The Health Profession Opportunity Grants (HPOG) Program supports demonstration projects that provide Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals with the opportunity to obtain education and training in healthcare professions. In 2010, the Administration for Children and Families (ACF) awarded the first round of HPOG grants, referred to as HPOG 1.0, to 32 organizations, including five Tribal organizations. In September 2015, ACF awarded a second round of HPOG grants, referred to as HPOG 2.0, to 32 organizations, again including five Tribal organizations. The five Tribal HPOG 2.0 grantees are Cankdeska Cikana Community College (CCCC), Cook Inlet Tribal Council, Inc. (CITC), Great Plains Tribal Leaders Health Board (GPTLHB), Turtle Mountain Community College (TMCC), and Ute Mountain Ute Tribe (UMUT).

Within each grantee institution, the HPOG 2.0 program was administered by an organizational department focused on employment training or education. One grantee, a tribal college, delivered all but one of its training programs in-house. Four grantee institutions offered few or no healthcare training programs themselves, so to implement their programs, these grantees formed partnerships with a variety of training providers, including academic institutions and workforce development organizations, to deliver healthcare training across their service areas.

This practice brief is the sixth in a series developed by the Tribal HPOG 2.0 evaluation team. These briefs disseminate important lessons learned and findings from the Evaluation of the Tribal Health Profession Opportunity Grants (HPOG) 2.0 Program, which is sponsored by the Office of Planning, Research, and Evaluation within the Administration for Children and Families (ACF). The Tribal HPOG 2.0 Program supports demonstration projects that provide eligible individuals with the opportunity to obtain training and education for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand. This practice brief highlights key findings from the Final Report of the five-year evaluation of the Tribal HPOG 2.0 Program.

1 HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). The second round of grant awards has been extended until September 29, 2021.

2 In 2020, the conditions for HPOG implementation differed significantly from previous years as a result of the COVID-19 pandemic and emergency orders implemented by state, local, and Tribal leaders to address the pandemic. As a result, the Tribal HPOG 2.0 grantees adjusted their operations. A detailed description of the effects of the COVID-19 pandemic can be found in a separate Practice Brief, Responding to the COVID-19 Pandemic: Tribal HPOG 2.0 Grantees’ Program Adaptations.
Partnerships were essential to program implementation. Partners had several key roles in implementation. They provided training, referred participants to HPOG, and served as partners for students to complete clinical practicums and internships. The number and type of partners with which each grantee worked varied, depending on whether the grantee institution offered healthcare training programs and the size of their HPOG service area (as noted in Figure 1). Partnerships were both formal (e.g., defined by a Memorandum of Understanding) and informal (e.g., grantee and partner staff established communication channels to share information about training and work-readiness opportunities). Employer engagement was a major focus of the program. Grantee staff and institutional leaders built relationships with employers and worked with healthcare facilities in their region to better understand workforce needs and establish communication channels with employers.

**Figure 1. Tribal HPOG 2.0 Grantees**

<table>
<thead>
<tr>
<th>Grantee Name and HPOG Program Name</th>
<th>HPOG 1.0 Grantee</th>
<th>Location</th>
<th>Organization Type</th>
<th>HPOG Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cankdeska Cikana Community College (CCCC)—Next Steps II</td>
<td>Yes</td>
<td>Fort Totten, ND, on the Spirit Lake Reservation</td>
<td>Tribal Land Grant College chartered in 1974</td>
<td>State of North Dakota</td>
</tr>
<tr>
<td>Cook Inlet Tribal Council, Inc. (CITC) — CITC HPOG Program</td>
<td>Yes</td>
<td>Anchorage, AK</td>
<td>A Tribal nonprofit social service organization, serving American Indian and Alaska Native (AI/AN) people within the Cook Inlet Region of Alaska</td>
<td>Municipality of Anchorage, Eagle River, Chugiak, and the Matanuska-Susitna (Mat-Su) Valley</td>
</tr>
<tr>
<td>Great Plains Tribal Leaders Health Board (GPTLHB)* — Pathways to Health Professions</td>
<td>No</td>
<td>Rapid City, SD</td>
<td>A nonprofit organization representing 18 Tribes and Tribal communities in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa</td>
<td>Urban sites, rural areas, and reservations across western South Dakota and northern Nebraska</td>
</tr>
<tr>
<td>Turtle Mountain Community College (TMCC) —HEART Project (Health Education Access through Rural Training)</td>
<td>Yes</td>
<td>Belcourt, ND, on the Turtle Mountain Chippewa Reservation</td>
<td>Tribal Land Grant College chartered in 1972</td>
<td>Turtle Mountain Reservation and surrounding Rolette County, North Dakota</td>
</tr>
<tr>
<td>Ute Mountain Ute Tribe (UMUT) — Health-Care UTE Project (HCUTE)</td>
<td>No</td>
<td>Towaoc, CO</td>
<td>A reservation-based Tribe located in the southwest corner of Colorado, with reservation lands extending into Utah and New Mexico</td>
<td>Ute Mountain Ute and White Mesa Reservations, in Montezuma County, Colorado, and in the municipalities of Blanding, Utah; Ignacio, Colorado; and Farmington, New Mexico</td>
</tr>
</tbody>
</table>

*Great Plains Tribal Leaders Health Board was known as Great Plains Tribal Chairman’s Health Board until September 2020.*
This practice brief highlights key findings from the Final Report of the five-year evaluation of the Tribal HPOG 2.0 Program.\(^3\) This brief describes how the Tribal HPOG 2.0 grantees implemented the career pathways framework for their HPOG programs. It also provides an overview of program and participant outcomes from the five-year evaluation. See the “About the Evaluation” section at the end of this brief for more information about the methodology for the Tribal HPOG 2.0 evaluation.

ESTABLISHING AND IMPLEMENTING CAREER PATHWAYS

Career Pathways Framework and Healthcare Training Programs

The Tribal HPOG 2.0 Program used the career pathways framework, a model that provides students with a clear and sequential approach to training and acquiring credentials within their field of interest.\(^4\) This framework structures postsecondary education in a set of manageable steps, for example, starting with basic bridge programs, moving into short-term certificate programs, then from one- to two-year certificate into associate’s degree programs, and ending with bachelor’s-level education or above. The HPOG 2.0 grantees designed their education and training programs in response to local workforce needs, taking into consideration anticipated labor shortages or areas of high demand, including nursing and allied health.

All grantees offered training programs along five career pathways to varying degrees. These career pathways include nursing, emergency response, phlebotomy-medical lab technician, health administration, and health and fitness. All grantees offered courses along the nursing career pathway and four grantees offered the emergency medical response pathway. One grantee developed career pathways in Phlebotomy-Medical Lab Technician, Health Administration, and Health and Fitness. Other grantees offered courses along these pathways but did not offer options for participants to complete successive trainings in these areas. Grantees also offered other certificate and degree programs in a wide range of healthcare fields, such as Medical Billing and Coding, Pharmacy Technician, and Healthcare Social Work.

Healthcare training programs combined classroom instruction with work experience, which prepared students for certification and employment. Instructors led students through classroom-based curriculum and laboratory work, which was supplemented by hands-on clinical practicums or internships. After completing classroom and clinical hours, many programs required a state or national exam for certification or licensing. Across grantee sites, students emphasized

\[\text{“I feel like I’m ready to jump into a job, and I have a lot of experience with working in the hospitals and nursing homes. I have seen a lot of procedures.”}\]

– HPOG participant

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\(^3\) All Tribal HPOG 2.0 evaluation reports and briefs, including the final report, can be found at: [https://www.acf.hhs.gov/opre/project/tribal-evaluation-2nd-generation-health-profession-opportunity-grants-tribal-hpog-20](https://www.acf.hhs.gov/opre/project/tribal-evaluation-2nd-generation-health-profession-opportunity-grants-tribal-hpog-20)

the importance of their clinical experiences in preparing them for their certification exams and subsequent employment experiences.

Grantees and training providers had flexibility in designing tailored, short-term training programs. All of the grantees offered CNA training but used different schedules and structures (e.g., classroom instruction might be scheduled for weekends or evenings instead of daytime). This approach gave participants the flexibility to select programs that worked best for their schedules. Across grantees, CNA trainings ranged from four to eight weeks in length and had different requirements for classroom and clinical hours. Four grantees worked with multiple training partners; one grantee offered CNA training in-house.

**Eligibility, Recruitment, and Orientation**

The HPOG 2.0 Program is designed to provide education and training for TANF recipients and other low-income individuals. Each grantee defined the target population and eligibility thresholds for their program. All of the grantees prioritized TANF recipients, aligning with the authorizing legislation for HPOG and the HPOG 2.0 Program guidance. Additionally, all of the Tribal grantees emphasized American Indian/Alaska Native (AI/AN) individuals as the population of focus, though non-native individuals were also eligible to enroll. Grantees defined low-income for eligibility purposes in different ways, typically defined as a percentage of the federal poverty threshold (e.g., up to 200% of the federal poverty threshold).

The grantees used a variety of methods to recruit participants for their programs, including advertising campaigns, social media, outreach events at schools, and community events. Word of mouth was one of the primary recruitment tools. Referrals from partner agencies were another important component of recruitment, including TANF agencies, workforce development organizations, or academic partners.

All grantees implemented an application process for prospective participants. Grantees assessed eligibility first (i.e., confirming if the prospective participant met the income eligibility requirements and resided in the grantee’s service area). If the individual qualified, then the grantee worked with the applicant to complete the application and submit supporting materials. Grantees also developed screening processes to assess participants’ commitment to healthcare training and academic readiness for training programs. Once accepted into the HPOG program, participants were oriented to the grantees’ programs in different ways. Two grantees used group orientation. The other three grantees used one-on-one orientation. Generally, during orientation, grantee staff provided participants with an overview of the program, defined expectations, and answered questions.

**Assessing Participant Needs and Participant Retention**

All grantees assessed participant needs and goals at program intake and on an informal basis throughout a participant’s time in the program. During initial meetings, HPOG program staff and participants discussed strengths and potential barriers to completing training. Together they identified what supports would be most helpful for each participant to address those barriers and challenges.

"[The student coach] told me if I ever needed help they provide tutors. For any questions I needed answers to, I reached out through text, email, phone. She wasn’t too far away, she was helpful.”

– HPOG participant
At each grantee site, program staff established protocols for communication with participants (e.g., weekly check-ins). Staff used those meetings to monitor participants’ progress and assess changes in participants’ needs during their time in the program.

Grantees used multiple strategies to support student retention. The most common strategy was regular communication between program staff and participants to keep participants engaged. Grantees also identified trends and developed policies to improve retention in training programs. For example, one grantee observed low attendance rates for an entry-level training and developed incentives to improve retention in the program.

**Academic and Non-academic Supports Offered by Grantees**

All grantees offered a variety of academic and non-academic supports to participants. Academic supports included financial support for tuition and training-related needs, as well as academic advising, tutoring, and mentoring to help participants prepare for and complete training. Non-academic supports included personal supports such as transportation assistance, food assistance, childcare assistance, and emergency assistance, as well as employment assistance supports such as job search assistance, job placement assistance, and job retention services.

More than three-quarters of participants received academic advising (77 percent) and training-related cost assistance, such as books, scrubs, or other supplies (81 percent). Nearly three-quarters received case management services (73 percent). For personal support services, which are designed to provide wrap-around support, just under half of the participants (45 percent) received transportation assistance and nearly a third (32 percent) received non-emergency food assistance. Under the category of employment assistance supports, 29 percent of participants engaged in job search assistance. Across grantees, staff, partners, and participants emphasized that HPOG supports helped students complete their programs.

"The financial help they offered ... helped me focus on school and advancing my career, not having to worry how to put food on the table, or daycare, or 'I can't work anymore because what am I going to do with my kid.' It really helped in that aspect."

– HPOG participant

**PROGRAM AND PARTICIPANT OUTCOMES**

More than 2,600 participants enrolled in Tribal HPOG 2.0; of them, 63 percent (1,681) consented to participate in the evaluation. Data in this brief reflects only those who consented to participate in the evaluation. Quantitative data comes from the HPOG 2.0 Participant Accomplishment and Grant Evaluation System (PAGES), a management information system used by all HPOG 2.0 grantees to record participant characteristics, engagement in programs, and training and employment outcomes. All analyses of PAGES data report participant outcomes as of February 2, 2021.
Participant Characteristics

Tribal HPOG 2.0 participants were primarily low-income women in their 20s and 30s, many of whom had dependent children. Most participants identified as AI/AN (61 percent); 14 percent identified as two or more races, and 13 percent as White or Caucasian. Almost all participants (87 percent) had a high school diploma at enrollment and nearly 40 percent had some college experience. At enrollment, more than three quarters of participants (76 percent) had annual household incomes of less than $20,000. Approximately 60 percent of participant households were receiving at least one public benefit at enrollment (e.g., TANF, Supplemental Nutrition Assistance Program, Free and Reduced-Price School Lunch, etc.), with 16 percent of participants receiving TANF.

Healthcare Training

Across the five grantees, over half of all participants (857) enrolled in a Nursing Assistant training. Over 100 participants enrolled in each of the following trainings: Personal Care Aides, Medication Technician/Aide, Licensed Practical Nurse (LPN), and Registered Nurse (RN). Emergency Medical Technician (EMT) and Medical Administrative Assistant programs had 98 and 96 participants enrolled, respectively. Many training programs had 50 or fewer participants enrolled. These programs included Substance Abuse and Behavior Disorder Counselors, Phlebotomists and Medical Lab Technicians, Medical Assistants, Healthcare Social Workers, and Medical Billing and Coding, among others.

Educational Pathways

Figure 2 shows the educational pathways for the 1,681 participants who consented to participate in the evaluation. The majority (69 percent) completed at least one healthcare training. Of those 69 percent of participants, 74 percent completed one training and 26 percent completed one training and enrolled in a second training. Thirty-one percent of participants did not complete a training. Of that 31 percent, 46 percent did not enroll in healthcare training, 44 percent did not pass or dropped out of training, and 9 percent are still enrolled in training. Participants who did not complete training noted family obligations, health concerns, and balancing work and schooling as reasons for non-completion.

A limited number of participants completed a training and enrolled in another training at a higher career pathways level. Of the 1,167 participants who completed one training, 10 percent enrolled in a second training at a higher level. Another 16 percent of the participants who completed one training enrolled in a second training at the same or lower career pathways level, such as participants who completed a CNA training and enrolled in a Certified Medication Aide training. In both groups, 80 percent of those participants completed their second training.

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5 This designates whether the healthcare occupational training activity is at the entry-level, mid-level, or high-level of a career pathway. A general guide for these levels is as follows: entry-level training is for occupations with average wages less than $15 an hour; mid-level for occupations with average wages greater than $15 but less than $25 an hour; and high-level for occupations with average wages greater than $25 an hour. This is the definition used in PAGES; grantees used this definition to categorize their trainings in PAGES.

6 Medication Aide is often taken as an add-on course for CNAs to help increase earning potential. This is particularly common among participants at GPTLHB and TMCC.
Employment

Forty-two percent of participants obtained employment after enrollment in Tribal HPOG 2.0. The majority of participants who obtained employment worked in a healthcare occupation (93 percent). Of the 655 participants that were employed in a healthcare occupation, 51 percent earned $15 or more per hour, and 58 percent worked 35 hours or more per week. Figure 3 summarizes the most recent employment data available (as of February 2, 2021) for Tribal HPOG 2.0 participant wages and total hours worked per week.

Employment is reported by the Standard Occupational Classification (SOC) system. Federal statistical agencies use the SOC system to classify workers and jobs into occupational categories. The SOC system covers all jobs in the U.S. economy, including occupations in the public, private, and military, classifying them into a tiered system of four levels, ranging from major groups to detailed occupation sectors. Employment included in this analysis includes jobs classified as healthcare occupations.

We report on employment outcomes as documented by grantee staff in PAGES. It is important to note that it is possible that participants may not have provided information about their most recent employment. The grantees attempted to collect information in PAGES about employment obtained by participants following their participation in the program. They reported that it was challenging to connect with participants once they completed their training and they were not able to collect employment information on all participants.

“I am able to provide for my family, I’m more independent and feel like I am able to support my family better than before.”

– HPOG participant

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8 We report on employment outcomes as documented by grantee staff in PAGES. It is important to note that it is possible that participants may not have provided information about their most recent employment. The grantees attempted to collect information in PAGES about employment obtained by participants following their participation in the program. They reported that it was challenging to connect with participants once they completed their training and they were not able to collect employment information on all participants.
**Figure 3: Number and Percentage of Tribal HPOG 2.0 Participants Employed in Healthcare After Enrollment, 2015-2020 (N = 655)**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Employed in healthcare occupation (N=655)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$14.99 or less</td>
<td>247</td>
<td>38</td>
</tr>
<tr>
<td>$15.00 or more</td>
<td>334</td>
<td>51</td>
</tr>
<tr>
<td>Missing</td>
<td>74</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>655</td>
<td>100</td>
</tr>
<tr>
<td>Hours Worked per Week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 20 hours</td>
<td>92</td>
<td>14</td>
</tr>
<tr>
<td>20–34 hours</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>35 hours or more</td>
<td>382</td>
<td>58</td>
</tr>
<tr>
<td>Missing</td>
<td>94</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>655</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: PAGES. Participants enrolled between October 1, 2015 and September 30, 2020. N = 655 participants who consented to provide evaluation data and were employed in healthcare after HPOG enrollment. Based on the most recent available employment data as of February 2, 2021. Percentages are of participants with data. Percentages may not total 100 due to rounding.

Most Tribal HPOG 2.0 participants that were employed in healthcare worked in occupations that provide hands-on, direct patient care (76 percent). These occupations included nursing, psychiatric, and home health aides; personal care aides; LPNs; and RNs. The majority of these participants (56 percent) obtained employment in the entry-level occupational category of nursing, psychiatric, and home health aides. This category includes occupations such as nursing assistants, home health aides, and medication technician/aides. About 20 percent of the participants that were employed in healthcare were employed as personal care aides, LPNs, and RNs. Between one and five percent of participants employed in healthcare worked in other healthcare occupations. These occupations included medical administrative functions, paramedics and EMTs, dental and medical assistants, among others.

**Staff, Partner, and Participant Satisfaction**

Employers, partners, grantee staff, and participants expressed broad appreciation for the Tribal HPOG 2.0 grant programs and described the value of these programs for participants and their communities. Employers appreciated having mutually beneficial relationships with the grantees. Partners described their appreciation for grantee staff and recognized HPOG programs as important for individual participants as well as the larger community. Staff from all five grantees expressed pride and satisfaction in their work, recognizing that their programs helped many participants identify and achieve their education and employment goals. Participants expressed overall satisfaction with the HPOG 2.0 program and reported grantee staff and

“Before college I was barely scraping by, sometimes I only had $5. This is the first time I’ve felt secure. I used to be very introverted. I went from hiding from the world to wanting to be part of society.”

– HPOG participant
instructors provided encouragement and made them feel empowered. Participants also shared that participation in the HPOG program affected their lives in transformative ways, particularly by helping attain financial stability for them and their families.

**CONCLUSION**

The Tribal HPOG 2.0 grantees were largely successful in designing and implementing career pathways programs to train low-income individuals for jobs in the healthcare industry. Grantees structured their programs to offer multiple access points to training, where participants could enter, exit, and re-enter a career pathway at different steps, depending on their prior education, employment goals, personal circumstances, and local conditions for healthcare employment. Most participants completed at least one entry-level healthcare training, and many enrolled in a second training. Few participants, however, followed a defined career pathway by completing a lower-level training and then enrolling in a higher-level training. Some participants enrolled in HPOG but did not enroll in healthcare training, while others did not complete training. Non-completers indicated reasons for non-completion, including family obligations, health concerns, and balancing work and schooling.

Grantees provided case management and supportive services, such as tutoring, transportation, and food assistance, to encourage training program retention and completion, which participants found to be helpful. Grantees engaged employers to support work-readiness activities through clinical practicums and internships, and job search assistance.

The majority of participants who obtained employment after enrollment worked in a healthcare occupation. Most worked in occupations that provided direct patient care, such as nursing assistants, medication technician/aides, LPNs, and RNs. As we learned from participants, many began or continued their education and employment journey in healthcare, and many realized their goals through HPOG 2.0.
ABOUT THE TRIBAL HPOG 2.0 EVALUATION

From 2015-2020, NORC at the University of Chicago conducted an implementation and outcome evaluation of the Tribal HPOG 2.0 Program to examine program implementation and participant outcomes. The evaluation was grounded in a community-based, participatory research approach, guided by the principles and values described in the Roadmap for Collaborative and Effective Evaluation in Tribal Communities:¹ The evaluation team engaged with the grantees over the five-year period in multiple ways. In the first year, we worked closely with the grantees to design the evaluation, develop the data collection and reporting protocols, and obtain necessary approvals. In the subsequent years, we carried out this work as outlined in MOUs and with the approval of Tribal IRBs and research review boards. To develop and maintain relationships with each grantee, designated members of the evaluation team collected qualitative data during four annual site visits to the Tribal HPOG 2.0 grantees. We conducted focus groups with participants and interviews with grantee and partner administrative staff, program implementation staff, employers, and Tribal HPOG 2.0 participants who completed training as well as those who did not complete training. As the final year of data collection occurred during the COVID-19 pandemic, we conducted the final site visits remotely with four of the grantees. Quantitative data comes from the HPOG 2.0 Participant Accomplishment and Grant Evaluation System (PAGES), a management information system used by all HPOG 2.0 grantees to record participant characteristics, engagement in programs, and training and employment outcomes. More than 2,600 participants enrolled in Tribal HPOG 2.0; of them, 63 percent (1,681) consented to participate in the evaluation. Data in this brief reflects only those who consented to participate in the evaluation. All analyses of PAGES data report participant outcomes as of February 2, 2021.

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