earnings and employment.

RESEARCH QUESTIONS

As with HPOG 1.0, the Tribal HPOG 2.0 evaluation will assess the structure, process, and outcomes of the grantees' programs. While the Tribal HPOG 2.0 evaluation will follow the same framework as the Tribal HPOG 1.0 evaluation, the tribal evaluation team has developed a revised set of research questions based on experience conducting the Tribal HPOG 1.0 evaluation. Research questions have been reviewed by ACF, the TWG members, and the Tribal HPOG 2.0 grantees.

Below are the key research questions. Some of the research questions align with the implementation evaluation that is being conducted as part of the National HPOG 2.0 evaluation, allowing for a set of key implementation questions across both evaluations. The questions that align with both evaluations are highlighted in bold and italics.

RESEARCH QUESTIONS

Structures

- In what ways was the program designed or modified for Tribal organizations?
- ***To what degree do the HPOG programs conform to the career pathways framework? What are the pathways?***
- ***What changes to the service delivery system are associated with program implementation?***

Process

- ***How are health professions training programs being implemented across the grantee sites?***
- ***What occupational training opportunities are available to HPOG participants? What is the nature of pre-training, supportive services, job placement and retention services?***
- ***Which program components do stakeholders believe to be the most effective in improving outcomes?***

Outcomes

- ***What are the individual-level outputs and outcomes for participants in the Tribal HPOG 2.0 programs?***
- Do some programs or program components appear to be associated with positive outputs and outcomes for tribal populations? If so, what are the hypothesized reasons for differences between outcomes?
- Do different program models, strategies, or components appear to lead to different outcomes for participants?
- Is there evidence that participation in the program is positively associated with successful employment and work force capacity building outcomes?

DATA COLLECTION AND ANALYSIS

To conduct a comprehensive evaluation, the tribal evaluation team will use multiple sources of data for the process and outcome evaluation including:

- document reviews, (e.g., grant applications, program recruitment materials, brochures, organizational policies);
- curricula reviews;
- semi-structured in-person and telephone interviews with grantee and partner administrative staff, program implementation staff, and local employers;
- focus groups and follow-up interviews with program participants, including program completers and non-completers;
- participant-level and grantee-level data collected through PAGES; and
- linkage of wage and employment information through NDNH where possible.

The majority of the qualitative data collection will occur during annual grantee site visits.¹⁰ The tribal evaluation team discussed and reviewed the interview and focus group protocols with the five Tribal HPOG 2.0 grantees and the TWG. Grantees and TWG members provided feedback on the cultural responsiveness of the protocols and suggested additional questions that would be of value to the program or their organization.

Through interviews with the grantee and partner administrative staff, the tribal evaluation team will gain insight on high-level program strategies, program development and evidence that informed the design of the program, the program structure, and lessons learned. Partners may include public and private healthcare employers; education and training organizations; community-based organizations; labor organizations; and state or local foundations that provide services to AI/AN populations.

Interviews with program implementation staff will focus on program processes, such as recruitment, screening, orientation, retention, and supportive services. In Tribal HPOG 1.0, some grantees experienced staff turnover during the five-year grant program, with some grantees filling vacant positions with other staff members, and others needing to hire new staff (which often took significant time). In Tribal HPOG 2.0, the evaluation team will document and track staff turnover and its effect on program implementation and identify approaches taken to support stability and continuity in programming when staff turnover occurs.

Interviews with local and regional employers will capture their general impressions of program graduates, their degree of awareness of the Tribal HPOG program in their communities, and their views on the extent to which Tribal HPOG programs are facilitating the creation of a workforce that is equipped to meet the demands of the current healthcare needs of AI/AN communities.

Finally, through focus groups and follow-up interviews with program participants, the tribal evaluation team will learn first-hand about participants' experiences with various aspects of the Tribal HPOG 2.0 programs. The evaluation team will conduct focus groups with current students to assess participants' perceptions of program design and processes, quality of instruction, their professional goals, and satisfaction with the program. The team will also conduct interviews with participants who completed training programs (completers) and participants who did not complete a training program (non-completers). Completer interviews will assess

employment status and perceptions of program design and processes; quality of instruction; participant educational attainment; and participant employment readiness. Non-completer interviews will assess reasons for leaving the program; challenges experienced; elements of the program that interviewees felt were effective or non-effective; short-term outcomes; and future plans.

LESSONS LEARNED FROM THE TRIBAL HPOG 1.0 EVALUATION

The tribal evaluation team's experience conducting the Tribal HPOG 1.0 evaluation informed the design and approach for the Tribal HPOG 2.0 evaluation. Several aspects of the Tribal HPOG 1.0 evaluation approach worked well and thus the tribal evaluation team is using a similar approach for Tribal HPOG 2.0. Additionally, new approaches or methods were proposed based on lessons learned from the Tribal HPOG 1.0 evaluation. A number of evaluation approaches and activities build on experiences from Tribal HPOG 1.0:

Grantee Engagement. Extensive engagement with the grantees from the beginning of the Tribal HPOG 1.0 evaluation helped to foster strong, positive relationships that facilitated communication with grantees and implementation of the evaluation. Given the benefits from this engagement, the tribal evaluation team has continued to focus on early relationship building with Tribal HPOG 2.0 grantees. Additionally, this aligns with the approach described in the *Roadmap for Collaborative and Effective Evaluation in Tribal Communities*. Because three of the Tribal HPOG 2.0 grantees are returning grantees from Tribal HPOG 1.0, the tribal evaluation team was able to leverage existing relationships with staff at these grantee organizations. The tribal evaluation team conducted phone calls and initial visits during the first year of the evaluation¹¹, which allowed for further relationship building and provided an opportunity to learn about the grantee programs and communities.

Development of research questions. The Tribal HPOG 2.0 evaluation uses a similar framework as the Tribal HPOG 1.0 evaluation; however, research questions have been modified or added based on experience from the Tribal HPOG 1.0 evaluation as well as input from ACF, the TWG members, and the Tribal HPOG 2.0 grantees. For example, the Tribal HPOG 1.0 evaluation found that there were limited opportunities for employment in the rural communities where some

¹⁰ Data collection activities are pending approval from the Office of Management and Budget (OMB).

¹¹ No data collection occurred during initial visits.

grantees were located, and many participants were unwilling or unable to move for employment given the importance of family connectedness and the high costs of moving and living off the reservation. Therefore, questions were added to assess whether grantees are offering supportive services to address these barriers. Additionally, questions have been added to assess additional measures of success beyond employment, such as increased life skills, self-esteem, and changes in optimism for the future.

Changes to data collection methods. In the Tribal HPOG 1.0 evaluation, it was challenging to recruit and conduct follow-up interviews with participants, particularly program non-completers, due to temporary phone plans expiring, scheduling conflicts, and interviewees not showing up for scheduled interviews. Methods of outreach included obtaining participant contact information from grantee staff and calling to schedule phone interviews after the site visit. After discussing this challenge with the Tribal HPOG 2.0 TWG and grantees, the evaluation team is revising its approach by working with the program staff to recruit and schedule participants for interviews prior to the annual site visit so that they can be conducted in-person while the evaluation team is on site. Grantee staff often have close relationships with the participants and can help to make the connection with the evaluation team. Making recruitment of participants a more collaborative and personalized effort should help with gaining participant cooperation so that the tribal evaluation team can capture participants' experiences more effectively.

Continued technical assistance for PAGES data. During Tribal HPOG 1.0, the tribal evaluation team dedicated time during annual site visits to review program data with the grantees to ensure that data accurately captured the number of students who enrolled, completed, and are employed. These sessions were helpful to identify any issues with data quality, completeness, and consistency that needed to be resolved. Therefore, the tribal evaluation team will continue to conduct data review sessions during site visits for the Tribal HPOG 2.0 evaluation. In addition, the tribal evaluation team will work with grantees to ensure that they have received the necessary guidance and technical assistance from the PAGES Support team related to entering data and the use of the PAGES system. For the Tribal HPOG 2.0 evaluation, the tribal evaluation team will also provide technical assistance related to building grantees' capacity to understand and apply their data. Additional technical assistance will be provided to build local evaluation capacity based on the needs and interests of grantees.

Enhanced coordination with the National Evaluation team and PAGES Support team. For HPOG 2.0, the tribal evaluation team is part of the larger HPOG 2.0 evaluation team, part of one contract for the National and Tribal HPOG 2.0 Evaluations. The new organizational structure for the evaluation teams has enabled enhanced coordination across the evaluations on the research questions and evaluation activities and procedures. Secondly, under HPOG 2.0 the tribal evaluation team has access to PAGES from the start of the evaluation, which will enable the tribal evaluation team to utilize the systems' reporting tools and review program data on a regular basis. In addition, the PAGES Support team and the tribal evaluation team will be working together to monitor data quality issues and provide technical assistance to the grantees throughout the course of the evaluation.

Use of new data sources. For the Tribal HPOG 2.0 evaluation, several of the tribal grantees will collect participant SSNs, which will provide an opportunity for the evaluation team to link participants to the NDNH data. When possible to link participants, NDNH will provide longer-term data on participant earnings and employment to enable analysis of employment over time and the extent to which earnings have changed. The inclusion of NDNH data in the Tribal HPOG 2.0 evaluation is important given the career pathways framework implemented by the Tribal HPOG 2.0 programs. Because the career pathways approach takes time as participants continue to advance in training and employment opportunities, it is expected that programs may not see changes in employment and earning outcomes in the short-term. The use of NDNH data provides an opportunity to examine long-term employment and earnings outcomes.

Opportunity to participate in a Randomized Control Trial. The non-Tribal HPOG 2.0 grantees are participating in an impact evaluation involving random assignment of individual participants and/or program components. In demonstration of ACF's commitment to tribal self-determination and to provide the opportunity for sites to access enhanced data, all Tribal HPOG 2.0 grantees were given the option to participate in a randomized controlled trial, which would allow the evaluation to assess program impacts by comparing participant outcomes to a control group. During initial calls with grantees, the tribal evaluation team provided an overview of randomized controlled trials, explained the benefits of random assignment, and responded to questions and concerns posed by the grantees. Ultimately, none of the tribal grantees decided to participate in a randomized controlled trial given the requirements for implementation of random assignment

and the desire to serve as many individuals as possible within their communities. From an evaluation perspective, random assignment may have proven challenging given the projected number of participants and the size of the population in grantee communities. However, it was important to discuss these tradeoffs with the Tribal grantees and ensure common understanding of the strengths and limitations of the Tribal HPOG 2.0 evaluation.

NEXT STEPS FOR TRIBAL HPOG 2.0 EVALUATION

The tribal evaluation team anticipates starting data collection and analysis activities for the Tribal HPOG 2.0 Evaluation in 2017, with the activities continuing through 2020. The tribal evaluation team will prepare a variety of reports, including annual site visit reports and practice briefs, to share findings from the evaluation. The team will also prepare a final report in 2021 that synthesizes findings from the five-year evaluation. The tribal evaluation team will develop all reports in collaboration with Tribal HPOG 2.0 grantees to ensure both accuracy and usefulness at the community level.

The Tribal HPOG 1.0 evaluation resulted in a wealth of information about the implementation and outcomes of the Tribal HPOG 1.0 programs, contributing to ACF's career pathways research portfolio and informing ACF's administration of the Tribal HPOG program and other workforce development programs in tribal and rural communities. Drawing on the experiences with Tribal HPOG 1.0, the tribal evaluation team is designing an implementation and outcome evaluation for Tribal HPOG 2.0. Cultural responsiveness continues to be a key component of the evaluation, with added emphasis on applying the values described in the *Roadmap for Collaborative and Effective Evaluation in Tribal Communities*.

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