



# **Tribal Health Profession Opportunity Grants (HPOG) Program Evaluation**

**FINAL REPORT**

# Tribal Health Profession Opportunity Grants (HPOG) Evaluation

## FINAL REPORT

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## Overview

The Health Profession Opportunity Grants (HPOG), authorized by the Patient Protection and Affordable Care Act (ACA) and administered by the Office of Family Assistance in the Administration for Children and Families (ACF), US Department of Health and Human Services, provides education and training opportunities for Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. ACF funded 32 HPOG grants, five of which were awarded to tribal organizations and tribal colleges. The five grants funded include Blackfeet Community College (BCC) in Montana, Cankdeska Cikana Community College (CCCC) in North Dakota, College of Menominee Nation (CMN) in Wisconsin, Cook Inlet Tribal Council, Inc. (CITC) in Alaska, and Turtle Mountain Community College (TMCC) in North Dakota.

ACF's Office of Planning, Research, and Evaluation (OPRE) contracted with NORC at the University of Chicago (NORC) and its partners, Red Star Innovations and the National Indian Health Board (NIHB), to conduct the Evaluation of the Tribal HPOG Program. The evaluation team used both qualitative and quantitative methods to address the structures, processes, and outcomes of the Tribal HPOG grantees. Throughout the evaluation, the tribal evaluation team has worked to conduct a culturally responsive evaluation by receiving input from partners, advisors and most importantly, the Tribal HPOG grantees. The evaluation team analyzed qualitative data obtained through site visits to each of the Tribal HPOG grantees and telephone interviews with Tribal HPOG students as well as quantitative data collected through the HPOG Performance Reporting System (PRS) to support the qualitative findings.

The evaluation team conducted four site visits to each of the Tribal HPOG programs. Listed below are key findings from the evaluation:

### ***Program Structure***

- Tribal HPOG grantees used three organizational models: one primary implementation site (TMCC and CMN); one primary implementation site with multiple secondary implementation sites (BCC and CCCC); and one unique partnership between a social service organization and an academic institution (CITC).
- Partnerships were key to implementation of HPOG programs in grantees' communities. Partners provided both academic training and supportive services.
- Grantees offered a wide variety of academic training programs, adapting program offerings over the course of the grant period to meet student demand and local healthcare workforce needs.

### ***Program Processes***

- Grantees established screening processes that allowed grantees to confirm eligibility of potential HPOG students and provided the opportunity to facilitate the enrollment of qualified, dedicated participants.
- All grantees developed formal orientation processes to inform students about the HPOG program and program expectations related to attendance and grades.
- Grantees reported three key retention strategies: extensive screening processes for prospective HPOG students, systems for accountability, and the provision of supportive services.
- The sense of community within Tribal colleges and communities and program staffs' knowledge of students' personal and family circumstances allowed them to provide targeted support to students.
- Students were highly satisfied with the quality of instruction received and the dedication of their instructors.

### ***Program Outcomes***

- A total of 2,270 students were enrolled over the five-year grant period (9/30/2010 -9/30/2015) across all five Tribal HPOG grantees.
- Over the five year grant period, 1,483 out of the 2,270 enrollees (65.3 percent) had completed one or more healthcare trainings.
- At program intake, 65 percent of participants (1,468) were unemployed, 20 percent (458) were employed in a non-healthcare field, and 15 percent (134) were employed in a healthcare field. Almost half of the participants who were unemployed at intake became employed at some time after intake.
- The three more rural grantees (BCC, TMCC, CCCC) experienced challenges with finding local healthcare employment for HPOG participants, making it necessary for participants to move to urban areas to find employment, which many participants were not willing or interested in doing.
- Overall, stakeholders, including program staff, instructors, and students, were satisfied with the Tribal HPOG Program. Many students noted that they would not have been able to complete a program without both the social and financial supportive services of the Tribal HPOG Program.

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## Introduction

### Overview of the HPOG Program

Current shortages in the healthcare workforce in the United States (US) have created high demand for well-trained health professionals working in underserved communities.<sup>1</sup> To address the workforce shortages, the Patient Protection and Affordable Care Act (ACA) authorized the Health Profession Opportunity Grants (HPOG) to provide education and training opportunities for Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. The HPOG Program is administered by the Office of Family Assistance in the Administration for Children and Families (ACF), US Department of Health and Human Services. In 2010, ACF funded 32 five-year HPOG demonstration projects, including five to tribal organizations and tribal colleges. The five tribal grantees were Blackfeet Community College, Cankdeska Cikana Community College, College of Menominee Nation, Cook Inlet Tribal Council, Inc., and Turtle Mountain Community College. The intent of the HPOG demonstration projects were to 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.<sup>2</sup>

### Overview of the Tribal HPOG Program Evaluation

ACF's Office of Planning, Research and Evaluation (OPRE) is implementing a multi-component evaluation to understand the implementation, systems change, outcomes, and impacts of the HPOG Program.<sup>3</sup> The evaluation of the Tribal HPOG Program is one component of OPRE's evaluation strategy to assess the HPOG demonstration projects. OPRE contracted with NORC at the University of Chicago (NORC) and its partners, Red Star Innovations and the National Indian Health Board (NIHB), to conduct the Evaluation of the Tribal HPOG Program. This evaluation studied the structures, processes, and outcomes of the Tribal HPOG grantees and addressed three key evaluation questions. Exhibit 1 presents these evaluation questions, as well as the related sub-questions in distinct focus areas that were developed after a review of the literature on workforce development and American Indian/Alaska Native (AI/AN) higher education.

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<sup>1</sup> National Center for Health Workforce Analysis. (n.d.). Retrieved July 16, 2015 at <http://bhpr.hrsa.gov/healthworkforce/>

<sup>2</sup> Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals Funding Opportunity Announcement (FOA), HHS-2010-ACF-OFA-FX-0126. Administration for Children and Families, Office of Family Assistance.

<sup>3</sup> For more information on the Evaluation Portfolio for the Health Profession Opportunity Grants (HPOG) Program, refer to <http://www.acf.hhs.gov/programs/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog>.

**Exhibit 1. Evaluation Questions and Sub-Questions**

	<b>Evaluation Question(s)</b>	<b>Sub-Questions</b>
<b>Structures</b>	What frameworks and relationships did the Tribal HPOG grantees create to implement training and service delivery?	<ul style="list-style-type: none"> <li>■ What is the program type (i.e., academic instruction, on the job training, apprenticeship, other)? Was the program incorporated within, or as an extension of, an existing program?</li> <li>■ What is the administrative structure of the program?</li> <li>■ How are local and/or regional partners and the community engaged?</li> <li>■ What is the program curriculum (i.e., academic lectures, field practicum training manual)? In what ways was the program designed or modified for Tribal populations?</li> <li>■ What are the qualifications of program implementation staff?</li> <li>■ Does the training program address skills and competencies demanded by the local healthcare industry?</li> <li>■ How did the social, economic, and political context of the community influence program design and implementation?</li> </ul>
<b>Processes</b>	How were training and supportive services delivered?	<ul style="list-style-type: none"> <li>■ What support services are offered with the program and how are they incorporated?</li> <li>■ Were strategies used to engage participants' families, and if so, why and how?</li> <li>■ What recruitment strategies were utilized? Were these strategies effective?</li> <li>■ What orientation strategies were utilized? Were these strategies effective?</li> <li>■ How are program data collected and used? Are data used for program management decisions, performance monitoring, or program correction?</li> <li>■ Was the program implemented as intended?</li> <li>■ Was effective instruction delivered?</li> </ul>
<b>Outcomes</b>	What outcomes did participants achieve? Was healthcare workforce capacity enhanced in Tribal communities?	<ul style="list-style-type: none"> <li>■ Did participation in the program result in a professional or industry recognized certificate, degree or licensure? Why or why not? What factors are associated with receiving a certificate, degree or licensure?</li> <li>■ Did program participants enter a job or provide a community service in related occupations?</li> <li>■ Did participation in the program result in any employability-related outcomes (e.g., increased life skills, self-efficacy, confidence, reduced use of income supports)?</li> <li>■ Did the program help to fill vacancies in the Tribal healthcare workforce? Are participants serving Tribal populations?</li> <li>■ Are key program stakeholders satisfied with the program?</li> </ul>

The following sections provide an overview of the evaluation approach and strategies for data collection and analysis. Refer to Appendix 1 for greater detail on the data collection methods.<sup>4</sup>

<sup>4</sup> More information on the evaluation methodology can also be found in Meit, M., et al. (2014). Tribal HPOG Interim Report. OPRE Report 2014-04. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved July 30, 2015 [http://www.acf.hhs.gov/sites/default/files/opre/tribal\\_hpog\\_interim\\_report\\_clean\\_version\\_formatted\\_full\\_reportv2.pdf](http://www.acf.hhs.gov/sites/default/files/opre/tribal_hpog_interim_report_clean_version_formatted_full_reportv2.pdf)

### ***Approach to Working with the Tribal HPOG Grantees***

Throughout the evaluation, the tribal evaluation team worked to conduct a culturally responsive evaluation by seeking input from partners, advisors, and most importantly, the Tribal HPOG grantees.

The evaluation team encouraged engagement and consensus building in a number of ways; for example:

- The evaluation team built relationships with the Tribal HPOG grantees by using dedicated small teams to work exclusively with each of the grantees. Each team was led by a senior researcher, who worked with their designated grantees for the duration of the evaluation. The teams engaged with the grantees through in-person meetings, regular telephone calls, and joint conference presentations.
- The evaluation team also organized a project Technical Work Group composed of experts in AI/AN higher education, public health, and healthcare workforce issues who provided guidance on incorporating culturally appropriate methods in the evaluation. The evaluation team engaged with the Technical Work Group through annual meetings to review findings to date and discuss any needed revisions to the evaluation research questions and approaches. In addition, Technical Work Group members provided feedback on the evaluation plan and reviewed the data collection instruments for cultural appropriateness. Refer to Appendix 2 for a list of Technical Work Group members.
- The evaluation team obtained approval for the evaluation by following important protocols to conducting research in AI/AN communities (including obtaining Tribal Council and/or Tribal Institutional Review Board (IRB) approvals and NORC IRB approval).
- The evaluation team developed a Memorandum of Understanding (MOU) with each grantee to detail the objectives of the evaluation, respective roles and responsibilities relative to the evaluation, the scope of information requested during data collection, how the information would be used, and the terms of data privacy.
- The evaluation team shared reports and findings with the grantees throughout the evaluation. In Year 1, the grantees were given the opportunity to review and provide feedback on the evaluation plan to ensure data was collected in a culturally respectful manner. Grantees were also given the opportunity to review evaluation products to ensure information about their program was accurately conveyed and that the products interpreted the findings in ways that reflected tribal culture and local context. These products included site visit reports summarizing findings from the annual site visits and site-specific Practice Briefs developed in Year 4. Grantees were also given the opportunity to review the Tribal HPOG Program Evaluation final report.

- Prior to site visits, which began in Year 2 of the evaluation, all members of the tribal evaluation team participated in a comprehensive full-day training to ensure culturally sensitive and consistent administration of data collection protocols.
- The evaluation team also provided technical assistance to build grantees' capacity to participate in the Tribal HPOG evaluation activities. This included conducting needs assessment calls with grantees, offering technical assistance during in-person site visits, and responding to grantee requests over the course of the grant period.

### ***Data Collection and Analysis***

The evaluation team used both qualitative and quantitative methods to address the study's research questions. Qualitative data was primarily collected during annual site visits to the Tribal HPOG programs. Site visits consisted of focus groups with students currently enrolled in the program and interviews with grantee and partner administrative staff (e.g., program directors, managers), program implementation staff (e.g., instructors, service providers), and local employers. Following the annual site visits, the evaluation team conducted telephone interviews with students who successfully completed their training program as well as students who did not complete their program. The data collection protocols can be found in Appendix 3. Additional qualitative data was collected through regular review of grantee documents, including grant applications, semi-annual reports, and training program curricula. Qualitative data analysis identified common themes across the tribal grantee programs that corresponded to the key research questions. Use of NVivo qualitative data analysis software allowed for efficient coding and analysis of a large volume of data from the five grantees and their partners. Emergent themes were identified using content analysis and findings were discussed in the annual evaluation reports and practice briefs.

To supplement qualitative information, the evaluation team obtained quantitative data, including enrollment and completion numbers, employment numbers, and demographic information, from the HPOG Performance Reporting System (PRS). The PRS is the federal management information system for the HPOG Program and was designed for both performance management and program evaluation. ACF contracted with Abt Associates and the Urban Institute to develop the PRS and all grantees began using the system in September 2011. The tribal evaluation team coordinated with the PRS team to obtain data from the PRS for all of the Tribal HPOG grantees, including the data presented in this report.

## Overview of the Tribal HPOG Grantees and Programs

Five of the 32 five-year HPOG grants were awarded to tribal organizations and tribal colleges. The five grants funded Blackfeet Community College, Cankdeska Cikana Community College, College of Menominee Nation, Cook Inlet Tribal Council, Inc., and Turtle Mountain Community College. The following sections detail the tribal community, grantee organization, HPOG program, and key elements of implementation and partnerships for each Tribal HPOG grantee.

### ***Blackfeet Community College (BCC)***

*Tribal Community.* BCC serves the people of the Blackfeet Indian Reservation in Browning, Montana.

*Grantee Organization.* Chartered in 1974 by the Blackfeet Tribal Business Council, BCC is a fully accredited tribal college. Its mission is to provide the Blackfeet Nation and surrounding community with access to quality educational programs. BCC offers an array of educational programs that integrate the Blackfeet culture and language into curricula and prepare students for achievement in higher education and meaningful employment.

*Grantee Program.* The BCC HPOG program, known as the *Issksiniip* Project<sup>5</sup>, provided scholarships and training opportunities in healthcare fields to students at BCC, the grant's lead entity, as well as to students at its partner institutions. The target populations for the scholarships were individuals eligible for TANF, individuals who dropped out of high school, low-income individuals, and single mothers with children. The training opportunities available through the *Issksiniip* Project included programs in nursing, pharmacy, nutrition, social work, dentistry, medical coding and billing, and other allied health professions.

*Implementation and Partnerships.* The *Issksiniip* Project provided financial assistance and extensive supportive services that included mentoring, tutoring, academic advising, referrals to public assistance and behavioral health programs, and career development, such as job shadowing and career fairs. BCC formed partnerships with several educational institutions across the state to provide scholarships and training opportunities to eligible students. Project partners were Salish Kootenai College (Pablo, MT), University of Montana Missoula (Missoula, MT), Montana State University Bozeman (Bozeman, MT), Great Falls College - Montana State University (Great Falls, MT), and Montana State University Billings

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<sup>5</sup> In the Blackfeet language, “Issksiniip” means “a way of knowing” or “the concept of gaining knowledge.”

(Billings, MT). At each academic institution, students applied their *Issksiniip* Project scholarship to a variety of health profession training programs.<sup>6</sup>

### ***Cankdeska Cikana Community College (CCCC)***

*Tribal Community.* CCCC serves the people of the Spirit Lake Nation and the surrounding communities near Fort Totten, North Dakota.

*Grantee Organization.* Chartered in 1975 by the Spirit Lake Tribal Council, CCCC is a fully accredited tribal college. Its mission is to provide “opportunities that lead to student independence and self-sufficiency through academic achievement and continuation of the Spirit Lake Dakota language and culture.” CCCC offers a variety of academic programs, including associates degree programs and certificates.

*Grantee Program.* The CCCC HPOG program was titled “Next Steps: An Empowerment Model for Native People Entering the Health Professions.” Next Steps provided scholarships and training opportunities in healthcare fields to students at CCCC as well as to students at partner institutions across North Dakota. The training opportunities available through Next Steps included programs in nursing, nutrition and wellness, medical coding and billing, and other health professions.

*Implementation and Partnerships.* Next Steps provided financial assistance as well as academic and social supportive services that enabled students to pursue training and promoted completion of training programs. A critical component of the Next Steps program model was the use of mentors to empower students and help them to achieve their goals. CCCC partnered with three other tribal colleges in North Dakota – United Tribes Technical College in Bismarck, Fort Berthold Community College in New Town, and Sitting Bull College in Fort Yates – that, along with CCCC, served as the point-of-entry for most students in Next Steps. In general, Next Steps students began their education at one of the four tribal colleges, and after graduating with an associate’s degree in a health profession, could continue their training at a four-year university, such as the University of North Dakota (UND) in Grand Forks, for a bachelor or master-level degree. Through CCCC’s partnership with the Recruitment/Retention of American Indians into Nursing (RAIN) Program at UND, a dedicated mentor served at each of the four

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<sup>6</sup> For more information on BCC, refer to Meit, M., et al. (2015). Blackfeet Community College Tribal Health Profession Opportunity Grants (HPOG) Program Overview and Preliminary Outcomes. OPRE 2015-31. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved July 31, 2015 at [http://www.acf.hhs.gov/sites/default/files/opre/year\\_4\\_practice\\_brief\\_bcc\\_2\\_19\\_15\\_508\\_0.pdf](http://www.acf.hhs.gov/sites/default/files/opre/year_4_practice_brief_bcc_2_19_15_508_0.pdf)

tribal college sites, along with a fifth mentor to offer outreach support to the Next Steps students enrolled in other colleges and universities throughout the state.<sup>7</sup>

### ***College of Menominee Nation (CMN)***

*Tribal Community.* CMN serves the Menominee Nation, neighboring tribal nations, and surrounding communities in Wisconsin. The main campus is located on the Menominee Indian Reservation in Keshena and a second campus is located in Green Bay.

*Grantee Organization.* Chartered in 1993, CMN is a tribally controlled and accredited community college. CMN offers students a range of options to pursue higher learning, including baccalaureate and associate degree programs, technical diplomas and certificates, and continuing education opportunities.

*Grantee Program.* The CMN HPOG program targeted individuals from the Menominee Reservation, other area reservations, and regional rural and urban communities who are unemployed, underemployed, low-wage workers, displaced workers, or incumbent workers as well as TANF recipients. The CMN HPOG program offered a nursing career ladder that allowed students to progress from the Pre-Nursing level through to the Registered Nurse level. The program served a range of students, from those seeking immediate employment to those who were working towards a more advanced nursing certificate, licensure, or degree.

*Implementation and Partnerships.* The CMN HPOG program offered academic and social supportive services to students. Academic supportive services included academic counseling, and advising, supplemental lab instruction, tutoring, and career placement support. Social supportive services include case management, as well as financial assistance to help cover transportation, housing, and childcare costs. The program was implemented at both Keshena and Green Bay campuses.<sup>8</sup>

CMN developed partnerships with a number of state and local agencies including the Bay Area Workforce Development, Green Bay; Fox Valley Workforce Development, Appleton; Workforce

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<sup>7</sup> For more information on CCCC, refer to Meit, Michael, et al. (2015). Cankdeska Cikana Community College Tribal Health Profession Opportunity Grants (HPOG) Program—Overview and Preliminary Outcomes. OPRE 2015-91. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; NORC at the University of Chicago, Red Star Innovations, National Indian Health Board. Retrieved November 5, 2015 at [http://www.acf.hhs.gov/sites/default/files/opre/year\\_4\\_practice\\_brief\\_cccc\\_9\\_21\\_15\\_b508pdf.pdf](http://www.acf.hhs.gov/sites/default/files/opre/year_4_practice_brief_cccc_9_21_15_b508pdf.pdf).

<sup>8</sup> For more information on CMN, refer to Meit, Michael, et al. (2015). College of Menominee Nation Tribal Health Profession Opportunity Grants (HPOG) Program—Overview and Preliminary Outcomes. OPRE 2015-90. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; NORC at the University of Chicago, Red Star Innovations, National Indian Health Board. Retrieved October 11, 2015 at [http://www.acf.hhs.gov/sites/default/files/opre/year\\_4\\_practice\\_brief\\_cmn\\_9\\_16\\_15\\_508.pdf](http://www.acf.hhs.gov/sites/default/files/opre/year_4_practice_brief_cmn_9_16_15_508.pdf).

Development Area-Workforce Investment Board; Community Resource Center, Keshena; Local Health Care and Long-Term Care Providers; and the Department of Transit Services.

### ***Cook Inlet Tribal Council, Inc. (CITC)***

*Tribal Community.* CITC serves AI/AN people within the Municipality of Anchorage, Alaska and throughout the Cook Inlet Region. The AI/AN population in Anchorage is not reservation-based, but includes people from rural native villages and regions across Alaska that have come to reside in the Anchorage metropolitan area.

*Grantee Organization.* Established in 1983, CITC is a non-profit tribal social service organization. CITC administers Tribal TANF within the Municipality of Anchorage and serves as a satellite One-Stop Operator, providing extensive supportive services to low-income AI/AN job seekers.

*Grantee Program.* The CITC HPOG program provided health professions training to AI/ANs who receive Tribal TANF or who are low-income. CITC partnered with the Alaska Vocational Technical Center (AVTEC) to provide academic instruction to program participants through offering Certified Nursing Assistant (CNA), Licensed Practical Nursing (LPN), Registered Nursing (RN), Medical Billing and Coding (MBC), and Medical Office Assistant (MOA) training programs.

*Implementation and Partnerships.* CITC led the recruitment and screening of HPOG participants, as well as the provision of supportive services, including rental assistance, gas cards or bus passes, childcare assistance, food cards, tuition and textbook payments, and equipment for students' clinical rotations. CITC partnered with AVTEC to provide academic training and the South Central Area Health Education Center (SCAHEC) to deliver the orientation for program participants and expose them to healthcare professions through job shadowing experiences at local medical facilities.<sup>9</sup>

### ***Turtle Mountain Community College (TMCC)***

*Tribal Community.* TMCC is located within the boundaries of the Turtle Mountain Indian Reservation near Belcourt, North Dakota.

*Grantee Organization.* Founded in 1972, TMCC is a tribally controlled and accredited college. TMCC primarily serves the educational needs of the Turtle Mountain Band of Chippewa Indians, but enrollment

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<sup>9</sup> For more information on CITC, refer to Meit, M., et al. (2015). Cook Inlet Tribal Council Tribal Health Profession Opportunity Grants (HPOG) Program Overview and Preliminary Outcomes. OPRE 2015-08. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved July 31, 2015 at [http://www.acf.hhs.gov/sites/default/files/opre/year\\_4\\_practice\\_brief\\_citc\\_2\\_19\\_15\\_508\\_1.pdf](http://www.acf.hhs.gov/sites/default/files/opre/year_4_practice_brief_citc_2_19_15_508_1.pdf)

is open to any person who is pursuing higher education. TMCC offers a variety of associate degrees and certificate of completion programs, as well as four-year degrees in education.

*Grantee Program.* The TMCC HPOG program was called Project CHOICE: Choosing Health Opportunities for Indian Career Enhancement. The goal of Project CHOICE was to create educational opportunities for TANF recipients and other low-income individuals through health profession training programs at TMCC. Project CHOICE students enrolled in a variety of programs: the Clinical/Medical Lab Technician Program, which included a certificate program in Phlebotomy; the Pharmacy Technician Program; the CNA Program; the Licensed Vocational Nursing Program; and the Health Information Management Program.

*Implementation and Partnerships.* Project CHOICE provided a broad spectrum of supportive services to TMCC students in order to address both academic and social support needs. These services included reimbursement for transportation mileage and childcare costs, financial assistance for tuition and other training expenses, tutoring, access to technology, and job placement and employability services.

Project CHOICE established local and state partnerships with Job Service North Dakota, North Dakota Department of Commerce, North Dakota Department of Human Services, and the North Dakota State Office of Apprenticeship.<sup>10</sup>

## Characteristics of Tribal HPOG Students

Over the five year grant period, a total of 2,270 students were enrolled in HPOG across all five Tribal HPOG grantees. Exhibit 2 shows the demographic characteristics of Tribal HPOG participants at intake into the HPOG program. As shown in Exhibit 2, the majority of participants were female (87 percent), never married (61 percent), and had one or more dependent children (64 percent). Nearly half of participants (47 percent) were below the age of 30. Approximately two thirds of participants were AI/AN.

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<sup>10</sup> For more information on TMCC, refer to Meit, M., et al. (2015). Turtle Mountain Community College Tribal Health Profession Opportunity Grants (HPOG) Program Overview and Preliminary Outcomes. OPRE 2015-07. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved July 31, 2015 at [http://www.acf.hhs.gov/sites/default/files/opre/year\\_4\\_practice\\_brief\\_tmcc\\_1\\_08\\_15\\_formatted.pdf](http://www.acf.hhs.gov/sites/default/files/opre/year_4_practice_brief_tmcc_1_08_15_formatted.pdf)

**Exhibit 2. Demographic Characteristics at Intake of Tribal HPOG Participants**

Characteristic	Number	Percentage of Participants (%)
<b>Gender</b>		
Male	293	13%
Female	1,977	87%
Missing	0	
<b>Marital Status</b>		
Married	405	18%
Separated or Divorced	359	16%
Widowed	13	1%
Never Married	1,390	61%
Missing	39	
<b>Number of Dependent Children</b>		
None	670	30%
One or More	1,456	64%
Missing	144	
<b>Race/Ethnicity</b>		
Non-Hispanic White/Caucasian	429	19%
Non-Hispanic Black/African-American	90	4%
Hispanic/Latino of Any Race	70	3%
Asian, Native Hawaiian, or Pacific Islander	24	1%
American Indian or Native Alaskan	1,492	66%
Two or More Races	153	7%
Missing	12	
<b>Age</b>		
Less than 20 Years	55	2%
20 to 29 Years	1,028	45%
30 to 39 Years	667	29%
40 to 49 Years	285	13%
50 + Years	232	10%
Missing	3	

Source: PRS (September 30, 2015); N = 2,270

Exhibit 3 shows the highest level of education attained by participants at intake into the HPOG program. Nearly half of participants (44 percent) had 1-3 years of college or technical school and 43 percent of participants were high school graduates or equivalent.

**Exhibit 3. Education and Income of Tribal HPOG Participants at Intake**

Characteristic	Number	Percentage of Participants (%)
<b>Highest Educational Attainment</b>		
Less than 12th Grade	102	4%
High School Equivalency/GED	281	12%
High School Graduate	694	31%
1–3 Years of College/Technical School	1,000	44%
4 Years or More of College	81	4%
Missing	112	
<b>Household Income</b>		
\$9,999 or Less	937	41%
\$10,000 to \$19,999	451	20%
\$20,000 to \$29,999	271	12%
\$30,000 to \$39,999	103	5%
\$40,000 or More	75	3%
Missing	165	
<b>Individual Income</b>		
\$0	417	18%
\$1 to \$9,999	870	38%
\$10,000 to \$19,999	389	17%
\$20,000 to \$29,999	177	8%
\$30,000 or Over	59	3%
Missing	148	

Source: PRS (September 30, 2015); N = 2,270

As noted, the HPOG Program was authorized to provide education and training opportunities for TANF recipients and other low-income individuals. At intake in the HPOG Program, 41 percent of participants were in households with annual incomes below \$10,000 and another 20 percent of participants were in households with income between \$10,000 and \$19,999. In addition, 16 percent of the Tribal HPOG participants were TANF recipients at intake into HPOG.

## Program Structure: What frameworks and relationships did the Tribal HPOG grantees create to implement training and service delivery?

This section provides a high-level overview of implementation and administrative structures across the five Tribal HPOG grantees. Key evaluation questions related to program structure aimed to assess program implementation and administrative structure; mechanisms for partner and community engagement; program type, design, and curriculum; adjustments in educational offerings to address skills and competencies for the local healthcare workforce; and contextual factors that influenced the structure of the program.

<b>Key Findings</b>
<ul style="list-style-type: none"> <li>■ Tribal HPOG grantees used three implementation structures: one primary implementation site (TMCC and CMN); one primary implementation site with multiple secondary implementation sites (BCC and CCCC); and one unique partnership between a social service organization and an academic institution (CITC).</li> <li>■ Partnerships were key to implementation of HPOG programs in grantees’ communities. Partners provided both academic training and supportive services. Tribal HPOG program staff reported that partnerships with employers were beneficial for HPOG program completers as they were seeking employment.</li> <li>■ Grantees offered a wide variety of academic training programs, adapting program offerings over the course of the grant period to meet student demand and local healthcare workforce needs.</li> <li>■ Program staff and students reported that the comprehensive academic and social supportive services were vital to student success in their academic training programs.</li> </ul>

### Implementation and Administrative Structure

Among the Tribal HPOG grantees, three implementation structures emerged. Each of these implementation structures was developed to serve the needs of the population and differed depending on geographical location, job market needs, existing academic and employer relationships, and institutional resources. The first implementation structure was built around one primary implementation site, where administrative and program staff worked to oversee the program at one institution. The grantees that used this model were CMN and TMCC.<sup>11</sup> The second structure included a primary implementation site in addition to multiple secondary implementation sites. The secondary implementation sites were located at

<sup>11</sup> Although CMN has two campuses and served HPOG students at both campuses, this is categorized as having one primary implementation site because both campuses are part of the same institution (versus the second structure which had one primary implementation site and secondary sites that were unique institutions).

state universities and Tribal colleges across the state where site-specific implementation staff assisted HPOG students. This implementation structure was implemented by BCC and CCCC. The third and final structure was a unique joint arrangement between two organizations: one that provided supportive services and one that provided academic instruction. This model was developed by CITC, which is not a tribal community college but a social service organization. CITC partnered with AVTEC, a training institution with a location in Anchorage that offered allied health profession programs.

At CITC, CCCC, and BCC partner organizations were a key aspect of their implementation structure. CITC is a One-Stop service center for Alaska Natives to apply for social services and connect with resources. CITC's partnership with AVTEC, the academic instruction provider, enabled the two organizations to use their respective areas of expertise to serve the HPOG participants. The implementation structure at CCCC, which was a collaboration of all but one of the five tribal colleges in the state of North Dakota, utilized a large network of secondary sites to maximize participant reach. In addition to the network of tribal colleges, CCCC worked with 11 other training institutions that included two-year and four-year colleges and universities across North Dakota, as well as some in South Dakota. This wide array of academic programs allowed students to easily transfer among institutions to pursue their academic goals in the location of their choice while still receiving HPOG funding support and social services that were facilitated by on-site and statewide mentors. A similar structure was implemented at BCC with an expansive set of services and programs offered at the primary implementation site and five implementation sites across the state, including another tribal college. Similar to the CCCC structure with mentors for students, BCC had project liaisons located at all five of the implementation sites to serve as the primary contact for the HPOG students. Frequent communication and an established working relationship were essential to successful coordinated efforts among primary and secondary implementation sites according to the Tribal HPOG staff and participants.

The administrative structures for staffing HPOG programs were similar across grantees. Staff positions included a project director; coordinator; student mentor(s); supportive services specialist/case manager; employment specialist; data manager/tracker; and program instructors. Staff in these positions across grantees performed similar functions for their respective HPOG program.

The two grantees that had multiple secondary implementation sites, BCC and CCCC, created similar positions to manage and assist students at the secondary sites. At BCC these staff were referred to as project liaisons and their offices were located on site for easier accessibility for students. Their responsibilities included facilitating program oversight and management at the tribal college and university partners across the state. The liaisons worked closely with the BCC HPOG administrative staff

at the college and with the staff at their respective site. They also served as the main contact for HPOG participants at their implementation site, although students could also contact staff at BCC, if necessary. Similarly, CCCC hired student mentors through the RAIN program at UND. The mentors were responsible for supporting HPOG students at each of the tribal colleges and other universities across the state. The tribal colleges each had one site-specific mentor while the other universities were assigned one state-wide mentor.

Across grantees, administrative structure shifted in the final two years of program implementation to accommodate the need for additional employment support. Employment specialist positions were either created or enhanced at all five grantees. At BCC, four additional job developers were hired in Year 5 to follow-up with program completers to document their current employment status and help connect them with job opportunities if they were still looking for employment. Amid other staffing changes at CMN in the final year, a job placement specialist was hired to support HPOG students who were finishing their training programs and seeking employment. TMCC also used staffing changes in the final year to replace the outgoing employment specialist with two employment specialists to provide more support to HPOG graduates. The employment specialists worked quickly in the final 10 months of the program to familiarize themselves with the students and recruit students to their job readiness workshops. The employment specialists at TMCC also worked on establishing a network with employers on the reservation and in the region to identify potential job opportunities for HPOG graduates.

## **Partnerships to Build Capacity**

A key feature of the Tribal HPOG grantees was their ability to establish partnerships in their communities and across their states. Core partnerships for BCC, CCCC, and CITC were defining characteristics of their HPOG programs, whose partners offered additional academic programs and flexibility in training locations for HPOG participants. Beyond partnerships with academic institutions, partnerships with local and state organizations were essential to providing comprehensive supportive services and increasing awareness of HPOG among employers.

### ***Types of Partnerships***

The Funding Opportunity Announcement (FOA) for the HPOG Program required partnerships with key state agencies and recommended additional partnerships to facilitate program implementation.<sup>12</sup> Exhibit 4

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<sup>12</sup> Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals Funding Opportunity Announcement (FOA), HHS-2010-ACF-OFA-FX-0126. Administration for Children and Families, Office of Family Assistance.

lists the organizations and agencies with whom HPOG grantees were required to form partnerships as well as organizations and agencies that were recommended as partners.

**Exhibit 4. Required and Recommended Partnerships per the FOA**

Partnerships required by the FOA	Partnerships recommended by the FOA
<ul style="list-style-type: none"> <li>■ The State agency responsible for administering the State TANF program;</li> <li>■ The Local Workforce Investment Board in the area in which the project is to be conducted (unless the applicant is such board);</li> <li>■ The State Workforce Investment Board established under Section 111 of the Workforce Investment Act of 1998;</li> <li>■ The State Apprenticeship Agency recognized under the Act of August 16, 1937 (commonly known as the National Apprenticeship Act) (or if no agency has been recognized in the State, the Office of the Apprenticeship of the Department of Labor).</li> </ul>	<ul style="list-style-type: none"> <li>■ Public and private employers, such as healthcare providers when appropriate, and industry-related organizations;</li> <li>■ The education and training community, which includes the continuum of education from secondary schools to community and technical colleges, four-year colleges and universities, Registered Apprenticeship programs, technical and vocational training institutions, and other educational and training entities;</li> <li>■ Nonprofit organizations, such as community or faith-based organizations, that have direct access to the target populations;</li> <li>■ Labor organizations, including but not limited to labor unions and labor-management organizations that represent workers in the healthcare sector;</li> <li>■ Organizations implementing projects funded by the Recovery Act that will create or support jobs in the healthcare sector;</li> <li>■ National, State, and local foundations, that focus on assisting participants served through the project;</li> <li>■ State and local service agencies that provide supportive services to participants served through the project.</li> </ul>

Per the guidance given in the FOA, the Tribal HPOG grantees formed partnerships with academic institutions, governmental agencies, tribal agencies, local and state employers, and community organizations. Partnerships were often in the form of secondary implementation sites for academic programs at colleges and universities or job training institutes, as was the case for BCC, CCCC, and CITC. These partnerships benefited the tribal communities because students were able to pursue academic interests beyond what the primary implementation site offered, and many students said that they planned to return to their home reservation after earning their degree and/or gaining work experience. The academic partnerships offered more than training and degree programs. CCCC relied on the RAIN program at UND to provide mentors for HPOG students to access HPOG supportive services, which students often said was the most beneficial aspect of the CCCC HPOG program.

Exhibit 5 below shows the distribution of types of partners that worked with each grantee. Examples of state and county partners were the North Dakota Department of Commerce, North Dakota Job Service, Glacier County Public Assistance, Alaska Department of Labor, and the Wisconsin Works (W-2) Program. Tribal administrations at each of the grantee sites were involved in the establishment of the HPOG programs. Some tribal administrations and tribal agencies had more active roles in implementation of the program than others, and at BCC and CCCC more than one tribal administration was involved in the HPOG program. For example, tribal partners included the tribal administration at Spirit Lake Sioux,

Three Affiliated Tribes, and Standing Rock Sioux. HPOG programs also partnered with Tribal TANF agencies, such as Blackfeet Manpower and Menominee Indian Tribal TANF. In addition, some grantees formed partnerships with local organizations and stakeholders in the community. At CMN, this included an Advisory Board with representatives from various organizations in the community.

**Exhibit 5. Number and Type of Partnerships, by Grantee**

Tribal HPOG Grantee	Type of Partner				
	Academic	Government	Tribal	Employer	Community
BCC	6	3	5	2	1
CCCC	6	5	4	1	0
CITC	1	3	1	1	0
CMN	0	2	1	2	1
TMCC	0	4	1	0	0

Source: Key informant interviews during annual site visits.

***Focus on Employment***

Employers were a key partner for Tribal HPOG grantees, particularly in the later years of program implementation. While all of the Tribal HPOG grantees had an employment assistance component of their program since the beginning of program implementation, direct communication with employers was minimal. Outreach efforts were increased in the final two project years to form networks with local and state employers to connect program graduates with job opportunities. Some of these relationships were established through employer advisory groups, which were networks of health profession employers in the state that maintained contact with HPOG implementation staff, mainly the employment specialist. For example, the CMN employment specialist began meeting with employers in the region in Year 3 to establish an employer network. The employment specialist at CCCC established an employer advisory group early on in program implementation, which alerted employers in other parts of the state to HPOG graduates. While the CCCC employer advisory group faced challenges in convening on a regular basis, the participating employers felt it was a valuable connection because it alerted employers to a local source of future healthcare professionals and created a network of contacts who are committed to hiring qualified healthcare workers within the state.

In Anchorage, CITC planned to establish a more direct route to employment between HPOG and the Alaska Native Medical Center (ANMC), which has an institutional goal for 50 percent of their staff to be Alaska Natives. In order to accomplish this goal, ANMC committed to offering employment to all of the CNAs that graduated from the CITC HPOG program. CITC also established a job shadowing program with SCAHEC. While students expressed positive feedback regarding this component of the CITC HPOG

program, it was ultimately discontinued in the final year of implementation due to staffing changes at SCAHEC. Program staff reported that there is potential to maintain partnerships with local employers after HPOG funding ends. There will continue to be a need for health professionals in these communities and employers can continue to collaborate with the tribal colleges to fulfill the needs.

### ***Strengthened Connections with Universities***

Partnerships between the Tribal HPOG grantees and academic institutions strengthened over the years and gave way to new partnering activities. For example, BCC is planning to build upon a relationship established through the HPOG program to provide a bachelor's degree pathway with UM-Missoula in non-health academic programs. The degree pathway is called a 2+2 program and is a model that allows students to take two years of classes at a two-year college and then transfer to the partnering four-year institution to complete a bachelor's degree by attending two more years of school. UM-Missoula will offer the 2+2 bachelor degree program in social work and education. TMCC reported they were also considering this type of partnership model with North Dakota State University (NDSU) for both a bachelor and master degree programs in public health, which was a result of the relationship that had developed through HPOG. A new development in the final two years of HPOG was that NDSU representatives visited the TMCC campus to recruit AI/AN students.

The BCC president, who was hired at the college midway through the HPOG program, brought with her connections to University of New Mexico (UNM). BCC leveraged these connections to expand their health profession course offerings through a partnership with UNM's Project ECHO (Extension for Community Healthcare Outcomes), Diabetes Community Resource Education Worker (CREW) Training and Community Addictions Recovery Specialists (CARS). Training for the short-term certificate programs was offered through a combination of a two to four day in-person training session in New Mexico followed by weekly video and phone teleconference training. HPOG students at BCC were eligible to participate in this program and the partnership will continue past the end of HPOG funding.

## **Program Components**

Per ACF program requirements, the primary components of the Tribal HPOG Program are 1) academic programs 2) supportive services and 3) partnerships. Throughout the five years of implementation, academic program offerings changed as student interest and enrollment fluctuated, need for specific skills in the workforce changed, and availability of instructors changed. The supportive services offered by HPOG programs were generally similar across all grantees due to the needs of low-income students and families living on or near a reservation.

### ***Academic Programs***

When determining which academic programs to offer, the Tribal HPOG grantees typically selected programs based on the following: 1) the skills and competencies needed by the local/state workforce, and 2) the academic programs offered by the Tribal Community College or academic training partner. Academic program offerings changed throughout the five years of implementation. Nursing ladder programs—CNA, LPN, RN—remained constant at four of the five of the grantees (only CNA and LPN were offered by the fifth grantee). Technician programs, such as Medical Lab Technician and Phlebotomy Technician, were added by some grantees later as they recognized the need for them. Technician programs were seen as a good fit for Tribal HPOG grantees because they were typically one-year programs, which allowed students to easily complete them within the timeframe of the HPOG grant period.

Some grantees discontinued academic programs due to low-enrollment numbers and limited opportunities for employment. For example, the Medical Billing and Coding (MBC) program at CITC was added to the academic course offerings at AVTEC in Year 2, but due to low enrollment and the inability of graduates to find employment, the MBC program was discontinued in Year 3. AVTEC replaced the one-year MBC program with a five-month MOA program that used a similar curriculum to the medical billing component of the MBC program, without the more technical coding content. As many of the MBC jobs were being outsourced to other states, strengthening skills for front desk medical office work was seen as more marketable within the region.

Some of the health programs that were established and strengthened with HPOG funding may not be sustained past the life of the grant. At TMCC, HPOG fully funded the nursing ladder programs and partially funded the Lab Technician and Pharmacy Technician programs. While the college was fully committed to assuming financial responsibility for the programs, their sustainability will be dependent on enrollment. TMCC staff expressed uncertainty about students being able to secure funding for tuition in addition to the other expenses required for health profession training that other scholarships and grants do not cover, such as uniforms, stethoscopes, and cost of travel to clinical training. Similarly, CITC and their partner organization AVTEC were concerned that due to state budget cuts, AVTEC may not be able to continue providing Allied Health programs.

#### *Program curricula*

The evaluation team reviewed academic program curricula of all health profession programs covered by Tribal HPOG. The programs offered varied across the five Tribal HPOG grantees, with the most variety offered by BCC and its implementation partners (31 programs). CCCC, with a similar implementation

structure, had the second highest number of academic programs offered (11 programs). Most of the grantees offered nursing career ladder programs which included training to become a CNA, LPN, and an RN. Other academic programs that were implemented at more than one grantee included Emergency Medical Technician (EMT)/Emergency Medical Responder (EMR), Food and Nutrition, Health Information Technology (HIT)/Health Information Management (HIM), Human Services, Medical Billing and Coding, Medical Office Clerk, Medical Lab Technician, Pharmacy Technician, Phlebotomy Technician, and Social Work. In addition to training programs, certificates and bachelor degrees, BCC and CCCC offered graduate degrees, including Master of Social Work and Master of Public Health. The table below (Exhibit 6) presents the academic health programs offered across the Tribal HPOG grantees.

**Exhibit 6. Academic Programs Offered by Grantee**

Academic Programs	Tribal HPOG Grantees				
	<i>BCC</i>	<i>CITC</i>	<i>CCCC</i>	<i>CMN</i>	<i>TMCC</i>
Allied Health & Fitness	X				
Athletic Training	X				
Behavioral Health Aide	X				
CNA	X	X	X	X	X
Community Health	X				
Diabetes Specialist	X				
Dental Assistant	X				
EMT/EMR	X		X		
Food and Nutrition	X		X		
HIT/HIM	X				X
Human Performance	X		X		
Human Services	X		X		
LPN	X	X	X	X	X
Master of Public Health			X		
Medical Assistance	X				
Medical Billing & Coding	X	X			
Medical Office Clerk	X	X			
Medical Lab Technician	X				X
Microbiology	X				
Pharmacy	X				
Pharmacy Technician	X				X
Phlebotomy Technician	X				X
Physical Therapy	X				
Pre-Med	X				
Pre-Nursing	X				
Pre-Requisites			X	X	
Psychology	X				
Quality Service Provider			X		
RN	X	X	X	X	
Radiology Technology	X				
Respiratory Care	X				
Social Work	X		X		
Speech Pathology	X				
Surgical Technology	X				

Source: Key informant interviews during annual site visits. Note: Exhibit includes academic programs offered by each grantee; not all programs were offered for the entirety of the five-year grant period.

### *Incorporating Native culture into curricula*

All of the Tribal HPOG grantees served AI/AN populations. Some of the Tribal HPOG programs adapted or modified their curricula to be more culturally appropriate and align with the specific needs of their student population. The importance of incorporating tribal culture and language is noted in the mission statement and goals of all of the Tribal HPOG grantees. An example of one of the mission statements is from CMN:

*As a land grant institution, the College is committed to research, promoting, perpetuating, and nurturing American Indian Culture, and providing outreach workshops and community service.*

Culturally-tailored curricula are a central component of the tribal colleges as a whole. Two of the Tribal HPOG grantees designed a specific cultural component for the health profession programs. CCCC designed a specific cultural component for the Quality Service Provider (QSP) program that incorporated Native Elder Care Curriculum (NECC), which was developed by CCCC in collaboration with the National Resource Center on Native American Aging. However, the QSP program was discontinued in Year 2 because graduates were unable to find employment due to issues with the state Medicaid waiver pertaining to billing and reimbursement, as well as difficulties with the QSP authorization process at the county level. CMN's nursing program was structured around the order of the five Principle Clans of the Menominee People (Bear, Golden Eagle, Wolf, Crane, and Moose), which recognizes each Clan as having a duty, that no one duty is more important than the others, and that no one be successful in isolation. Every course that was integrated into the nursing program was designed to address these teachings. Program administrators and staff explained that the curriculum design instills cultural sensitivity into the practices of the students.

In addition to incorporating culture into the health professions curricula, some institutions developed institution-wide efforts to demonstrate the importance of culture. For example, BCC instituted a program during the 2013-2014 academic year in which students, staff, and instructors were divided into one of 17 societies whose names represent important figures in Blackfeet culture. Each society was comprised of individuals from different departments at the college, which fostered community building campus-wide.

### **Supportive services**

All of the grantees provided a variety of supportive services designed to help students overcome barriers to pursuing their education and to comprehensively address the students' basic living needs. Supportive services typically fell into one of three categories: academic, social, and employment related. A list of all services provided to HPOG participants by Tribal HPOG grantees are available in Exhibit 7. Many of the

HPOG students said that they would not have been able to complete their degree program without the aid of the supportive services, and specifically the social supportive services. Tribal colleges are experienced in securing financial assistance for their students in the form of grants and scholarships, but most of those programs only cover academic costs. HPOG was unique in its ability to cover academic and social services, such as childcare and transportation. Additionally, Tribal HPOG grantees assisted program graduates with obtaining their certifications by providing gas money for travel to the testing site, lodging if needed, test registration fees, and study materials. Supportive services also included job readiness and employment assistance, ensuring that graduates had career readiness skills such as resume writing, job searching, and interview techniques.

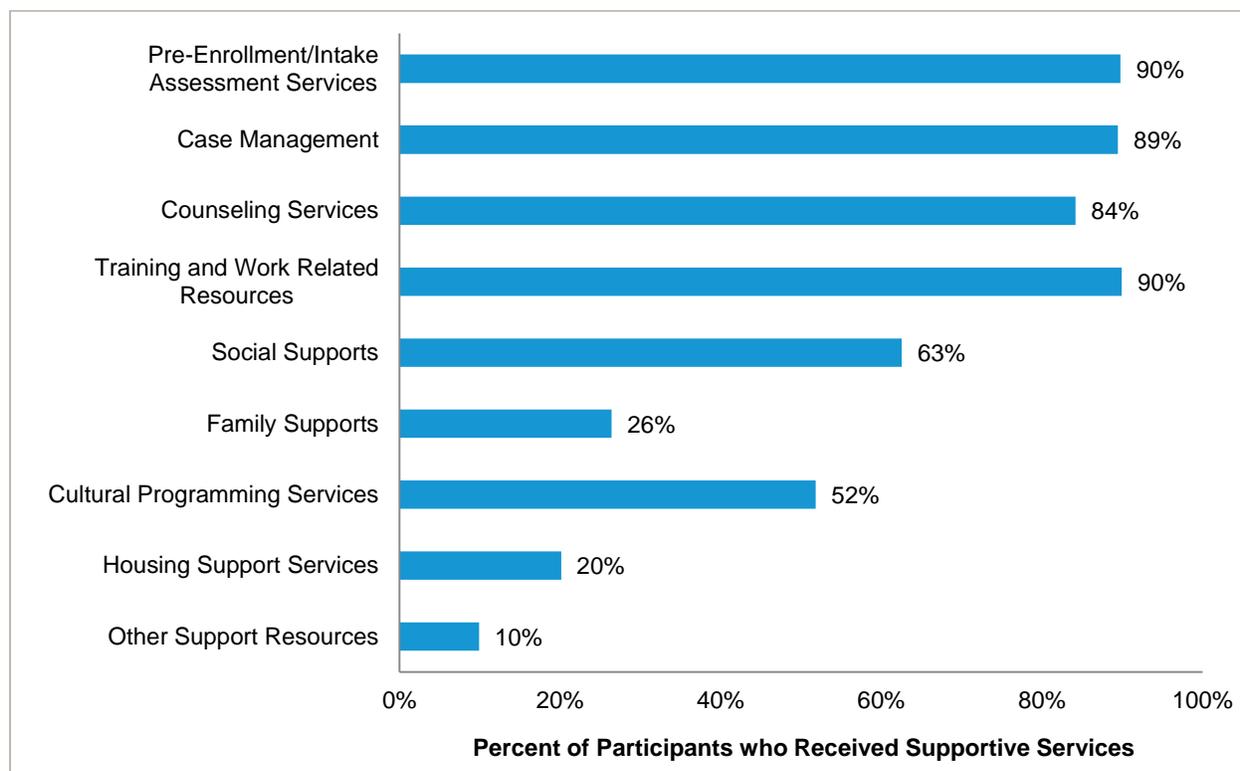
**Exhibit 7. Supportive Services offered by Grantee**

Supportive Services	Tribal HPOG Grantees				
	BCC	CCCC	CITC	CMN	TMCC
Tuition and fees	X	X	X	X	X
Books	X	X	X	X	X
Tutoring	X	X		X	X
Academic counseling	X	X			X
Exam/ Certification fees	X	X			X
Exam review materials	X		X		X
Lodging for exam					X
Uniforms	X	X	X		X
Other training supplies	X	X	X		X
Computers	X	X			X
Childcare	X	X	X	X	X
Transportation	X	X	X	X	X
Food	X	X	X		X
Rent assistance	X		X	X	X
Utilities assistance	X			X	
Internet	X			X	
One-time emergent needs	X	X		X	X
Financial literacy	X			X	X
Career counseling	X	X			
Life skills training	X	X			X
Resume/ cover letter	X	X	X	X	X
Job searching	X	X	X		X
Interview preparation	X		X		X
Financial assistance for moving for employment	X				X

Source: Key informant interviews during annual site visits.

Exhibit 8 shows the percentage of participants who received each type of supportive service as identified in the PRS. The most commonly received supportive services included pre-enrollment and intake assessments (90 percent); case management (89 percent); training and work related resources (90 percent); and counseling (84 percent).

**Exhibit 8.** Participants Receiving HPOG Supportive Services across Tribal HPOG Grantees



Source: PRS (September 30, 2015), N = 2270

Participants who received more than one type of supportive service may be represented in more than one category, but only once within each category.

### *Academic Supportive Services*

Academic supportive services were similar across all grantees. Tribal HPOG grantees provided financial assistance for tuition and fees, textbooks, exam and certification fees, uniforms, and other training supplies. For example, CCCC also provided laptops to their students during the first year of implementation, although this service was later discontinued due to re-prioritization of funds. Similarly, TMCC began to offer iPads in Year 3 to their students as they saw the need arise. TMCC HPOG staff felt that iPads would improve students’ access to technology and textbook content via e-books. The staff chose to do this as an effort to shift away from traditional textbooks to combat the rising costs. A few instructors expressed their concerns about this change, indicating that some of their textbooks were not

available as e-books. Tribal HPOG grantees also covered the costs of transportation, lodging, and meals for students during clinical training periods and trips to state testing facilities for their health professions certification exams.

Non-financial academic supports included mentoring, academic counseling, tutoring, remedial classes, and additional lab hours. Using HPOG funds, CMN employed a Basic Education Instructor, who was present on site and worked with students to address any academic hurdles, and a Nursing Skills Lab Coordinator, who enabled students to practice their skills in the simulation lab and receive additional instruction. At CITC, the program coordinator secured tutoring for participants when needed, although it was not a regular service offered by the CITC HPOG program. Therefore, AVTEC extended their computer lab hours, which provided more time for participants to study and make use of the internet. A majority of these academic services were offered by the colleges and available to all students, regardless of HPOG affiliation; however, one of the secondary implementation sites of BCC made a concerted effort to create a supportive community specifically for HPOG students. At Great Falls College-Montana State University (GFC-MSU), tutoring and academic services for HPOG students were housed at the *Issksiniip* Center that was established exclusively for BCC HPOG students. This center provided a quiet lounge-like atmosphere for students to do homework, have tutoring sessions, and meet with classmates.

### *Social Supportive Services*

Social supportive services refers to financial assistance for non-academic needs of the students. Across all Tribal HPOG grantees, transportation and childcare were the most widely used and appreciated non-academic services. Depending on the grantee, financial assistance covered housing (security deposit and first month's rent), childcare (payment to a licensed provider), transportation (gas cards or mileage reimbursement), and food (meal provision or payment). Over the years, some of the grantees modified eligible uses of funding depending on the needs of their HPOG students and the amount of other funding streams that could be leveraged. All of the grantees also used financial assistance to cover unique emergent needs, such as car repairs, temporary housing, and driver's license assistance. Grantees also referred students to social service organizations in the community to access TANF, employment assistance, and mental health services.

In addition, some grantees provided counseling or other one-on-one supportive services. For example, at BCC, counseling services were offered to students for academic issues and non-academic issues, such as grief, relationships, or alcohol-related issues. At CCCC, students also received individualized assistance from the mentors, such as arranging transportation to class, arranging childcare, and checking in with a phone call or text message.

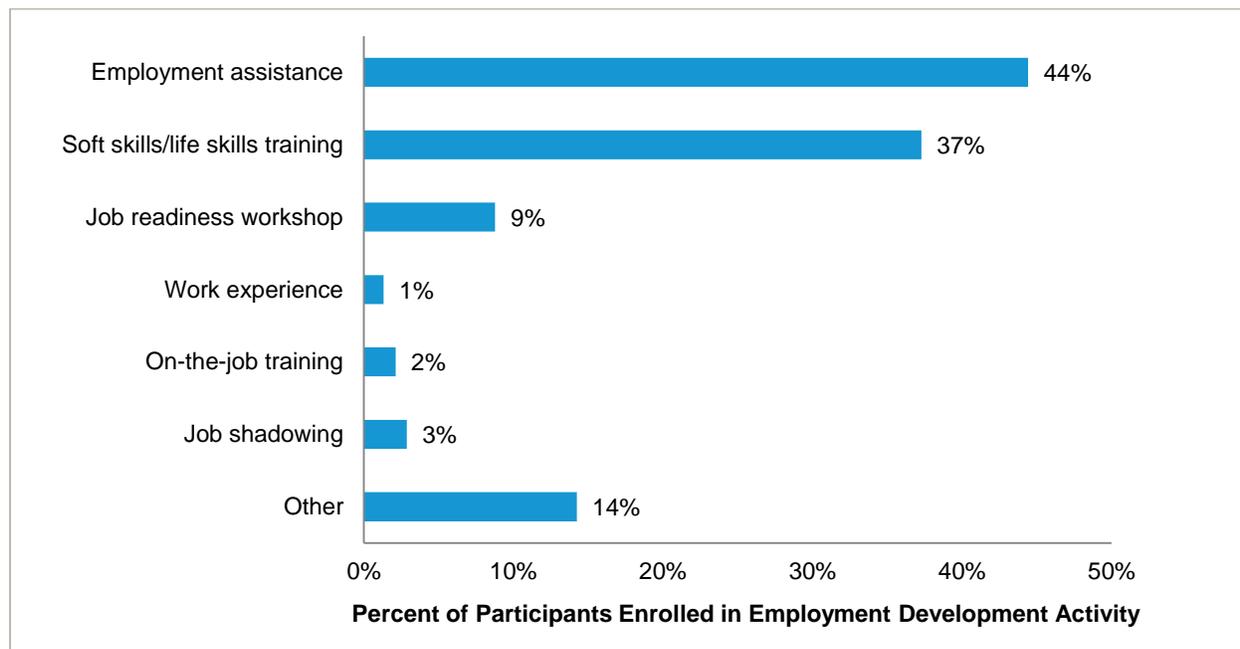
Grantees provided other types of social supportive services as student needs were identified. For example, program staff at CMN reported receiving more requests for rental assistance and energy bill assistance between Years 2 and 3 of their grant period. They regularly provided assistance for rent and energy bills, which was not available on an ongoing basis for students at the other grantees. CMN program staff attributed the increase in requests for assistance to more awareness about available services covered by the HPOG program. The CITC HPOG program offered transitional assistance for up to one year after program completion. However, in the later years of implementation, staff discussed the possibility of reallocating some of these funds by reducing the amount of time graduates could receive assistance. Program staff felt that while this assistance was useful for the program graduates, one year was more time than needed for participants to stabilize themselves. BCC provided support to students post-graduation who planned to continue their education at another institution. Additionally, BCC provided transportation funds for support related to moving for employment and financial assistance to purchase supplies such as uniforms, textbooks, or tablets.

#### *Employment-Related Services*

While grantees had employment-focused components and services from the beginning of their programs, employment-related supportive services became a more central component of the Tribal HPOG programs during the final two years of implementation. BCC, CITC, CMN, and TMCC all hired additional staff to focus on employment assistance during the second half of the grant period. The smaller grantees, CMN and TMCC, did not identify the need for employment services until Year 3. In Year 3, TMCC used carryover funds from Year 2 to support student transition to employment off the reservation. The transitional support was an innovative use of carryover funds that allowed TMCC to respond to student challenges in attaining employment. At the end of the program, both of these grantees reported that they should have identified the need for employment-related services at the beginning of the grant period.

Generally, employment services included career counseling, job searching and placement assistance, and job retention services. Exhibit 9 shows the percentage of participants enrolled in employment development activities throughout the five-year grant period. The two most common employment development activities among participants were employment assistance (44 percent of participants), such as assistance with searching for jobs, completing applications, and developing resumes, and soft skills/life skills training (37 percent), which includes training to develop skills such as self-confidence and ability to get along with others and work in a team.

**Exhibit 9. Participants Enrolled in Employment Development Activity across Tribal HPOG Grantees**



Source: PRS (September 30, 2015), n=2270

Participants who engaged in more than one type of activity may be represented in more than one category, but only once within each category.

Grantees used existing employment assistance services offered by their partners through a process of referral or collaboration. For example, CITC referred students to employment-related services at the Alaska’s People Center, also housed at CITC. At CMN there was a class dedicated to showing students how to access the Job Center of Wisconsin website, upload their resumes, and navigate the website in order to apply for employment upon completion of the program.

Job retention services were offered in the form of transitional funds for individuals establishing themselves in a new job and moving, if necessary. As stated above, CITC provided financial assistance for one year following program completion. CCCC implemented a system to provide funding for HPOG graduates who secured employment and were required to move; the funding provided decreased gradually over time. The financial assistance could be used for transportation and childcare costs.

Grantees also developed their own programs to enhance their students’ job search skills. In Year 4, TMCC held an employability boot camp to support student transition to employment and help build connections with employers outside of the local area. The boot camp also taught soft skills (attitude, professionalism, how to present oneself), which were identified by program staff as an area for

improvement among the HPOG students. In the final year of the program, BCC developed an initiative to boost employment among their HPOG graduates across all implementation sites. The initiative, which was run by the job developers, was called the “Where are you now?” campaign and its mission was to reach out to past students to learn what they had accomplished since graduating, and to offer assistance with finding jobs. At some of the secondary implementation sites for BCC, MSU-Bozeman for example, HPOG students used existing student supportive services to gain job readiness training or life skills coaching. The services included a career coach that was available to work with all students at the university but was highly involved in the Native studies program.

## **Tribal HPOG Staffing and Personnel**

Administrative and program implementation personnel in all Tribal HPOG programs brought diverse credentials and experience to their positions. Staff had varying levels of educational attainment, including up to the PhD level. Previous work experience that staff members brought to their HPOG roles included business management, high school counseling, and case management and/or social work. In addition to diverse backgrounds, other assets of the program staff were their connections to the community and their understanding of the culture and the meaning of education in the community, which enabled them to create a comfortable environment for the students to learn and grow.

Many of the Tribal HPOG grantees faced challenges with staff turnover over the five year grant period. Changes in staff occurred at various levels including instructors, program coordinators, case managers/mentors, and project directors. Staff members left for various reasons including retirement and the need to find a more permanent position. Often the staff turnover was followed by a transition period for the other staff members and the students. Smooth transitions occurred when the staff change was internal and required minimal training. For example, the program coordinator at CITC left her position in the final year of implementation, but the role was promptly filled with a staff member who was already employed at CITC. The new program coordinator had prior knowledge of CITC and HPOG, allowing for a smooth transition. Similarly, BCC and CMN were able to fill the project director position with internal staff when turnover occurred.

Occasionally, changes in staff assignments and staff turnover created challenges for program staff and students. For example, one of the mentors at CCCC was reassigned to oversee an additional implementation site and this shift in responsibilities caused instances of miscommunication between students’ needs and the primary implementation staff. In some cases, positions remained vacant for an extended period of time, which was stressful for the remaining staff until replacements were hired.

## Program Processes: How were training and supportive services delivered?

This section summarizes the processes Tribal HPOG grantees used to implement their programs over the five year grant period. Key evaluation questions related to program processes aim to understand the effectiveness of recruitment and orientation strategies, utilization of supportive services by participants, incorporation of the Family Education Model, quality of instruction, and implementation facilitators and challenges.

<b>Key Findings</b>
<ul style="list-style-type: none"> <li>■ Grantees used a variety of recruitment strategies over their five year grant period, and word of mouth was the most effective recruitment tool according to program staff.</li> <li>■ Grantees established screening processes that allowed grantees to confirm eligibility of potential HPOG students and provided the opportunity to facilitate the enrollment of qualified, dedicated participants.</li> <li>■ All grantees developed formal orientation processes to inform students about the HPOG program and program expectations related to attendance and grades. Orientation evolved over the grant period to also include content on employment and job readiness.</li> <li>■ Grantees reported three key retention strategies: extensive screening processes for prospective HPOG students, systems for accountability, and the provision of supportive services.</li> <li>■ Although the Family Education Model was not a specific component of grantee implementation plans, families were encouraged to support and participate in their family member’s education and were included in informal events at grantee sites.</li> <li>■ The sense of community within Tribal colleges and communities and program staffs’ knowledge of students’ personal and family circumstances allowed them to provide targeted support to students.</li> <li>■ The small communities where most of the Tribal HPOG programs were located provided opportunities for networking between HPOG staff and local employers and helped facilitate employment of HPOG graduates.</li> <li>■ Staffing was a challenge for Tribal HPOG grantees. Some grantees, particularly those in more isolated areas, had difficulty recruiting qualified staff to administer the HPOG program. Staff turnover also caused stressful periods for remaining staff while they took on additional duties.</li> <li>■ Communication challenges between grantees and secondary implementation sites as well as the two campuses at CMN caused inconsistencies in program implementation and delays for approval of supportive services to students.</li> <li>■ Students were highly satisfied with the quality of instruction received and the dedication of their instructors.</li> </ul>

## Recruitment Strategies

Tribal HPOG grantees used a variety of recruitment strategies to market their programs to potential students. All five grantees indicated that word of mouth was the most effective recruitment tool for reaching potential students, including word of mouth among students, instructors, and members of the community. In addition, all five grantees developed promotional materials, such as brochures and flyers, at the beginning of the HPOG programs to assist with recruitment efforts. Some grantees also advertised the HPOG program in local newspapers or on local radio.

Grantees also reached out directly to students and accepted referrals from instructors. For example, TMCC notified all of the current students about the HPOG program when it began. BCC and its partner implementation sites advertised programs on their university websites and through student listservs. Some grantees mailed information directly to their current nursing students. At CCCC and its partner sites, mentors informed students at the colleges and other eligible individuals about the HPOG program. The RAIN Program at the UND also provided information to RAIN students who may qualify for the HPOG program.

HPOG grantees also accepted referrals from partner organizations, including the organizations that administer TANF and workforce development organizations in their communities, with mixed results. For example, CITC had success with internal referrals from CITC's TANF caseload, particularly clients who visit the Alaska's People Center, the career development center at CITC, as these individuals are in the process of seeking training or employment. TANF caseworkers at CITC referred both new walk-ins as well as existing clients if they expressed an interest in healthcare. BCC also had success recruiting HPOG students through career counselors at Blackfeet Manpower, a client-serving partner institution that administers TANF in Browning, MT. However, implementation staff at CMN noted that it was a challenge to recruit potential students from the TANF program at the Community Resource Center in their community. Program staff reported a major barrier to enrolling TANF clients who were referred to the program is that many were unable to pass a background check due to a criminal record, and would therefore be unable to find a career in healthcare.

Other recruitment strategies employed by HPOG grantees included attending job and career fairs, marketing the program to those already enrolled in home health aide classes, holding information sessions about the HPOG program, and conducting outreach at local high schools. For example, CMN held regular information sessions about the HPOG program, which covered an overview of HPOG, including program requirements and expectations; sessions were held every other week at the Keshena campus and once a month at the Green Bay campus. At CCCC, the HPOG program hosted a workshop geared towards a

hard-to-reach population—those who had never considered higher education and felt they would not fit in – to inform them about the opportunities available through HPOG. Four out of five grantees (BCC, CITC, CMN, and TMCC) also mentioned conducting outreach at local high schools. In the final year of the program, CITC staff spoke with local high school seniors about careers in healthcare, particularly about the CNA program, which allows students to get a job upon completion or continue training. Staff expressed the need to reach students before they enter into systemic poverty. CMN staff reported conducting similar outreach at high schools in their area, focusing on schools with a larger AI/AN population in order to increase AI/AN enrollment in their HPOG program.

In addition to modifying recruitment strategies established in Year 1 and trying new recruitment approaches over the five year period to determine what worked best, grantees also needed to adapt their recruitment strategies based on the year of the grant. Grantees were encouraged to enroll students who would complete their training programs prior to the end of the grant in September 2015. Therefore, in the later years of the grant period, grantees focused primarily on enrolling students in short term training programs, such as CNA. In addition, some grantees recruited students who were already enrolled in healthcare training programs and met the eligibility requirements to enroll in the HPOG program if they were on schedule to graduate prior to the grant ending.

## Screening

Screening was seen as an integral part of the recruitment process as it allowed grantees to confirm eligibility for the HPOG program and provided the opportunity to identify dedicated, qualified participants. The five tribal grantees each established their own eligibility requirements and screening processes for their specific programs. One common eligibility requirement across grantees was that individuals must be low-income or a TANF recipient.

At the start of the program, the grantees established processes for reviewing applications to select qualified, dedicated students to enroll in the program. Three tribal grantees (TMCC, BCC, and CITC) created intensive screening processes from the onset of their programs, while CCCC and CMN incorporated screening activities later in their grant periods. Screening activities included having applicants submit an application and documentation to verify income requirements, an essay that described their interest in healthcare, and letters of recommendation. In addition, CITC and TMCC conducted interviews with potential participants to assess their commitment to the program and required applicants to pass background checks prior to enrolling in HPOG.

Both TMCC and BCC established committees or panels to review all of the HPOG applications. The screening committee at TMCC, which was comprised of the HPOG Project Director, instructors, and student services staff, reviewed applications, selected candidates to interview, and conducted interviews to determine which students were selected. The screening committee considered a prospective student's academic transcript, attendance records, letter of recommendation, and assessed the student's commitment to completing the training program through the interview process. At BCC, applications were reviewed for completeness by administrative staff, and then reviewed and scored by the panel, which consisted of a mix of HPOG program staff and BCC administrators and faculty who were unaffiliated with HPOG. Some of the factors considered for acceptance into the program at BCC included academic transcripts and the prospective student's financial need.

While CMN's screening process was minimal at the beginning of their grant period, they later implemented a process for giving potential students a Suitability Determination Rating. This rating was based on four criteria: a complete application, an interview with program staff, whether the services offered by HPOG matched student needs, and the student's attendance/punctuality during the application process. The overall goal of the rating was to assess the soft skills (e.g. communication skills, conflict resolution, professionalism) of prospective students and identify areas for improvement when they enrolled in the HPOG program; no students were denied entry to the HPOG program due to their rating. At CCCC, staff also identified a need to assess students' employability to ensure prospective students had the soft skills necessary to gain and retain employment in the healthcare field and began including an assessment as part of their screening processes.

Grantees reported that these processes helped them identify qualified students who were motivated to complete their education and capable of securing employment once they had completed training. However, some grantees noted that screening processes did not have to be the same for all training programs. For example, TMCC tailored their screening processes by program. At TMCC, the longer training programs required review and approval by the selection committee, those interested in three week CNA training were only required to pass a background check prior to enrolling in the course. Program staff at BCC suggested that their screening processes for nursing and EMT should be modified to ensure that prospective students understand the nature of the work before their acceptance into these programs as some students had left these programs after realizing the jobs required dealing with physical trauma and intensive caretaking.

## Orientation Strategies

All five Tribal HPOG grantees offered a formal orientation for newly enrolled HPOG students to introduce them to the HPOG program and program staff, and to convey program expectations. Four of the five Tribal HPOG grantees hosted one to two day group orientations with HPOG students prior to the start of their training programs. One grantee, CCCC, had students meet one-on-one with their assigned mentor to learn about the HPOG program instead of offering a group orientation. Similar topics were covered at each grantee's orientation, including expectations around attendance, punctuality, grades, and professionalism. At BCC and TMCC, students were required to sign contracts or letters of commitment stating they understood and would meet program expectations.

Most grantee orientation processes evolved over the course of the grant period. For the most part, grantees expanded the length of orientation to include additional content. The biggest change to orientation overall was the addition of activities focused on employment and job readiness, such as sessions on soft skills and assistance with resume development. CITC and BCC also began inviting current or past HPOG students to orientation to share personal testimonials about the program and answer students' questions.

The CMN HPOG program made the most significant changes to their orientation process over the five year grant period. Initially, CMN offered a one to two day "boot camp" orientation for all incoming HPOG students that included an assessment of students' needs and the creation of a Student Success Plan (SSP) for each student. CMN then began offering separate orientations for CNA students and LPN/RN students in order to be more responsive to varying lengths of the programs. In the final year of the grant, the CNA orientation included a budgeting workshop led by staff at the local bank, sessions to teach soft skills, and a session with the job placement specialist to prepare students for applying to and interviewing for jobs. The nursing boot camp evolved from a one to two day program to a five day program, and eventually to a nine day program. Components of the boot camp included test taking strategies, writing and references in APA style, financial management, team building, and a cultural component. Program staff reported that one benefit of the orientation was that participants had the opportunity to meet their classmates and instructors prior to class, which reduced students' anxiety on the first day of class.

As noted previously, the CCCC HPOG program did not offer a group orientation. Rather, each HPOG student met with their assigned mentor. During the initial meeting, the mentor identified student needs and supportive services that would be beneficial for them, worked with the student to map out a plan for completing the academic program, and scheduled a regular meeting with the student. In addition, students were given the HPOG program handbook that explained program requirements and expectations.

Generally, students reported that they felt well-oriented to the program; however, some students noted

suggestions for improvement. For example, one student noted that because the orientation to HPOG was done on an individual basis, she did not meet other HPOG students until later in the year. She felt that fellow HPOG students were a good resource and could serve as a support group during training, and recommended that a group orientation at the beginning of the year could have been beneficial. Students also noted that the individual orientation was not standardized, so some students were provided with more information at the outset of the program than others, who learned about available services through other students. Program staff had observed students' frustration with this issue and suggested that the HPOG program could do a better job of training the mentors to ensure a standardized orientation process for all students.

## Retention Strategies

The main retention strategies reported by grantees included extensive screening processes, implementing systems for accountability, and supportive services. Both CITC and TMCC cited the thorough screening processes they implemented as a key retention strategy as it allowed them to identify dedicated, motivated individuals who would be committed to completing the program. Grantees also conducted academic assessments at intake to ensure that prospective students had the required reading, writing, and math skills to be successful in their training programs. For example, TMCC implemented a predictor test for potential LPN students to ensure they had the math skills necessary for that program.

Once enrolled in HPOG, grantees implemented systems designed to ensure accountability for HPOG students. For example, at CCCC, students were required to submit their attendance and grades to their mentors weekly. This strategy enhanced students' accountability to the program while allowing mentors and HPOG program staff to recognize issues and respond to challenges before they escalated. Program staff at BCC also required students to complete biweekly progress reports that included information on their grades and attendance. In addition, BCC employed a Retention Counselor to monitor and reach out to "at risk" students with poor attendance and/or grades as well as to develop improvement plans for students who were struggling. HPOG staff at TMCC also required students to complete timesheets signed by their instructors verifying their attendance, and students could only receive reimbursement for mileage with a signed timesheet.

Grantees also noted that the supportive services offered by the HPOG program were key to student retention. Often the provision of a supportive service was seen as the difference between a student staying in school or leaving their training program. Grantees reported that both social supportive services and academic services were important for student retention. Students often shared how important the

supportive services were to their success, for example, as described by a participant: *“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.”*

Although all grantees noted that these strategies improved student retention, they did have students who were unable to complete their training programs. According to grantees, some students did not complete their programs due to academic challenges with the course material. Personal challenges and family issues were also frequently cited as a contributing factor for students who did not complete their training programs.

## **Assessing Student Needs and the Provision of Supportive Services**

The processes for assessment and distribution of supportive services varied by grantee, although all grantees assessed student needs at intake and throughout their enrollment in HPOG. All grantees had designated staff to assess student need and request supportive services on behalf of the students. At CITC, students requested services through the program coordinator. At BCC and TMCC students met regularly with case managers who administered supportive services to students. At CMN, students met with both a Supportive Service Coordinator and a Basic Education Instructor to assess both academic and social service needs. All CMN HPOG students also developed a SSP which was updated every semester and outlined students’ goals, such as completing coursework and their training program. The plan also identified barriers to completing training programs that could be addressed by supportive services.

At CCCC, student needs were assessed by their assigned mentor and requests for assistance were made to the CCCC administrative office by the mentor on behalf of the student. Students could also go to their mentor to request additional services. Students reported having a close, trusting relationship with their mentors where they felt comfortable asking for help. The CCCC administrative staff reviewed students’ requests and provided a determination of whether the service would be provided based on financial eligibility. However, mentors at secondary implementation sites noted that the criteria for determination were not always clear and they were often unsure what services would be approved or denied.

BCC used a different method to distribute HPOG funding to ensure equal spending per student across all implementation sites. For all but the final year of implementation, BCC allocated \$6,400 per year to each HPOG student to cover tuition and fees, textbooks, room and board, living expenses and childcare costs.

The funding amount was determined by accounting for the cost of tuition and fees at BCC and an estimation of funds needed for supportive services. The funds were first used towards tuition and books and remaining funds could be used for additional academic or social services. Due to differences in cost of attendance at the various colleges and universities and the differences in tuition for the various degree programs, additional supportive services were not always available to every student. Partner sites tended to have higher tuition than BCC, leaving students who attended those sites with fewer funds to spend on other school- and living-related expenses. In the final year of implementation, BCC reduced the overall funding amount per student in order to reallocate funding for improved career services, including hiring job developers and establishing employment transition funds.

Supportive services were provided to students based on their needs, so not all students received the same services. Generally, in addition to tuition and fees, most students also required assistance for transportation and childcare. All grantees leveraged other available funds to address student needs before using HPOG funds to ensure that HPOG funding could be used for as many students as possible. If students requested services that HPOG could not provide, staff worked to refer students to other community resources.

Grantees also worked to address any barriers to providing supportive services. For example, HPOG funding could only be used for state-certified childcare providers, and there were a limited number of certified providers on the reservations. Students at BCC, CCCC, and TMCC all experienced challenges finding certified childcare services that were convenient for their class schedule. BCC worked with Blackfeet Manpower, a state-certified One-Stop tribal program and one of BCC's partners, to certify individuals to be eligible childcare providers. Students at TMCC ended up relying more heavily on family members to provide childcare while they were at class or attending clinical trainings that either started very early in the morning, before childcare providers were open, or were located in a different city that required at least one night away.

In addition, grantees monitored the use of supportive services and refined protocols to ensure services were administered appropriately. For example, at BCC, transportation assistance was first distributed in the form of gas cards and transit passes to Blackfeet Transit, a tribal service that provides transportation within the Blackfeet Reservation. Gas cards were issued with pre-loaded dollar amounts to be used at the local gas station. However, due to the ability to purchase non-gas items with the cards, BCC switched to a direct reimbursement system with the gas station for HPOG students.

## Incorporation of the Family Education Model in the Tribal HPOG Program

The Family Education Model focuses on the importance of creating an extended family structure that welcomes and honors familial involvement and support.<sup>13</sup> The incorporation of families in the Tribal HPOG program varied across grantees. While not a separate component of most of the implementation plans, all of the Tribal HPOG grantees organized at least one family event per year and generally encouraged families to support and participate in their family member's HPOG education. For example, secondary implementation sites for BCC hosted family-centered events, such as powwows and Native American Day celebrations. All HPOG students and graduates were invited and were encouraged to bring family members to share in the events. Other grantees also invited families to graduation and other recognition ceremonies. During holiday dinners, luncheons, and other events hosted at the college, HPOG staff used the opportunity to inform families about the importance of creating a supportive environment for their family member to pursue an education. Over time, some grantees saw an increase in students who brought their family members to those events and staff welcomed and encouraged their participation. In addition, HPOG staff, especially the case managers, helped to make family accommodations on a daily basis so that students could attend class, such as helping to find babysitters, sending reminders to students about class schedules and tests, and checking on availability of transportation.

The academic clan and society distinctions in the nursing program at CMN and college-wide at BCC, respectively, are also examples of emphasizing familial and community support. According to the BCC staff members, engaging families increases the likelihood that students will receive support at home. Family members of BCC participants were invited to orientation, seminars, and campus visits so they could become familiar with the staff and setting where the students' training occurs. One of BCC's secondary implementation sites, Salish Kootenai College (SKC), hosted a family night every year that was arranged by the student senate to which the HPOG students were invited. In addition, SKC offered orientation for families to coincide with student orientation, during which families learned about student responsibilities and experiences, such as long hours of study and increased stress during exam times. Some students at other colleges expressed the desire for more organized family engagement to help family members cope with the demanding education and work schedule. Many students noted that they were the first in their families to pursue higher education and family members were "both proud and worried when students [left] home." This sentiment was echoed by a staff member that said that some

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<sup>13</sup> HeavyRunner, I. & Richard DeCelles, R. (2002). Family education model: meeting the student retention challenge. *Journal of American Indian Education*, 41 (2).

family members “pull-back” as the student becomes more immersed in their education, and this is what a family-focused educational component would address.

An outcome that was identified in the qualitative findings was the effect HPOG seemed to have on the perception of education in the home. During focus groups conducted by the evaluation team and in conversations with Tribal HPOG staff, many HPOG students described the interactions that they had with their children, working on homework together and forming an expectation that education should be a priority. Students reported that they took it upon themselves to include their children in their education. Some parents studied with their children to create an environment at home that placed an emphasis on education and supporting each other. Students noted that they were able to show their children that they have the ability to pursue an education and find employment.

## Quality of Instruction

Overall, students at all Tribal HPOG programs were highly satisfied with the quality of instruction they received from their academic training programs. Students reported that the instructors were dedicated, knowledgeable, and well prepared. In addition, students felt that instructors went above and beyond to assist students and support their success, illustrated by the selected student quotes below.

*“The instructors go far beyond what would be expected to make sure the students succeed.”*

*“The instructors are excellent. They are hard core when they need to be, but kind when they need to be. They understand how to cater to your needs, and they really work on what they need to improve.”*

*“The teacher really cares. [She is] not just there for the paycheck. She wants to make sure we really get it.”*

*“The teachers are very good. I feel like the teachers really want you to succeed and are well educated. The content is very good as well. It’s making us very good nurses, smart nurses.”*

While the majority of students were satisfied with their instructors, some expressed frustration with instructors in the early part of the grant period. In particular, during Year 1, students at CMN felt the instructor did not provide additional support outside of class and simply read text during class. However, some students and program staff noted that if students were better prepared for class, some of the tension

with instructors could be alleviated. While these concerns were mentioned early on at CMN, students enrolled at the end of the grant were highly satisfied with the current instructors. Program staff also noted that it can be difficult to recruit qualified staff, particularly in more rural areas where most of the grantees are located. At the start of the grant period, this caused delays for some programs as they established new academic training programs. In addition, some grantees experienced periods of time where a program could not be offered until they hired a replacement instructor. For example, the TMCC CNA instructor left at the end of 2014 and the college was unable to replace her, particularly because the grant was ending. Program staff at TMCC maintained a waiting list with interested students and was able to offer two sessions of the course through a partnership with Train North Dakota, a statewide training network, prior to the end of the grant.

## Implementation Facilitators

Staff at all grantees noted a number of factors or processes that eased program implementation. For example, staff indicated that the sense of community within Tribal colleges and communities was one of the most important facilitators of the Tribal HPOG programs' implementation. In addition, the dedication and commitment of program staff facilitated program implementation as students reported that staff were approachable and willing to help. Establishing relationships with students enabled staff to both support students and hold them accountable. Program staff often knew the students and their families, and knowledge of the students' personal circumstances helped program staff provide targeted support to students. For example, one college administrator at TMCC knew of a student who was walking several miles to class and offered to give him a ride. Staff at BCC noted that they often saw students outside of class and could use those opportunities to check in with students. Students at CMN described the support and encouragement that students received from everyone at the college, not just from the HPOG staff or their nursing instructors. CCCC's approach for assigning mentors to each student provided students with a consistent staff person to go to for assistance. Students reported that the mentors were accessible and trusted and they felt they could talk to them about academic issues as well as personal issues.

The small communities where most of the Tribal HPOG programs were located also provided opportunities for networking between HPOG staff and local employers. HPOG staff sometimes learned of available jobs through their connections. For example, the benefits of networking with employers became clear for the CITC HPOG program when one of the HPOG graduates was hired to work in the human resources department of a local hospital, ANMC. Once this individual was employed there, she was able to serve as a connection to HPOG program staff and the hospital subsequently hired several other

program graduates in administrative roles. This employer has also hired CNA and nursing graduates from the CITC HPOG program.

Several grantees described program facilitators that were unique to their program. For example, as a One-Stop center, CITC had multiple funding sources and strong organizational capacity for implementing the HPOG program. Individuals who came to CITC for other services were often referred to the HPOG program. CITC staff strategically used other CITC resources in addition to HPOG funds to support participants' training and were careful not to duplicate services. At BCC, staff described several factors that supported the statewide model they implemented. After the first year, BCC hired full time liaisons to administer the program at each of the partner sites and work directly with the students. Previously, administrative staff at the colleges were responsible for the program in addition to their existing full time work. Another program facilitator at BCC was the existing support system for AI/AN students at the partner state universities through Native American Centers and Native studies programs, which enabled students to find community on a larger campus.

## Implementation Challenges

Program staff from all grantees discussed a number of challenges and site-specific barriers that hindered program implementation. Several grantees experienced challenges with implementing their programs within their projected timelines, including both internal challenges with getting the required grant documentation in place as well as delays with external partners. For example, CITC had to work with AVTEC to establish the RN program and issues at AVTEC resulted in a delay in being able to enroll students in that program. Grantees also described issues they had with the initial planning and startup of the grant. For example, CMN noted that it took several months to establish official policies and procedures for the program, so staff were inconsistent in their guidance to students until the policies and procedures were finalized and shared with staff.

Another cause for delay in implementation was the need to hire permanent program staff. It took some grantees, particularly those in more isolated areas, longer to recruit qualified staff to administer the HPOG program. In addition, given the timing of the grant award, grantees needed to recruit staff and instructors after the start of the academic year.

Staff turnover was another challenge among HPOG grantees. All grantees experienced some turnover among program staff and instructors over the five year grant period. A common issue for grantees was

that when staff left, the remaining program staff had to take on the duties of the departing staff in addition to their own. This resulted in stressful periods for program staff while they searched for new staff to hire.

For grantees with multiple institutions or locations, including BCC, CCCC, and CMN, communication across sites was also a challenge. For example, reimbursement approval for CCCC HPOG students went through the program staff at CCCC, even if the student was enrolled at another institution. This approval process sometimes resulted in delays in processing requests for supportive services for students. At CMN, HPOG staff were located at both CMN campuses, and miscommunication between staff at different locations led to inconsistency in program implementation at the two campuses. However, staff did note that issues were resolved once the official policies and procedures were implemented and staff could refer to them to address issues that arose. Staff at BCC also described communication challenges across the five partner sites, particularly in the time before the site liaisons were hired. Once each institution had a full-time HPOG employee on site, the communication challenges were lessened.

The length of the grant period also presented issues for grantees in terms of recruitment of students into longer-term training programs. Grantees were encouraged to enroll only those students who were able to complete their training within the grant project period. Therefore, grantees focused on recruitment for shorter term programs towards the end of the grant period. Some students in longer-term programs were exited from the HPOG program if they got off schedule and were not going to complete their training program by the end of the grant project period.

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

This section addresses student and program outcomes across the five-year grant program (9/30/2010 - 9/30/2015) including educational attainment, employment and employability outcomes, program sustainability and replicability, stakeholder satisfaction, and native healthcare workforce capacity.<sup>14</sup>

### Key Findings

- A total of 2,270 students were enrolled over the five-year grant period (9/30/2010 -9/30/2015) across all five Tribal HPOG grantees.
- Over the five year grant period, 1,483 out of the 2,270 enrollees (65.3 percent) had completed one or more healthcare trainings.
- At program intake, 65 percent of participants (1,468) were unemployed, 20 percent (458) were employed in a non-healthcare field, and 15 percent (134) were employed in a healthcare field. Almost half of the participants who were unemployed at intake became employed at some time after intake.
- The three more rural grantees (BCC, TMCC, CCCC) experienced challenges with finding local healthcare employment for HPOG participants, making it necessary for participants to move to urban areas to find employment, which many participants were not willing or interested in doing.
- Overall, stakeholders, including program staff, instructors, and students, were satisfied with the Tribal HPOG Program. Many students noted that they would not have been able to complete a program without both the social and financial supportive services of the Tribal HPOG Program.
- Although grantee staff were largely satisfied with the implementation of the program, some staff at CCCC and BCC reported issues with communication between the primary implementation site and the secondary sites. Staff turnover sometimes contributed to these communication issues.
- All grantees reported that their partners will play a role in their sustainability efforts after the funding period ends, including helping provide supportive services and the continuing to offer training programs. Grantees will also help participants find other sources of funding, such as scholarships and loans, to pay for their education.

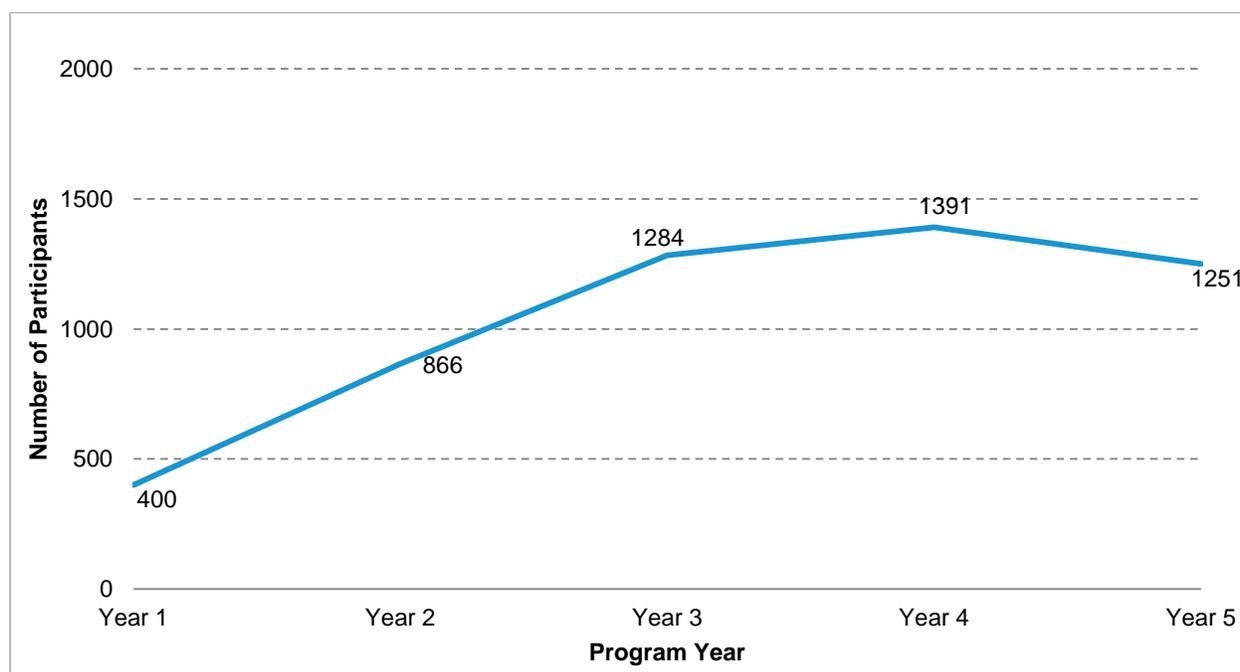
<sup>14</sup> To supplement qualitative information, the evaluation team worked with Urban Institute to obtain quantitative data from the HPOG Performance Reporting System (PRS). All Tribal HPOG students are included in the PRS. All results are reported as of September 30, 2015; data was extracted from the PRS on October 7, 2015. Some grantees received no cost extensions and additional participants may be entered after this date.

## Educational Attainment

A total of 2,270 students were enrolled<sup>15</sup> over the five year grant period across the five Tribal HPOG grantees. Specifically, there were 280 students enrolled at CITC, 803 students at CMN, 673 at BCC, 247 at TMCC, and 267 at CCCC. The number of students that the Tribal HPOG grantees were actively serving increased during the first four years of the grant, but then decreased slightly during the fifth year, presumably due to not enrolling new students as the grant came to an end and due to students completing their programs (Exhibit 10). “Active” denotes students that are enrolled, but have not yet exited.

Reporting the number of active students better reflects how many students were being served in a given year than the number of new enrollees because it takes into account the years that they are in the program between enrollment and exit.<sup>16</sup>

**Exhibit 10.** Number of Active Participants per Program Year across Tribal HPOG Grantees (n=2,270)



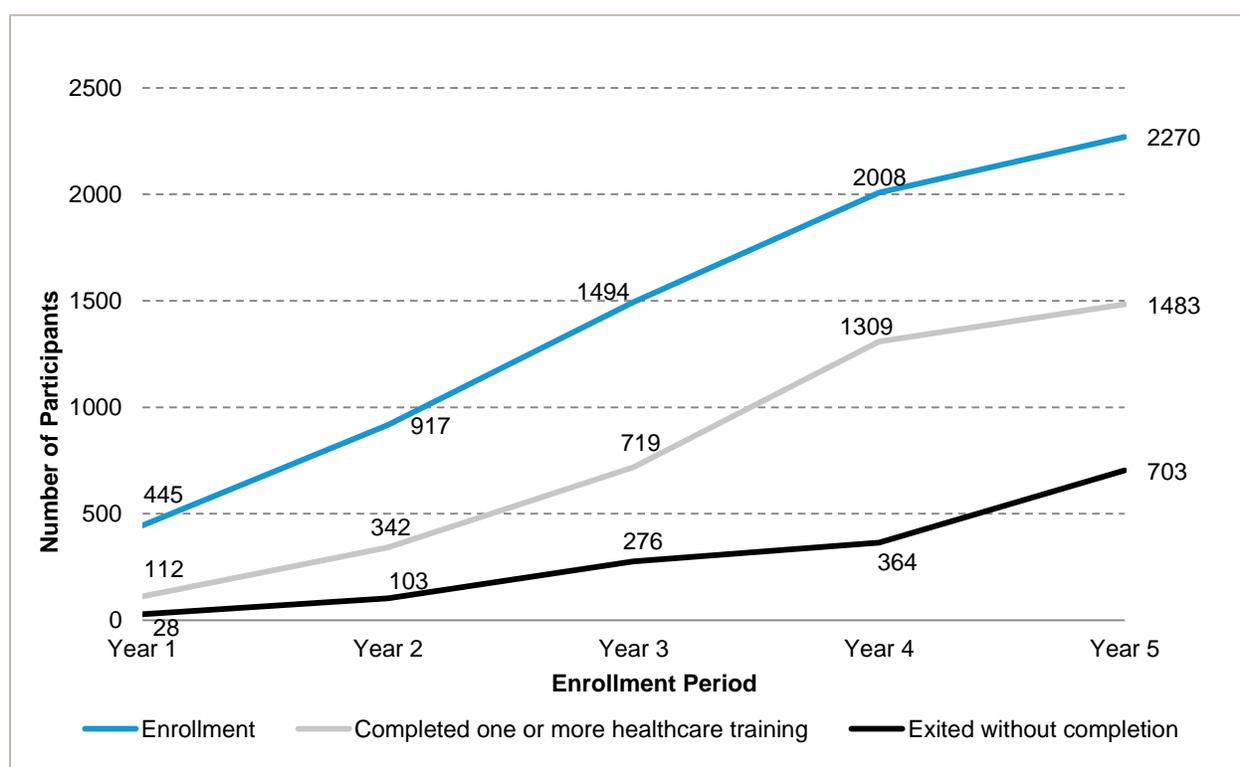
Source: PRS (September 30, 2015)

<sup>15</sup> Enrollment is defined as meeting the program eligibility criteria and receiving a substantive program service, specifically, a supportive service, pre-training, or training activity.

<sup>16</sup> “Active” denotes the time between initial program enrollment and exit from the program. For example, if a participant was enrolled in Year 2, and exited in Year 4, then they will be counted as “Active” during Year 3 as they were presumably training and participating in the HPOG program. The number of Active individuals better reflects how many participants were being served in a given year than just the number of new participants enrolled into the program.

Exhibit 11 shows the cumulative Tribal HPOG Program enrollment, training completion, and exits without completion. By the end of the grant period, 1,483 out of the 2,270 enrollees (65.3 percent) had completed one or more healthcare trainings. There were 433 participants that started a second training program, of which 238 completed the second training. There were 703 participants that exited without completing a training program (31 percent).<sup>17</sup> The remaining 4 percent had neither completed a training program nor exited the program.

**Exhibit 11. Cumulative Enrollment, Healthcare Training Completion, and Exit without Completion across Tribal HPOG Grantees (n=2,270)**



Source: PRS (September 30, 2015)

Across the Tribal HPOG grantees, the healthcare training program with the most enrollees was the CNA program; this program also had the highest percentage of completers among training programs (79.6 percent) (Exhibit 12). The program with the second highest completion rate, at 75 percent, fell under the Miscellaneous Community and Social Service Specialist SOC (Standard Occupational Classification system) code, which included programs such as Behavioral Health Aide and Diabetes Specialist. CNA programs, typically three to eight weeks long, were among the shortest training programs offered by

<sup>17</sup> Program exit is defined by each grantee, but generally indicates the participant is no longer receiving HPOG services.

grantees and may be why they have the highest number of completions. The programs with the lowest completion rates were the Emergency Medical Technicians and Paramedics (24.8 percent completion rate), Pharmacy Technician (28 percent completion rate), and the Diagnostic Related Technician (25 percent completion rate, though there were only four total enrollees in this program). The low completion rate for Emergency Medical Technician may be due to difficulties with taking and passing the licensure exams (as described in the “Challenges to Achieving Program Outcomes” section).

**Exhibit 12.** Number of Tribal HPOG Participants who Enrolled In and Completed Each Training Program (Listed by Most to Least Number of Participants Enrolled; n=2,270)

Training Programs (SOC)	Number Enrolled	Number Completed	Percent Completed
Nursing Assistant, Aide, Orderly, Attendant	1170	931	79.6%
Licensed Practical & Vocational Nurses	351	205	58.4%
Misc. Community & Social Service Specialist	175	131	74.9%
Registered Nurses	172	101	58.7%
Medical Records & Health Information Technician	157	95	60.5%
Emergency Medical Technicians & Paramedics	129	32	24.8%
Misc. Healthcare Support Occupation	103	49	47.6%
Home Health Aide	37	15	40.5%
Pharmacy Technician	25	7	28.0%
Phlebotomist	24	15	62.5%
Medical Assistant	8	5	62.5%
Diagnostic Related Technician	4	1	25.0%
All Other SOCs*	107	56	52.3%

\* Other SOCs include Health Practitioner Support Technologists and Technicians; Clinical Laboratory Technologists and Technicians; Physical Therapist assistants and Aides; Miscellaneous Health Diagnosing and Treating Practitioners; Miscellaneous Health Technologist and Technicians; and Counselors

Source: PRS (September 30, 2015)

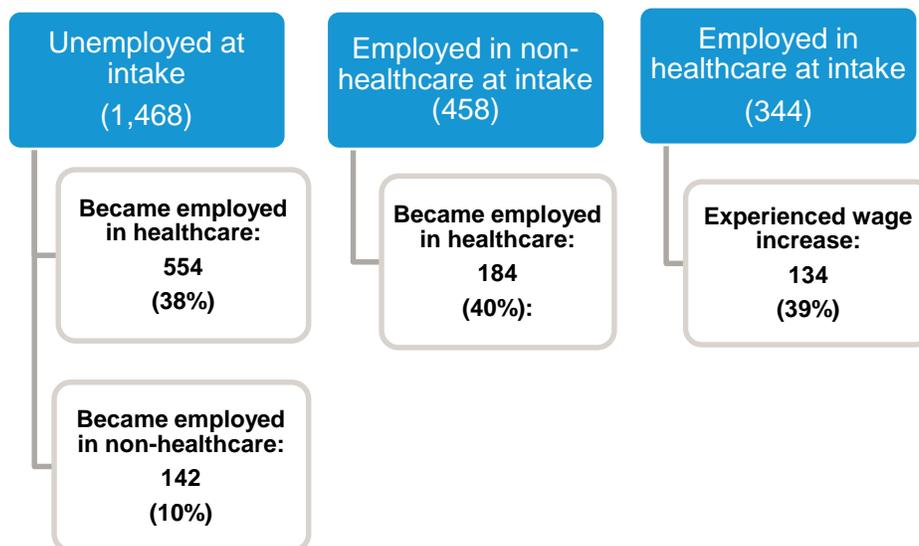
## Employment Outcomes

This section provides two measures of employment outcomes among Tribal HPOG participants. The first measure is participants’ employment status at intake and whether they became employed at any point after intake (Exhibit 13).<sup>18</sup> At program intake, 65 percent of participants (1,468) were unemployed, 20 percent (458) were employed in a non-healthcare field, and 15 percent (134) were employed in a healthcare field. Almost half of the participants who were unemployed at intake became employed at

<sup>18</sup> After intake includes while enrolled in the program, at program exit, and at follow-up. If a participant is marked as “employed” at any of these times, they are included as having gained employment after intake. If a participant is employed at intake, and is also marked as employed at any of the times mentioned above, they are included as employed.

some time after intake; most of them obtaining healthcare related employment. Of those that were employed in healthcare at intake, 39 percent experienced a wage increase at some point after intake.

**Exhibit 13.** Employment Status At Program Intake and After Intake (n=2,270)



Source: PRS (September 30, 2015)

The second employment outcome measure is average wages earned by employed participants. Exhibit 14 shows the average hourly wages and full-time equivalents for each type of employment had by participants after intake.<sup>19</sup> The average hourly wage among all SOCs listed in Exhibit 15 is \$15.47, which is about \$32,000 annually for a full-time employee. Average hourly wages ranged from \$10.58 (\$22,000 annually) for Home Health Aides to \$27.58 for miscellaneous health diagnosing and treating practitioners (\$57,000 annually). Within the nursing professions, CNAs averaged \$12.34 an hour (\$25,600 annually), LPNs averaged \$18.13 an hour (\$37,700 annually), and RNs averaged \$22.72 an hour (\$47,200 annually). All of the occupations listed have annual full-time equivalent earnings that exceed the 2015 federal poverty level for a family of three in the contiguous 48 states and District of Columbia. Excluding the home health aide, wages for the occupations exceed the federal poverty level for a family of four in the contiguous 48 states and District of Columbia. Alaska has higher federal poverty levels. In Alaska, approximately half of the occupations listed have annual full-time equivalent earnings that exceed the

<sup>19</sup> Average wages/full-time equivalents are calculated for participants who are employed after intake, which includes while enrolled in the program, at program exit, at follow-up) and who have an SOC and wage recorded in the PRS. If multiple wages/SOCs are recorded, signifying wage increases or different types of employment at different times, the most recent employment record that has both a wage and SOC is used.

federal poverty levels for a family of four, and all but one (home health aide) exceed the federal poverty level for a family of three.<sup>20</sup>

**Exhibit 14.** Wages of HPOG Participants\* (n=960)

Occupation (SOC)	Number Employed	Average Hourly Wage	Annual Full-Time Equivalent Earnings
Nursing Assistant, Aide, Orderly, and Attendant	468	\$12.34	\$25,657.47
Licensed Practical and Licensed Vocational Nurse	107	\$18.13	\$37,720.70
Miscellaneous Community and Social Service Specialists	77	\$13.64	\$28,367.42
Registered Nurse	65	\$22.72	\$47,266.88
Counselors	53	\$13.49	\$28,057.63
Medical Records and Health Information Technician	48	\$14.36	\$29,875.30
Miscellaneous Healthcare Support Occupations	36	\$14.11	\$29,340.71
Medical Assistant	24	\$15.29	\$31,801.47
Home Health Aide	24	\$10.58	\$22,003.80
Emergency Medical Technicians and Paramedics	16	\$12.49	\$25,977.90
Miscellaneous Health Diagnosing and Treating Practitioners	9	\$27.58	\$57,361.78
Phlebotomist	6	\$14.96	\$31,109.87
Pharmacy Technician	6	\$14.82	\$30,829.07
Health Technologists and Technicians, Miscellaneous	6	\$13.63	\$28,340.00
Health Practitioner Support Technologists and Technicians	5	\$15.02	\$31,241.60
Clinical Laboratory Technologists and Technicians	4	\$16.10	\$33,477.60
Physical Therapist Assistants and Aides	3	\$16.33	\$33,973.33
Diagnostic Related Technologists and Technicians	3	\$14.33	\$29,813.33

\*Includes HPOG participants who were employed at any time after program intake, including during enrollment, at program exit, or at follow-up. Only includes participants that had an SOC and wage recorded in the PRS. If more than one employment record, the most recent record is reported.

Source: PRS (September 30, 2015)

Grantees reported that students increased their soft skills, such as how to communicate effectively and dress professionally, through job readiness activities and trainings offered by grantees, which made them more employable. Grantees reported that most students retained their employment, and some students were promoted within their places of employment. Several HPOG graduates have been able to advance to the role of Director of Nursing at their respective places of employment.

<sup>20</sup> <http://aspe.hhs.gov/2015-poverty-guidelines>

## Challenges to Achieving Program Outcomes

Although many students across the five Tribal HPOG grantees completed one or more training programs and became employed, some grantees experienced challenges that prevented them from reaching their outcome goals. During program planning and implementation, grantees reviewed labor market data to identify workforce needs and aligned their training programs to meet these demands. However, these data focused more broadly on opportunities in the larger region or statewide, rather than at the local level; for some grantees in smaller communities there were limited employment opportunities. This was a particular challenge for the more rural grantees (TMCC, BCC, and CCCC) where there were fewer medical facilities in the local community. Although in some cases employment opportunities existed outside of the local community, many students were unwilling or unable to move for employment.

There are likely several reasons why graduates do not want to leave their communities. The importance of family connectedness is very strong on the reservation and moving away from home and family members for a job does not always lead to an improved quality of life. For example, many students at BCC reported that they had never left the reservation and home before; they reported experiencing culture shock as well as racial discrimination when they moved to urban areas. Lacking their family and support system that they had on the reservation adds to the hardships students face when living away from home. The cost of moving and the additional expenses that come with living off the reservation (e.g., higher rent, childcare), were also reported by staff as barriers to students moving away from the reservation. For example, students at CCCC reported facing higher housing costs in some areas of North Dakota due to the recent oil boom. CCCC, TMCC, and BCC offered financial support to lessen the cost burden on graduates willing to move;<sup>21</sup> however, they found that this was not enough of a motivator for many to move off of the reservation.

In addition to the challenge of finding employment for graduates, two grantees experienced difficulties with assisting students with taking their licensure exams due to institutional barriers. For example, CMN reported that they tried to provide a hotel room for students the night before their licensing exams, which are administered hundreds of miles away for many students in Milwaukee or Minneapolis. However, CMN policies related to issuing staff credit cards and credit card use were a barrier to implementing this type of supportive service as many hotels required a credit card when the student arrived to check in. BCC also faced issues with licensure exams. Staff reported that it took months for the college to process

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<sup>21</sup> This moving assistance for costs associated with moving for employment is different from the transitional assistance that grantees provide. Moving assistance provides support to students who are physically moving off of the reservation to pursue work elsewhere, usually in a city. Moving assistance may include rental deposit, moving costs, gas cards, childcare assistance etc. to help participants while they are starting off in a new location away from family and friends.

funds for students' exams, which resulted in a lag between course completion and testing. Staff worry that this delay causes students to lose their motivation and knowledge, inhibiting their employment prospects. Additionally, BCC students struggled with taking and passing the EMT exam, which required travelling to a testing facility more than 100 miles away from the reservation. Although students were provided with the resources to travel, the added stress of going to an unfamiliar location, alone, was not only a deterrent to taking the test, but was reported by staff to decrease the likelihood of passing the exam.

## **Sustainability and Replicability**

Grantees were engaged in sustainability planning early in their HPOG programs. For example, by the second year of their program, CITC was already reaching out to organizations that would be able to provide funding after the completion of the grant program. Also, TMCC actively sought out technical assistance on sustainability early in their HPOG program.

Across all Tribal HPOG grantees, the tribal colleges used HPOG funding to establish or expand healthcare training programs at their institutions. For example, TMCC's nursing programs were fully funded by HPOG funds and several of BCC's programs, including the CNA-LPN-RN career ladder, behavioral health aide, diabetes specialist, and phlebotomy programs were started using HPOG funds. Generally, HPOG funding was helpful in covering many of the startup costs for establishing new programs, such as purchasing lab equipment or mannequins for nursing students to practice their skills. College administrators at TMCC said that even without the HPOG funding, TMCC would be able to keep the CNA program; however, the other nursing programs would be contingent upon enrollment numbers. Many students in these courses relied on the services provided by HPOG funds to attend school. Without this funding, the programs may not reach the student capacity needed to sustain them. However, at BCC, administrators stated that the programs started or heavily influenced by HPOG will be able to continue after the grant ends. Although programs may be maintained without HPOG funding, supportive services would not be available without the HPOG funds. Staff expressed concern that the lack of supportive services would make it difficult for students to continue with their education.

Most grantees mentioned looking into other sources of funding to support students who are enrolled in healthcare training programs. CITC discussed creating financial packages for students that would include Pell and other grants. CITC also mentioned that they created a strategic plan for leveraging resources from other departments in their organization, such as TANF. CCCC stated that students and advisors at each of their institutions will search for financial assistance through scholarships and loans to assist with the cost of tuition. Although Pell grants and student loans are potential options for students in the absence

of HPOG funds, there are limitations to these resources. Several grantees mentioned that the changes to the Pell grant program (reducing the number of semesters one can use the grants) affects their students' ability to complete academic programs. In addition, several of the tribal colleges (both primary and secondary implementation sites) do not allow students to accept loans as a matter of policy. Students pay for their education using grants, scholarships, or their own money. These policies were put in place by college leadership because they do not want students to go into debt, particularly when job opportunities can be limited in some of the more isolated areas where tribal colleges are located.

All grantees mentioned that their partner organizations would play a role in their sustainability efforts. CMN discussed partnering with external organizations to provide supportive services to students. CITC's partnerships with local training and educational entities will allow them to continue to send students to these programs in the absence of funding. CCCC mentioned that the partnerships they created with academic institutions and healthcare employers will be maintained through a shared goal of training and educating more AI/ANs in healthcare professions.

Two grantees, BCC and TMCC, mentioned that they have started or are looking into the possibility of starting joint programs with partner institutions. These programs involve students doing coursework for two years at one institution and then transferring to another institution to finish their training program. BCC is planning to create a 2+2 Bachelors of Social Work program with UM-Missoula. Students would complete their first two years at BCC and then do two years of an online program with UM-Missoula. A staff member at TMCC suggested creating a relationship with the NDSU Pharmacy program so that students could transfer to NDSU after two years at TMCC and complete their Doctor of Pharmacy.

## **Satisfaction with the Tribal HPOG Program**

Across all five grantees, program staff, instructors, and students reported that they were satisfied with the Tribal HPOG Program. Many students mentioned that they would not have been able to complete a program without both the social and financial support of HPOG. They appreciated the supportive services offered to them, which helped to lessen the barriers to completing their programs. Students felt that the program helped them to become more self-sufficient and be better able to take care of their families. The following selection of quotes illustrates students' satisfaction with the program:

*“[Earning my degree] has given me the feeling that I now have my future secured. It taught me that hard work pays off and there are programs out there to help us Natives in*

*completing our goals and making a better life for our families. It feels good knowing that I can do more for my daughters and family.”*

*“This program is invaluable to me. It has given me so much. After dropping out of college to get married and have a kid, now I’m divorced and a single mom. For the first time in my life, I was put in a place where I had to be dependent on public assistance. I didn’t like it. When you have kids depending on you to provide for them, you accept the assistance. This program has not only done a massive amount for my self-esteem but gave me an opportunity to have the job skills to never be dependent on public assistance again. It does so much personally and financially so that I can take care of my son and myself.”*

*“[The nursing program] has increased my self-esteem. It gives me a sense of accomplishment.”*

*“It helps a lot. I wouldn’t have made it through college without it. Everyone was so caring, my teachers and such, they all still keep in contact with me.”*

Program staff also reported a high level of satisfaction with the program. Staff at BCC commented on how the program has been beneficial for students of all ages.

*“The way the students trust in Issksiniip to turn their lives around, not just younger but the older generation are going back to school because of Issksiniip, because some barriers are removed. Issksiniip has helped the older generation. It gives students that sense of ownership and sense of going back to school and like, ‘Hey I got this far, I can work’.”*

Staff at TMCC commented on how the Tribal HPOG Program has had a positive impact on not just the students, but their families as well.

*“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.”*

Local employers at TMCC, while not always able to distinguish an HPOG graduate from other employees, described the program as mutually advantageous because students were provided with experience at clinical sites and then they are able to fill open positions when they graduate. Local employers at CCCC were pleased with the performance of HPOG graduates. One employer stated “[I would] definitely want to hire other Next Steps graduates in the future.”

Although the response to the Tribal HPOG Program at each site was mostly positive, some issues were raised as areas for improvement. All grantees had to deal with staff turnover, which had varying effects on programs. At CCCC, staff turnover led to miscommunication between implementation staff and mentors, and the departure of the administrative assistant temporarily affected the administrative functioning. The two grantees that had multiple secondary implementation sites, BCC and CCCC reported challenges running multiple sites. Program Liaisons at each of BCC's secondary implementation sites had concerns about their communication with BCC. The liaisons mentioned that there should be better communication with BCC surrounding fulfilling requests for supportive services and program policies. They also noted that it would be beneficial to have a more inclusive staffing structure so that they could be more involved with the project as a whole and have opportunities for professional development. CCCC also had issues with communication between implementation sites and the primary site. Students reported that mentors at each of the implementation sites would provide students with information that was inconsistent with what students were being told at other sites.

## Building Native Healthcare Workforce Capacity

All five grantees reported feeling they have been successful in training AI/AN students to enter health professions and to address workforce needs locally. The grantees all spoke to the importance of having skilled AI/AN healthcare providers serving AI/AN people, especially in the direct care professions. As a local employer at CCCC stated:

*The basic benefit if you hire an Indian to serve an Indian, [is that] they are more sensitive to social issues and the clients that they serve, and the historical perspective of how we arrived here...Indian hiring preferences [in tribal agencies] will always be there.*

Providing culturally sensitive care according to native beliefs and traditions has many benefits for patients, including greater adherence to medical advice, increases in healthcare-seeking behavior, and more successful patient education.<sup>22</sup> It is also beneficial for AI/AN people to receive services provided by people of their cultural background. A study by the Seattle Indian Health Board found that AI/AN elders saw many benefits to having an AI/AN provider, such as feeling more at ease during the visit and a better ability of the provider to understand the patient.<sup>23</sup>

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<sup>22</sup> Lehman, D., Fenza, P., and Hollinger-Smith, L. Diversity & Cultural Competency in Health Care Settings. *Mather LifeWays Orange Paper*.

<sup>23</sup> Seattle Indian Health Board (2004). Urban American Indian/Alaska Native Long-Term Care Needs Assessment.

At the start of the program, each grantee had identified healthcare workforce needs in their communities, regions, and statewide in order to offer training programs with the most potential for employment. Over the course of the grant period, grantees were frequently identifying additional needs of local employers and opportunities to train more students in the areas of most need. Through assessment of local workforce needs, three grantees added new programs during the grant period. CCCC recognized the large need for medical coders in North Dakota, so they started the Medical Coding program. Staff reported that many times medical coders can work remotely, thus eliminating their need to move away from home to find employment. BCC added two new programs, MBC and Phlebotomy to meet the needs of the local workforce. The medical billing and coding students completed practicums at the local IHS hospital and they reported that they had found job opportunities even before completing their programs. In the middle of the grant period, CITC changed their MBC program to the MOA. This change occurred for two reasons: 1) Students were struggling to complete the medical billing and coding program, and 2) CITC recognized the need for a more general office assistant program that would be useful in a variety of office settings. Staff report that most of the MOA students have found local employment in health-related office settings.

Employers from each grantee area reported being pleased with the HPOG graduates that they hire. Several grantees maintained relationships with employers in their community who had hired HPOG graduates. For example, CITC has a relationship with the ANMC, which is committed to hiring all of the CNAs that are trained through the CITC HPOG program. And as mentioned previously, several HPOG graduates are working in the human resources department at ANMC. In Montana, BCC partnered with Benefis Health System to provide job shadowing for HPOG students prior to beginning their training programs. Not only did this opportunity help students learn about their fields, but it also gave them exposure to a potential employer. Some BCC students have become employed at Benefis; however, needing to move to work at Benefis, located in an urban center, is a deterrent, as students report. BCC is also partnering with Benefis to start a hospice program on the reservation in Browning, MT, which would fill a great need for palliative care on the reservation and provide opportunities for healthcare students to train and work with the program.

Pharmacy Techs from TMCC were successful at finding work in the surrounding towns through a telepharmacy program that allows one pharmacist to manage more than one pharmacy location. Without a pharmacist onsite, pharmacy technicians are needed to keep the pharmacy running and because of TMCC's HPOG program, there will be qualified people who are able to fill those positions.

CCCC built a network of employers to link students with employment across the state. One employer reported using this network to find CNAs to work across their several healthcare campuses. CCCC has used the network to send information about the Tribal HPOG Program to 18,000 employers across the state.

Staff at CITC reported that there is a need for AI/AN healthcare workers in the villages of Alaska. Staff reported that there are employment opportunities for healthcare professionals in the villages, but students are not always willing or interested in moving to the villages. Several students who participated in the CITC HPOG program are from the villages, but according to staff, when students experience the benefits of living in Anchorage (e.g., cheaper food and gas), some are not inclined to return to the villages and would rather find employment in Anchorage.

## **Study Limitations**

While based on a strong analytic and culturally informed evaluation plan, several limitations in the evaluation approach have been identified as well as strategies for addressing these limitations.

### **Self-report bias**

The Tribal HPOG Evaluation is primarily based on the collection of qualitative data obtained through interviews and focus groups conducted during site visits and telephone interviews. Because the evaluation is informed by self-reported data, it is possible that respondents have overstated or omitted positive or negative aspects of the program. In order to mitigate self-report bias, we triangulated responses across respondents to confirm our conclusions. In addition, the evaluation team used quantitative PRS data to support the themes identified through the qualitative analysis.

### **Limitations of the PRS Data**

The quantitative data included in the report come from the PRS. Participant data was entered into the PRS by staff at each grantee. However, the PRS was not operational during Year 1 of the HPOG Program and participant data was collected on paper. When the PRS was implemented in the beginning of Year 2 (September 30, 2011), data entry was only required for participants still enrolled at that time. Therefore, individual level data for all Year 1 participants is not included in the PRS. In addition, PRS data is incomplete for some HPOG participants; often employment status at exit or at six-month follow up is missing in the PRS. Grantees reported difficulty in contacting students for follow up.

### **Use of a non-experimental design**

The Tribal HPOG Evaluation is a non-experimental, descriptive evaluation that is designed to examine the structures, processes, and outcomes of the Tribal HPOG Program. Use of non-experimental design limits the ability to determine whether participant outcomes are directly attributable to the Tribal HPOG Program.

### **Difficulty recruiting program completers and non-completers**

The perspectives of program completers and non-completers are extremely valuable in order to understand whether the Tribal HPOG Program successfully prepared students to seek employment in the

healthcare field, and to understand factors that may have led students to leave their program prematurely. Interviews with program completers provided additional information about program curricula, job readiness, student satisfaction, and stories of successful employment. Interviews with program non-completers provided information about why students left the Tribal HPOG Program and could help grantees develop strategies to promote retention. Recruiting completers and non-completers to participate in interviews was challenging and resource intensive. Grantees provided contact information for completers and non-completers and often made students aware that the evaluation team would be reaching out to them. HPOG students were also offered an incentive to participate in the interview. However, it was challenging to contact program completers and non-completers due to many issues including temporary phone numbers on pay-as-you-go phone plans, scheduling conflicts, and no-show interviewees. As a result, 80 completer and six non-completer interviews were conducted across all grantees during the course of the evaluation, resulting in limited data from this source.

## Conclusion

All five Tribal HPOG grantees established programs that led to healthcare training completion and employment. Findings related to program structure, processes, and outcomes provide important insights related to these outcomes.

**Program Structure:** What frameworks and relationships did the Tribal HPOG grantees create to implement training and service delivery?

Grantees built on existing resources to enhance administrative structures and offer additional academic programs to facilitate training and create opportunities for employment in the healthcare professions. Partnerships were key to implementation of HPOG programs in grantees' communities, particularly for grantees that partnered with multiple secondary implementation sites or training partners. Partnering with additional academic institutions allowed grantees to expand their geographic reach and the types of academic training programs offered to HPOG students. Grantees also formed partnerships with employers in their communities and regions. These relationships helped facilitate employment for HPOG graduates as employers became aware of the HPOG program and training that students received.

Over time, grantees adapted program offerings to meet student demand and local healthcare workforce needs. For example, grantees discontinued academic programs when there was not adequate student enrollment to sustain the program. Other grantees modified academic programs to better align with employment opportunities in the community.

Finally, grantees implemented structures to administer two of the primary Tribal HPOG Program components: academic programs and supportive services. While faculty provided academic instruction, staff such as case managers or support service specialists assessed student needs and delivered services as appropriate. When possible, grantees leveraged resources available from other programs to help support participants. Program staff and students reported that the comprehensive academic and social supportive services were vital to student success in their academic training programs.

**Program Processes:** How were training and supportive services delivered?

Over the grant period, grantees implemented streamlined processes for recruitment and screening of participants. Word of mouth was reported as the most effective method for recruitment, although grantees employed a variety of strategies. Screening processes allowed grantees to not only confirm prospective participants' eligibility, but also enabled grantees to identify dedicated students who met academic

readiness requirements. In addition, grantees developed formal orientation processes to inform students about the services provided through HPOG and program expectations regarding attendance, grades, and job readiness skills. The program processes established over the course of the grant period appeared to enable smooth implementation of Tribal HPOG programs.

By establishing processes for the assessment and distribution of supportive services to students, students reported that grantees were able to address their needs throughout the duration of their training programs. All grantees had designated staff to assess student need and coordinate supportive services, although the staff members responsible for this function varied across grantees.

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

There are two key outcomes for HPOG participants—educational attainment and employment. Over the five years of the Tribal HPOG Program, a total of 2,270 students were enrolled across the five Tribal HPOG grantees. With the support of the Tribal HPOG Program, 63.5 percent students completed one or more healthcare training programs between September 2010 and September 2015.

After completing a healthcare training program, graduates often sought employment, although some graduates elected to continue their training. Because grantees could only support students who could complete their training programs before the end of the grant period, HPOG students who enrolled in the earlier part of the grant period had greater opportunities to continue training toward more advanced degrees, such as CNA to LPN to RN. It is possible that some students who completed one training at the end of the grant period may be planning to seek additional training without the support of the Tribal HPOG Program.

Among participants that completed and exited the program where employment status was known, 69 percent were employed at exit (85 percent of those participants were employed in healthcare), and 31 percent were unemployed. All grantees trained AI/AN students to enter health professions. Qualitative data collected from students and employers show that many students were able to gain employment locally, building the native healthcare workforce capacity in their communities.

Ultimately, stakeholders, including program staff, instructors, and students, reported satisfaction with the Tribal HPOG Program. Many students noted that they would not have been able to complete a program without both the financial and social supportive services of the Tribal HPOG Program. In describing their

satisfaction with the program, many stakeholders discussed the broader community influence of Tribal HPOG, noting that graduates serve as role models within their families and communities.

## Appendix 1: Key Evaluation Questions and Data Collection Methods

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<b>1. Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?</b>				
<b>A. What is the program type (i.e., academic instruction, on the job training, apprenticeship)? Was the program incorporated within, or as an extension of, an existing program?</b>	<i>Program Type</i>	<ul style="list-style-type: none"> <li>■ Identify type of program model:                             <ul style="list-style-type: none"> <li>○ Academic instruction + occupational skills training</li> <li>○ OJT + training</li> <li>○ Apprenticeship</li> <li>○ Other</li> </ul> </li> <li>■ Why was this model chosen?</li> <li>■ Was the program incorporated within, or as an extension of, an existing program?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Site Implementation Staff</li> </ul>	Initial Site Visits
<b>B. What is the administrative structure of the program?</b>	<i>Administrative Structure</i>	<ul style="list-style-type: none"> <li>■ How is the program administered (provide sample org chart)?</li> <li>■ What strategies are in place within the administrative structure to support student recruitment and retention?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> </ul>	Initial Site Visits

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>C. How are local and/or regional partners and the community engaged?</b></p>	<p><i>Partnership</i></p>	<ul style="list-style-type: none"> <li>■ What partnerships have been formed to deliver training or program services? Specifically, what is the role of public human service agencies (e.g., TANF, housing, substance abuse, disability and other agencies), the public workforce investment system (e.g., Workforce Investment Act programs), the criminal justice system (e.g., corrections, parole/probation, juvenile justice), employer and employment agencies, educational institutions, faith-based and community-initiatives, and other service providers? Probe to clarify which partners are tribal vs non-tribal.</li> <li>■ Have project partners worked together before?</li> <li>■ Describe recruitment and outreach to project partners, including potential education institutions and employers.</li> <li>■ What strategies are used for collaboration and coordination across all project partners? How are they established (formal and informal)?</li> <li>■ How is the partnership functioning? Are partners meeting their obligations per the MOU?</li> <li>■ Have partners run into any challenges? If yes, please describe.</li> <li>■ Are partners likely to work together again?</li> <li>■ What community engagement strategies are used (e.g. advisory boards, council of elders, open community meetings/ gatherings) to inform project planning and implementation?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Employers</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>D. What is the program curriculum (i.e. academic lectures, field practicum training manual)? In what ways was the program designed or modified for Tribal populations?</b></p>	<p><i>Program Design and Curriculum</i></p>	<ul style="list-style-type: none"> <li>■ Describe the elements of the training program and its curriculum/curricula.                             <ul style="list-style-type: none"> <li>○ Content                                     <ul style="list-style-type: none"> <li>- Occupational skills</li> <li>- Basic skills/ foundational skills</li> <li>- Work activities</li> </ul> </li> <li>○ Competencies to be developed (i.e., skill requirements of the target occupation)</li> <li>○ Pre-requisites</li> <li>○ Duration of training program</li> <li>○ Who provides training</li> <li>○ Program location                                     <ul style="list-style-type: none"> <li>- Convenience</li> <li>- Accessibility</li> </ul> </li> <li>○ Certification process (industry or employer certificate; college degree)</li> </ul> </li> <li>■ Why was this curriculum/model/approach chosen? Were other curricula/models/approaches considered? If so, which ones?</li> <li>■ Did the evidence for this curriculum/model/approach show relative advantage over other programs?</li> <li>■ Were adaptations or modifications made to the training program based on local conditions or preferences?</li> <li>■ Was the model/curriculum adapted to be culturally relevant? If yes, provide specific examples of how this was achieved.</li> <li>■ Did the tribe request a waiver for any required program elements per the FOA? (e.g., apprenticeship, other)</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Interviews with Employers</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>
<p><b>E. What are the qualifications of program implementation staff?</b></p>	<p><i>Qualifications of Implementation Staff</i></p>	<ul style="list-style-type: none"> <li>■ How were staff responsible for implementing the program curriculum recruited and/or selected?</li> <li>■ What staff qualifications were considered?</li> <li>■ Do implementation staff have previous experience working with Tribal populations?</li> <li>■ Did grantees experience challenges recruiting program implementation staff?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Program Implementation Staff</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>F. How did the social, economic, and political context of the community influence program design and implementation?</b></p>	<p><i>Contextual Factors</i></p>	<ul style="list-style-type: none"> <li>■ Describe barriers to education/training and employment for population served. Socio-cultural barriers include language and communication differences; practices that differ from their own beliefs and traditions; fear and mistrust of [TBD] institutions, and a lack of knowledge about how to navigate the system. Barriers include childcare, housing, transportation, health, mental health, substance abuse, domestic violence, GED, training, Adult basic education, English language, learning.</li> <li>■ What community factors influence the design and implementation for the program (e.g., ongoing recession, organizational priorities)? Please describe.</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Employers</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Program operations data from PRS</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits; PRS Data 9/2010-9/2015</p>
<p><b>G. Does the training program address skills and competencies demanded by the local health care industry?</b></p>	<p><i>Skills and Competencies of Local Health Care Workforce</i></p>	<ul style="list-style-type: none"> <li>■ What community characteristics shape participants' employment opportunities? (To include general labor market conditions in the area, the extent and nature of job opportunities, and industry skill initiatives).</li> <li>■ Were Tribal and/or local (off reservation; surrounding area) workforce needs assessed? If so, how?</li> <li>■ Were other sources of information/data used to determine the fit between the training program and local industry needs? If so, what?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Employers</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<b>2. Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?</b>				
<b>A. What support services are offered with the program and how are they incorporated?</b>	<i>Support Services</i>	<ul style="list-style-type: none"> <li>■ What assessments were conducted to determine needs (participant and/or family)? Are needs re-assessed over time and if so, how?</li> <li>■ What types of services are being provided to participants?                             <ul style="list-style-type: none"> <li>○ Social services (i.e., food stamps, childcare)</li> <li>○ Employability services (i.e., essential skills, life skills, job readiness)</li> <li>○ Employment related services (i.e., job development and placement, job coaching)</li> <li>○ Program retention services (i.e., mentoring, counselor)</li> <li>○ Job retention services (i.e., mentoring, peer support groups)</li> </ul> </li> <li>■ Who provides the service?                             <ul style="list-style-type: none"> <li>○ The tribe (administration, departments, programs)?</li> <li>○ Tribal organizations?</li> <li>○ Non-Tribal partners (IHS, local social services)?</li> </ul> </li> <li>■ Are supportive services provided on-site or off-site?</li> <li>■ How do participants know about/are made aware of the supportive services that are available?</li> <li>■ What are participants' help-seeking behaviors?</li> <li>■ Are supportive services culturally-based? If so, please describe.</li> <li>■ How are service components sequenced and coordinated? How are they designed to address participants' needs and unique barriers to employment?</li> <li>■ Describe any challenges experienced in providing supportive services. What strategies were used to overcome the challenge(s) noted?</li> <li>■ Which supportive services, if any, have been most effective at enabling students to participate in and complete the program?</li> <li>■ Did supportive services meet the needs of students? What, if any, additional services would have been helpful?</li> <li>■ Did program non-completers seek assistance from support staff about their decision to leave the program? Did staff provide additional assistance or supports to encourage program participation?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Interviews with Employers</li> <li>■ Program operations data from PRS</li> </ul>	Initial Site Visits; Annual Follow Up Site Visits; PRS Data 9/2010-9/2015

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>B. Were strategies used to engage participant families, and if so, why and how?</b></p> <p>HeavyRunner, I. &amp; DeCelles, R. (2002). Family Education Model: Meeting the Student Retention Challenge. <i>Journal of American Indian Education</i>, vol. 41, no. 2, 29-37.</p>	<p><i>Family Engagement Model</i></p>	<ul style="list-style-type: none"> <li>■ What strategies are used to engage families (immediate and extended) to support the participant?                             <ul style="list-style-type: none"> <li>○ Participation in orientation</li> <li>○ Participation in college activities</li> <li>○ Provide support for studying</li> <li>○ Other</li> </ul> </li> <li>■ What is the rationale for engaging families?</li> <li>■ Describe any challenges experienced in engaging families. What strategies were used to overcome the challenge(s) noted?</li> <li>■ What strategies facilitated program participation and completion? Describe.</li> <li>■ Did family participation in the program affect student participation?</li> </ul>	<ul style="list-style-type: none"> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>C. What recruitment strategies were utilized? Were these effective?</b></p>	<p><i>Recruitment</i></p>	<ul style="list-style-type: none"> <li>■ What are the enrollment requirements?</li> <li>■ Describe participant demographics.</li> <li>■ How were participants identified/targeted for the program?</li> <li>■ What are the referral sources?</li> <li>■ What recruitment methods were used? What methods were most effective?</li> <li>■ Did participants receive sufficient information about the program during recruitment? Did implementation staff address participant concerns about enrolling in the program?</li> <li>■ How are participants screened before their suitability for program participation or services is determined?</li> <li>■ Did you have more/less participants than anticipated?                             <ul style="list-style-type: none"> <li>○ If more, was a wait list developed?</li> <li>○ If less, what did you do encourage interest?</li> </ul> </li> <li>■ Did you experience any challenges in recruiting participants? If so, describe.</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Program operations data from PRS</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits; PRS Data 9/2010-9/2015</p>
<p><b>D. What orientation strategies were used to engage participants? Were these effective?</b></p>	<p><i>Orientation</i></p>	<ul style="list-style-type: none"> <li>■ How are students welcomed/oriented into the program?</li> <li>■ Who conducted the orientation?</li> <li>■ How is their training plan developed? Using what assessment instruments?</li> <li>■ What orientation strategies facilitated program participation and completion? Describe.</li> <li>■ Describe any challenges experienced in orientation and program participation. What strategies were used to overcome the challenge(s) noted?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>E. How are program data collected and used? Are data used for program management decisions, performance monitoring, or program correction?</b></p>	<p><i>Use of Program Data</i></p>	<ul style="list-style-type: none"> <li>■ How are program data collected?</li> <li>■ Are data used for program management decision, performance monitoring, or program correction? <i>Examples might be dashboard indicators, interim milestones reports, reports on outcomes sorted by cohorts, individual participant reports.</i> <ul style="list-style-type: none"> <li>○ Services received</li> <li>○ Attendance</li> <li>○ Placement results</li> <li>○ Employment</li> <li>○ Program drop-outs</li> <li>○ Terminations</li> <li>○ Retention follow-up information</li> <li>○ Supportive services information</li> </ul> </li> <li>■ Are data shared with partners, stakeholders and participants?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Program Implementation Staff</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>
<p><b>F. Was the program implemented as intended?</b></p>	<p><i>Implementation Facilitators and Challenges</i></p>	<ul style="list-style-type: none"> <li>■ Have you experience any start-up challenges? If yes, please describe.</li> <li>■ Have you experienced any implementation challenges? If yes, please describe.</li> <li>■ Describe the training for staff responsible for implementing the program curriculum? How were they oriented to the program?</li> <li>■ Describe the process for supervision and communication with program implementation staff? Are these staff mentored?</li> <li>■ Has there been any implementation staff turnover? If yes, how was this handled? Do you think this had an effect on program implementation?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Interviews with Program Implementation Staff</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>
<p><b>G. Was effective instruction delivered?</b></p>	<p><i>Quality of Instruction</i></p>	<ul style="list-style-type: none"> <li>■ As measured by student achievement?</li> <li>■ As measured by core competencies [list core competencies]?</li> <li>■ As measured by student perceptions?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Program operations data from PRS</li> <li>■ Focus groups and Interviews with Program Participants</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits; PRS Data 9/2010-9/2015</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<b>3. Is there evidence that participation in the program resulted in successful employment and work force capacity building outcomes?</b>				
<p><b>A. Did participation in the program result in an industry recognized degree, certificate or licensure? Why or why not? What factors are associated with receiving a degree, certificate or licensure?</b></p>	<p><i>Participant Educational Achievement</i></p>	<ul style="list-style-type: none"> <li>■ Did participation in the program result in a professional or industry recognized certificate, degree or licensure?</li> <li>■ How many completed training? How many did not complete the training? Do you have a sense for why students have dropped out of the program?</li> <li>■ How many students advanced to another degree program?</li> <li>■ What, if any, core competencies were achieved [list core competencies]?</li> <li>■ What program components (i.e., competency based curricula, supportive and cultural services, family education/engagement, employment and employability related activities) are important to success?</li> <li>■ Were there other indicators of success identified and achieved?</li> <li>■ Why did participants drop out of the program [<i>Note: this question in program curriculum section of the program non-completer protocol</i>]</li> <li>■ What are the future education plans of participants (completers and non-completers)</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Program operations data from PRS</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits; PRS Data 9/2010-9/2015</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>B. Did program participants enter a job or provide a community service in related occupations?</b></p>	<p><i>Participant Employment Outcomes</i></p>	<ul style="list-style-type: none"> <li>■ [If program has an internship or practicum component] How do participants transition to employment?</li> <li>■ What are participants' (completers and non-completers) employment outcomes?                             <ul style="list-style-type: none"> <li>○ Employed full-time</li> <li>○ Employed part-time</li> <li>○ Serving internship</li> <li>○ Unemployed</li> </ul> </li> <li>■ What types of jobs do participants have? Identify examples. Are participants supervised or mentored while on the job/practicum site?</li> <li>■ With what employers? (Note: Need to note Tribal hiring preferences &amp; policies for employment (Tribal member, spouse of Tribal member, member of another tribe)                             <ul style="list-style-type: none"> <li>○ Tribe                                     <ul style="list-style-type: none"> <li>- In area</li> <li>- Out of area</li> </ul> </li> <li>○ Other tribe</li> <li>○ Non-Tribal</li> <li>○ IHS</li> <li>○ Local health care</li> <li>○ Out of area</li> </ul> </li> <li>■ How much do they earn? What is the average post-placement earnings by sector?</li> <li>■ How do earnings compare to participants pre-participation earnings?</li> <li>■ How long did they retain their job? What percentage retained their jobs at 6 month and 1 year?</li> <li>■ Have any experienced some type of advancement in their job? Position? Higher pay? More hours? Responsibilities?</li> </ul>	<ul style="list-style-type: none"> <li>■ Document and Curriculum Review</li> <li>■ Interviews with Program Implementation Staff</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Interviews with Employers</li> <li>■ Program operations data from PRS</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits; PRS Data 9/2010-9/2015</p>
<p><b>C. Did participation in the program result in any employability-related outcomes (e.g., increased life skills, self-efficacy, confidence, reduced use of income supports)?</b></p>	<p><i>Employability Outcomes</i></p>	<ul style="list-style-type: none"> <li>■ What other outcomes did participants' (completers and non-completers) achieve (e.g., increased life skills, self-efficacy, self-sufficient, and confidence)?</li> <li>■ Did program participation or employment result in reduced use of income supports?                             <ul style="list-style-type: none"> <li>○ TANF or General Assistance</li> <li>○ SNAP (food stamps), Commodities</li> </ul> </li> <li>■ In ways did the program affect the lives of participants? Are participants more independent as a result of program participation?</li> </ul>	<ul style="list-style-type: none"> <li>■ Interviews with Program Implementation Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Interviews with Employers</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>

Evaluation Questions	Evaluation Topic Areas	Sub-Questions	Data Source	Data Collection Time Period
<p><b>D. Did the program help to fill vacancies in the Tribal health workforce? Are participants serving Tribal populations?</b></p>	<p><i>Role of Tribal HPOG program in building Tribal health workforce capacity</i></p>	<ul style="list-style-type: none"> <li>■ Are participants serving their own community or another Tribal community? Provide examples. If students not serving Tribal populations, why not?</li> <li>■ Did participants encounter any barriers in finding employment in a Tribal community? If so, what were these barriers?</li> <li>■ Are employers aware of the program?</li> <li>■ Does the career pathway focus of the program relate to the needs of local employers' organizations?</li> </ul>	<ul style="list-style-type: none"> <li>■ Interviews with Program Implementation Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Interviews with Employers</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>
<p><b>E. Are key stakeholders satisfied with the program?</b></p>	<p><i>Satisfaction with Tribal HPOG program</i></p>	<ul style="list-style-type: none"> <li>■ Are employers satisfied with the program?</li> <li>■ How does the program benefit employers and their organizations?</li> <li>■ Are participants (completers and non-completers) satisfied with the program?</li> <li>■ Are project partners satisfied with the program?</li> <li>■ What have been some of the key benefits for participants served through the Tribal HPOG program?</li> <li>■ Were participant personal goals well-aligned with program goals?</li> <li>■ Would participants (completers and non-completers) recommend the Tribal HPOG program to a family member or friend?</li> </ul>	<ul style="list-style-type: none"> <li>■ Interviews with Program Implementation Staff</li> <li>■ Focus groups and Interviews with Program Participants</li> <li>■ Interviews with Employers</li> <li>■ Interviews with Grantee and Partner Administrative Staff</li> </ul>	<p>Initial Site Visits; Annual Follow Up Site Visits</p>

## Appendix 2: Technical Work Group Members

Name	Affiliation	Location	Specialty
Matthew L. Boulton, MD, MPH	University of Michigan School of Public Health	Ann Arbor, MI	<ul style="list-style-type: none"> <li>■ Applied epidemiology</li> <li>■ Public health practice</li> <li>■ Health workforce research and evaluation</li> </ul>
Mark Doescher, MD, MPH	University of Washington	Seattle, WA	<ul style="list-style-type: none"> <li>■ Health workforce research and evaluation</li> <li>■ Rural health</li> <li>■ Research with AI/AN's</li> </ul>
Kristine Gebbie, DrPH, RN	Hunter College of the City of New York (former)	New York, NY	<ul style="list-style-type: none"> <li>■ Health workforce research and evaluation</li> <li>■ Public health policy</li> <li>■ Public health infrastructure development</li> </ul>
Jacque Gray, PhD	Center for Rural Health, University of North Dakota (UND) School of Medicine and Health Sciences	Grand Forks, ND	<ul style="list-style-type: none"> <li>■ Research with AI/AN's</li> <li>■ Rural health</li> <li>■ Behavioral health</li> <li>■ Health workforce research and evaluation</li> </ul>
Felicia Schanche Hodge, DrPH	School of Nursing/ School of Public Health Center for American Indian/Indigenous Research and Education University of California	Los Angeles, CA	<ul style="list-style-type: none"> <li>■ Consumer advocacy</li> <li>■ Participatory research</li> <li>■ Research with AI/AN's</li> <li>■ Evaluation of education programs</li> <li>■ Nursing</li> </ul>
Hugh Tilson, MD, DrPH	University of North Carolina School of Public Health	Chapel Hill, NC	<ul style="list-style-type: none"> <li>■ Applied Epidemiology</li> <li>■ Preventive medicine</li> <li>■ Public health</li> <li>■ Health workforce research and evaluation</li> </ul>

## Appendix 3: Interview Protocols

### Appendix 3a: Initial Site Visit Protocol – Grantee and Partner Administrative Staff

**INITIAL (YEAR 1) INTERVIEW PROTOCOL**  
**Grantee and Partner Administrative Staff Interview**

*The purpose of the interview is to obtain information from Grantee Administrative Staff and Partners about their involvement in developing and implementing the tribal HPOG program. The following topics are addressed:*

*All background information relevant to these topics will be consulted prior to the interview in order to provide contextual information.*

<b>Tribal HPOG program</b>	<ul style="list-style-type: none"> <li>■ Blackfeet Community College</li> <li>■ Candeska Cikana Community College</li> <li>■ Cook Inlet Tribal Council</li> <li>■ College of Menominee Nation</li> <li>■ Turtle Mountain</li> </ul>	<b>Study ID</b>	
<b>Interviewed by</b>		<b>Date &amp; time</b>	

This space is reserved for the Introduction which will be developed in coordination with ACF and the National HPOG evaluation.

**NOTE: This interview protocol will be tailored based on the specific role of an individual. All sections may not be applicable to every individual. It is unlikely that any one individual will be asked all questions in this protocol.**

**NOTE: Program structure, process, and outcomes sections of the protocol are organized by key research questions (i.e., the numbered questions in these sections). Sub-questions will be used to answer these key research questions and will be the ones that will ultimately guide each data collection effort with respondents.**

## Background

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1. What is the name of your agency or organization?
2. How long has it been in existence? What is its history?
3. What are the range of services and programs provided?
4. What is the agency's or organization's service area?
5. What is your role in the organization/agency?
6. What are your role and responsibilities for the Tribal HPOG project?

## Planning

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7. **[Partners only]** How was the agency invited to participate in the tribal HPOG program by [insert lead grantee organization]?
8. What was your motivation for applying for or participating in the Tribal HPOG program (e.g., opportunity to work with partners, interest in health professions focus of the program)?
9. Were you involved in the planning for the program?      YES              NO  
*If no, skip to the next section.*  
*If yes, continue with the questions below.*
10. Who else was involved in the planning process?
11. What issues were addressed? Were there challenges that required a compromise? How were different viewpoints incorporated into program planning?

## Tribal HPOG Program Structures

---

*Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*

*[Ask Partner Administrative staff as appropriate]*

## Program Type

12. What is the program type (e.g., academic instruction, on the job training, apprenticeship)?
  - a. Identify type of program model:
    - Academic instruction + occupational skills training
    - OJT + training
    - Apprenticeship
    - Other

- b. Why was this model chosen?
- c. Was the program incorporated within, or as an extension of, an existing program? Please describe.

### Administrative Structure

13. What is the administrative structure of the program?
  - a. **[Lead organization only]** How is the program administered (provide sample org. chart?)
  - b. **[Lead organization only]** What strategies are in place within the administrative structure to support student recruitment and retention?

### Partnerships

14. How are local and/or regional partners and the community engaged?

*[Lead organization only a - g]*

- a. **[Lead organization only]** What partnerships have been formed to deliver training or program services? Specifically, what is the role of public human service agencies (e.g., TANF, housing, substance abuse, disability and other agencies), the public workforce investment system (e.g., Workforce Investment Act programs), the criminal justice system (e.g., corrections, parole/probation, juvenile justice), employer and employment agencies, educational institutions, faith-based and community-initiatives, and other service providers?  
*[Probe to clarify which partners are tribal vs. non-tribal]*
- b. **[Lead organization only]** Have you worked with any of the project partners before?
- c. **[Lead organization only]** Describe recruitment and outreach to project partners, including potential education institutions and employers.
- d. **[Lead organization only]** What strategies are used for collaboration and coordination across all project partners? How are they established (formal and informal)?
- e. **[Lead organization only]** How is the partnership functioning? Are partners meeting their obligations per the MOU? Have you run into any challenges? If yes, please describe.
- f. **[Lead organization only]** How likely are you to work with these partners again?
- g. **[Lead organization only]** What community engagement strategies are used to inform project planning and implementation (e.g. advisory boards, council of elders, open community meetings/ gatherings)?

*[Partners only h-i]*

- h. **[Partner only]** Describe your relationship with the [insert lead organization].
  - Have you worked with this organization before?
  - How is the partnership functioning?
  - Have you run into any challenges? If yes, please describe.
  - How likely are you to work with this organization again?

- i. **[Partner only]** Aside from [insert lead organization] do you work closely with any of the other Tribal HPOG project partners? If yes:
  - Have you worked with this organization before?
  - How is the partnership functioning?
  - Have you run into any challenges? If yes, please describe.
  - How likely are you to work with this organization again?

### Program Design and Curriculum

15. What is the program curriculum (e.g. academic lectures, field practicum training manual)? In what ways was the program designed or modified for Tribal populations?
  - a. Describe the elements of the training program and its curriculum/curricula. *If details made available in other program materials, then skip specifics listed below.*
    - Content
      - Occupational skills
      - Basic skills/ foundational skills
      - Work activities (e.g., employment, subsidized employment, volunteer)
    - Competencies to be developed (e.g., skill requirements of the target occupation)
    - Pre-requisites
    - Duration of training program
    - Who provides training
    - Program location
      - Convenience
      - Accessibility
    - Certification process (industry or employer certificate; college degree)
  - b. Why was this curriculum/model/approach chosen? Were other curricula/models/approaches considered? If so, which ones?
  - c. Did the evidence for this curriculum/model/approach show relative advantage over other programs?
  - d. Were adaptations or modifications made to the training program based on local conditions or preferences? Based on partner input?
  - e. Was the model/curriculum adapted to be culturally relevant? If yes, then what adaptation strategies are being used to deliver a culturally relevant curriculum?
  - f. Did the tribe request a waiver for any required program elements per the FOA? (e.g., apprenticeship, other)

### Qualifications of Implementation Staff

16. What are the qualifications of program implementation staff?
  - a. How were staff responsible for implementing the program curriculum recruited and/or selected? What staff qualifications were considered? What about previous experience working with tribal populations?
  - b. Did you face any challenges in staff recruitment?

## Skills and Competencies for Local Health Care Workforce

17. How does the training program address skills and competencies needed by the local health care industry?
  - a. What community characteristics shape participants' employment opportunities? *(To include general labor market conditions in the area, the extent and nature of job opportunities, and industry skill initiatives).*
  - b. Were tribal and/or local (off reservation; surrounding area) workforce needs assessed? If so, how?
  - c. Were other sources of information/data were used to determine the fit between the training program and local industry needs? If so, what?

## Contextual Factors

18. How does the social, economic, and political context of the community influence program design and implementation?
  - a. Describe barriers to education/training and employment for population served. *Socio-cultural barriers include language and communication differences; practices that differ from their own beliefs and traditions; fear and mistrust of [TBD] institutions, and a lack of knowledge about how to navigate the system. Barriers include childcare, housing, transportation, health, mental health, substance abuse, domestic violence, GED, training, adult basic education, English language learning.*
  - b. What community factors influence the design and implementation of the program (e.g., ongoing recession, organizational priorities)? Please describe.

## Program Processes

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*Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?*

*[Ask Partner Administrative staff as appropriate]*

## Supportive Services

19. What support services are offered with the program and how are they incorporated?
  - a. What types of services or incentives are being provided to participants?
    - Social services (e.g., food stamps, childcare)
    - Employability services (e.g., essential skills, life skills, job readiness)
    - Employment related services (e.g., job development and placement, job coaching)
    - Program retention services (e.g., mentoring)
    - Job retention services (e.g., mentoring, peer support groups)
  - b. Are supportive services culturally-based? If so, please describe.
  - c. How are service components sequenced and coordinated? How are they designed to address participants' needs and unique barriers to employment?
  - d. Describe any challenges experienced in providing supportive services. What strategies were used to overcome the challenge(s) noted?
  - e. Which supportive services, if any, have been most effective at enabling students to participate and complete the program?

### **Incorporation of Family Education Model**

20. Were strategies used to engage participant families, and if so, why and how?
  - a. What strategies are used to engage families to support the participant?
    - Participation in orientation
    - Participation in college activities
    - Provide support for studying
    - Other
  - b. What is the rationale for engaging families?

### **Use Program Data**

21. How are program data collected and used? Are data used for program management decisions, performance monitoring, or program correction?
  - a. How are program data collected?
  - b. Are data used for program management decisions, performance monitoring, or program correction? Do you share these data with partners? Stakeholders? Participants? *Examples might be dashboard indicators, interim milestones reports, reports on outcomes sorted by cohorts, individual participant reports.*
    - Services received
    - Attendance
    - Placement results
    - Employment
    - Program drop-outs
    - Terminations
    - Retention follow-up information
    - Supportive services information

### **Implementation Facilitators and Challenges**

22. Was the program implemented as intended (e.g., was the proposed number of training sessions delivered)?
  - a. Have you experienced any start-up challenges? If yes, please describe.
  - b. Have you experienced any implementation challenges? If yes, please describe.
  - c. Describe the training for staff responsible for implementing the program curriculum. How were they oriented to the program?
  - d. Describe the process for supervision and communication with program implementation staff? Are these staff mentored?
  - e. Has there been any implementation staff turnover? If yes, how was this handled? Do you think this had an effect on program implementation?

### **Program Outcomes**

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*Is there evidence that participation in the program resulted in successful employment and work force capacity building outcomes?*

*[Ask Partner Administrative staff as appropriate]*

*[Participant Educational Attainment – Role of Tribal HPOG program in building Tribal Health Workforce Capacity --- ONLY ask if there are program completers at the time of site visit]*

### **Participant Educational Attainment**

23. Did participation in the program result in a professional or industry recognized certificate or degree? Why or why not? What factors are associated with receiving a certificate or degree?
- a. Did participation in the program result in a professional or industry recognized certificate or degree? Please describe.
  - b. What program components (e.g., competency based curricula, supportive and cultural services, family education/engagement, employment and employability related activities) are important to program participation and completion?

### **Participant Employment Outcomes**

24. How many participants that received a certificate or degree entered a job or provide a community service in related occupations?
- a. What are participants' employment outcomes?
    - Employed full-time
    - Employed part-time
    - Serving internship
    - Unemployed
  - b. What types of jobs do participants have?
  - c. With what employers? *Note: Need to note tribal hiring preferences & policies for employment (tribal member, spouse of tribal member, member of another tribe)*
    - i. Tribe
      1. In area
      2. Out of area
    - ii. Other tribe
    - iii. Non-tribal
      1. IHS
      2. Local health care
      3. Out of area

### **Role of tribal HPOG program in building tribal health workforce capacity**

25. Did the program help to fill vacancies in the Tribal health workforce? Are participants serving Tribal populations?
- a. Are participants serving their own community or another Tribal community? Provide examples.
  - b. Did participants encounter any barriers in finding employment in a Tribal community? If so, what were these barriers?

### **Satisfaction with tribal HPOG program**

26. Are key program stakeholders satisfied with the program?
- a. To your knowledge, are
    - i. participants satisfied with the program?

- ii. partners satisfied with the program? [*Ask partners directly if they are satisfied*]
  - iii. employers satisfied with the program?
- b. In your opinion, what have been some of the key benefits for participants served through the tribal HPOG program?

### **Recommendations for Program Improvement**

27. Is there anything that you would change about the program that could be helpful to future participants?

### **Conclusion**

28. Is there anything you would like to add before concluding the interview?  
*Thank you very much for your time. It has been a pleasure to speak with you.*

## Appendix 3b: Follow-up Site Visit Protocol – Grantee and Partner Administrative Staff

### FOLLOW UP SITE VISIT INTERVIEW PROTOCOL

#### Grantee and Partner Administrative Staff Interview

*The purpose of the interview is to obtain information from Grantee Administrative Staff and Partners about their involvement in developing and implementing the tribal HPOG program. The following topics are addressed:*

*All background information relevant to these topics will be consulted prior to the interview in order to provide contextual information.*

<b>Tribal HPOG program</b>	<ul style="list-style-type: none"> <li>• Blackfeet Community College</li> <li>• Candeska Cikana Community College</li> <li>• Cook Inlet Tribal Council</li> <li>• College of Menominee Nation</li> <li>• Turtle Mountain</li> </ul>	<b>Study ID</b>	
<b>Interviewed by</b>		<b>Date &amp; time</b>	

This space is reserved for the Introduction which will be developed in coordination with ACF and the National HPOG evaluation.

**NOTE: This interview protocol will be tailored based on the specific role of an individual. All sections may not be applicable to every individual. It is unlikely that any one individual will be asked all questions in this protocol.**

**NOTE: Program structure, process, and outcomes sections of the protocol are organized by key research questions (i.e., the numbered questions in these sections). Sub-questions will be used to answer these key research questions and will be the ones that will ultimately guide each data collection effort with respondents.**

#### Background [Only if not previously interviewed]

1. What is the name of your agency or organization?
2. How long has it been in existence? What is its history?
3. What are the range of services and programs provided?
4. What is the agency or organization’s service area?
5. What is your role in the organization? For the Tribal HPOG project?

6. **[Partners only]** How was the agency invited to participate in the tribal HPOG program by [insert lead organization]?
7. Were you involved in the planning for the program? If yes, describe.

### **Tribal HPOG Program Structures**

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*Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*

### **Partnerships**

8. How are local and/or regional partners and the community engaged?
  - a. Are you aware of any changes to the program partnership since the last time we spoke (or beginning of program if new respondent)? If yes, please describe.
  - b. **[Lead organization only]** How is the partnership functioning?
    - i. Are partners meeting their obligations per the MOU? Have you encountered any challenges? If yes, please describe.
    - ii. Have you run into any challenges? If yes, please describe.
  - c. **[Partners only]** Describe your relationship with [insert prime organization] and any other project partners you work closely with.
    - i. How is the partnership functioning?
    - ii. Have you run into any challenges? If yes, please describe.
  - d. How likely are you to work with these partners again?
  - e. **[Lead organization only]** What strategies have been used for collaboration and coordination across project partners? How are they established? Which, if any, are most effective?
  - f. **[Lead organization only]** What community engagement strategies are used to inform project planning and implementation (e.g. advisory boards, council of elders, open community meetings/ gatherings)? Which, if any, are most effective?

### **Program Design and Curriculum**

9. What is the program curriculum (e.g. academic lectures, field practicum training manual)? In what ways was the program designed or modified for Tribal populations?
  - a. Are you aware of any changes to the program curriculum since the last time we spoke (or beginning of program if new respondent)? If yes, please describe. Why was the curriculum changed?
  - b. Are there aspects of the program curriculum that you believe are more effective with regard to program participation and completion than others (e.g. work activities, academic instruction)? Please describe.
  - c. Are you aware of any problems/challenges with the program curriculum? If yes, please describe.

### Skills and Competencies for Local Health Care Workforce

10. How does the training program address skills and competencies needed by the local health care industry?
  - a. What community characteristics shape participants' employment opportunities? *(To include general labor market conditions in the area, the extent and nature of job opportunities, and industry skill initiatives).*

### Contextual Factors

11. How does the social, economic, and political context of the community influence program design and implementation?
  - a. Describe barriers to education/training and employment for population served. *Socio-cultural barriers include language and communication differences; practices that differ from their own beliefs and traditions; fear and mistrust of [TBD] institutions, and a lack of knowledge about how to navigate the system. Barriers include childcare, housing, transportation, health, mental health, substance abuse, domestic violence, GED, training, adult basic education, English language learning.*
  - b. What community factors influence the implementation of the program (e.g., ongoing recession, organization priorities)? Please describe.

### Program Processes

---

*Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?*

*[Ask Partner Administrative staff as appropriate]*

### Supportive Services

12. What support services are offered with the program and how are they incorporated?
  - a. Are you aware of any changes to the types of supportive services offered through the program since the last time we spoke (or beginning of program if new respondent)? If yes, please describe.
    - Social services (e.g., food stamps, childcare)
    - Employability services (e.g., essential skills, life skills, job readiness)
    - Employment related services (e.g., job development and placement, job coaching)
    - Program retention services (e.g., financial)
    - Job retention services (e.g., mentoring, peer support groups)
  - b. Have students utilized these services?
  - c. Describe any challenges experienced in providing supportive services. What strategies were used to overcome the challenge(s) noted?
  - d. Which supportive services, if any, have been most effective at enabling students to participate in and complete the program?

### **Incorporation of Family Education Model**

13. **[If family engagement model part of program]** Were strategies used to engage participants families, and if so, why and how?
- Are you aware of any changes to strategies used to engage families to support the participant?
  - What strategies, if any, have facilitated participant participation and completion in the program?

### **Program Data**

14. How are program data collected and used?
- [lead organization only]** Have you used any program data for program management decisions, performance monitoring, or program correction? If yes, describe how these data are used?
  - [lead organization only]** Do you share these data with partners? Stakeholders? Participants?

### **Implementation Facilitators and Challenges**

15. Is the program implemented as intended (e.g., was the proposed number of training sessions delivered)?
- Have you experienced any implementation challenges? If yes, please describe.
  - Have you experienced any challenges supervising and communicating with program implementation staff? Are these staff mentored?
  - Has there been any implementation staff turnover? If yes, how was this handled? Do you think this had an effect on program implementation?

### **Program Outcomes**

---

*Is there evidence that participation in the program resulted in successful employment and work force capacity building outcomes?*

*[Ask Partner Administrative staff as appropriate]*

### **Participant Educational Attainment**

16. Did participation in the program result in a professional or industry recognized certificate, degree or licensure? Why or why not? What factors are associated with receiving a certificate, degree or licensure?
- Did participation in the program result in a professional or industry recognized degree?
  - What program components (e.g., competency based curricula, supportive and cultural services, family education/engagement, employment and employability related activities) are important to program participation and completion?
  - Were there other indicators of success identified and achieved (e.g., increased life skills, self-efficacy, confidence, social supports)?
  - Do you think participants achieved self-sufficiency (e.g., number who no longer receive public assistance)? Provide examples.

### **Participant Employment Outcomes**

17. Did participants enter a job or provide a community service in related occupations?
  - a. What are participants' employment outcomes?
    - Employed full-time
    - Employed part-time
    - Serving internship
    - Unemployed
  - b. What types of jobs do participants have? Provide examples.
  - c. With what employers? *Note: Need to note tribal hiring preferences & policies for employment (tribal member, spouse of tribal member, member of another tribe)*
    - i. Tribe
      1. In area
      2. Out of area
    - ii. Other tribe
    - iii. Non-tribal
      1. IHS
      2. Local health care
      3. Out of area
  - d. Are you aware of whether participants have retained their jobs? For how long? Were job retention services provided?
  - e. Are you aware of how participant earnings compare to pre-participation earnings?
  - f. Do you know if any have experienced some type of employment advancement? Position? Higher pay? More hours? Responsibilities?

### **Role of tribal HPOG program in building tribal health workforce capacity**

18. Did the program help to fill vacancies in the Tribal health workforce? Are participants serving Tribal populations?
  - a. Are participants serving their own community or another Tribal community? Provide examples. If students not serving Tribal populations, why not?
  - b. Did participants encounter any barriers in finding employment in a Tribal community? If so, what were these barriers?

### **Satisfaction with tribal HPOG program**

19. Are key stakeholders satisfied with the program?
  - a. To your knowledge, are
    - i. participants satisfied with the program?
    - ii. partners satisfied with the program? [Ask partners directly if they are satisfied]
    - iii. employers satisfied with the program?
  - b. In your opinion, what have been some of the key benefits for participants served through the tribal HPOG program?

### **Recommendations for Program Improvement**

---

20. Is there anything that you would change about the program that could be helpful to future participants?

### **Conclusion**

---

21. Is there anything you would like to add before concluding the interview?

*Thank you very much for your time. It has been a pleasure to speak with you.*

## Appendix 3c: Initial Site Visit Protocol – Program Implementation Staff

### INITIAL (YEAR 1) INTERVIEW PROTOCOL

#### Tribal HPOG Program Implementation Staff - Interview

*The purpose of the interview is to obtain information from Program Implementation Staff about their involvement in developing and implementing the tribal HPOG program. The following topics are addressed:*

*All background information relevant to these topics will be consulted prior to the interview in order to provide contextual information.*

<b>Tribal HPOG program</b>	<ul style="list-style-type: none"> <li>• Blackfeet Community College</li> <li>• Cankdeska Cikana Community College</li> <li>• Cook Inlet Tribal Council</li> <li>• College of Menominee Nation</li> <li>• Turtle Mountain</li> </ul>	<b>Study ID</b>	
<b>Interviewed by</b>		<b>Date &amp; time</b>	

This space is reserved for the Introduction which will be developed in coordination with ACF and the National HPOG evaluation.

**NOTE: This interview protocol will be tailored based on the specific role of an individual. All sections may not be applicable to every individual. It is unlikely that any one individual will be asked all questions in this protocol.**

**NOTE: Program structure, process, and outcomes sections of the protocol are organized by key research questions (i.e., the numbered questions in these sections). Sub-questions will be used to answer these key research questions and will be the ones that will ultimately guide each data collection effort with respondents.**

### Background

1. What is the name of your agency or organization?
2. How long has it been in existence? What is its history?
3. What are the range of services and programs provided?
4. What is the agency’s or organization’s service area?
5. What is your role in the organization/agency?

6. What is your role and responsibilities for the Tribal HPOG project?
7. How were you recruited to work on the Tribal HPOG project?
8. Describe your professional background. Have you worked with Tribal populations before?

### Planning

---

9. Were you involved in planning for the program?                      YES                      NO  
*If no, skip to the next section.*  
*If yes, continue with the questions below.*
10. Who else was involved in the planning process?
11. What issues were addressed? Were there challenges that required a compromise? How were different viewpoints incorporated into program planning?

### Program Structures

---

*Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*

### Program Type

12. What is the program type (e.g., academic instruction, on-the-job training, apprenticeship)?
  - a. Identify type of program model:
    - Academic instruction + occupational skills training
    - OJT + training
    - Apprenticeship
    - Other
  - b. Why was this model chosen?
  - c. Was the program incorporated within, or as an extension of, an existing program?

### Program Design and Curriculum

13. What is the program curriculum (e.g. academic lectures, field practicum training manual)? In what ways was the program designed or modified for Tribal populations?
  - a. Describe the elements of the training program and its curriculum/curricula.*[if detail made available in other program materials, skip specifics below]*
    - Content
      - Occupational skills
      - Basic skills/ foundational skills
      - Work activities
    - Competencies to be developed (e.g., skill requirements of the target occupation)
    - Pre-requisites

- Duration of training program
  - Who provides training
  - Program location
    - Convenience
    - Accessibility
  - Certification process (industry or employer certificate; college degree)
- b. Why was this curriculum/model/approach chosen? Were other curricula/models/approaches considered? If so, which ones?
  - c. Were adaptations or modifications made to the training program based on local conditions or preferences?
  - d. Was the model/curriculum adapted to be culturally relevant? If yes, then what adaptation strategies are used to deliver a culturally relevant curriculum?
  - e. **[If program instructor]** Do you have previous experience teaching this curriculum to Tribal students? If not, did you do anything to prepare to work with this population? Please describe.

### Contextual Factors

14. How does the social, economic, and political context of the community influence program design and implementation?
  - a. Describe barriers to education/training and employment for population served. *Socio-cultural barriers include language and communication differences; practices that differ from their own beliefs and traditions; fear and mistrust of [TBD] institutions, and a lack of knowledge about how to navigate the system. Barriers include childcare, housing, transportation, health, mental health, substance abuse, domestic violence, GED, training, adult basic education, English language learning.*
  - b. What community factors influence the design and implementation of the program (e.g., ongoing recession, organization priorities)? Please describe.

### Program Processes

---

*Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?*

### Recruitment

15. What recruitment strategies were utilized? Were these strategies effective?
  - a. What are the enrollment requirements?
  - b. Describe participant demographics.
  - c. How were participants identified/targeted for the program?
  - d. What are the referral sources?
  - e. What recruitment methods were used? What methods were most effective?
  - f. How are participants screened before their suitability for program participation or services is determined?
  - g. Did you have more/fewer participants than anticipated?
    - i. If more, was a wait list developed?

- ii. If fewer, what did you do encourage interest?
- h. Did you experience any challenges in recruiting participants? If so, describe.

### Orientation

16. What orientation strategies were utilized? Were these strategies effective?
  - a. How are students welcomed/oriented to the program?
  - b. Who conducted the orientation?
  - c. How is their training plan developed? Using what assessment instruments?
  - d. What orientation strategies facilitated program participation and completion? Describe.
  - e. Describe any challenges experienced in orientation and program participation. What strategies were used to overcome the challenge(s) noted?

### Supportive Services

17. What support services are offered with the program and how are they incorporated?
  - a. What assessments were conducted to determine needs (participant and/or family)? Are needs re-assessed over time and if so, how?
  - b. What types of services or incentives are being provided to participants?
    - Social services (e.g., food stamps, childcare, transportation)
    - Employability services (e.g., essential skills, life skills, job readiness)
    - Employment related services (e.g., job development and placement, job coaching)
    - Program retention services (e.g., mentoring)
    - Job retention services (e.g., mentoring, peer support groups)
  - c. Who provides the service?
    - The tribe (administration, departments, programs)?
    - Tribal organizations?
    - Non-tribal partners (IHS, local social services)
  - d. Are the supportive services provided on-site or off-site?
  - e. How do participants know about/are made aware of the supportive services that are available?
  - f. What are participants' help-seeking behaviors?
  - g. Are supportive services culturally-based? If so, please describe.
  - h. How are service components sequenced and coordinated? How are they designed to address participants' needs and unique barriers to employment?
  - i. Describe any challenges experienced in providing supportive services. What strategies were used to overcome the challenge(s) noted?
  - j. Which supportive services, if any, have been most effective at enabling students to participate in and complete the program?

### Incorporation of Family Education Model

18. Were strategies used to engage participant families and, if so, why and how?
  - a. What strategies are used to engage families to support the participant?
    - Participation in orientation

- Participation in college activities
  - Provide support for studying
  - Other
- b. Describe any challenges experienced in engaging families. What strategies were used to overcome the challenge(s) noted?
  - c. What strategies facilitated program participation and completion? Describe.

### **Implementation Facilitators and Challenges**

19. Was the program implemented as intended (e.g., was the proposed number of training sessions delivered)?
  - a. Have you experienced any start-up challenges? If yes, please describe.
  - b. Have you experience any implementation challenges? If yes, please describe.
  - c. Did you receive any training for your position? If yes, describe. Did the training help you effectively implement the curriculum? What aspect(s) were most helpful?
  - d. Are you supervised? If yes, has this supervision been helpful and consistent?
  - e. Do you receive mentorship from program leadership and/or your peers?

### **Quality of Instruction**

20. Was effective instruction delivered?
  - a. As measured by student achievement?
  - b. As measured by core competencies [list core competencies]?
  - c. As measured by student perceptions?

### **Use of Program Data**

21. How are program data collected and used?
  - a. Do you use program data for program management decisions, performance monitoring or program correction? If yes, describe how these data are used.

### **Participant Outcomes**

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*Is there evidence that participation in the program resulted in successful employment and work force capacity building outcomes?*

*[Participant Educational Attainment – Role of Tribal HPOG program in building Tribal Health Workforce Capacity --- ONLY ask if there are program completers at the time of site visit]*

### Participant Educational Attainment

22. Did participation in the program result in a professional or industry recognized certificate, degree or licensure? Why or why not? What factors are associated with receiving a certificate, degree or licensure?
  - a. Did participation in the program result in a professional or industry recognized certificate, degree or licensure?
  - b. How many completed training? How many did not complete the training? Do you have a sense for why students dropped out the program?
  - c. How many students advanced to another degree program?
  - d. What, if any, core competencies were achieved [list core competencies]?
  - e. Were there other indicators of success identified and achieved?
  - f. What program components (e.g. competency based curricula, supportive/cultural services, family education/engagement/employment and employability activities) are important to program participation and completion?

### Participant Employment Outcomes

23. Did participants enter a job or provide a community service in related occupations?
  - a. **[If the program has an internship or practicum component]** How do participants transition from the internship/practicum to employment?
  - b. What are participants' employment outcomes?
    - Employed full-time
    - Employed part-time
    - Serving internship
    - Unemployed
  - c. What types of jobs do participants have? Provide examples. Are participants supervised or mentored while on the job/practicum site?
  - d. With what employers? (*Note: Need to note tribal hiring preferences & policies for employment (tribal member, spouse of tribal member, member of another tribe)*)
    - i. Tribe
      1. In area
      2. Out of area
    - ii. Other tribe
    - iii. Non-tribal
      1. IHS
      2. Local health care
      3. Out of area

### Participant Employability Outcomes

24. What other outcomes did participants' achieve (e.g., increased life skills, self-efficacy, confidence,)?
  - a. Did employment result in reduced use of income supports?
    - i. TANF or General Assistance
    - ii. SNAP (food stamps), Commodities

**Role of tribal HPOG program in building tribal health workforce capacity**

- 25. Is it your impression that the program will help to fill vacancies in the Tribal health workforce?
  - a. Are participants serving their own community or another Tribal community? Provide examples.
  - b. Did participants encounter any barriers in finding employment in a Tribal community? If so, what were these barriers?

**Satisfaction with tribal HPOG program**

- 26. Are key stakeholders satisfied with the program?
  - a. To your knowledge, are
    - i. participants satisfied with the program?
    - ii. partners satisfied with the program?
    - iii. employers satisfied with the program?
  - b. In your opinion, what have been some of the key benefits for participants served through the tribal HPOG program?

**Recommendations for Program Improvement**

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- 27. Is there anything that you would change about the program that could be helpful to future participants?

**Conclusion**

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- 28. Is there anything you would like to add before concluding the interview?

*Thank you very much for your time. It has been a pleasure to speak with you.*

## Appendix 3d: Follow Up Site Visit Protocol – Program Implementation Staff

### FOLLOW UP SITE VISIT INTERVIEW PROTOCOL Tribal HPOG Program Implementation Staff - Interview

*The purpose of the interview is to obtain information from Program Implementation Staff about their involvement in developing and implementing the tribal HPOG program. The following topics are addressed:*

*All background information relevant to these topics will be consulted prior to the interview in order to provide contextual information.*

<b>Tribal HPOG program</b>	<ul style="list-style-type: none"> <li>• Blackfeet Community College</li> <li>• Cankdeska Cikana Community College</li> <li>• Cook Inlet Tribal Council</li> <li>• College of Menominee Nation</li> <li>• Turtle Mountain</li> </ul>	<b>Study ID</b>	
<b>Interviewed by</b>		<b>Date &amp; time</b>	

This space is reserved for the Introduction which will be developed in coordination with ACF and the National HPOG evaluation.

**NOTE: This interview protocol will be tailored based on the specific role of an individual. All sections may not be applicable to every individual. It is unlikely that any one individual will be asked all questions in this protocol.**

**NOTE: Program structure, process, and outcomes sections of the protocol are organized by key research questions (i.e., the numbered questions in these sections). Sub-questions will be used to answer these key research questions and will be the ones that will ultimately guide each data collection effort with respondents.**

#### Background [Only if not previously interviewed]

1. What is the name of your agency or organization?
2. How long has it been in existence? What is its history?
3. What are the range of services and programs provided?
4. What is the agency or organization’s service area?
5. What is your role in the organization? For the Tribal HPOG project?
6. How were you recruited to work on the Tribal HPOG project?
7. Describe your professional background. Have you worked with Tribal populations before?
8. Were you involved in the planning for the program? If yes, please describe.

## Program Structures

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*Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*

## Program Design and Curriculum

9. What is the program curriculum (e.g., academic lectures, field practicum training manual)? In what ways was the program designed or modified for Tribal populations?
  - a. Are you aware of any changes to the program curriculum since the last time we spoke (or beginning of the program if new respondent)? If yes, please describe.
  - b. Are there aspects of the program curriculum that you believe are more effective than others (e.g., work activities, academic instruction, etc.) for program participation and completion? Please describe.
  - c. Have you encountered any problems/challenges with the program curriculum? If yes, please describe.
  - d. **[If new respondent]** Do you have previous experience teaching this curriculum to Tribal students? If not, did you do anything to prepare? Please describe.

## Contextual Factors

10. How does the social, economic, and political context of the community influence program design and implementation?
  - a. Describe barriers to education/training and employment for population served. *Socio-cultural barriers include language and communication differences; practices that differ from their own beliefs and traditions; fear and mistrust of [TBD] institutions, and a lack of knowledge about how to navigate the system. Barriers include childcare, housing, transportation, health, mental health, substance abuse, domestic violence, GED, training, adult basic education, English language learning.*
  - b. What community factors influence the implementation of the program (e.g. ongoing recession, organization priorities)? Please describe.

## Program Processes

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*Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?*

## Recruitment

11. What recruitment strategies were utilized? Were these strategies effective?
  - a. Are you aware of any changes to enrollment requirements since the last time we spoke (or beginning of the program if new respondent)? If yes, describe.
  - b. Are you aware of any changes to recruitment methods since the last time we spoke (or beginning of the program if new respondent)? What methods do you think were most effective for program participation and completion?
  - c. Did you have more/fewer participants than anticipated?
    - i. If more, was a wait list developed?
    - ii. If less, what did you do encourage interest?
  - d. Did you experience any challenge in recruiting participants? If so, describe.

## Orientation

12. What orientation strategies were utilized? Were these strategies effective?
  - a. Are you aware of any changes to orientation strategies used to engage patients since the last time we spoke (or beginning of the program if new respondent)? If yes, describe.
  - b. What orientation strategies facilitated program participation and completion? Describe.
  - c. Describe any challenges experienced in orientation and program participation. What strategies were used to overcome the challenge(s) noted?

## Supportive Services

13. What support services are offered with the program and how are they incorporated?
  - a. Are you aware of any changes to the types of supportive services being provided to participants since the last time we spoke (or beginning of the program if new respondent)? If yes, please describe.
    - Social services (e.g., food stamps, childcare)
    - Employability services (e.g., essential skills, life skills, job readiness)
    - Employment related services (e.g., job development and placement, job coaching)
    - Program retention services (e.g., mentoring)
    - Job retention services (e.g., mentoring, peer support groups)
  - b. Have students utilized these services? Which services/group of services have been utilized most frequently? What are participants' help-seeking behaviors?
  - c. What support services facilitated participant success? Describe.
  - d. Have students utilized any virtual services (e.g., online tools for job-seekers)? If yes, have they been effective?
  - e. Describe any challenges experienced in providing supportive services. What strategies were used to overcome the challenge(s) noted?

## Incorporation of Family Education Model

14. **[if family engagement model part of the program]** Were strategies used to engage participant families, and if so, why and how?
  - a. Are you aware of any changes to strategies used to engage families to support the participants since the last time we spoke (or beginning of the program if new respondent)?
  - b. Describe any challenges experienced in engaging families. What strategies were used to overcome the challenge(s) noted?
  - c. What strategies, if any, have facilitated participant success? Describe.

## Implementation Facilitators and Challenges

15. Was the program implemented as intended (e.g., was the proposed number of training sessions delivered)?
  - a. Have you experienced any implementation challenges? If yes, please describe.
  - b. **[if new respondent]** Did you receive any training for your position? If yes, describe. Did the training help you effectively implement the curriculum? What aspect(s) were most helpful?
  - c. Has there been any implementation staff turnover? If yes, how was this handled? Do you think this had an effect on program implementation?

- d. Describe the supervision you have received since we last spoke (or since you started the program)? Do you receive mentorship from program leadership and/or your peers?

### Quality of Instruction

16. Was effective instruction delivered?
  - a. As measured by student achievement?
  - b. As measured by core competencies [list core competencies]?
  - c. As measured by student perceptions?

### Use of Program Data

17. How are program data collected and used?
  - a. Do you use program data for program management decisions, performance monitoring or program correction? If yes, describe how these data are used.

### Participant Outcomes

---

*Is there evidence that participation in the program resulted in successful employment and work force capacity building outcomes?*

### Participant Educational Attainment

18. Did participation in the program result in a professional or industry recognized certificate, degree or licensure? Why or why not? What factors are associated with receiving a certificate, degree or licensure?
  - a. Did participation in the program result in a professional or industry recognized certificate, degree or licensure?
  - b. How many completed training? How many did not complete the training? Do you have a sense for why students have dropped out the program?
  - c. How many students advanced to another degree program?
  - d. What, if any, competencies were achieved [list competencies]?
  - e. Were there other indicators of success identified and achieved?
  - f. What program components (e.g. competency based curricula, supportive/cultural services, family education/engagement/employment and employability activities) are important to program participation and completion?

### Participant Employment Outcomes

19. Did participants enter a job or provide a community service in related occupations?
  - a. **[If program has an internship or practicum component]** How do participants transition to employment?
  - b. What are participants' employment outcomes?
    - Employed full-time
    - Employed part-time
    - Serving internship
    - Unemployed
  - g. What types of jobs do participants have? Provide examples. Are participants supervised or mentored while on the job/practicum site?
  - h. With what employers? (*Note: Need to note tribal hiring preferences & policies for employment (tribal member, spouse of tribal member, member of another tribe)*)

- i. Tribe
  1. In area
  2. Out of area
- ii. Other tribe
- iii. Non-tribal
  1. IHS
  2. Local health care
  3. Out of area
- i. Are you aware of whether participants have retained their jobs? For how long? Were retention services provided?
- j. Are you aware of how participant earnings compare to pre-participation earnings?
- k. Do you know if any have experience some type of employment advancement? Position? Higher pay? More hours? Responsibilities?

### **Participant Employability Outcomes**

20. What other outcomes did participants achieve (e.g., increased life skills, self-efficacy, confidence,)?
  - a. Did employment result in reduced use of income supports?
    - i. TANF or General Assistance
    - ii. SNAP (food stamps), Commodities

### **Role of tribal HPOG program in building tribal health workforce capacity**

21. Did the program will help to fill vacancies in the Tribal health workforce?
  - a. Are participants serving their own community or another Tribal community? Provide examples. If not serving Tribal populations, why not?
  - b. Did participants encounter any barriers in finding employment in a Tribal community? If so, what were these barriers?

### **Satisfaction with tribal HPOG program**

22. Are key stakeholders satisfied with the program?
  - a. To your knowledge, are
    - i. participants satisfied with the program?
    - ii. partners satisfied with the program?
    - iii. employers satisfied with the program?
  - b. In your opinion, what have been some of the key benefits for participants served through the tribal HPOG program?

### **Recommendations for Program Improvement**

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23. Is there anything that you would change about the program that could be helpful to future participants?

### **Conclusion**

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24. Is there anything you would like to add before concluding the interview?

*Thank you very much for your time. It has been a pleasure to speak with you.*

## Appendix 3e: Site Visit Protocol – Employers

### INITIAL AND FOLLOW UP SITE VISIT INTERVIEW PROTOCOL

#### Tribal HPOG Program Employers - Interview

*The purpose of the interview is to obtain information from local employers about their involvement in the tribal HPOG program. The following topics are addressed:*

*All background information relevant to these topics will be consulted prior to the interview in order to provide contextual information. The interviewer will also confirm the contact information for delivery of the respondent incentive.*

<b>Tribal HPOG program</b>	<ul style="list-style-type: none"> <li>• Blackfeet Community College</li> <li>• Cankdeska Cikana Community College</li> <li>• Cook Inlet Tribal Council</li> <li>• College of Menominee Nation</li> <li>• Turtle Mountain</li> </ul>	<b>Study ID</b>	
<b>Interviewed by</b>		<b>Date &amp; time</b>	

This space is reserved for the Introduction which will be developed in coordination with ACF and the National HPOG evaluation.

**NOTE: Program structure, process, and outcomes sections of the protocol are organized by key research questions (i.e., the numbered questions in these sections). Sub-questions will be used to answer these key research questions and will be the ones that will ultimately guide each data collection effort with respondents.**

#### Background [Only if not previously interviewed]

1. What is the name of your agency or organization?
2. How long has it been in existence? What is its history?
3. What are the range of services and programs provided?
4. What is the agency’s or organization’s service area?
5. What is your role in the organization/agency?
6. How did you hear about the Tribal HPOG program? Describe how you were invited to participate in the program [if applicable]?

7. Describe how your organization is involved with the program? What are your role and responsibilities for the Tribal HPOG project?

### **Planning [Only if not previously interviewed]**

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8. Were you involved in the planning for the program?      YES              NO  
*If no, skip to the next section.*  
*If yes, continue with the questions below.*
9. Who else was involved in the planning process?
10. What issues were addressed? Were there challenges that required a compromise? How are different viewpoints incorporated into program planning?

### **Tribal HPOG Program Structures**

---

*Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*

### **Program Design and Curriculum**

11. What is the program curriculum (e.g. academic lectures, field practicum training manual)? In what ways was the program designed or modified for Tribal populations?
  - a. Describe your understanding of the Tribal HPOG program components and curriculum.
  - b. **[Follow up 1&2 only]** Are you aware of any changes to the program since the last time we spoke [or beginning of the program]?
  - c. Do you think the program design/content is appropriate for the target population? Is it culturally relevant?
  - d. How does the career pathway focus of the program relate to your organization and its work?

### **Partnership**

12. How are local and/or regional partners and the community engaged?
  - a. Describe your relationship with [insert lead organization].
  - b. Have you worked with this organization before?
  - c. How is the partnership functioning?
  - d. Have you encountered any challenges? If yes, please describe.
  - e. How likely you to work with this organization again?

### **Skills and Competencies for Local Health Care Workforce**

13. How does the training program address skills and competencies needed by the local health care industry?
  - a. What community characteristics shape participants' employment opportunities? (*To include general labor market conditions in the area, the extent and nature of job opportunities, and industry skill initiatives*).
  - b. How does the training program address skills and competencies needed for employment in your organization?

### **Contextual Factors**

14. How does the social, economic, and political context of the community influence program design and implementation?
  - a. What community factors influence employment opportunities in the community (e.g. ongoing recession, organizational priorities)?

### **Program Processes**

---

*Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?*

### **Supportive Services**

15. What support services are offered with the program and how are they incorporated?
  - a. What is your knowledge of the types of services or incentives that are being provided to program participants?
    - Social services (e.g., food stamps, childcare)
    - Employability services (e.g., essential skills, life skills, job readiness)
    - Employment related services (e.g., job development and placement, job coaching)
    - Program retention services (e.g., financial)
    - Job retention services (e.g., mentoring, peer support groups)
  - b. **[If knowledgeable]**, do you think these services are effective at enabling student to participate in the program?

### **Participant Outcomes**

---

*Is there evidence that participation in the program resulted in successful employment and work force capacity building outcomes?*

### **Participant Employment and Employability Outcomes**

16. Did program participants enter a job or provide a community service in related occupations?
  - a. Do you employ any program participants?
    - i. If no, why not?
      - a. Do you expect to employ any program participants in the future?
    - ii. If yes, how many?
      - a. What are your impressions of program graduates?

- b. Does the employee(s) have the skill set needed for the job?
- c. How much do these employee(s) earn?
- d. Do you anticipate these employee(s) will advance in your organization? To other jobs in the health field with higher pay?

**Role of tribal HPOG program in building tribal health workforce capacity**

17. Did the program help to fill vacancies in the Tribal health workforce? Are participants serving Tribal populations?
- a. Are other employers aware of the program?
  - b. Do you anticipate that the program will help to fill vacancies in the Tribal health workforce?
  - c. Do you anticipate that participants will encounter barriers in finding employment in a Tribal community? In their own community? If so, what would these barriers be?

**Satisfaction with tribal HPOG program**

18. Are key program stakeholders satisfied with the program?
- a. As an employer, are you satisfied with the program?
  - b. How does the [name of program] benefit your organization? *Examples are skilled workers, reduced turnover, productivity, less need for recruitment, career pathways, and diversity.*
  - c. In your opinion, what have been some of the key benefits for participants from the tribal HPOG program?

**Recommendations for Program Improvement**

---

19. Is there anything that you would change about the program that could be helpful to future participants? Other employers?

**Conclusion**

---

20. Is there anything you would like to add before concluding the interview?

*Thank you very much for your time. It has been a pleasure to speak with you.*

## Appendix 3f: Participant Focus Group Guide

### Tribal HPOG Participant Focus Group Guide

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*Note: To be used during annual focus groups with tribal HPOG program participants. Written informed consent will be obtained from each participant at the beginning of each focus group.*

#### Related evaluation questions:

- *Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*
- *Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?*
- *Is there evidence that participation in the program resulted in successful employment and workforce capacity building outcomes?*

#### Icebreaker Activity: TBD

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#### Discussion

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Please tell us your first name and what tribal HPOG program are you enrolled in: *Allied health, LTC, child care health advocate training, health IT, or nursing.*

1. What interested you about the tribal HPOG program?
2. How did you learn about the tribal HPOG program? Describe the recruitment or referral process.
3. What do you hope to accomplish? Did you have any concerns about participating?
4. How were you oriented to the tribal HPOG program? Describe the orientation process.
5. Were your needs assessed? Were your family's needs assessed? Describe the assessment process.
6. Have you experienced any challenges or barriers in participating?
7. Are supports or services provided to help you stay enrolled in the tribal HPOG program? What services or supports do you receive? Which, if any, are most helpful? Supports may include:
  - Social services (e.g., food stamps, childcare, transportation)
  - Employability services (e.g., essential skills, life skills, job readiness)
  - Employment related services (e.g., job development and placement, job coaching)
  - Program retention services (e.g., mentoring)

8. Does your family participate in program, supportive or cultural activities that are related to the tribal HPOG program? Is this helpful to you? How?
9. Are you satisfied with the quality of instruction?
10. Do you have any concerns going forward in your career?
11. Are you meeting your short-term education or employment goal(s)? Do the goals of the program align with your personal goals?
12. What are the next steps for you in the tribal HPOG program?
13. Would you recommend the tribal HPOG program to a family member or friend?
14. How could the tribal HPOG program be improved?

*Thank you!*

## Appendix 3g: Program Completer Interview Protocol

### Tribal HPOG Program Completers

*The purpose of the interview is to obtain information from Participants who completed the program about their experiences with and perceptions of the tribal HPOG program. The following topics are addressed:*

*All background information relevant to these topics will be consulted prior to the telephone interview in order to provide contextual information. The interviewer will also confirm the contact information for delivery of the respondent incentive.*

<b>Tribal HPOG program</b>	<ul style="list-style-type: none"> <li>■ Blackfeet Community College</li> <li>■ Cankdeska Cikana Community College</li> <li>■ Cook Inlet Tribal Council</li> <li>■ College of Menominee Nation</li> <li>■ Turtle Mountain</li> </ul>	<b>Study ID</b>	
<b>Interviewed by</b>		<b>Date &amp; time</b>	

*Directions to Interviewer:* Read the following statement to the respondent to obtain verbal Informed Consent:

Good morning/afternoon. My name is **[insert name]** and I work for NORC at the University of Chicago. NORC has been contracted by the Administration for Children and Families to evaluate the Health Professions Opportunities Grants in tribal communities. The program you participated in through **[Grantee site name]** is part of the Health Professions Opportunities Grants.

You are being asked to participate in this discussion about your experiences with this program. The discussion should take between 45 minutes and one hour. Your open and honest feedback is appreciated. Note that participation is voluntary and you may choose to end the discussion at any time. If you have questions about your rights as a participant in this evaluation, please call the NORC Institutional Review Board Administrator at 866-309-0542.

Do you consent to participate in this discussion?

***[If “yes” then proceed. If “no” then terminate discussion.]***

NORC would like to record this discussion in order to ensure our notes are as accurate and comprehensive as possible. The recording will be deleted at the end of the project. Do you agree to having this discussion recorded for note-taking purposes only?

***[If no, “That’s fine. Please be patient as I take notes.”]***

*Inform the interviewee that all information is private and will not be shared. Information will be aggregated for analysis and reporting purposes. Use skip patterns as noted.*

**NOTE: Program structure, process, and outcomes sections of the protocol are organized by key research questions (i.e., the numbered questions in these sections). Sub-questions will be used to answer these key research questions and will be the ones that will ultimately guide each data collection effort with respondents.**

## Program Structure

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*Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*

### Program Design and Curriculum

1. What is the program curriculum (e.g. academic lectures, field practicum training manual)? In what ways was the program curriculum designed and modified for Tribal populations?
  - a. What program did you participate in (i.e., academic instruction, on the job training, apprenticeship)? Please describe the training program.
    - Content
      - Occupational skills
      - Basic skills/ foundational skills
      - Work activities
    - Competencies to be developed (i.e., skill requirements of the target occupation)
    - Pre-requisites
    - Duration of training program
    - Program location
      - Convenience
      - Accessibility
    - Certification process (industry or employer certificate; college degree)
  - b. Did you find the tribal HPOG program to be relevant to your culture? Please describe.
  - c. Were assessments conducted to determine your needs? Or the needs of your family? How often were these conducted?
  - d. What career do you hope to pursue following this training? *Allied health, LTC, child care health advocate training, health IT, nursing.*
  - e. Did the program provide help in finding a job? *Examples are job development/placement; early career planning*

### Skills and Competencies for Local Health Care Workforce

2. Does the training program address skills and competencies needed by the local health care industry?
  - a. Do you think the training program addresses skills or jobs needed in your community? Please describe.

## Program Processes

---

*Have grantees implemented processes that successfully prepare participants for employment in the Tribal health care sector?*

### Recruitment

3. What recruitment strategies were utilized? Were these strategies effective?
  - a. Stepping back for a moment, can you tell us how you learned about the program?
  - b. Were you referred to the program? By whom?
  - c. Were you recruited to participate? By whom?
  - d. Did you talk to anyone about whether you were a good fit for the program? Do you feel that you received enough information about the program before you joined?

- e. Did you have any concerns about the program? Did program staff address these concerns when you were joining the program?
- f. Were you accepted? Wait-listed? Placed on a modified track?

### Orientation to the Program

- 4. What orientation strategies were utilized? Were these strategies effective?
  - a. Once enrolled, how were you welcomed or oriented to the program? What did the program staff do? Please describe.
  - b. Was this helpful? Please describe.

### Supportive Services

- 5. What support services are offered with the program and how are they incorporated?
  - a. What kinds of services did you receive once you joined the program?
    - Social services (e.g., food stamps, childcare, transportation)
    - Employability services (e.g., essential skills, life skills, job readiness)
    - Employment related services (e.g., job development and placement, job coaching)
    - Retention services (e.g., mentoring)
    - Post-program supportive services (e.g., mentoring, peer support groups)
  - b. How did you learn about the support services that were available?
  - c. How did you go about seeking help?
  - d. Who provided this/these the service(s)?
    - i. The tribe (administration, departments, programs)?
    - ii. Tribal organizations?
    - iii. Non-tribal partners (IHS, local social services)?
  - e. Where were the supportive services provided? Onsite? Off-site?
  - f. Did these services meet your needs? What additional services would have helped you complete the program and/or find a job?

### Family Education Model

- 6. Were strategies used to engage participant families, and if so, why and how?
  - a. Did the program engage your family in any way? If so, how? *Examples are provided information, participated in orientation, participated in college activities, provided support for studying, other.*
  - b. If your family did not participate, can you tell us why not? Did this affect your participation in the program in any way?

### Quality of Instruction

- 7. Was effective instruction delivered?
  - a. Were the teachers good?
  - b. Was the training content good?
  - c. Do you feel prepared to work in your chosen profession?

## Program Outcomes

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*Is there evidence that participation in the program resulted in successful employment and work force capacity building outcomes?*

### Educational Attainment

8. Did participation in the program result in a professional or industry recognized certificate, degree or licensure? Why or why not? What factors are associated with receiving a certificate, degree or licensure?
  - a. Did you earn a certificate, degree or licensure? If so, what certificate, degree or licensure did you earn?
  - b. If yes, specify which.
    - i. What program components (e.g. competency based curricula, supportive/cultural services, family education/engagement/employment and employability activities) were important to your success?
    - ii. What personal factors were important to your success?
    - iii. Do you have plans to continue your education?
  - c. If no, why not? What do you plan to do?

### Employment Outcomes

9. Did participants enter a job or provide a community service in related occupations?
  - a. Did you have a job prior to participating in the program? If yes, were you working in a healthcare field?
  - b. Are you currently employed? Please indicate whether you are:
    - Employed full-time
    - Employed part-time
    - Serving internship
    - i. **[If yes]**
      - What is your job?
      - Is it in your chosen field?
      - With what employers? *With tribe: In area/out of area; Other tribe; Non-tribal*
      - Where is it located? *Examples are Tribal health services, IHS, local health care provider, out of area*
      - How long have you been in your position?
      - Are you working with tribal populations?
      - Is it in your own tribal community?
      - Are you supervised or mentored while on the job/practicum site?
      - Have you advanced in this job—higher pay, more responsibilities, promotion?
      - How does your salary compare to before participating in the program? Do you feel like your current salary is enough to provide for you and/or your family?
    - ii. **[If no]**, why not?
  - c. Did you continue to receive any support after you completed the program? If so, describe. *Examples are job retention and advancement supports (e.g., mentoring, peer support groups)*
  - d. Was it hard to find a job in your tribal community? If so, please describe.

### **Employability Outcomes**

10. What other outcomes did participants achieve (e.g., increased life skills, self-efficacy, and confidence)?
  - a. In what other ways has your life changed, since enrolling/completing the program?  
*Examples are increased life skills, self efficacy, confidence, social supports*
  - b. Do you consider yourself more independent after completing the program?
  - c. Do you rely on other sources of financial and non-financial support?
    - TANF or tribal General Assistance
    - SNAP (food stamps), tribal Commodities
    - Child care subsidies
    - Transportation
    - Housing
    - Informal support
    - Other

### **Satisfaction with tribal HPOG program**

11. Are key program stakeholders satisfied with the program?
  - a. Overall, are you satisfied with the program? Did you meet your goals?
  - b. Would you recommend the tribal HPOG program to a family member or friend?

### **Recommendations for Program Improvement**

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12. Is there anything that you would change about the program that could be helpful to future participants?

### **Conclusion**

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13. Is there anything you would like to add before concluding the interview?

*Thank you very much for your time. It has been a pleasure to speak with you.*

## Appendix 3h: Program Non-Completer Interview Protocol

### Tribal HPOG Participants – Non-Completer Interview

*The purpose of the interview is to obtain information from Non-Completers who completed the program about their experiences with and perceptions of the tribal HPOG program. The following topics are addressed: (1) Tribal HPOG Program Structure, (2) Program Processes, (3) Participant Outcomes, (4) Recommendations for Program Improvement, and (5) Conclusion. All background information relevant to these topics will be consulted prior to the interview in order to provide contextual information. The interviewer will also confirm the contact information for delivery of the respondent incentive. All background information relevant to these topics will be consulted prior to the telephone interview in order to provide contextual information. The interviewer will also confirm the contact information for delivery of the respondent incentive.*

<b>Tribal HPOG program</b>		<b>Study ID</b>	
<b>Interviewed by</b>		<b>Date &amp; time</b>	

*Directions to Interviewer:* Read the following statement to the respondent to obtain verbal Informed Consent:

Good morning/afternoon. My name is **[insert name]** and I work for NORC at the University of Chicago. NORC has been contracted by the Administration for Children and Families to evaluate the Health Professions Opportunities Grants in tribal communities. The program you participated in through **[grantee name]** is part of the Health Professions Opportunities Grants.

The Tribal HPOG Evaluation is a comprehensive evaluation of the design, implementation, and outcomes of the five Tribal HPOG programs. The interview questions will focus on your perceptions of the Tribal HPOG program, including the program design and curriculum, recruitment, supportive services, family engagement, the quality of instruction, educational attainment and employment outcomes of participants, implementation barriers and facilitators, and overall satisfaction. Your participation is voluntary, but it is very important because your responses will help us to improve the program. As explained in the consent form you signed, we will keep information about you private and you will not be identified in any report or publication of this study or its results. You may decline to answer any question you wish. If you have any questions, please let me know.

### Priority Questions

#### Program Structure

*Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?*

#### Program Design and Curriculum

1. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 1a-1d] First, we are interested in learning about the curriculum of your program, such as academic lectures and internships, and in learning about you decision to stop the program.*
  - a. What program did you participate in? Why did you choose this program?

- b. You started but did not finish the program. Please tell me about your decision. *Possible reasons for leaving are program was not what I wanted/changed my mind, not satisfied with the quality of training/teaching, courses not at the right level, family circumstances, financial hardship, time/workload issues, health problem or disability, other, prefers not to disclose reason.*
- c. Did you find the tribal HPOG program to be culturally relevant? Please describe.

## Program Processes

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*Have grantees implemented processes to prepare participants for employment in the tribal health care sector?*

### Recruitment

2. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 2a-2c] Now we would like to learn about how you found out about the program and your decision to enroll in the program*
  - a. Stepping back for a moment, can you tell us how you learned about the program?
  - b. Did you talk to anyone about whether or not you were a good fit for the program?
  - c. Do you feel that you received enough information about the program before you joined?
  - d. Did you have any concerns about the program? Did program staff address these concerns when you were joining the program?

### Orientation to the Program

3. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 3a-3b] Building on the last questions, we would now like to discuss how you were introduced and welcomed to the program.*
  - a. Once enrolled, how were you welcomed or oriented to the program? What did the program staff do? Please describe.
  - b. Was this helpful? Please describe.

### Supportive Services

4. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 4a-4g] Next, we would like to ask you some questions about the support services, such as transportation, mentoring, and other services, that were offered to you as part of the program*
  - a. What kinds of services, if any, did you receive once you joined the program?
    - Social services (e.g., food stamps, childcare, transportation)
    - Employability services (e.g., essential skills, life skills, job readiness)
    - Employment related services (e.g., job development and placement, job coaching)
    - Retention services (e.g., mentoring)
  - b. How did you learn about the support services that were available?
  - c. How did you go about seeking help?
  - d. Did these services meet your needs? What additional services would have helped you complete the program?
  - e. Did you receive financial support while you were in the program?
  - f. Did you talk to or seek assistance/counsel from any program or support staff about your decision to leave the program?
  - g. Did the program provide assistance or supports to encourage you to stay in the program (retention)?

### Family Education Model

5. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 5a-b] We would now like to discuss any strategies that were used to inform your families about the program.*
  - a. Did the program engage your family in any way? If so, how? *Examples are provided information, participated in orientation, participated in college activities, provided support for studying, other.*
  - b. Did this affect your participation in the program in any way?
  - c. Did this affect your decision to leave?

### Quality of Instruction

6. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 6a-b] Next we would like to hear your thoughts about your teachers and your classes.*
  - a. Were the teachers good?
  - b. Was the training content good?

### Program Outcomes

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*Is there evidence that participants in the program achieved successful employment and work force capacity building outcomes?*

### Educational Attainment

7. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 7a-7b] Now we would like to learn about your plans for future education.*
  - a. What do you plan to do? Do you have plans to go back to the program? Or continue your education elsewhere?

### Employment Outcomes

8. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 8a-8b] Next we would like to learn about your employment prior to the program and your current employment.*
  - a. Did you have a job prior to participating in the program? If yes, were you working in a healthcare field?
  - b. Are you currently employed?
    - i. If yes, what is your job? Please describe.
      - Do you think your participation in the program helped you get your job?
    - ii. If no, why not?

### Employability Outcomes

9. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 9a] We are now interested in learning ways in which the program has impacted your life.*
  - a. Although you did not complete the program, were there any benefits to participating?

### Satisfaction with tribal HPOG program

10. *READ ALOUD TO RESPONDENTS BEFORE ASKING 10a-10c] Finally, we would like to hear how satisfied you are with the program.*
  - a. On a scale of 1 to 5, where 1 is 'not at all satisfied', and 5 is 'very satisfied', how satisfied with the program would you say you were overall?
  - b. Did you meet any of your goals?

- c. What would you say about the tribal HPOG program if you were asked by an interested family member or friend?

### **Recommendations for Program Improvement**

11. Is there anything that you would change about the program that could be helpful to future participants?

### **Conclusion**

12. Is there anything you would like to add before concluding the interview?

*Thank you very much for your time. It has been a pleasure to speak with you.*