



Higher Education & Workforce Development in Tribal Communities & the Role of Tribal HPOG

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This practice brief is part of a series being developed by the Tribal HPOG evaluation team, comprised of NORC at the University of Chicago, Red Star Innovations and the National Indian Health Board (NIHB). The briefs will be used to disseminate important lessons learned and findings from the Evaluation of the Tribal Health Profession Opportunity Grants (HPOG) program, which is sponsored by the Office of Planning, Research and Evaluation (OPRE) within the Administration for Children and Families (ACF). The HPOG program was established by the Affordable Care Act (ACA) to support 32 demonstration projects, including 5 Tribal Organizations and Colleges, to train Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals as healthcare professionals. The Tribal HPOG program aims to meet local healthcare demands by increasing the number of well-trained health professionals in tribal communities. The program uses a career pathways approach where students advance through related trainings that build on each other to deepen students' healthcare knowledge and skills. This practice brief presents an overview of post-secondary education in tribal communities, including background about Tribal Colleges and Universities (TCUs); describes the economic status and employment rates of American Indians/Alaska Natives; provides data on American Indian/Alaska Native representation in healthcare professions, and discusses the benefits of greater diversity in the healthcare workforce; describes tribal educational opportunities and pipeline programs; and illustrates how the Tribal HPOG program is helping to bridge gaps by providing opportunities for native education, training, and employment.

National shortages in the health workforce¹ coupled with growing demands for healthcare have prompted action to develop and sustain a health workforce that meets high standards for education, certification, and professional development. To meet these critical needs, the Health Profession Opportunity Grants (HPOG) program provides education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand. Established by the Affordable Care Act (ACA) and administered by the Administration for Children and Families (ACF) Office of Family Assistance (OFA), the HPOG program has made grant awards to 32 five-year demonstration projects across 23 states. Of the 32 demonstration projects, five were awarded to Tribal Organizations and Tribal Colleges -- Blackfeet Community College (Browning, MT), Cankdeska Cikana Community College (Fort Totten, ND), College of Menominee Nation (Keshena, WI), Cook Inlet Tribal Council, Inc. (Anchorage, AK), and Turtle Mountain Community College (Belcourt, ND).

Tribal HPOG 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*

¹ Health Resources and Services Administration – HRSA, Bureau of Health Professionals; October 4, 2011.

The Tribal HPOG grantees' programs aim to integrate health professions training programs with culturally-informed models of learning and practice, such as cooperative learning and mentoring, to nurture and educate individuals from American Indian/Alaska Native (AI/AN) communities into healthcare professions. The Tribal HPOG program aims to meet local healthcare demands by increasing the number of well-trained health professionals in AI/AN communities. NORC at the University of Chicago has collaborated with AI/AN organizational partners at the National Indian Health Board (NIHB) and Red Star Innovations, LLC, to conduct a culturally responsive evaluation of the Tribal HPOG program.

This practice brief presents an overview of post-secondary education in AI/AN communities; describes the economic status and employment rates of AI/ANs; provides data on AI/AN representation in healthcare professions; discusses the benefits of greater diversity in the healthcare workforce; describes tribal educational opportunities and pipeline programs; and illustrates how the Tribal HPOG program is helping to address workforce shortages by providing opportunities for AI/AN education, training, and employment.

POST-SECONDARY EDUCATION IN AI/AN COMMUNITIES: CHALLENGES AND OPPORTUNITIES

AI/AN students have attended traditional American colleges and universities for over 350 years; however, many AI/AN students have struggled to find their place due to conflicting cultural values and norms of post-secondary institutions.² Given their focus on religion, assimilation, and acculturation of AI/AN students, American colleges often did not meet the needs of AI/AN students (e.g., adequate academic preparation, clear educational and vocational goals, financial resources, and assistance adapting to and navigating college environments).^{3,4,5,6} Several factors (e.g., discrimination, racism, isolation and distance from home reservations) have contributed to low rates of participation in institutions of higher

education and high dropout rates among AI/AN students.^{7,8} AI/AN students' involuntary experiences with boarding schools, which proliferated during the 1800s and throughout the past century, led to skepticism and distrust of traditional American educational institutions, further contributing to the lower rates of participation in higher education.^{9,10} Low performance on indicators typically considered to be markers of college success by American college admissions officers (e.g., grade point average, SAT scores, and completion of a college preparation curriculum) has been an additional impediment to AI/AN students achieving a higher education.¹¹

Since the 1960s, tribes have developed Tribal Colleges and Universities (TCUs), which are tribally controlled institutions of higher education that support efforts for Indian self-determination and strengthening tribal culture. The Navajo Nation established the first Tribal College in the United States (U.S.), Diné College, in 1968. Today, 32 Tribal governments have chartered 37 TCUs located in 12 states.¹² TCUs serve more than 30,000 students from over 250 tribes across the U.S., Mexico, and Canada.¹³

TCUs address post-secondary needs with a dual mission: 1) offer programs of study in disciplines accepted by mainstream colleges, and 2) maintain, preserve, and restore native languages and cultural traditions. With this approach, TCUs have helped address educational barriers that AI/AN individuals experience. Integrating culture into curricula, TCUs offer courses in tribal languages and other traditional subjects taught by tribal elders.^{14,15,16} Even among non-cultural courses, TCUs attempt to integrate AI/AN traditions of education and learning; for example, one tribal college offered a course that connected Lakota values to the modern business world.¹⁷ Additionally, TCUs are often responsive to local economic conditions by offering degrees and training that address local workforce needs or that will help spur economic development on the reservation and/or neighboring areas.¹⁸ TCUs also offer resources to support students after enrollment, including academic preparation for higher learning, tutoring in basic

² Bryan Brayboy, et al. Postsecondary Education for American Indian and Alaska Native: Higher Education for Nation Building and Self-Determination." ASHE Higher Education Report 37, no.5 (2012): 1-154.

³ Alisa Federico Cunningham and Christina Parker. "Tribal Colleges as Community Institutions and Resources." *New Directions for Higher Education* 1998, no. 102 (1998): 45-56.

⁴ Stephen Flynn, et al. "An Emergent Phenomenon of American Indian Postsecondary Transition and Retention." *Journal of Counseling & Development* 90, no. 4 (2012): 437-449

⁵ James A. Larimore and George S. McClellan "Native American student retention in U.S. postsecondary education." *New Directions for Student Services* 2005, no. 109, (2005): 17-32. doi: 10.1002/ss.150

⁶ George S. McClellan, et al. "Where we have been: A history of Native American higher education." *New Directions for Student Services* 2005, no. 109 (2005): 7-15.

⁷ American Indian Higher Education Consortium. "Tribal Colleges: An Introduction." 1999. Retrieved 12/12/2014, from http://www.aihec.org/who-we-serve/docs/TCU_intro.pdf.

⁸ Cunningham and Parker, "Tribal Colleges as Community Institutions and Resources," 45-56.

⁹ Ibid.

¹⁰ Donna Deyhle and Karen Swisher. "Research in American Indian and Alaska Native Education: From Assimilation to Self-Determination." *Review of Research in Education* 22,(1997): 113-194.

¹¹ D. Michael Pavel, et al. "American Indians and Alaska Natives in Postsecondary Education. NCES 98-291." Washington, DC: U.S. Department of Education, National Center for Education Statistics, 1998.

¹² American Indian College Fund. "Tribal Colleges." Retrieved 12/12/2013, from http://www.collegefund.org/content/tribal_colleges.

¹³ Ibid.

¹⁴ W. Larry Belgarde. *History of American Indian Community Colleges* In C. Turner, M. Garcia, A. Nora & L. I. Rendon (Eds.), *Racial and Ethnic Diversity in Higher Education*. Boston: Pearson Custom Publishing, 1996.

¹⁵ Cunningham and Parker, "Tribal Colleges as Community Institutions and Resources," 45-56.

¹⁶ McClellan, et al. "Where we have been: A history of Native American higher education," 7-15.

¹⁷ Cunningham and Parker, "Tribal Colleges as Community Institutions and Resources," 45-56.

¹⁸ Ibid.

skills, distance learning options or assistance with transportation, and assistance with the transition to four-year institutions.¹⁹

TCUs provide a range of career and technical education and job training programs. Across all TCUs, a total of 358 programs are offered including 181 associate's degree programs (at 23 TCUs); 40 bachelor's degree programs (at 11 TCUs); and five master's degree programs (at two TCUs).²⁰ Based on Fall 2010 enrollment data, AI/AN students represent 78 percent of the total enrollment at TCUs and the number of AI/AN students who enrolled in TCUs increased by 23 percent between 2001 and 2006.²¹ The AI/AN student completion rate at TCUs is 86 percent, compared to a less than 10 percent completion rate for AI/AN students who transition directly from reservation high schools to traditional American colleges and universities.²² This suggests that TCUs are adequately supporting AI/AN students' attainment of post-secondary education.

AI/AN ECONOMIC STATUS, EMPLOYMENT, AND REPRESENTATION IN HEALTHCARE PROFESSIONS

Over the past 30 years, there has been significant economic growth in Indian Country.²³ However, AI/ANs continue to be one of the most economically disadvantaged populations in the U.S. Nearly one in three AI/ANs (29.1 percent) were living below the Federal Poverty Line (FPL) in 2012 and that number increases to 38.6 percent on reservations.²⁴ Unemployment contributes to the economic disadvantage. From 2006-2010, the overall unemployment rate among AI/ANs was 14 percent, with a higher rate of unemployment among AI/ANs living in tribal areas (16 percent) compared to non-tribal areas (12-14 percent).²⁵ In addition, in multiple states (e.g., Alaska, Arizona, California, New Mexico, South Dakota, and Utah), less than 50 percent of AI/ANs who are 16 years or older and living in/near tribal lands are employed.²⁶

According to the 2010 U.S. Census Bureau, there are roughly 5.2 million AI/ANs living in the U.S., representing approximately 1.7 percent of the total U.S. population.²⁷ AI/AN populations are vastly underrepresented in healthcare

professions. In 2004, AI/ANs represented 0.6 percent of medicine graduates; 0.3 percent of dentistry graduates; and 0.3 percent of public health (doctoral) graduates.²⁸ Additionally, in a survey conducted by the National Council of State Boards of Nursing (NCSBN), the AI/AN population represented 1 percent of the registered nurse (RN) workforce.²⁹ The Association of American Medical Colleges reports that AI/ANs comprised 0.2% of U.S. medical school applicants in 2011.³⁰ There is limited data regarding the racial representation in allied health professions (e.g., physician assistant, certified nursing assistant, pharmacy technician).

There are several practical reasons for supporting greater diversity in the healthcare professions, including: 1) advancing cultural competency; 2) increasing access to high-quality healthcare services; 3) strengthening the medical research agenda; and 4) ensuring optimal management of the healthcare system.³¹ According to the Institute of Medicine (IOM), one of the major contributors to the inequality of healthcare is the operational structure of the healthcare system (e.g., linguistic barriers and disparities in coverage that minorities receive). Additionally, workforce diversity has been associated with greater satisfaction with care received and improved patient-provider communication.³² Physicians and other healthcare providers from diverse backgrounds can serve as role models to promote understanding and tolerance in nonminority physicians, ultimately improving medical care for underrepresented minority groups.³³ Also, from the patient perspective, individuals who identify as a racial and ethnic minority are more likely to select a healthcare professional with a similar racial or ethnic background when given the option.³⁴ Underrepresented minority populations are expected to compose 40 percent of the population by 2050 (with the AI/AN population estimated to reach 8.6 million or 2 percent of the U.S. population), underscoring the importance of addressing healthcare workforce diversity and improving awareness of healthcare disparities.³⁵

Several factors contribute to shortages of workers in healthcare professions, including the rapid expansion of the healthcare field, demands on healthcare professionals to care for the aging population and the growing number of individuals

¹⁹ Ibid.

²⁰ US Department of Education. White House Initiative on American Indian and Alaska Native Education.

²¹ Ibid.

²² Ibid.

²³ National Congress of American Indians. Fiscal Year 2015 Indian Country budget request: An honorable budget for Indian Country: Equitable funding for tribes. Washington: National Congress of American Indians, 2014.

²⁴ Ibid.

²⁵ Urban Institute. "Continuity and Change: Demographic, Socioeconomic, and Housing Conditions of American Indians and Alaska Natives. Washington: Urban Institute, 2014.

²⁶ US Department of the Interior. 2013 American Indian Population and Labor Force Report. Washington: US Department of the Interior, 2014.

²⁷ US Census Bureau. US Census Bureau, American Community Survey 2006-2010. Retrieved May 2014.

²⁸ Dennis A. Mitchell and Shana L. Lassiter. "Addressing Health Care Disparities and Increasing Workforce Diversity: The Next Step for the

Dental, Medical, and Public Health Professions." *American Journal of Public Health* 96, no. 12 (2006): 2093-2097.

²⁹ American Association of Colleges of Nursing. "Fact Sheet: Enhancing Diversity in the Nursing Workforce." American Association of Colleges of Nursing. Retrieved 12/12/2014 from <http://www.aacn.nche.edu/media-relations/diversityFS.pdf>.

³⁰ Laura Castillo-Page. "Diversity in Medical Education: Facts & Figures 2012." Association of American Medical Colleges (2012): 18

³¹ J.J. Cohen, et al. "The Case For Diversity in the Health Care Workforce." *Health Affairs* 21, no. 5 (2002): 90-102.

³² Mitchell and Lassiter, "Addressing Health Care Disparities and Increasing Workforce Diversity," 2093-2097.

³³ Landry et al, "Under-Represented Minorities in Emergency Medicine," 100-104.

³⁴ Ibid.

³⁵ Mitchell and Lassiter, "Addressing Health Care Disparities and Increasing Workforce Diversity," 2093-2097.

with chronic disease, as well as the increase in demand for healthcare from individuals who gain insurance coverage through the ACA.³⁶ In addition, many healthcare professions require a certain level of credentialing to be considered for a position or to maintain employment.³⁷ However, training, educating, and credentialing more healthcare professionals nationally may not alleviate healthcare professions shortages in geographic regions where demand is greatest. The composition of the healthcare workforce may limit opportunities for individuals to relocate to areas with a greater number of positions available, as many individuals in the healthcare workforce are low-income and have dependents. In addition, many of the health professions shortage areas lack training programs that would provide opportunities for those residing in the area to get a health profession job.³⁸ These shortages can be particularly acute in rural and tribal communities, which have long faced challenges in the recruitment and retention of health professionals. Partnerships among training institutions, workforce development agencies, and social service agencies can help provide low-income individuals with supports and services to obtain the requisite skills and training for healthcare professions, thereby increasing the number of trained healthcare workers in these communities.³⁹

AI/AN EDUCATIONAL OPPORTUNITIES & PIPELINE PROGRAMS

To strengthen educational opportunities and build capacity in AI/AN communities, President Barack Obama announced the Improving American Indian and Alaska Native Educational Opportunities and Strengthening Tribal Colleges and Universities Executive Order (13592) in December 2011. The Administration's policy goal for AI/AN students is to expand educational opportunities and to improve educational outcomes to fulfill the U.S. commitment to further tribal self-determination.⁴⁰ Additionally, the executive order stated that educational opportunities could be improved for students attending TCUs by providing career pathways; expanding

access to high quality education programs; supporting adult, career, and technical education; increasing college access; increasing completion; and strengthening the capacity of post-secondary institutions.

Similar to technical college students, many TCU students are considered nontraditional students.^{41,42} The median age of TCU students is 30 years. TCU students typically reside in rural areas, are first generation college students, and are low-income individuals with dependents. Additionally, TCU students are primarily female.^{43,44,45} AI/AN students experience barriers to educational success including poverty, lack of resources (e.g., child care, reliable transportation) and minimal academic preparedness. TCUs help address these barriers as they are located on tribal reservations and are therefore closer to AI/AN students, provide academic and financial support and assistance, and provide students with job readiness training.^{46,47,48}

Career pathways programs have emerged to provide additional support to AI/AN students in completing their education and continuing on to a four-year university or obtaining employment. The Tribal HPOG program uses a career pathways, or pipeline approach, which provides low-income AI/AN students with academic and supportive services to obtain education and employment in health professions. Ultimately, the Tribal HPOG program aims to lead participants on a pathway to financial self-sufficiency and has the potential to contribute to greater diversity in the healthcare workforce.

TRIBAL HPOG: HEALTHCARE EDUCATION AND TRAINING OUTCOMES⁴⁹

In years 1 through 4 of the HPOG program (i.e., September 2010 to September 2014) 1,993 participants enrolled in the Tribal HPOG program across all five grantee sites.⁵⁰ Exhibit 1 shows how enrollment and completion numbers have increased over the first four years of the program.

³⁶ Randall Bovbjerg and Erin McDonald. "Literature Review: Healthcare Occupational Training and Support Programs under the ACA—Background and Implications for Evaluating HPOG, OPRE Report #2014-29." Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2013.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ The White House Office of the Press Secretary. (2011, December). The White House. Retrieved from <http://www.whitehouse.gov/the-press-office/2011/12/02/executive-order-13592-improving-american-indian-and-alaska-native-educat>.

⁴¹ Belgarde, History of American Indian Community.

⁴² Cunningham and Parker, "Tribal Colleges as Community Institutions and Resources," 45-56.

⁴³ Belgarde, History of American Indian Community.

⁴⁴ Cunningham and Parker, "Tribal Colleges as Community Institutions and Resources," 45-56.

⁴⁵ Deborah His Horse Is Thunder. *Breaking Through Tribal Colleges and Universities*. Alexandria: American Indian Higher Education Consortium, 2012.

⁴⁶ Belgarde, History of American Indian Community.

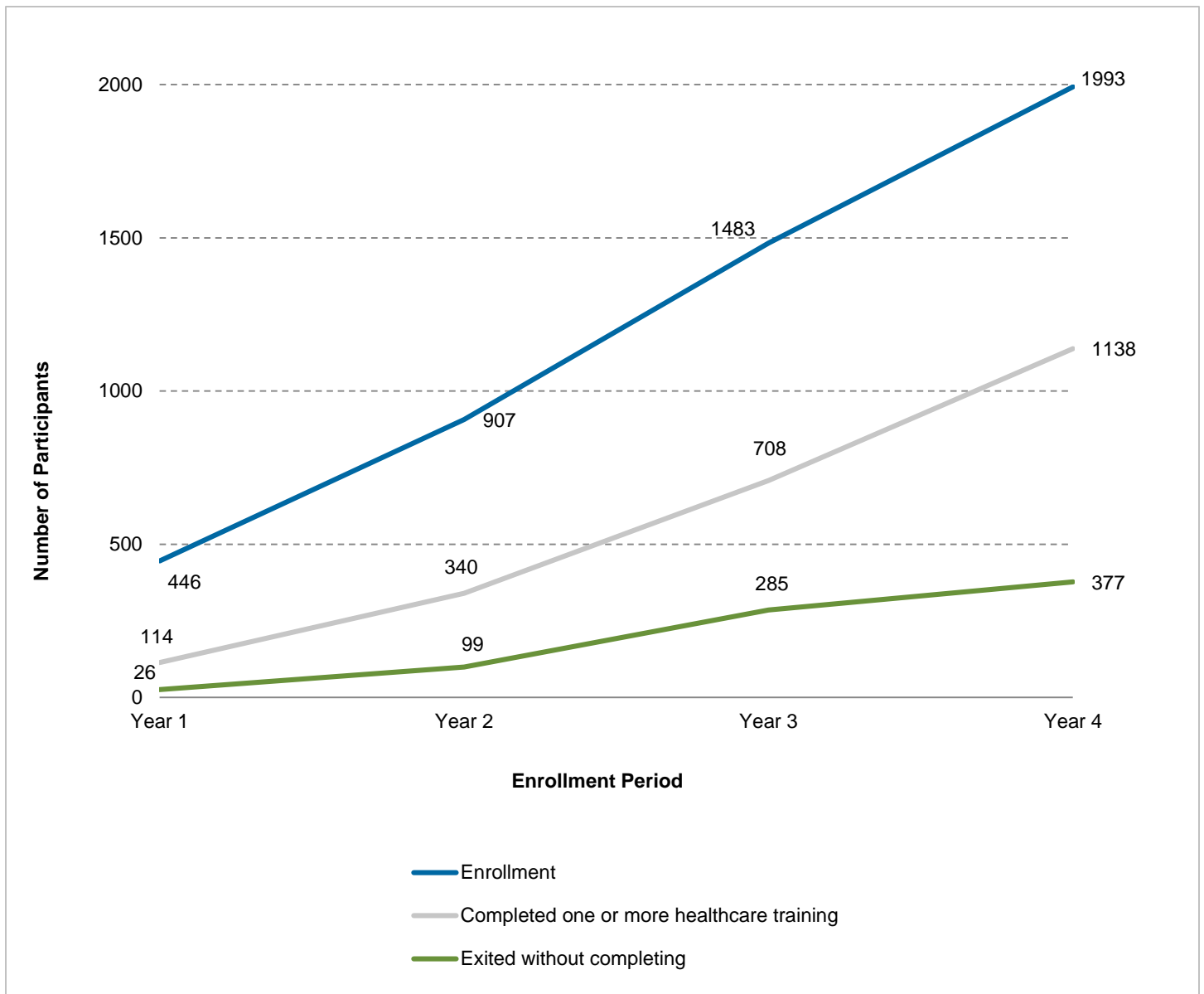
⁴⁷ Cunningham and Parker, "Tribal Colleges as Community Institutions and Resources," 45-56.

⁴⁸ McClellan, et al. "Where we have been: A history of Native American higher education," 7-15.

⁴⁹ The findings to date are derived from three site visits at each of the five sites, which included a total of 316 key informant interviews with administrative and program implementation staff and other program stakeholders, 37 focus groups with the students, and 69 completer and non-completer phone interviews with students.

⁵⁰ Data includes all enrolled Tribal HPOG participants between 9/30/2010 and 09/29/2014. Although the data presented here covers the entire HPOG Program the PRS was not implemented until the beginning of Year 2, on 9/30/11. Data entry was required only for those participants who were still enrolled when the PRS came online. In Year 1, grantees submitted data on paper, so the PRS does not have individual level data for all Year 1 participants. The total enrollment reported in Year 1 across all tribal grantees is 116 individuals higher than the PRS.

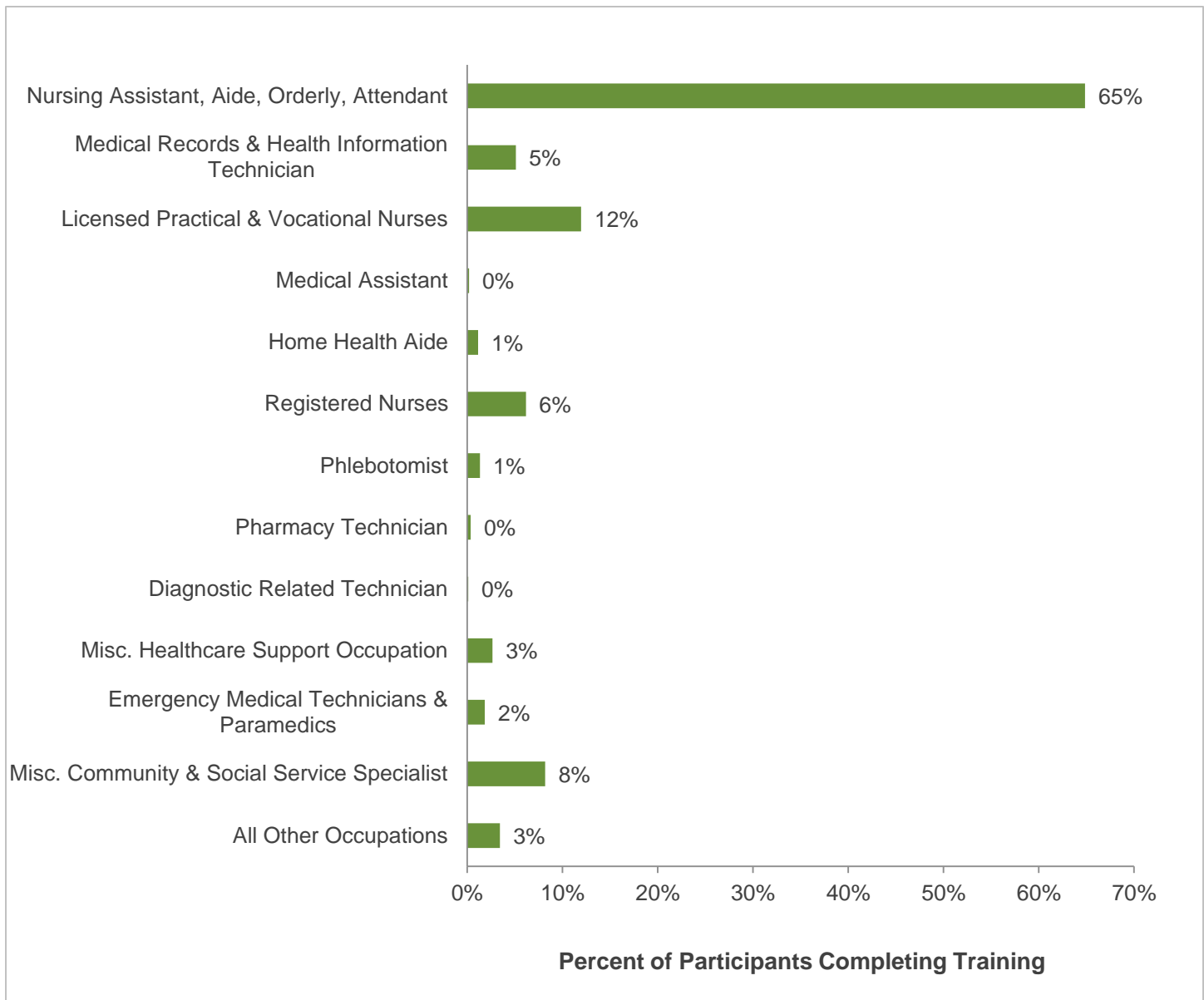
Exhibit 1. Tribal HPOG Enrollment and Completion⁵¹



Since many Tribal HPOG participants begin their training at the beginning of the nursing career ladder, it is unsurprising that nearly half (939) of the 1,993 Tribal HPOG participants enrolled in training programs for Nursing Assistants/Aides, Orderlies, or Attendants. About 18% of students enrolled in programs for Licensed Practical and Vocational Nurses; other programs included Registered Nurses, EMTs, Medical Records

and Health Information Technician, Community and Social Service Specialists, and other various healthcare professions and support positions. Overall, 1,138 Tribal HPOG participants completed one or more healthcare training. Exhibit 2 shows the percentage of participants who completed training by training program.

⁵¹ Based on the HPOG Performance Reporting System (PRS) data.

Exhibit 2. Percent of Participants Completing Training

As mentioned in the previous section, many Tribal HPOG participants face distinct challenges associated with socioeconomic factors, academic readiness, and educational attainment. Program staff at all five Tribal HPOG sites report that the most common barrier Tribal HPOG participants face in pursuing an education is the lack of financial resources, which, first and foremost, limits their ability to pay college tuition and fees. Financial hardship also affects students' ability to secure and maintain reliable transportation, child care, and housing, all basic necessities for attending and being successful at school. Transportation is a common barrier for Tribal HPOG participants as many of the participating colleges are located in rural areas lacking public transportation. Many HPOG students drive long distances, sometimes over an hour each way, to get

to class. It is often difficult for families with young children to find affordable child care or other accommodations for their children while they attend classes and study.

In addition to financial hardship, Tribal HPOG participants sometimes struggle with balancing cultural or familial expectations. For example, a staff member at Cook Inlet Tribal Council (CITC) noted that AI/AN culture emphasizes the importance of maintaining relationships with one's extended family and helping to take care of elders. When there is a family gathering, such as a wedding or funeral, HPOG participants are often expected to attend even if that means missing classes for an extended period of time or giving up study time. This is particularly an issue for the Blackfeet Community College (BCC) site. HPOG participants have the

option of transferring from BCC on the Blackfeet reservation to one of the five other state universities or tribal colleges in Montana to continue their education. In doing so, however, participants will have to be away from their extended families who live on the reservation, which is at least two hours away by car from the other training sites. Students must decide whether to miss classes, and potentially exams, to attend family gatherings or remain at school and miss important family occasions.

Each HPOG program offers participants social and academic supportive services to address barriers, financial or otherwise, so that participants can focus primarily on their studies. In addition to covering the cost of tuition and fees, most of the sites provide assistance with paying for school supplies (e.g., books or laptops), transportation costs (e.g., bus fares or gas costs), child care, rent, utility bills, and car repairs. Besides financial assistance, participants receive the support of academic advisors, mentors, HPOG program staff and administrators, and fellow HPOG participants. The sites organize events for participants and their families to create a sense of camaraderie among participants and to encourage support from families. Participants have regular contact with program staff through recurring meetings and frequent electronic communication. This ensures participants' needs are being monitored and also creates participant accountability. Participants from all sites have reported that they would not have been able to pursue post-secondary education without the financial and social support from the HPOG program.⁵² The types of supports that Tribal HPOG programs provide are particularly helpful for low-income individuals, including single parents or first-generation students, who may require additional assistance with navigating the administrative systems of colleges and universities, the job search process, and job skills training, and locating social services.⁵³

In addition, the Tribal HPOG programs use various methods to support students' progress through program and academic achievement. Prospective participants undergo an application process, which often includes both career and academic assessments. These initial assessments aim to align interests and academic readiness with career opportunities at the outset. If needed, sites also offer remedial training for participants before or in conjunction with their program coursework to increase their opportunity for success. For example, the College of Menominee Nation (CMN) uses benchmarks on standardized tests and the demonstration of skills to determine the readiness of participants to continue to the next step of the nursing ladder. The benchmarks help to determine at which level a participant is and what skills he/she needs to improve in order to be successful in his/her respective program.

Upon earning their certificate or degree through the HPOG program, some participants pursue work in their respective fields while others decide to continue their education. For example, participants who earn an Associate in Arts degree at BCC can transfer to one of three state universities under the HPOG program that offer Bachelor's Degrees to continue their education. Similarly, CITC, CMN, and Cankdeska Cikana Community College (CCCC) offer nursing ladders that begin with a certified nursing assistant (CNA) certificate and provide the opportunity for students to continue up to the registered nursing (RN) level within the time limits of the HPOG program.

TRIBAL HPOG: HEALTHCARE EMPLOYMENT OUTCOMES

Of the 933 Tribal HPOG participants who were unemployed at enrollment in the HPOG program, 40% (372 participants) have become employed in healthcare and 9% (82 participants) became employed in a non-healthcare job. In addition, of the 400 Tribal HPOG participants who were employed in a non-healthcare job at enrollment, 25% (99 participants) have become employed in the healthcare sector.

The HPOG programs are currently completing the final year of their five-year grant. As such, some participants are still enrolled in education and training programs and are not currently pursuing work. Therefore, program staff at the Tribal HPOG sites anticipate that employment numbers will increase as more students finish their academic programs and begin looking for employment opportunities. In addition, sites are continuing to update completion and employment data in the PRS as more participants complete training programs. Although many participants seek employment after completion of their training programs, some participants choose to work while continuing their education. For example, at CMN it is common for participants who earned their CNA certificate to work part-time as a CNA while they continue with their education up the nursing ladder.

As participants complete their programs, sites prepare them for both the opportunities and barriers they might face as they seek employment in their field. A major obstacle to employment that primarily affects the four rural Tribal HPOG sites (Turtle Mountain Community College (TMCC), CCCC, CMN, and BCC) is the lack of job opportunities on the reservations. While more job opportunities are available regionally, participants are reluctant to relocate given the financial, logistical, and social challenges they would face if they leave extended family and move off-reservation. Further, program staff note that some HPOG participants are looking for their first job upon completion of their training program, and they are still developing the "soft skills" (e.g., communication,

⁵² This finding is based on focus groups held with HPOG participants at all five Tribal HPOG sites during annual site visits.

⁵³ Bovbjerg and McDonald, Literature Review: Healthcare Occupational Training and Support Programs under the ACA—Background and Implications for Evaluating HPOG, OPRE Report #2014-29.

social skills, emotional skills) required for being a successful employee.

Aware of these challenges, sites help participants with the transition to employment in several ways. Many Tribal HPOG programs offer workshops to develop soft skills, such as communication and social skills; assist participants with resume writing; review job applications; and conduct mock interviews. In addition to providing individual help to participants, all sites have formed partnerships with local employers (e.g., nursing homes, hospitals, clinics), which has helped to connect participants to jobs upon graduation. All but one site has a job developer/employment specialist whose role is to develop relationships with employers in the area and help connect graduates to jobs. For example, the employment specialist at CCCC is developing a network of employers across North Dakota to help graduates obtain employment. The HPOG program at CCCC established an Employer Advisory Council, comprised of community-based organizations and individuals, to enhance the link from education to employment. BCC has hosted job fairs for the *Issksiniip* students in collaboration with their partners at or near each implementation site. The job fairs provided students with information related to necessary job skills, presentations from keynote speakers and regional employers, and opportunities to network with the invited employers.

Sites recognize that the period between graduation and employment can be financially straining. For example, many participants must wait to take and pass their certification examinations before they can find employment, and participants often have difficulties making ends meet even after receiving their first paycheck. To address this issue, two Tribal HPOG sites offer transitional supports. CITC allows participants to continue to receive rental assistance, gas cards, and other financial assistance if needed after graduation for up to one year. TMCC also provides financial support to participants beyond graduation. Because many TMCC participants have had to relocate to find work, the program has dedicated funds to help participants with the associated costs, such as first and last month's rent. In addition, TMCC program staff have taken small groups of students interested in relocating on trips to larger cities in the region so that they can learn more about the area and network with potential employers.

CONCLUSION

Although the AI/AN population faces several barriers to obtaining education and employment, TCUs and pipeline programs are providing opportunities for AI/AN students to be successful in academic programs to transition into and advance in a career in the healthcare field. More specifically, the Tribal HPOG program is helping to provide opportunities for AI/AN students in the healthcare workforce, which will not only provide a foundation for a long-term career but will also contribute to creating a more diverse healthcare workforce.

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