

# INTERIM REPORT

OPRE Report 2014-04 | March 2014



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

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# Tribal HPOG Evaluation: Interim Report

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Michael Meit, Carol Hafford, Katherine Meyer, Alana Knudson, Sara Levintow, Tess Gilbert, Heather Langerman, Jennie Alfaro

NORC at the University of Chicago

**Submitted to:**

Hilary Forster and Michael Dubinsky, Project Officers

Office of Planning, Research & Evaluation

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Contract Number: HHSP 23320095647WC

Project Director: Michael Meit

NORC at the University of Chicago

4350 East-West Highway, 8<sup>th</sup> Floor

Bethesda, MD 20814



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## Overview

The Health Profession Opportunity Grants (HPOG) program, authorized through the Affordable Care Act (ACA) and administered by the Office of Family Assistance in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), provides opportunities for health education and training for Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. In 2010, ACF funded 32 five-year HPOG demonstration projects, including five demonstration projects awarded to tribal organizations/colleges. The five tribal awards went to 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 an evaluation of tribal HPOG. Throughout the evaluation, the tribal 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 tribal HPOG evaluation has yielded important information from each site, including: student characteristics; organizational models of the tribal HPOG programs; partnerships developed to assist in implementation of the programs; academic programs offered by each of the programs; supportive and academic services delivery; administrative and program implementation staffing; incorporation of the Family Education Model (FEM)<sup>1</sup>; recruitment strategies; tribal HPOG program application processes; orientation activities; assessment of students' needs; and educational and employment outcomes.

All five grantees successfully enrolled students in training programs in the initial years of HPOG and are utilizing local and statewide partnerships to assist students in securing employment in health professions. Through the tribal HPOG program, students are gaining the necessary skills to be employable and according to the five grantees, will be able to fill the demand in their communities for trained health care professionals. Grantees are using strategies to leverage their own resources, along with support from host

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<sup>1</sup> The Family Education Model is a model that suggests engagement of family members in American Indian/Alaska Native student education helps to foster their sense of belonging and encourages retention.

sites and local partners, to implement their programs and ensure comprehensive supportive services delivery. For example, two grantees carried out multi-site implementation models to reach more students, offer a greater range of academic programs and increase student opportunities for employment.

Additionally, all of the grantees have implemented processes to provide appropriate supportive services to HPOG students and a variety of services were provided to assist students with common educational needs, such as financial aid for tuition, textbooks, and other training, mentorship, tutoring, and study groups, and enrollment in prerequisite courses. The grantees have used HPOG-specific orientations, mentorship and academic counseling to create a sense of community among students, and students believe that the presence of supportive services and staff mentorship have facilitated their academic success as in many cases, program staff comes from the same Native communities. Overall, students reported that the tribal HPOG program “*gives you the tools to succeed and that it would be hard to succeed without the support received.*” And as one student reported, “*This program provides the opportunity for tribal members to receive an education. It is important to educate Native Americans, especially when they return to work in a Native American community.*”

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## I. Introduction

The need to increase the number of well-trained health professionals working in underserved communities has become a high priority issue in the United States (US) due to shortages in the health workforce<sup>2</sup>. To meet these critical needs, the Health Profession Opportunity Grants (HPOG) program provides opportunities for health education and training for Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. The federal HPOG program is authorized through the Affordable Care Act (ACA) and administered by the Office of Family Assistance in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services. In 2010, ACF funded 32 five-year HPOG demonstration projects, including five demonstration projects awarded to tribal organizations/colleges. The five tribal awards went to Blackfeet Community College, Cankdeska Cikana Community College, College of Menominee Nation, Cook Inlet Tribal Council, Inc., and Turtle Mountain Community College. The tribal HPOG program aims to meet local health care needs by increasing the number of well-trained, culturally competent health professionals in underserved communities. The tribal grantees' programs aim to mix health professions training programs with culturally informed models of learning and practice.

ACF's Office of Planning, Research and Evaluation (OPRE) is overseeing a multi-component evaluation strategy to understand the implementation, systems change, outcomes and impacts of the HPOG programs. The components of OPRE's evaluation portfolio include: HPOG Implementation, Systems and Outcomes Project; National Implementation Evaluation of HPOG; Evaluation of Tribal HPOG; HPOG Impact Study; Innovative Strategies for Increasing Self-Sufficiency (ISIS) Project; and the University Partnership Research Grants for HPOG.<sup>3</sup>

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 Tribal HPOG, a structure, process and outcome evaluation. Focused on infrastructure development, program implementation and program outcomes, the evaluation questions are: Which frameworks and relationships did the tribal HPOG grantees create to implement training and service delivery?; How are training and supportive services delivered?; and What outcomes did students achieve? Was health work force capacity enhanced in tribal communities? The evaluation team engaged in qualitative data collection as well as qualitative and quantitative analysis to identify initial findings.

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<sup>2</sup> Health Resources and Services Administration – HRSA, Bureau of Health Professionals; October 4, 2011.

<sup>3</sup> <http://www.acf.hhs.gov/programs/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog>

The tribal HPOG grantees have leveraged their own resources, along with support from local partners, to carry out multiple academic programs and to ensure comprehensive supportive services delivery. Using multi-site implementation models allowed a larger student reach and greater variety of academic programs and services. Each grantee has carried out processes to provide appropriate supportive services and used HPOG-specific mentorship to create a sense of community. Students believe that the presence of supportive services helped their academic success. While it is important to note that there is no comparison group to indicate what would have happened if the HPOG program did not exist, initial findings appear promising. In the first year of the program, all five grantees enrolled students in an academic program (n = 208) and all sites had students gain employment (up to 41 percent of students at one site). Additionally, students are gaining employable skills and there is an identified demand for trained health care workers in their communities.

This Interim Report provides an overview of the tribal HPOG grantees' progress through Year 2 of program activities and initial evaluation findings. It introduces the tribal HPOG program and each of the tribal HPOG grantee programs. Next, the report describes the evaluation methodology, including approach to working with the tribal grantees, strategies for data collection/analysis, and data security. The report then describes initial findings combined across grantees and organized around program structure, program processes, and education and employment outcomes. Finally, the report summarizes the findings by evaluation questions, highlighting tribal HPOG program progress as well as initial success in the first year.

## II. Overview of the Tribal HPOG Grantees and Programs

Of the 32 five-year HPOG demonstration projects, five were awarded to tribal Organizations and tribal Colleges. The five awards went to Blackfeet Community College (Browning, MT), Cankdeska Cikana Community College (Fort Totten, ND), College of Menominee Nation (Keshena, WI), Cook Inlet Tribal Council, Inc. (Anchorage, AK), and Turtle Mountain Community College (Belcourt, ND).

### a. Blackfeet Community College (BCC)

Blackfeet Community College (BCC) is a fully accredited tribal college whose mission is to provide the Blackfeet Nation and surrounding community with access to quality educational programs that prepare students for achievement in higher education and meaningful employment while mixing the Blackfeet culture and language. Chartered in 1974 by the Blackfeet Tribal Business Council, BCC is located in Browning, Montana on the Blackfeet Indian reservation.

With the HPOG grant, BCC has implemented a scholarship program known as the *Issksiniip Project*. The *Issksiniip Project* aids active tribal and non-tribal low-income individuals in receiving education and training for occupations in the health care field that are expected to be in high demand. The target population for the scholarship is Temporary Assistance for Needy Families-eligible (TANF) individuals, individuals that have dropped out of high school, low-income men and women and single mothers with children. Although Blackfeet tribal affiliation is a preference for the scholarship receipt, the *Issksiniip Project* scholarship is open to members and descendants of all tribal affiliations who are Montana residents as well as eligible non-tribal individuals. BCC is the primary implementation site and has formed partnerships with several educational institutions across the state to use the HPOG grant to provide scholarships, academic support, and supportive services to eligible students. Project partners are Salish Kootenai College (Pablo, MT), Montana State University (Bozeman, MT), University of Montana (Missoula, MT), Montana State University-Great Falls College of Technology (Great Falls, MT), and Montana State University (Billings, MT). At each academic institution, students apply their *Issksiniip Project* scholarship to a variety of health profession training programs including nursing, social work, pharmacy, nutrition, and medical coding and billing.

### b. Cankdeska Cikana Community College (CCCC)

Cankdeska Cikana Community College (CCCC) is a fully accredited tribal college located in Fort Totten, ND. It is established by the Spirit Lake Tribal Council (chartered in 1978) to offer higher education opportunities at the community college level, including vocational and technical training to American

Indian students. The CCCC HPOG Program – titled “*Next Steps: An Empowerment Model for Native People Entering the Health Professions*” – offers the opportunity for American Indian students from tribal nations in North Dakota to access an education leading to careers in health professions.

Over the five years of the HPOG grant, CCCC aims to create a career ladder for entry and advancement within a variety of health care professions that will lead to well-paying employment opportunities. Critical components of the Next Steps program model are continuing education and mentorship to empower students in goal setting and achieving their goals. CCCC partners with tribal colleges, universities, and employment and training organizations across the state. CCCC collaborates with three other tribal community colleges in ND – United Tribes Technical College (UTTC) in Bismarck, Fort Berthold Community College (FBCC) in New Town, and Sitting Bull College (SBC) in Fort Yates – that, along with CCCC, serve as the point-of-entry for the majority of students in Next Steps. Most HPOG students begin their education at one of the four tribal colleges, and after graduating with an associate’s degree in a health profession, 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 serves at each of the four 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.

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

The College of Menominee Nation (CMN) is an accredited, tribally controlled community college in Keshena, WI, serving the Menominee Nation, neighboring tribal nations, and surrounding communities. Chartered in 1993, CMN offers baccalaureate and associate degree programs, technical diplomas and certificates, and continuing education opportunities, offering its students a range of options to pursue higher learning. The CMN HPOG Program targets 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.

HPOG funding allowed the development and implementation of a Nursing Assistant (NA) program within CMN’s already existing nursing career ladder. To supplement the previously established Practical Nursing (PN) and Associate Degree Nursing (ADN) programs at the college, the addition of a NA program serves as a first step on the career ladder to offer an opportunity for students to enter the health care workforce more quickly or to continue onto the PN and ADN programs with a higher level of preparation.

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

Cook Inlet Tribal Council, Inc. (CITC) is a private, non-profit 501(c)(3) tribal human and social service organization serving Alaska Native and American Indian people within the Municipality of Anchorage and throughout the Cook Inlet Region. The native population in Anchorage is not reservation-based, but includes people from rural native villages and regions across Alaska that migrated to the Anchorage metropolitan area. CITC oversees the tribal HPOG program within the Municipality of Anchorage and is a satellite One-Stop Operator, providing extensive supportive services to low-income Alaska Native job seekers.

Over the five years of the tribal HPOG grant, the CITC HPOG program seeks to provide training in Anchorage to 250 Alaska Natives or American Indians who receive tribal TANF or who are low-income. CITC plays key roles in recruitment and screening of students, provision of all supportive services, and overall project management and coordination. For the implementation of the program components, CITC works together with Alaska Vocational Technical Center (AVTEC) and South Central Area Health Education Center (SCAHEC). AVTEC, an accredited institution since 1997, provides academic instruction to students through Certified Nursing Assistant (CNA), Licensed Practical Nursing (LPN), Registered Nursing (RN), and Medical Coding and Billing training. SCAHEC exposes students to health care professions through job-shadowing experiences at local medical facilities.

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

The Turtle Mountain Community College (TMCC) is a tribally controlled and accredited college located within the boundaries of the Turtle Mountain Band of Chippewa Indian Reservation in Belcourt, ND. Over the last 38 years, TMCC has primarily served the educational needs of the Turtle Mountain Band of Chippewa Indians; however, enrollment at the college is currently open to any person who wants to pursue a higher education. The college offers a variety of associate degrees and certificate of completion programs as well as four-year degrees in Elementary Education and Secondary Science Teacher Education.

HPOG funding allowed the development and implementation of Project CHOICE (Choosing Health Opportunities for Indian Career Enhancement). The goal of this program is to create educational opportunities for low-income individuals by creating health career paths that will provide satisfactory incomes and fulfill labor shortages or jobs in high demand, educate students for health careers as well as prepare students to transfer to state colleges and universities. Project CHOICE students can enroll in the Clinical/Medical Lab Technician Program (including a certificate program in Phlebotomy), the Pharmacy Technician Program or the Licensed Vocational Nursing Program.

### III. Evaluation Methodology

The tribal HPOG evaluation studies the structures, processes and outcomes of the tribal HPOG programs and addresses three key research questions:

- Which frameworks and relationships did the tribal HPOG grantees create to implement training and service delivery?
- How are training and supportive services delivered?
- What outcomes did students achieve? Was health work force capacity enhanced in tribal communities?

Working with OPRE, the tribal evaluation team elaborated on these questions and developed a series of sub-questions guided by literature on workforce development and tribal higher education. Sub-questions related to structure examine grantees’ development of relationships and frameworks designed specifically for tribal populations. These questions also address the social, political and economic contexts of individual tribal communities that influence program design and implementation. Sub-questions related to process examine the delivery of training and support services aligned with needs of grantees’ communities. Sub-questions related to outcomes examine factors related to the improvement of tribal workforce capacity. Exhibit 1 presents the evaluation questions and an overview of the sub-question focus areas for the tribal HPOG evaluation.

**Exhibit 1:** Evaluation Questions & Sub-Questions

	<b>Evaluation Question</b>	<b>Sub-question Focus Areas</b>
<b>Structures</b>	Which frameworks and relationships did the tribal HPOG grantees create to implement training and service delivery?	Program Type/Components; Academic Characteristics of Students; Administrative Structure; Program Resources; Partnerships; Program Curriculum; Staffing/Personnel Qualifications; and Skills and Competencies for Local Health Care Workforce.
<b>Processes</b>	How are training and supportive services delivered?	Recruitment; Orientation; Retention; Participant Needs and Goals; Supportive Services; Incorporation of Family Education Model; Program Data; Quality of Instructions; Implementation Fidelity; Implementation Facilitators; and Implementation Challenges.
<b>Outcomes</b>	What outcomes did participants achieve? Was health work force capacity enhanced in tribal communities?	Education Attainment; Employment Outcome; Employability Outcomes; tribal Health Workforce Capacity; Local/System Level Outcomes; Dissemination; Sustainability and Replicability; and Stakeholder Satisfaction.

## **a. Approach to working with 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. We have encouraged engagement and consensus building in a number of ways: by engaging the tribal HPOG grantees and building relationships; organizing a project Advisory Committee composed of experts in American Indian/Alaska Native higher education, public health, and health care workforce issues; obtaining approval to do the evaluation by observing tribal research review processes [including tribal Council and/or tribal Institutional Review Board (IRB) approvals and NORC IRB approval]; training all members of the tribal evaluation team in cultural sensitivity; and developing a strategy to provide technical assistance to grantees to build evaluation capacity.

Providing a benefit to the grantees is an important component of the design and execution of the tribal HPOG Evaluation and tribal research protocols. Information collected by the evaluation team is intended to tell the story of each tribal HPOG grantee, and grantees can use this information to improve their programs and better meet tribal needs. Program and participant outcome information gained from the evaluation can inform future program planning and sustainability efforts, local and regional planning for community health care needs, to address labor market shifts, and decision-making for future tribal workforce development investments. For example, individual evaluation reports for each tribal HPOG grantee are given to ACF on an annual basis to offer important contextual information and awareness to interpret and understand tribal HPOG program operations and performance. Practice Briefs developed by the tribal evaluation team, which present program highlights and accomplishments and lessons learned, are disseminated to key stakeholders within each tribe, in higher education, and in American Indian/Alaska Native communities to build awareness and understanding of each grantee's HPOG program.

### ***i. Encouraging engagement and consensus building***

#### ***1. Grantee engagement***

In order to build relationships between the tribal evaluation team and the tribal HPOG grantees and to make sure that there is consistency in these relationships over time, we have dedicated small teams (two to three people) to work exclusively with each of the five tribal HPOG grantees. Each team is made up of a senior researcher and 1-2 junior researchers. At the start of the grant period in 2010, the team met face-to-face with grantees at the HPOG Entrance Conference, conducted an initial engagement call via teleconference, and then conducted a call with the grantees to discuss the Evaluation Plan and the terms of a Memorandum of Understanding (MOU). Each liaison team worked with grantee staff to plan and

conduct an annual site visit to interview administrative and program implementation staff and tribal HPOG students and partners. Beyond the site visit, teams kept regular contact with their assigned grantee throughout the year, requesting feedback on project deliverables such as Practice Briefs and site visit reports prior to finalization as well as responding to requests for any evaluation technical assistance (TA).

In 2012, the tribal evaluation team held evaluation TA needs assessment calls with each grantee, and offered individualized evaluation TA in 2013 as needed. For example, the tribal evaluation team provided TA to BCC on student tracking to support data collection and evaluation methods. The tribal evaluation team has also engaged grantees to co-present at conferences. For example, personnel from Project CHOICE at TMCC and Next Steps at CCCC joined the evaluation team in presenting on the HPOG program at the Dakota Conference on Rural and Public Health (June 2013), and personnel from CITC co-presented at the NIHB Annual Consumer Conference in September 2011.

## *2. Advisory Committee*

The tribal evaluation team actively sought input on the Evaluation Plan and other evaluation activities from a tribal HPOG Advisory Committee, consisting of six experts in the fields of tribal health and health workforce training. The tribal evaluation team received feedback and guidance from individual Advisory Committee members on issues such as: incorporating culturally appropriate methods and approaches as part of the evaluation plan; data analysis methods (i.e., themes for qualitative analysis); Practice Brief topics and dissemination methods; and potential conferences at which to present project information.

To date, the evaluation team has conducted three teleconferences (December 2010, January 2012, and January 2013) with the Advisory Committee members. Meeting annually with the Advisory Committee has allowed the evaluation team to integrate the members' feedback into each step of the evaluation process, and has guided the evaluation team's approach in engaging with tribal grantees prior to, during and after site visits. The Advisory Committee roster is included as Appendix 1.

## *3. Obtaining approval through tribal research review processes*

At the start of the evaluation, the team established MOUs with each grantee lead agency. The MOU detailed the objectives of the evaluation, the scope of the information requested during data collection, how the information would be used, and the terms of data privacy. The MOU specified expectations of the tribal HPOG evaluation team and the tribal HPOG grantees for the duration of the evaluation. MOUs were finalized with each grantee on the following dates:

- *College of Menominee Nation: 8/3/2011*
- *Cook Inlet Tribal Council: 8/3/2011*

- *Blackfeet Community College*: 9/9/2011
- *Turtle Mountain Community College*: 12/12/2011
- *Cankdeska Cikana Community College*: Final tribal approval was received in October, 2013; currently working to finalize MOU

Prior to signing MOUs and/or conducting site visits, some tribal colleges also required the evaluation team to get a signed tribal resolution and/or approval from their tribal college IRB. This was true not only for primary grant sites, but also for other tribes working with those sites in the case of Cankdeska Cikana Community College. Senior members of the tribal evaluation team presented directly to two tribal councils: Blackfeet Tribal Business Council in January 2012; and Three Affiliated Tribes of Fort Berthold (CCCC) in July 2012. In addition, the tribal evaluation team presented before the Standing Rock Health, Education and Welfare (HEW) Committee (CCCC) in July 2012, and CCCC staff presented directly to the Spirit Lake Tribal College in December 2011. Tribal resolutions were approved for all grantees with the exception of Standing Rock (CCCC), which required review and approval from the Sitting Bull College IRB before submission to their tribal council.

The evaluation team also submitted tribal IRB protocols to the following institutions: Blackfeet Community College (8/2011)<sup>4</sup>; United Tribes Technical College (CCCC) (2/2012); and Sitting Bull College (CCCC) (1/2013). The evaluation team received IRB approval from the United Tribes Technical College IRB in May 2012; and the Sitting Bull IRB in January 2013.

#### 4. *Site visit training*

Each member of the tribal HPOG evaluation team participated in a comprehensive full-day training prior to conducting the first site visits (October 2011). This training was delivered by senior members of the tribal evaluation team and as well as the partners from NIHB and Red Star Innovations. The training was intended to make sure there was a common understanding and consistent administration of data collection protocols, and to make sure that site visits and interviews were conducted in a culturally-appropriate manner.

Specific topics addressed included a review of logistics and scheduling procedures (i.e., observing tribal protocols for arranging and conducting visits); tribal sovereignty and cultural awareness/sensitivity (i.e., values and belief systems, communication and learning styles); etiquette (i.e., building rapport and presentation of self); and planning and implementation (i.e., process for obtaining informed consent). A

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<sup>4</sup> Following submission of the IRB protocol to Blackfeet Community College, the IRB was disbanded. The IRB was reinstated by the Blackfeet Tribal Business Council in January 2012.

‘refresher’ training for each member of the evaluation team took place in February 2013, before the next round of site visits.

### *5. Providing evaluation technical assistance*

The tribal evaluation team is committed to offering evaluation TA that will build grantees’ capacity to engage in research that benefits their communities. Our TA strategy is intended to help grantees in understanding the nature and importance of their participation in the tribal evaluation; support grantees’ use of data to identify strengths, challenges and areas for program improvements; build grantees’ ability to perform their own data collection activities during and after the grant; and provide assistance that will be meaningful for the grantees based on their individual needs.

In 2012, the tribal evaluation team conducted needs assessment calls with each grantee to request feedback and suggestions on the site visit planning process and to determine individualized and potential group TA needs. Based on the needs assessment calls, the evaluation team developed a summary memo to ACF with a proposed TA strategy for the remainder of the evaluation. Potential TA focus areas include building internal qualitative data collection capacity; qualitative and quantitative data analysis techniques; and reporting and dissemination.

## **b. Data collection strategies**

The tribal Evaluation team used both qualitative and quantitative methods to address the study’s research questions. To collect qualitative data, the evaluation team relied on grantee documents, curricula and data from on-site and follow-up telephone interviews with staff and students. The evaluation team analyzed quantitative data from the HPOG Performance Reporting System (PRS) to supplement qualitative findings. Appendix 2 presents the data collection methods used to answer each evaluation question and sub-question.

### *i. Qualitative data collection*

The evaluation team reviewed grantee documents, such as program applications, semi-annual reports, administrative documents, program literature and curricula to develop a baseline understanding of each grantee program. For both the document and curriculum review, a member of the evaluation team used a template to abstract information in order to ensure comprehensiveness.

Additionally, the evaluation team conducted site visits to each tribal HPOG program which included in-person interviews with grantee and partner administrative staff (e.g., project directors and managers), program implementation staff (e.g., instructors, service providers) and local employers, and focus groups

with students currently enrolled in the program. Following the site visit, the evaluation team conducted interviews with students who completed the program (completers) and those that did not complete the program (non-completers). The tribal evaluation team worked with grantees to recruit staff and students for on-site interviews, focus groups and follow-up telephone interviews and prior to each interview, the tribal evaluation team obtained consent before asking any questions about the tribal HPOG program. Current students, completers and non-completers received non-cash incentives for their participation in interviews.<sup>5</sup> The topics discussed during the interviews are presented below, and protocols for each type of interview are attached as Appendix 3.

- *Administrative and implementation staff*: High-level program strategies, including program development; program processes such as recruitment, orientation and program implementation; lessons learned on program implementation and staffing;
- *Employers*: General impressions of program graduates; degree of awareness of the program as a whole and views on the extent to which programs are making an impact on tribal workforce;
- *Program participants(current students)*: Program design and curriculum; supportive services; recruitment and orientation; incorporation of the Family Education Model (FEM); quality of instruction; participant educational attainment; satisfaction with the tribal HPOG program;
- *Program completers*: Current educational and employment status; perspectives on whether the program adequately prepared them to provide health services in tribal communities; perspectives on the quality of training; and
- *Program non-completers*: Reasons for leaving the program and challenges experienced; elements of the program that were effective or non-effective; identification of any short-term outcomes resulting from program participation; ideas on how the program could be improved; plans to re-enroll in the program or pursue an alternative course of study.

Exhibit 2 presents an overview of the tribal evaluation team’s data collection efforts in Year 1, including interviews conducted on-site and via telephone with completers and non-completers.

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<sup>5</sup> Program participants received a \$50 non-cash incentive, program completers received a \$25 non-cash incentive and program non-completers received a \$10 non-cash incentive for their participation in interviews.

**Exhibit 2: Year 1 Data Collection Efforts**

Grantee	Administrative/ implementation staff interviews	Student focus groups	Employers	Program completer interviews	Program non-completer interviews
Blackfeet Community College	17	4	4	9	1
Cankdeska Cikana Community College	24	5	1	1	1
College of Menominee Nation, Keshena	11	2	3	5	1
Cook Inlet Tribal Council	13	1	3	8	2
Turtle Mountain Community College	14	1	0 <sup>6</sup>	2	0 <sup>7</sup>
<b>Total Interviews/Focus Groups</b>	<b>79</b>	<b>13</b>	<b>10</b>	<b>25</b>	<b>5</b>

**ii. Quantitative data collection**

OPRE awarded a contract to Abt Associates, in partnership with the Urban Institute, to design and operate the HPOG PRS to collect quantitative program management data from all 32 HPOG grantees. The PRS records information on key indicators for internal program management and semi-annual reporting to ACF (i.e., participant demographics, number enrolled, numbers exited, number and types of public benefits received and supportive services provided, educational and employment history of students, educational and training activities provided, required courses for training programs, educational and employment outcomes).

De-identified PRS data for the five tribal grantees is available via secure data transfer portal to the tribal evaluation team every month. The tribal evaluation team used data reported into the PRS to supplement the qualitative data collected from the site visits, document review and curriculum review.

**c. Data analysis**

Qualitative data analysis identified common themes across the programs, including facilitators and barriers to program implementation, participant outcomes, and the degrees of each grantee’s culturally informed approach to the program. Use of NVivo qualitative data analysis software allowed for the efficient coding and analysis of a large volume of data within grantees and across grantees (including site visit interviews, focus groups and the curriculum and document review). Emergent themes were identified

<sup>6</sup> Project CHOICE had hired a job placement specialist the week prior to the NORC evaluation team site visit; therefore, the project had not yet established relationships with employers in the community for the NORC evaluation team to conduct key informant interviews. This will be a higher priority during the second and third year site visits to TMCC.

<sup>7</sup> At the time that the NORC evaluation team requested completer and non-completer information from Project CHOICE staff, there had only been one non-completer. Project CHOICE provided the NORC evaluation team with contact information and the team reached out to schedule multiple times, but was unsuccessful in reaching this individual.

using content analysis. These themes are explored in the evaluation reports and Practice Briefs developed by the tribal evaluation team.

The evaluation team also analyzed quantitative data collected through the HPOG PRS to support the qualitative findings. De-identified data files from the HPOG PRS were transferred to the evaluation team on a monthly basis. From these reports, the evaluation team conducted descriptive analyses that described participant characteristics, the delivery of support services, and program completion and non-completion.

## IV. Tribal HPOG Student Characteristics

This section provides an overview of the characteristics of the tribal HPOG students as well as examples from tribal HPOG programs.

### a. Characteristics of the tribal HPOG students

Tribal HPOG program administrators, staff, and students across the five tribal HPOG programs stated that the students in the program are not “typical” students. Many of the students have families; are unemployed, underemployed, displaced workers; are changing careers; or are veterans. Students enrolled in the tribal HPOG programs are older than typical college students, and are often juggling their educational pursuits with the need to support and care for their families (including children and elderly parents). Many students also hold part-time jobs while attending school. As one tribal HPOG student said, *“We’re not 18 getting out of high school. [We are at a] point of life where you sink or swim. You’ve already got your whole life started already. To stop and put it aside to do something for yourself – it’s hard without help.”*

At CCCC, Next Steps administrative staff and mentors praised their students for continuing their education while handling multiple responsibilities including taking care of their children, parents and other elders, holding a steady job, travelling long distances to get to school, and participating in their internships or clinical rotations. The other tribal HPOG grantees were also admiring of students’ dedication to their studies.

## **V. Program Structure: “Which frameworks and relationships did the tribal HPOG grantees create to implement training and service delivery?”**

This section provides a summary description of program structure sub-topics such as administrative and implementation structure, partnerships, program elements, tribal HPOG staff and personnel, and integration of the Family Educational Model (FEM). This section also includes examples from tribal HPOG programs.

### **a. Administrative and Implementation structure**

Each tribal HPOG grantee has carried out its program using one of three organizational models. The first model uses one primary implementation site, where administrative and program implementation staff work together to oversee the program in one location. CMN and TMCC use this type of administrative structure.

The second model uses a primary implementation site and multiple secondary implementation sites to cover a wide regional location and recruit more students. In this model, the awarded grantee institution, as well as the program director and program administration staff, are located at the primary implementation site. The multiple secondary implementation sites are additional institutions, located state-wide, where academic programs are offered and they are typically staffed with their own program implementation personnel. Tribal HPOG programs at BCC and CCCC use this second organizational model. For example, BCC is the primary site and they have partnered with secondary implementation sites at Salish Kootenai College, Montana State University, University of Montana, Montana State University-Great Falls College of Technology, and Montana State University. Similarly, CCCC is the primary implementation site, but there are secondary implementation sites at UTTC, FBCC, SBC, and a state-wide program where students have the option to attend many colleges throughout the state but are still able to receive tribal HPOG funding through CCCC.

CITC uses a third model, with a unique joint structure that is implemented across two organizations within the city of Anchorage. CITC serves as the grantee organization and provides supportive services, while AVTEC offers academic instruction.

## **b. Partnerships to enhance or build capacity**

Tribal HPOG sites have taken advantage of many partnerships in carrying out their programs. The reach and the types of partnerships differ based on the type of administrative structure of the program. The single implementation sites (CMN and TMCC) as well as the joint implementation site (CITC) primarily partnered with local and state organizations to offer additional supportive services to the tribal HPOG students and/or to assist students with their transition from graduation to employment. Grantees with multiple implementation sites (BCC and CCCC) partnered with other tribal and state institutions of higher education to offer students a variety of academic programs. They also partnered with local and state social service organizations to secure additional supportive services and increase their ability to support students' transition from program completion to employment.

In addition to AVTEC, the CITC HPOG program has leveraged other existing resources in the community such as South Central Alaska Health Education Center (SCAHEC) and the Alaska Workforce Investment Board (WIA). CITC selected SCAHEC to provide job-shadowing training due to SCAHEC's experience in exposing students to health care careers and the organization's long-standing relationships with local employers, particularly Providence Alaska Medical Center. CITC formed a partnership with WIA to access their multiple partnerships with employers to assist students in obtaining a job after graduation. The Next Steps program at CCCC has partnered with the RAIN program at UND to provide students with mentors at each of the secondary implementation sites. CCCC and the RAIN program also work closely with the Indian Health Service (IHS) as several of the HPOG students had received and were enrolled in a health care-related program funded by an IHS scholarship. Additionally, CCCC is in the process of building an employment network across the state of North Dakota, and has been meeting with CEOs of large health care systems as well as with the Governors Workforce Development Board to develop partnerships with employers.

## **c. Program components**

Per ACF program requirements, the primary elements of the HPOG program are 1) academic programs and 2) supportive services. The tribal HPOG grantees used similar, as well as individual and innovative, approaches to target these primary program elements.

### ***i. Program Component 1: Academic Programs***

In deciding 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/or 2) The academic programs offered by the tribal Community College. CITC staff selected the CNA, LPN, RN,

and medical coding/billing programs based on the needs of the Alaskan health care workforce. CITC staff reported that the IHS Alaska Native Medical Center hopes to increase the employment of Alaska Natives, and that the HPOG program allows students to be trained in health professions to serve native populations. CMN added a Nursing Assistant program<sup>8</sup> to their existing nursing ladder, which provided a first step on their LPN and RN requirements. Project CHOICE staff decided to offer all of the health programs offered at TMCC. CCCC’s primary focus is the nursing ladder; however, students can enroll in a variety of other programs including social work and dietetics across implementation sites and state colleges. BCC and BCC implementation sites offer a variety of academic programs, including pre-nursing, nursing, psychology, social work, pre-pharmacy and pharmacy.

### 1. *Program curricula*

The five tribal HPOG grantees offer a variety of academic programs. Tribal HPOG programs with multiple implementation sites are able to offer a wider variety of academic programs for their students, while grantees with a single implementation site are limited to the number of academic programs they can offer. All tribal HPOG grantees have a nursing component and/or a nursing career ladder which typically includes CNA, LPN and RN. Other academic programs offered by two or more grantees are: Medical Billing and Coding, Social Work, Pharmacy Technician, and Food & Nutrition. The table below (Exhibit 3) illustrates the academic health programs offered across the tribal HPOG grantees, by tribal HPOG grantee.

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<sup>8</sup> The Nursing Assistant program is the equivalent of a Certified Nursing Assistant program. The program title used at CMN is slightly different than the program titles used by the other tribal HPOG grantees.



CCCC and CMN have incorporated Native culture into their curricula more purposefully. CCCC's Qualified Service Professional (QSP) program includes the Native Elder Care Curriculum (NECC), which was developed by CCCC in collaboration with the National Resource Center on Native American Aging. The program prepares students to work as home health aides for Native elders. The NECC's development "...has been guided by an awareness of the modern context of tribal reservation communities, as well as a mindfulness of the historically rich traditions and strengths of American Indian nations."<sup>10</sup> Likewise, CMN's nursing program was structured around the order of the five Principal Clans of the Menominee People (Bear, Golden Eagle, Wolf, Crane, and Moose), which recognizes each Clan as having a duty, with no one duty being more important than the others or successful in isolation. Every course in the nursing program, including the new NA course, is designed to address these Principal Clan teachings. Program administrators and staff at CMN explained that the curriculum design ingrains cultural sensitivity into the students' practices.

## **ii. Program Component 2: Supportive services**

All of the grantees provide a variety of supportive services (academic and social) designed to help students overcome barriers when pursuing their education and fully address students' basic living needs. Program staff and students across the tribal HPOG grantees reported that the supportive services made the difference in the students' ability to continue attending classes and be successful in their academic program. The types of academic supportive services offered to students include mentoring, tutoring, remediation (for math, reading and writing), and financial assistance for tuition and books. Types of social supportive services offered across grantees include childcare, gas/mileage reimbursement, food, housing, and assistance with uniforms for clinicals/practicums/internships.

For example, the social support services that CITC offered include housing, transportation, childcare, and food. CITC uses the HPOG grant, funded by ACF, as well as other funding sources (e.g., TANF, Department of Labor) to pay for rental assistance, bus passes/gas vouchers, food vouchers, childcare services, and other social services as needed. Students at CITC can also take advantage of other supportive services through a referral process – these supportive services include employment-related services at the Alaska's People Center, On-the-Job stipends through the Department of Labor satellite office, and mental health counseling. Program staff and students mentioned that the delivery of supportive services is vital to the program's success. As noted by one program implementation staff member, *"I feel very strongly that what the program is providing wouldn't otherwise be possible. When this program*

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<sup>10</sup> Center for Rural Health, University of North Dakota website, <http://ruralhealth.und.edu/projects/nrcnaa/necc.php>

*became available, I was just thrilled. You have to have that [extra] support in place in order to succeed in any training.”*

Similarly, Project CHOICE at TMCC provides a broad spectrum of supportive services to its students. Academic supports include tutoring; test prep for licensures; remedial classes in writing, math and English; academic advising; financial literacy counseling; a learning resource lab; a math lab; and mentoring. Students also have access to the allied health lab, which imitates the work environment. Students can take advantage of the academic resources as needed; instructors may guide them to access these services; and/or case managers may advise students to seek out these academic resources. Project CHOICE students reported that they used academic support services as needed, but that the social support services were crucial to their success. Available social support services include assistance with childcare costs; mileage reimbursement; book purchasing; housing assistance; computers; uniforms; and referrals to TANF and other community resources. Project CHOICE students were aware of the social support services available to them and expressed gratitude for the additional financial help. Mileage reimbursement was the most widely used social support. Project CHOICE staff and students indicated that the social support services (primarily the financial assistance) made the difference in students being able to attend class regularly and succeed in their respective program. Additionally, in an effort to provide continuing support, TMCC has identified sources of funding within the community that will help students and improve retention, including Vocational Rehab, TANF, General Assistance (GA) and food stamps.

Except for CITC (located in Anchorage), the tribal HPOG programs have been implemented in rural areas. This type of setting presents a unique set of challenges as well as specific needs for supportive services. One significant barrier reported across the rural grantees is limited technology infrastructure, specifically internet access. For example, BCC program staff noted that there is no college-wide student email service and that students have limited internet access, making it difficult for supportive services staff to reach students. In order to address these issues, some of the grantees have internet-connected computers available for student use. Additionally, many tribal HPOG students live far away from their college campus, resulting in a long and costly commute. All of the grantees have addressed this barrier by providing transportation support, such as gas cards, transit passes and mileage reimbursement. Several tribal HPOG students and program implementation staff across grantees emphasized the importance of the mileage reimbursement in student retention.

#### **d. Tribal HPOG staffing and personnel**

The tribal HPOG grantees have created similar administrative and program implementation positions including: director; coordinator; mentor(s); supportive services specialist/case manager; employment specialist; data manager/tracker; and program instructors. Although the specific titles may differ across grantees, all tribal HPOG programs have staff who fill these roles. Administrative and program implementation personnel at all of the tribal HPOG programs bring diverse qualifications and experience to their position. Depending on the position, it was reported across grantees that educational qualifications ranged from bachelors-level to PhD-level. Some staff have prior experience with tribal HPOG program components including supportive services (e.g, TANF, other local, tribal and state-wide programs); case management; social work; and clinical practice. Many staff members commented on personal and educational experiences that have influenced their motivation to work with students in the tribal HPOG programs. As stated by one tribal HPOG staff member, *“I felt [that] I could do well in this position because I am one of those students. I went through the struggles and I can really relate to these students. I understand their needs.”*

#### **e. Incorporation of the Family Education Model in the tribal HPOG program structure**

The Family Education Model (FEM) is a tribal model for student engagement that focuses on the importance of creating an extended family structure that welcomes and honors familial involvement and support in the college experience.<sup>11</sup> Evidence from tribal colleges that have implemented the FEM suggests that engaging extended family members in social and cultural activities within the college creates a nurturing environment that provides social supports to AI/AN students, and encourages retention.<sup>12</sup> The inclusion of families in the tribal HPOG program varied across grantees. One grantee (BCC) reported actively engaging students’ families. The other four grantees (CITC, CCCC, CMN and TMCC) included students’ families when possible.

According to the BCC staff members, engaging families increases the likelihood that students will receive support at home. Family members of the *Issksiniip Project* students are invited to orientation, attend seminars, visit the campus, and become familiar with the staff and setting where their family member’s training occurs. BCC staff noted that including families was important because students’ pursuit of education affects relationships and typically increases the amount of time spent away from their families.

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<sup>11</sup> HeavyRunner, I. & Richard DeCelles, R. (2002). Family education model: meeting the student retention challenge. *Journal of American Indian Education*, 41 (2).

<sup>12</sup> HeavyRunner, I. & Richard DeCelles, R. (2002). Family education model: meeting the student retention challenge. *Journal of American Indian Education*, 41 (2).

Students with young children or who are single parents stated that their families are closely involved with their educational journeys. Due to increased demands on their time, students report that their families have had to make adjustments. One student shared that as a result of her studies, *“[my family] had to rearrange our lives. That meant less family time, more studying, less social life; our families wanting to go out but we do not have time. There was a time when I sat down to let them know I’m having a hard time, can you support me? [There was] a lot of talking and compromising.”*

Efforts to engage families at CITC, CCCC, CMN and TMCC have occurred on an informal basis. Families are invited to graduation; are welcome to come along with students to study sessions; and exceptions are often made to accommodate students’ families (e.g., students being able to bring their children to class should they not have child care coverage). None of these programs included elements into their programs specifically based on the FEM; however, staff across the four programs made suggestions for how they could be more inclusive of this model. Examples included hosting an event for students’ children; hosting a potluck for HPOG students and their families; and having a larger family component during graduation.

## VI. Program Processes: “How are training and supportive services delivered?”

This section addresses the tribal HPOG processes including recruitment and orientation strategies; and assessing student needs to help them achieve their academic goals. Examples from tribal HPOG program are provided, where appropriate.

### a. Approaches to recruitment

Tribal HPOG grantees have used multiple recruitment strategies to advertise their programs to potential students. These strategies include: advertisements in tribal newsletters, local newspapers and radio stations; university website pages; TANF referrals; distribution of the Practice Briefs developed by the tribal evaluation team; recruitment by mentors; and word of mouth. All of the tribal grantees have developed their own HPOG materials to circulate information (primarily for recruitment efforts), including brochures, flyers and fact sheets. Regardless of the number of recruitment efforts used and materials disseminated, administrative and program implementation staff across all five tribal grantees reported that word of mouth was the most successful recruitment strategy; students agreed. At least one student in each focus group reported that they heard about the HPOG program from a family member, friend or tribal college staff member.

For example, program staff at CMN mentioned a number of different methods that they used to recruit students such as job/career fairs, home health aide classes, referrals from TANF/workforce development offices, notices in tribal/local newspapers, and word of mouth. Administrators, staff, and students primarily referenced word of mouth when discussing how students had been recruited. Some of the students reported hearing about the program through classmates while others heard about it through CMN staff. One CMN staff member noted “*Personally, I think word of mouth is most effective. All of us have friends in the community, we all talk to them, they send family and friends and I think knowing someone within the program gives them comfort to send their loved one in to see what we have to offer.*”

### b. Screening Process

After prospective students learn about the HPOG program, they have to undergo an application and screening process; however, the type of screening process varies by program ranging from meeting basic eligibility requirements to engaging in an intensive review process. The grantees report that having a robust application and screening process is important in order to ensure that students are eligible for HPOG services and are poised for success. Three tribal HPOG grantees (BCC, CITC and TMCC) have

an intensive screening process for the HPOG applicants while the other two grantees (CCCC and CMN) have minimal requirements.

For the Next Steps program at CCCC, there are three main eligibility criteria that students must fulfill which include having low-income level (200% of the Federal Poverty Level); enrollment in a federally recognized tribe; and entering in a degree or certificate program at a college or university. If a student fills out the CCCC Next Steps application, which consists of standard application materials including forms to verify tribal enrollment and income level, and the student meets the eligibility criteria mentioned above, then they are accepted into the Next Steps program.

The Project CHOICE program at TMCC has developed an intensive screening process, which staff believe ensures the commitment of admitted students and ultimately boosts student retention in the training programs. Prior to the start of the academic year, Project CHOICE convenes a screening committee – consisting of the Project CHOICE Director, Allied Health Career Program Facilitators, TMCC instructors, and Student Services staff – to review applications (which include verification of income level, academic transcript, and attendance records) and decide which students should be interviewed for admission. The screening committee then interviews selected students and the staff believes that the interview is a strong indication of student preparedness for the program.

### **c. Orientation to the HPOG program**

After students apply and are accepted into the tribal HPOG programs, each grantee has specific orientation activities that introduce students to the program and make them aware of opportunities, supportive services and expectations. The typical orientation process across the majority of the grantees is to have a one- or multi-day meeting with administrative and program implementation staff and students in order for students to learn about the range of supportive services available, how to access those services, as well as the requirements to maintain program eligibility. Four out of the five HPOG programs (BCC, CITC, CMN and TMCC) host a group orientation when students are accepted into the program whereas the fifth site (CCCC) requires students to meet one-on-one with their mentor to become oriented to the HPOG program.

The CMN HPOG program has put into effect an orientation process that includes a boot camp and intake process. The boot camp is a multi-day, mandatory orientation where students participate in various sessions to learn about the nursing program and HPOG, and also attend sessions on relevant skills (i.e., test taking, APA style, and financial management). The boot camp provides an opportunity for students to engage with other students and program staff. After the boot camp, students go through an extensive

intake process where they meet with a Support Service Coordinator and a Basic Education Instructor to discuss their needs and goals, and develop a success plan for the semester. Conversely, once students are accepted into the Next Steps program (through CCCC), they are required to meet with their mentor to discuss both academic and supportive service needs. The mentor then creates an “action plan” for each student, helps students receive all needed supportive services, and regularly engages with the students to make sure that they are receiving the support that they need.

#### **d. Assessing student needs to help students work towards their goals**

The theory of change for career pathways consists of four hallmark strategies: (1) Comprehensive and well-designed approaches to assessment; (2) Promising and innovative approaches to instruction and occupational training; (3) Academic and non-academic supports to promote success; and (4) Approaches for connecting students with career-track employment opportunities.<sup>13</sup> Tribal HPOG grantee assessment activities align with this theory of change, and they are seen as an important strategy to support student retention in their HPOG programs. Specifically, assessments are used to evaluate academic achievement to date and current academic and social support needs in order to develop a success plan.. Students at CITC, CMN and CCCC are required to participate in a one-on-one intake process to evaluate their overall needs. TMCC and BCC require students to meet with program implementation staff on a monthly basis to check-in and adjust the supportive services that students are receiving, depending on their need.

At CITC, program implementation staff evaluates student needs during the intake and then continuously as needed throughout their enrollment in HPOG. The program coordinator serves as the point of contact for student needs, and program staff and students report feeling comfortable reaching out to the program coordinator as issues arise. The ongoing communication between the program coordinator and Alaska Vocational Technical Center (AVTEC) staff has been critical to meet all of the participant needs, especially needs that develop over the course of the program. An interesting feature of the program at CITC is that the supportive services coverage for students is so seamless that many instructors are unaware which of their students are involved with HPOG. In this way, AVTEC staff feel that the Tribal HPOG program at CITC has leveled the playing field for the HPOG students.

At the College of Menominee Nation (CMN), the primary goal of the assessment process is to develop the Student Success Plan (SSP). The SSP is developed when the student enters their respective program, with the student, and is an overall plan on how the student will achieve their ultimate goal – completion of

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<sup>13</sup> Fein, David J. (2012). Career Pathways as a Framework for Program Design and Evaluation: A Working Paper from the Innovative Strategies for Increasing Self-Sufficiency (ISIS) Project. OPRE Report # 2012-30, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

their academic program. During this initial meeting, academic and supportive needs are discussed and it is an opportunity to identify any barriers that may hinder student success. The SSP is updated each semester, in order to foster regular communication, and to develop new short-term goals and identify remaining academic requirements. As one student described her SSP experience, “I went in to set up my student plan. It included budgeting and was very informative. We discussed what the expectations of the program are and what I need in order to meet those expectations. The staff has been very helpful in walking us through everything and explaining what we need to do in order to be successful.”

Students enrolled in academic programs through Project CHOICE at TMCC meet with a case manager on a monthly basis. As one student said, “*We each have a case manager and if I ever need something, she is there.*” If a case manager or other Project CHOICE staff member has not seen one of their students in a few weeks, they will check in with them by phone or email.

## VII. Program Outcomes: “What outcomes did students achieve? Was health work force capacity enhanced in tribal communities?”

This section addresses student outcomes to date including educational attainment, early employment outcomes, program sustainability and replicability, stakeholder satisfaction, and tribal health workforce capacity. Examples from tribal HPOG programs are provided.

### a. Educational attainment<sup>14</sup>

American Indian/Alaska Native (AI/AN) students are significantly underrepresented among health care professionals including physicians, dentists and registered nurses.<sup>15</sup> Native students represent only 0.3 percent of pharmacists; 0.1 percent of physicians; 0.8 percent of physician assistants; 0.4 percent of registered nurses; and 0.2 percent of dentists.<sup>16</sup> Similar numbers for other certificates and degrees are not readily available; however from the lack of AI/AN students in the aforementioned programs, it can be inferred that there is low representation of AI/AN populations in additional health care professions.<sup>17</sup>

In the first HPOG program year<sup>18</sup>, all five grantees successfully enrolled students in training programs (See below Exhibit 4: Tribal HPOG Educational Attainment). All grantees offered at least three training programs. Total enrollment ranged from 36 students at TMCC to 208 students at BCC<sup>19</sup>. CNA, LPN and RN programs were among the most commonly-enrolled programs across grantees. Additionally, BCC enrolled 38 students in the Emergency Medical Technician (EMT) program and CITC enrolled 20 students in its Medical Coding and Billing program.

Because several programs take over a year to complete, many students did not complete their training within one year. Nonetheless, four out of the five grantees had program completers after the first year (See below Exhibit 4: Tribal HPOG Educational Attainment). About one-third (33 percent) of students enrolled at CCCC<sup>20</sup> and CITC completed their programs within the first grant year. Nearly 25 percent of

<sup>14</sup> Data were retrieved from Performance Progress Reports for time periods September 30, 2010-September 29, 2011 and March 30, 2012-September 29, 2012.

<sup>15</sup> Grumbach, K. & Mendoza, R. (2008). Disparities in Human Resources: Addressing the Lack of Diversity in the Health Professions. *Health Affairs*, 27 (2): 413-422.; Sequist, T.D. (2007). Health careers for Native American students: Challenges and opportunities for enrichment program design. *Journal of Interprofessional Care*. 21(S2): 20-30.

<sup>16</sup> Grumbach, K. & Mendoza, R. (2008). Disparities in Human Resources: Addressing the Lack of Diversity in the Health Professions. *Health Affairs*, 27 (2): 413-422.

<sup>17</sup> Sequist, T.D. (2007). Health careers for Native American students: Challenges and opportunities for enrichment program design. *Journal of Interprofessional Care*. 21(S2): 20-30.

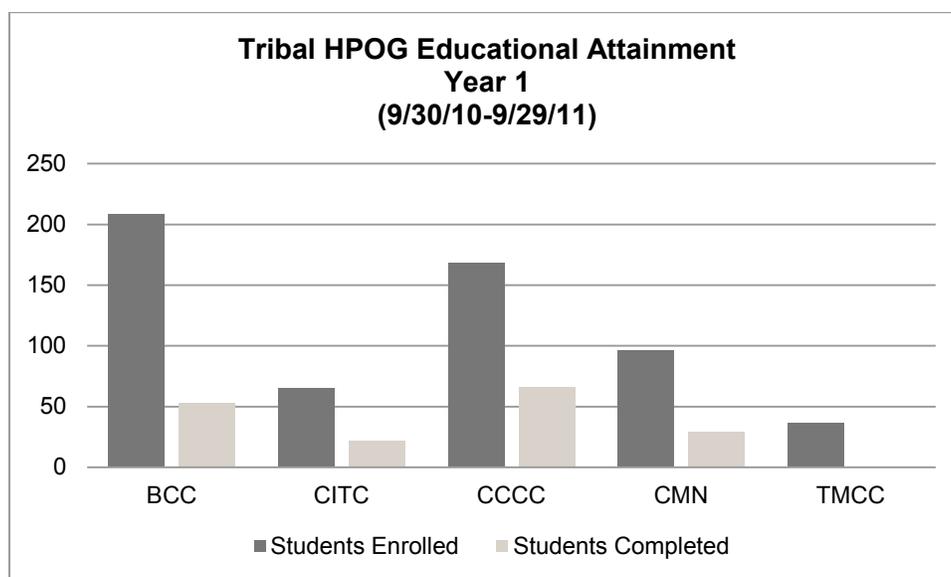
<sup>18</sup> September 20, 2010 to September 29, 2011

<sup>19</sup> All quantitative data presented in this report for BCC includes the data from secondary implementation sites.

<sup>20</sup> All quantitative data presented in this report for CCCC includes the data from secondary implementation sites.

students enrolled at BCC and CMN completed their programs within the first grant year. Considering the short length of the CNA programs across grantees (typically one year), it is not surprising that students described as program completers were primarily CNA students.<sup>21</sup> Across the four grantees offering CNA programs, the completion rates ranged from 44 percent (14/32) to 86 percent (44/51) in the first year.

**Exhibit 4:** Tribal HPOG Educational Attainment (Year 1)<sup>22</sup>



In the final six months of the second program year<sup>23</sup>, all programs enrolled additional students (See below Exhibit 5: Tribal HPOG Educational Attainment). BCC enrolled 77 new students; CCCC enrolled 21 new students; CITC enrolled 53 new students; CMN enrolled 88 new students; and TMCC enrolled 34 new students.<sup>24</sup> Similar to Year 1 of the program, the most frequently completed program was CNA. During Year 2, there were also LPN program completers at CCCC and at CMN. In terms of program completers, TMCC had five completers during the second year (6 percent of those enrolled), which is an increase from zero during the first year.

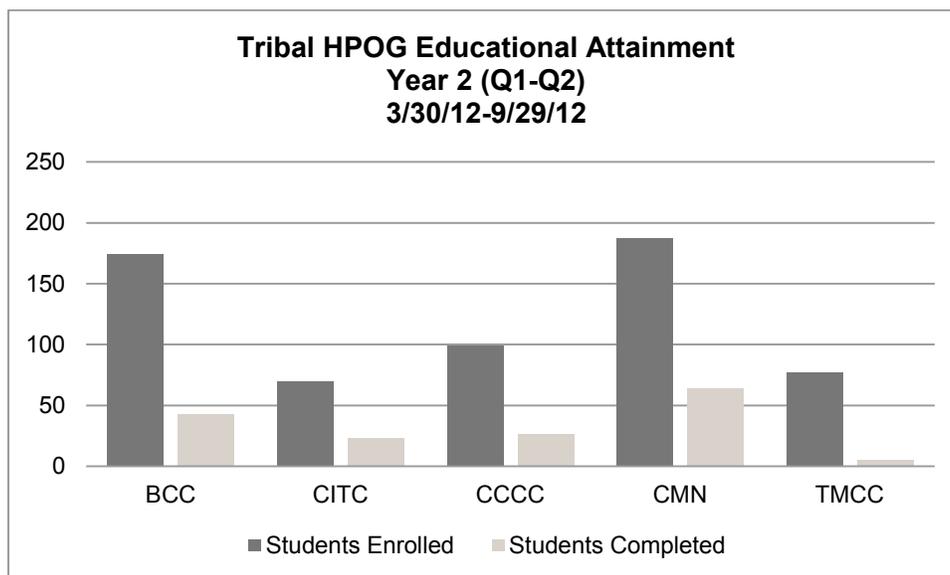
<sup>21</sup> Two-week short term training

<sup>22</sup> During the time of reporting in Year 1, several students were still enrolled in their respective academic programs; therefore, the education attainment numbers for Year 1 appear low.

<sup>23</sup> NORC only received the Performance Progress Reports for the latter half of Year 2.

<sup>24</sup> Performance Progress Reports, March 30, 2012 – September 29, 2012

**Exhibit 5: Tribal HPOG Educational Attainment (Year 2)**



**b. Early employment outcomes<sup>25</sup>**

Current unemployment rates in each of the states where the tribal grantees are located are as follows: Alaska (6.0%); Montana (5.5%); North Dakota (3.3%); and Wisconsin (7.1%).<sup>26</sup> In 2011, the unemployment rate for the United States averaged 8.9 percent but was 14.6 percent Among AI/AN populations.<sup>27</sup> Additionally, the AI/AN population had one of the lowest labor force participation rates in the U.S. in 2011 at 59.2 percent, compared to their White counterparts at 64.5 percent.<sup>28</sup> Further, when comparing unemployment rates of AI/AN populations to their White counterparts in the regions where the tribal grantees are located, a vastly different picture emerges. According to an Economic Policy Institute (EPI) issue brief on AI/AN and white unemployment rates by region using the Current Population Survey data from the Bureau of Labor Statistics, in 2010, the AI/AN unemployment rate in Alaska, the Midwest (AK, IL, IN, IA, MI, MN, MO, OH and WI); and the Northern Plains (ID, MT, NE, ND, SD, WY) was 21.3; 19.3; and 16.4 percent compared to the White unemployment rates in the same regions at 6.9; 9.4; and 6.3 percent.<sup>29</sup>

Overall, employment outcomes differed for each grantee during the first program year (See below Exhibit 6: Tribal HPOG Employment Outcomes). CITC had the highest employment rate with 41 percent of its

<sup>25</sup> Performance Progress Reports, September 30, 2010-September 29, 2011 and March 30, 2012- September 29, 2012.

<sup>26</sup> <http://bls.gov/lau/>

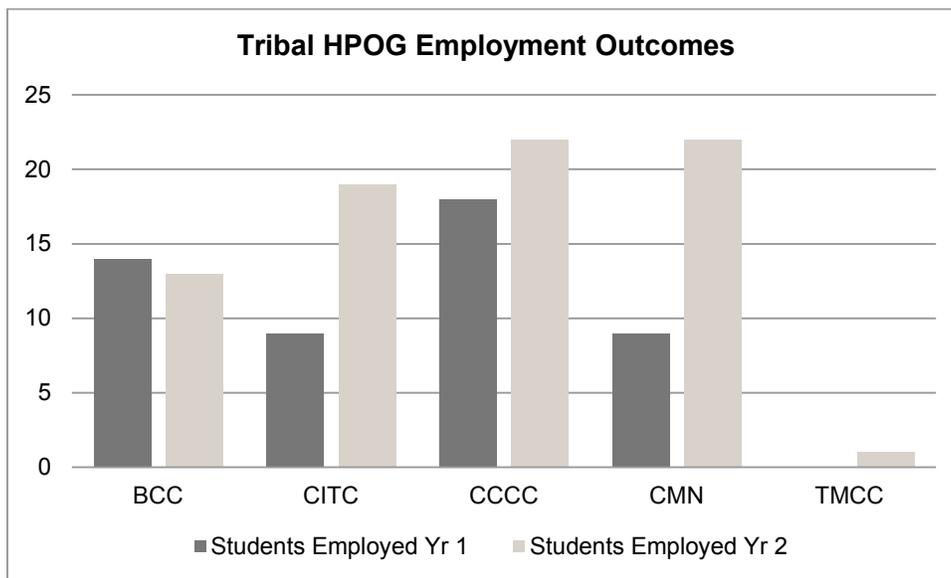
<sup>27</sup> <http://www.bls.gov/cps/cpsrace2011.pdf>

<sup>28</sup> <http://www.bls.gov/cps/cpsrace2011.pdf>

<sup>29</sup> <http://www.epi.org/publication/ib289/>

program completers obtaining employment. Approximately one-third of program completers at CMN obtained employment. Just over 25 percent of program completers at BCC and CCCC obtained employment. TMCC did not have any program completers during the first year.

**Exhibit 6:** Tribal HPOG Employment Outcomes<sup>30</sup>



Across all grantee sites, most students (n = 42) obtained employment as a CNA. Because employment as a CNA is dependent on program completion and completion of a license or certification (as required), it was often difficult for students to gain employment only after one program year (as they had not completed both the course requirements and the licensure/certification exam). Another reason for the low employment rates in the first year is that many students chose to continue their education after completing their first training program. This often occurred among CNA recipients, who continued their education along the nursing career ladder to pursue a LPN or RN degree. For example, during the first program year, 19 of the 39 CNA recipients at BCC enrolled in two-year academic programs and two enrolled in four-year academic programs upon completion of their program.<sup>31</sup> Students in CMN’s CNA to RN Career Ladder Program commonly continued their education after obtaining a CNA or LPN, resulting in low employment rates after the first program year. CCCC identified employment barriers related to intense administrative requirements for those who received the QSP/NECC training, so the students who

<sup>30</sup> Beyond reporting on the type of employment that HPOG students are obtaining in the first and second year of the program, it is difficult to make additional comparisons from these data. The data used for this report is from Year 1 and Year 2 of the tribal HPOG programs and the findings only reflect partial data from CCCC. Analyses of data in Year 3 will allow for differentiating the outcomes of students that completed training and found employment and those students that continued on the career ladder.

<sup>31</sup> Performance Progress Reports, September 30, 2010 – September 29, 2011

completed this degree were later enrolled in the CNA program where they would likely obtain employment following their course of study.<sup>32</sup>

During the final half of the second program year, additional HPOG students from all five grantees obtained employment (See above Exhibit 6: Tribal HPOG Employment Outcomes). Similar to the first program year, employment as a CNA was one of the most common fields of employment during the second year – 28 percent of those employed were employed as CNAs. In addition, students obtained employment as nursing aides, orderlies, and attendants<sup>33</sup> and LPNs.

### **c. Sustainability and Replicability**

In addition to ACF funds, each tribal HPOG program reported that they have started and will continue to make efforts to offer as many resources as they can for their students. All of the tribal HPOG programs have made efforts to increase resources for their tribal HPOG students; however, only two of the grantees (CMN and TMCC) have started planning efforts to sustain and/or replicate the tribal HPOG program once Federal funding ends.

At CMN, administrators and program implementation staff reported that tribal college support was an important factor in enabling the implementation of the CMN HPOG program. This support was also cited as a factor for program sustainability and duplication. One administrator reported that the *“College is seeing what we are doing and seeing if a career ladder might be good for other programs.”* As such, the HPOG program may be duplicated within the College, strengthening other program areas by providing support across a range of competency levels.

TMCC has engaged in widespread networking within the community which will be beneficial for program growth and local sustainability after Federal funding ends. As one program administrator said, *“When funding ends, we need to sustain the program, don’t want to let go if we know it’s strong and we will continue to pursue other resources and additional funding to keep it going.”*

### **d. Stakeholder satisfaction**

Overall, staff and students across all tribal HPOG grantees reported high satisfaction with the program. Staff supported the program and believed that it will positively influence the lives of the students. They also praised the program for the strong support it offers to students. The following selection of quotes from staff illustrates aspects of their satisfaction with the program:

<sup>32</sup> Performance Progress Reports, September 30, 2010 – September 29, 2011

<sup>33</sup> Category is taken from the Performance Reporting System (PRS) and used on the Performance Progress Reports.

*“I really believe in this program 100 percent. It’s really good for the students. All of the financial assistance that they get to go to school really helps them to succeed.”*

*With the scholarship, students “can focus on education and not stress about how to pay...they’re excited about their education.”*

*“I love this program. It’s fabulous. The feedback that I get from older folks is that they feel their potential is so great with what they’re doing now. It’s an example of someone at the crossroads and this program has opened up a whole other set of opportunities.”*

*“This program is a blessing. There is a huge lack of child care providers on the reservation. The program provides money for child care, and the students take advantage of that. They can pursue their education because their children are taken care of.”*

*“I think we’re doing amazing work.”*

Although staff had an overall high level of satisfaction with the program, there were some cases of frustration among staff regarding program implementation challenges. Tribal HPOG grantees experienced staff turnover; communication issues regarding grant-related questions and requests; and the need to develop and adjust policy and procedures. Despite these frustrations, tribal HPOG program staff overcame these start-up challenges and continued with program implementation. One program administrator mentioned, *“It has been a learning process for everyone. Challenges have arisen, but it is a work in progress.”*

Students also reported high levels of satisfaction with the tribal HPOG program. Students are grateful for the tribal HPOG programs and appreciative of the supportive services that they have been able to receive (i.e., financial aid and social support). Students reported that the tribal HPOG program *“gives you the tools to succeed and that it would be hard to succeed without the support received.”* Students also stated that the program has given them an opportunity to enter the health care field and will allow them to become self-sufficient and take care of their families. Finally, students recognized the importance of the tribal HPOG program in developing a tribal health workforce in their communities to take care of their elders. As one student reported, *“This program provides the opportunity for tribal members to receive an education. It is important to educate Native Americans, especially when they return to work in a Native American community.”*

Some students did express concerns with program requirements. Students were frustrated with the academic programs in which they were enrolled. Some academic programs have competency benchmarks or targets that a student must achieve in order to enter a specific program of study. Although this was initially posed as a negative aspect of certain academic programs, many students indicated that they

eventually came to understand how the benchmarks and/or targets aid student success. As one student reported, *“I see the change (in my performance), and when you get further, you see how it helps.”*

### **e. Tribal health workforce capacity**

At this time, many tribal HPOG students are still enrolled in their training programs and are not seeking employment within their communities. Therefore, the information available to assess each program’s effect on increasing tribal health workforce capacity is limited and mostly anecdotal. Input from local employers and program staff and feedback from program completers who are employed or seeking employment is encouraging and provides an initial view into how the tribal HPOG grant programs may affect workforce capacity. Three scenarios have emerged from the feedback received. The first scenario is the need for program completers to remain in their communities and fill the existing job vacancies. The second scenario that emerged is the need for Alaska Natives to become trained in the health field and return to their Native villages where they will enhance the local workforce. One CITC staff member stressed that *“The people that they’re training are going to fill a strong need in the labor force. They are creating opportunities for people to return to their village with a profession. It keeps the village alive. If [tribal members] don’t have health care, they will start leaving.”* The final scenario is the necessity for program completers to leave their communities in order to find work in the health field. As a TMCC project staff member said, *“[Getting students] to be fully employed and enter the workforce... will require a fair amount of support because so many students will have to move. We are hoping once they get a job, they will see the light at the end of the tunnel – You will make this much money but you just need to get over this first hump.”* The tribal evaluation team will continue to assess the tribal health workforce capacity as well as the three scenarios that have emerged over the remaining years of the tribal HPOG program evaluation.

## VIII. Study Limitations

Although a strong analytic and culturally appropriate evaluation plan has been developed in order to answer the key evaluation questions, limitations in the evaluation approach have been identified as well as strategies for addressing these limitations, identified below.

### a. Self-report bias

The tribal HPOG evaluation is primarily based on qualitative data that is self-reported during on-site and telephone interviews. Because the evaluation is informed by self-reported data, it is possible that respondents have overstated positive aspects of the program or omitted negative aspects. In order to mitigate self-report bias, the evaluation team used quantitative HPOG PRS data to support the themes identified through the qualitative analysis and triangulated responses across respondents to confirm our conclusions. Additionally, since students must consent to have PRS data reported included in the evaluation, the evaluation team only has access to limited records for analysis, thus presenting only a partial picture of students' demographics, supportive service use and educational and employment outcomes.

### b. Use of a non-experimental design

The tribal HPOG evaluation is a process and outcome 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 attributed to the HPOG program.

### c. Difficulty recruiting program completers and non-completers

The perspectives of program completers and non-completers are extremely valuable in order to understand whether the HPOG program is successfully preparing students to seek employment in the health care field, and to understand factors that may have led students to leaving the program prematurely. Information from program completer interviews can help grantees improve their program curricula, job readiness components and track success stories of successful employment, and information from program non-completer interviews can help grantees develop strategies that will foster retention or re-engage non-completers. Recruiting program completers and non-completers and gaining their cooperation was challenging as well as resource-intensive. Site liaisons worked with the grantees to obtain contact information for program completers and non-completers, and reached out to these individuals via phone up to three times. Additionally, site liaisons encouraged grantee staff to reach out to program completers

and non-completers to prepare them for the evaluation team's telephone calls. Despite these efforts and non-cash incentives,<sup>34</sup> recruitment was a challenge, particularly with non-completers.

#### **d. Recruitment of employers**

Given that a critical perspective on the utility of the HPOG training program is its impact on the health care market, it is especially valuable to capture the perceptions and experiences of employers. In 2012, the evaluation team conducted only eight interviews with employers across the five tribal HPOG grantees. Employment in tribal communities was limited and in the first year, most of the grantees had not yet graduated large numbers of students and/or developed strong relationships with employers in the community. To obtain a complete picture of the extent to which HPOG prepares students for the health care workforce, additional employer perspectives will be needed to support evaluation activities. To mitigate this challenge, in subsequent years, the tribal evaluation team will work with each grantee to identify potential employers located within a given radius of each program implementation site to participate in interviews.

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<sup>34</sup> Program completers received a \$25 non-cash incentive and program non-completers received a \$10 non-cash incentive for their participation in interviews.

## IX. Summary of Findings

The findings from the first year of the tribal HPOG structure, process and outcomes evaluation provide important evidence for addressing the key evaluation questions. Below, the tribal evaluation team offers preliminary conclusions based on these findings and organizes the conclusions by the three primary evaluation questions (structure, process and outcomes).

**Evaluation Question #1:** Which frameworks and relationships did the tribal HPOG grantees create to implement training and service delivery?

*Grantees leveraged their own resources, along with support from host sites and local partners, to implement their programs and ensure comprehensive supportive services delivery.* Some of the tribal HPOG grantees had well-established systems for delivering supportive services to students prior to HPOG and were able to supplement these systems using HPOG funds. However, an important element of grantees' program structure has been the ability to build on resources from community partners and host institutions to meet HPOG student need. For example, host institutions provided equipment, supplies and facilities; local partners provided the opportunity for students to engage in job shadowing; and grantees were able to coordinate with local supportive services agencies to ensure coordinated delivery of social support services.

Two grantees carried out multi-site implementation models to reach more students, offer a greater range of academic programs and increase student chances at employment. Two tribal HPOG grantees developed multi-site models in which the HPOG program is implemented at primary and secondary sites. In each case, each implementation site has its own HPOG administrators and supportive services personnel. These programs are described below:

1. BCC partnered with one tribal college (Salish Kootenai College) and four state colleges/universities (Montana State Bozeman, Montana State Billings, College of Great Falls, and University of Montana Missoula) to carry out the HPOG program.<sup>35</sup>
2. CCCC partnered with tribal colleges, universities, and employment and training organizations across the state. CCCC collaborates with three other tribal community colleges – UTTC in Bismarck, FBCC in New Town, and SBC in Fort Yates, which, along with CCCC, serve as the point-of-entry for the majority of students in Next Steps.

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<sup>35</sup> Since the site visit, Blackfeet Community College has added an additional project partner with Flathead Valley Community College which has helped Flathead Valley transition its offerings from a pre-nursing program to a Licensed Practical Nursing program.

This multi-site implementation model helped grantees reach more students, offer a greater range of academic programs and increase students' chances at gaining employment by preventing oversaturation of local health care markets. At BCC and CCCC, the multi-site implementation model eased student transfer from tribal colleges to state institutions. Additionally, by partnering with institutions with established structures in place to support American Indian/Alaska Native students, the HPOG program further built upon already existing resources, supportive structures and communities to benefit students. Along the same lines, communication among implementation sites allowed staff from each site to learn from each other's challenges and successes. Meeting with other implementation sites helped to generate new ideas for programming and creative solutions to program implementation barriers. Grantees that carried out this multi-site implementation model noted that in later years, they hope for additional opportunities to interact with partner sites.

Coordination among sites in terms of program administration and supportive services delivery posed a challenge to sites implementing this model. BCC and CCCC reported early challenges in administering and staffing their multi-site programs. For CCCC, these challenges resulted in a lack of coordination and clear communication to obtain supportive services.

***Grantees struggled to engage employers during Year 1 of the HPOG program.*** One significant challenge for tribal HPOG grantees was engaging local employers as partners. Employment opportunities in tribal communities are limited and in the initial year, some grantees had not yet developed strong relationships with employers in the community or region.

**Evaluation Question #2:** How are training and supportive services delivered?

***Each grantee has implemented processes to provide appropriate supportive services to HPOG students.*** Literature on higher education in American Indian/Alaska Native communities suggests that the provision of supportive services is critical to aiding participation and retention of students and advancement in career pathways. Services designed specifically for the unique academic, social, cultural and psychological needs of American Indian/Alaska Native students have proven to be an effective retention strategy.<sup>36</sup> Across the five tribal grantees, a variety of services were provided to assist students with common educational needs, such as financial aid for tuition, textbooks, and other training costs, mentorship, tutoring, and study groups, and arranging enrollment in prerequisite courses. Similarly, social support services were offered to students and their families to provide assistance for rent and food, secure

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<sup>36</sup> Guillory, R. (2009) Native American/Alaska Native college student retention strategies. *Journal of Developmental Education*, 33(2) 20-38.

reliable transportation, and arrange childcare. In order to determine students' needs, each program assigned staff to assess students' needs during the intake/ orientation process and to monitor needs throughout students' training. Tailored support services were then provided to facilitate students' success in their trainings. Although these services were not uniquely designed for American Indian/Alaska Native communities, they were carried out with the goal of effectively meeting student needs to support educational achievement.

***Grantees have used HPOG-specific orientations, mentorship and academic counseling to create a sense of community among students.*** Literature on American Indians/Alaska Natives higher education retention<sup>37</sup> emphasizes the importance of creating an extended family structure within higher education institutions. This structure can be eased by building a strong sense of community among students and staff. Additionally, the literature emphasizes the importance of welcoming students' families and honoring family involvement and support. To integrate families into students' academic careers, one grantee (BCC), is directly applying use of the Family Education Model (FEM) by inviting family members to attend student orientation, seminars, visit campus, and become familiar with the staff and setting where students' training occurs.

While the other four tribal HPOG grantees have not directly carried out the FEM model, they have built a sense of community through orientation, mentorship, and academic counseling. The four grantees (CCCC, CITC, CMN and TMCC) include families on a more informal basis by inviting family members to graduation and welcoming them during study sessions.

***Students believe that the presence of supportive services staff facilitated their academic success.***

Students across sites reported that supportive relationships with program staff, including administrative staff and supportive services staff, were important to their academic success. Students believed that program personnel understand the unique aspects of tribal culture, which may include traditional values, communication, and learning styles,<sup>38</sup> and work to create a strong sense of belonging among students. In many cases, program staff comes from the same Native communities as students, which seemed to facilitate students' comfort in approaching staff with their personal or academic issues. Students remarked favorably on the value of knowing that staff were available to listen to and support them. As one tribal HPOG student explained, “[The staff] are always there. If they don't know the answer, they'll find the person with the answer...They want you to succeed and give you every opportunity to ask for help; give you everything you need for whatever your problem is.”

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<sup>37</sup> HeavyRunner, I. & Richard DeCelles, R. (2002). Family education model: meeting the student retention challenge. *Journal of American Indian Education*, 41 (2).

<sup>38</sup> Gay, G. (2002) Preparing for culturally responsive teaching. *Journal of Teacher Education*. 53(106).

**Evaluation Question #3:** What outcomes did participants achieve? Was health work force capacity enhanced in tribal communities?

***In the first year of the program, all five grantees successfully enrolled students in training programs.***

Each grantee offered at least three training programs, and total enrollment at grantee sites ranged from 36 to 208 total students. Students most frequently enrolled in CNA, LPN and RN training programs. Four out of the five grantee sites (BCC, CCCC, CMN and CITC) reported program completers in Year 1 of the HPOG program.

Employment outcomes differed for each site during the first program year; however, many program completers have chosen to continue their education rather than immediately seek employment. The four grantees that reported program completers reported a range of employment outcomes. CITC reported that 41 percent of program completers obtained employment; CMN reported that 33 percent of program completers obtained employment; and BCC and CCCC reported that 25 percent of completers obtained employment. Most program completers obtained employment as CNAs. However, instead of seeking employment upon completion of their HPOG training programs, students also chose to continue their education and pursue the next phase on a career ladder. This occurred frequently among CNA completers, who often sought LPN and/or RN degrees. The two program outcomes reported (educational attainment/program completion and employment attainment) are derived from Year 1 and Year 2 data only, and partial data from CCCC. Analyses in Year 3 will allow for differentiating the outcomes of students that completed training and obtained employment and the outcomes of students that continued on the career ladder.

***Students are gaining the necessary skills to be employable.*** Local employers that employ HPOG students reported that the HPOG program has given students the necessary knowledge and skills to obtain employment. Tribal HPOG students and completers believe that the program has instilled in them confidence and self-efficacy to be successful in their careers.

***Grantees report demand in their communities for trained health care workers.*** Since many students are still enrolled in their programs and have yet to seek employment, it is not yet possible to assess the HPOG program's effect on the tribal workforce capacity. Several programs have reported that there is demand in their communities for culturally competent Native health care providers. There is concern among other grantees, however, that the number of program completers will exceed workforce demand and that students will have to leave the community to seek employment.

## Appendix 1: Advisory Committee 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 2: 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> <p><i>Note: program curriculum will be covered in Q1D</i></p>	<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
<b>C. How are local and/or regional partners and the community engaged?</b>	<i>Partnership</i>	<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? <i>Probe to clarify which partners are tribal vs non-tribal.</i></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. 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>	Initial Site Visits; Follow up 1 and 2

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; Follow up 1 and 2</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; Follow up 1 and 2; Semi-annual from PMS</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. <i>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.</i></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 Performance Management System</li> </ul>	
<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; Follow up 1 and 2</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 Performance Management System</li> </ul>	Initial Site Visits; Follow up 1 and 2; Semi-annual from PMS

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; Follow up 1 and 2</p>

## Appendix 3: Initial Site Visit Protocol

### APPENDIX 3A: 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: (1) Background, (2) Planning, (3) Tribal HPOG Structure, (4) Program Processes, (5) Program Outcomes, (6) Recommendations for Program Improvement, and (7) Conclusion. 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 interview is being conducted for the Evaluation of the Tribal Health Professions Opportunity Grants. The Health Profession Opportunity Grants (HPOG) program is administered by the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services. ACF funded 32 five-year demonstration projects to design and implement innovative health workforce development training programs targeting Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Five of the 32 demonstration projects were awarded to Tribal Organizations and Tribal Colleges to develop culturally-informed training programs. 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.

**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.**

## 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. Tell me about your decision to apply for the Tribal HPOG Program. What did you expect or hope for? (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? How were different viewpoints incorporated into program planning?
11. What issues were addressed? Were there challenges that required a compromise?

## Tribal HPOG Program Structures

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

*[Ask Partner Administrative staff as appropriate]*

## Program Type

12. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 12a-12e]* We are interested in learning about the program type (e.g., academic instruction, on the job training, apprenticeship) and why this type is being used.
  - a. Please identify type of program model:
    - Academic instruction + occupational skills training
    - OJT + training
    - Apprenticeship
    - Other
  - b. Why was this model chosen?
  - c. What are the key program components?
    - a. Remediation (e.g., basic/foundational skills)
    - b. Occupational skills training (e.g., resume building)

- d. Was the program incorporated within, or as an extension of, an existing program? Please describe.
  - a. [If no]: What was in place prior to the [insert program name]?
- e. What, if any, resources have been leveraged to support this program?

### Administrative Structure

13. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 13a-13b] Next we would like to learn about the organizational 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 14a-14b] We are now interested in discussing the partnerships, both new and existing, that have been formed to support the project and the strategies used to engage these partners in the project.*

*[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?
  - Which partners are tribal vs. non-tribal?
  - Describe your partnerships with employers? Formal or informal?
- 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]** On a scale of 1 to 5, where 1 is 'not at all likely' and 5 is 'very likely'. 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. On a scale of 1 to 5, where 1 is ‘not at all likely’ and 5 is ‘very likely’, 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.
  - On a scale of 1 to 5, where 1 is ‘not at all likely’ and 5 is ‘very likely’, how likely are you to work with this organization again?

### Program Design and Curriculum

15. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 15a-15g] We are now interested in learning more about the program curriculum, such as academic lectures and use of field practicum training manuals, and in learning about ways in which the program was designed or modified for Tribal populations?*
- a. Describe the career pathways offered by your program.
    - Describe the licensure/certification process for each career pathway, as applicable.
    - How portable is the licensure/certificate (i.e., can it be transferred over state lines)?
  - b. Describe the elements of the training program and its curriculum/curricula. If details made available in other program materials, then skip specifics listed below.
    - 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
  - c. Why was this curriculum/model/approach chosen? Were other curricula/models/approaches considered? If so, which ones?
  - d. Did the evidence for this curriculum/model/approach show relative advantage over other programs?
  - e. Were adaptations or modifications made to the training program based on local conditions or preferences? Based on partner input?
  - f. Was the model/curriculum adapted to be culturally relevant? If yes, then what adaptation strategies are being used to deliver a culturally relevant curriculum?
  - g. Did the tribe request a waiver for any required program elements per the FOA? (e.g., apprenticeship, other)

### Qualifications of Implementation Staff

16. *[READ ALOUD TO RESPONDENT BEFORE ASKING 16a-16b]. Next we would like to learn about the qualifications of the 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. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 17a-17c] We would like to learn about how the training program addresses skills and competencies needed by the local and/or regional 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. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 18a-18b] Now we would like to learn about how 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. For example, 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/literacy.
  - b. What community factors influence the design and implementation of the program (e.g., ongoing recession, organizational priorities, social tensions)? Please describe.

### Program Processes

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

*[Ask Partner Administrative staff as appropriate]*

### Supportive Services

19. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 19a-19e] Next we would like to ask you some questions about the support services that are offered as part of the program and how they are 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. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 20a-20b] We would like to discuss any strategies that are used to engage the families of program participants.*
- 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. **[lead organization only]** *[READ TO THE RESPONDENT BEFORE ASKING QUESTIONS 21a-21c] Now we would like to ask a few questions about the collection and use of program data.*
- a. Is there a process in place for entering data into the Performance Reporting System?
    - a. How are data collected from partners?
    - b. Who is responsible for entering data the Performance Reporting System?
  - 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
  - c. Are there any challenges to collecting and using the program data? If so, please explain.

### **Implementation Facilitators and Challenges**

22. *[READ TO THE RESPONDENT BEFORE ASKING QUESTIONS 22a-22e] Next we would like to ask you some questions that will help us to understand whether or not the program was implemented as intended and what barriers you faced in implementing the program.*
- 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 participants in the program achieved 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. *[READ ALOUD TO THE RESPONDENT BEFORE ASKING QUESTIONS 23a-23d] We would like to learn more about the educational attainment of program completers, and if participating in the program resulted in a degree/certificate, and/or leads to the successful receipt of a license or certification issued through a state or industry entity*
- a. How do you define program completion? (e.g., receive degree)
  - b. In general, have you found that program completers have moved on to a professional or industry recognized certificate or licensure?
  - c. 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?
  - d. Have you found that any of the program components are not as useful in supporting program participation and completion as anticipated?

### **Participant Employment Outcomes**

24. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 24a-24d] Now we would like to ask questions about the employment outcomes of participants.*
- a. What are participants' employment outcomes?
    - Employed full-time
    - Employed part-time
    - Serving internship
    - Unemployed
  - c. What types of jobs do participants have?
  - 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. Urban Indian Clinics
3. Local health care
4. Out of area

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

25. *[READ ALOUD TO RESPONDENTS BEFORE ASKING QUESTIONS 25a-25b] Building on the last section, we would like to ask a few questions about whether the program has been able to help fill vacancies in the local or regional 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. *[READ ALOUD TO THE RESPONDENT BEFORE ASKING QUESTIONS 26a-26c] Now we would like to hear your perception of the satisfaction level of program stakeholders.*
- a. On a scale of 1 to 5, where 1 is “not satisfied at all” and 5 is “very satisfied”, how satisfied are you with the program?
  - b. 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?
  - c. 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 1 AND 2 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: (1) Background, (2) Tribal HPOG Structure, (3) Program Processes, (4) Program Outcomes, (5) Recommendations for Program Improvement, and (6) Conclusion. 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</li> <li>■ 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 interview is being conducted for the Evaluation of the Tribal Health Professions Opportunity Grants. The Health Profession Opportunity Grants (HPOG) program is administered by the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services. ACF funded 32 five-year demonstration projects to design and implement innovative health workforce development training programs targeting Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Five of the 32 demonstration projects were awarded to Tribal Organizations and Tribal Colleges to develop culturally-informed training programs. 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.

**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.**

### Background [Only if not previously interviewed]

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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 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

---

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

#### Partnerships

8. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 8a-8f] We are now interested in discussing the partnerships, both new and existing, that have been formed to support the project and the strategies used to engage these partners in the project.*
  - 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. On a scale of 1 to 5, where 1 is 'not at all likely' and 5 is 'very likely', 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. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 9a-9c] We are now interested in learning more about the program curriculum, such as academic lectures, use of field practicum training manuals, and in learning about ways in which the program was designed or modified for Tribal populations.*
- 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?
  - Are there aspects of the program curriculum that you believe are more effective with regard to program participation and completion than others? Please describe.
  - Are you aware of any problems/challenges with the program curriculum? If yes, please describe.

## Skills and Competencies for Local Health Care Workforce

10. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTION 10a] We would like to learn about how the training program addresses skills and competencies needed by the local and/or regional health care industry.*
- 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. *[READ ALOUD TO THE RESPONDENT BEFORE ASKING QUESTIONS 11a-11b] Next we would to learn about how the social, economic, and political context of the community influenced program design and implementation.*
- Describe barriers to education/training and employment for population served. For example, *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/literacy.*
  - What community factors influence the implementation of the program (e.g., ongoing recession, organization priorities, social tensions)? 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. [READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 12a-12d] *Now we would like to ask you some questions about the support services that are offered with the program and how they are 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] [READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 13a-13b] *We would like to discuss any strategies that are used to engage the families of program participants.*
- a. Are you aware of any changes to strategies used to engage families to support the participant?
  - b. What strategies, if any, have facilitated participant participation and completion in the program?

## Program Data

14. [lead organization only] [READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 14a-14c] *Now we would like to ask a few questions about the collection and use of program data.*
- a. Have you used any program data for program management decisions, performance monitoring, or program correction? If yes, describe how these data are used?
  - b. Do you share these data with partners? Stakeholders? Participants?
  - c. Are there any challenges to collecting and using the program data? If so, please explain.

## Implementation Facilitators and Challenges

15. [READ ALOUD BEFORE ASKING QUESTIONS 15a-15b] *Next we would like to ask you some questions that will help us to understand whether or not the program was implemented as intended and what barriers you faced in implementing the program.*
- a. Have you experienced any implementation challenges? If yes, please describe.
  - b. Have you experienced any challenges supervising and communicating with program implementation staff? Are these staff mentored?
  - c. 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

16. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 16a-16e] We would like to learn more about the educational attainment of program completers, and if participating in the program results in a degree/certificate, and/or leads to successful receipt of a licensure or certification issues through a state or industry entity.*
- a. In general, have you found that program completers have moved on to a professional or industry recognized certificate or licensure?
  - b. Were there other indicators of success identified and achieved (e.g., increased life skills, self-efficacy, confidence, social supports)?
  - c. Do you think participants achieved self-sufficiency (e.g., number who no longer receive public assistance)? Provide examples.
  - d. 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?
  - e. Have you found that any of the program components are not as useful in supporting program participation and completion as anticipated?

### Participant Employment Outcomes

17. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 16a-16f] Now we would like to ask questions about the employment outcomes of participants.*
- 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. Urban Indian Clinic
      3. Local health care
      4. 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. *[READ ALOUD TO RESPONDENT BEFORE ASKING QUESTIONS 17a-17b] Building on the last section, we would like to ask a few questions about whether the program has been able to help fill vacancies in the Tribal health workforce.*
- 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. *[READ ALOUD TO RESPONENT BEFORE ASKING QUESTIONS 18a-18c] Now we would like to hear you perception of the satisfaction level of program stakeholders.*
- a. On a scale of 1 to 5, where 1 is ‘not satisfied at all’ and 5 is ‘very satisfied’, how satisfied are you with the program?
  - b. 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?
  - c. 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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20. Is there anything that you would change about the program that could be helpful to future participants?

### **Conclusion**

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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: (1) Background, (2) Planning, (3) Tribal HPOG Structure, (4) Program Processes, (5) Program Outcomes, (6) Recommendations for Program Improvement, and (7) Conclusion. 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</li> <li>■ 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 interview is being conducted for the Evaluation of the Tribal Health Professions Opportunity Grants. The Health Profession Opportunity Grants (HPOG) program is administered by the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services. ACF funded 32 five-year demonstration projects to design and implement innovative health workforce development training programs targeting Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Five of the 32 demonstration projects were awarded to Tribal Organizations and Tribal Colleges to develop culturally-informed training programs. 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.

**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.**

## 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 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

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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? How were different viewpoints incorporated into program planning?
11. What issues were addressed? Were there challenges that required a compromise?

## Program Structures

---

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

## Program Design and Curriculum

12. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 12a-12f] We are not interested in learning more about the program curriculum, such as academic lectures, use of field practicum training manuals, and in learning about ways in which the program was designed or modified for Tribal populations.*
  - a. Describe the career pathways provided by your program.
    - Describe the licensure/certification process for each career pathway, as applicable.
    - How portable is the licensure/certificate?
  - b. Describe the elements of the training program and its curriculum/curricula. *[if detail made available in other program materials, skip specifics below]*
    - 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
  - c. Why was this curriculum/model/approach chosen? Were other curricula/models/approaches considered? If so, which ones?

- d. Were adaptations or modifications made to the training program based on local conditions or preferences?
- e. Was the model/curriculum adapted to be culturally relevant? If yes, then what adaptation strategies are used to deliver a culturally relevant curriculum?
- f. **[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

13. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 13a-13b] Now we would like to learn about how the social, economic, and political context of the community influence program design and implementation.*
  - a. Describe any barriers to education/training and employment for population served. These might include *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, social tension)? Please describe.

### Program Processes

---

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

### Recruitment

14. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 14a-14h] Now we would like to learn about how participants found out about the program, what recruitment strategies were utilized, and if those strategies were 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

15. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 15a-15e] Building on the last questions, we would now like to discuss how participants were introduced and welcomed into the program.*

- 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

16. *[READ ALOUD TO RESPONDENTS BEFORE ASKING QUESTIONS 16a-16j] Next we would like to ask you some questions about the support services that are offered as part of the program and how they are 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

17. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 17a-17c] We would like to discuss any strategies that are used to engage the families of program participants.*
- 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**

18. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 18a-18e] Next we would like to ask you some questions that will help us to understand whether or not the program was implemented as intended and what barriers you faced in implementing the program.*
  - 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**

19. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 19a-19b] Next we would like to discuss the quality of instruction delivered through the program.*
  - a. As measured by core competencies [list core competencies]?
  - b. As measured by student perceptions?

### **Use of Program Data**

20. *[READ TO RESPONDENT BEFORE ASKING 20a-20c] Now we would like to ask a few questions about the collection and use of program data.*
  - a. Is there a process in place for entering data into the Performance Management System?
    - i. How are data collected from partners?
    - ii. Who is responsible for entering data the Performance Management System?
  - b. Do you use program data for program management decisions, performance monitoring or program correction? If yes, describe how these data are used.
  - c. Are there any challenges to collecting and using the program data?
    - If yes: Please explain.
    - Have these issues been resolved? Do you need any additional technical assistance?

## Participant Outcomes

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*Is there evidence that participants in the program achieved 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

21. *[READ TO RESPONDENT BEFORE ASKING 21a-21h] We would like to learn more about the educational attainment of program completers, and if participation in the program resulted in a degree/certification, and/or leads to the successful receipt of a license or certification issued through a state or industry entity.*
- a. How do you define program completion?
  - 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. In general, have you found that program completers move onto a professional or industry recognized certificate or licensure?
  - d. How many students advanced to another degree program?
  - e. What, if any, core competencies were achieved [list core competencies]?
  - f. Were there other indicators of success identified and achieved?
  - g. 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?
  - h. Have you found that any of the program components are not as useful in supporting program participation and completion as anticipated?

### Participant Employment Outcomes

22. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 22a-22d] Now we would like to ask you some questions about the employment outcomes of participants.*
- 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)
    - iv. Tribe
      1. In area
      2. Out of area
    - v. Other tribe

- vi. Non-tribal
  - 1. HIS
  - 2. Urban Indian Clinic
  - 3. Local health care
  - 4. Out of area

### **Participant Employability Outcomes**

23. *[READ TO RESPONDENTS BEFORE ASKING 23a]* Next, we are also interested in learning other ways the program has impacted participants.
- 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**

24. *[READ TO RESPONDENTS BEFORE ASKING 24a-24b]* Building on the last section, we would like to ask a few questions about whether the program has been able to help fill vacancies in the local or regional 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**

25. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 25a-25c]* Now we would like to hear your perception of the satisfaction level of program stakeholders.
- a. On a scale of 1 to 5, where 1 is ‘not satisfied at all’ and 5 is ‘very satisfied’, how satisfied are you with the program?
  - b. To your knowledge, are
    - i. participants satisfied with the program?
      - 1. Are you measuring participant satisfaction?
    - ii. partners satisfied with the program?
      - 1. Are you measuring partner satisfaction?
    - iii. employers satisfied with the program?
      - 1. Are you measuring employer satisfaction?
  - c. In your opinion, what have been some of the key benefits for participants served through the tribal HPOG program?

### **Recommendations for Program Improvement**

---

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

### **Conclusion**

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27. 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 1 AND 2 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: (1) Background, (2) Tribal HPOG Structure, (3) Program Processes, (4) Program Outcomes, (5) Recommendations for Program Improvement, and (6) Conclusion. 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>■ 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 interview is being conducted for the Evaluation of the Tribal Health Professions Opportunity Grants. The Health Profession Opportunity Grants (HPOG) program is administered by the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services. ACF funded 32 five-year demonstration projects to design and implement innovative health workforce development training programs targeting Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Five of the 32 demonstration projects were awarded to Tribal Organizations and Tribal Colleges to develop culturally-informed training programs. 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.

**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.**

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

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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 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**

---

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

### **Program Design and Curriculum**

9. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 9a-9d] We are not interested in learning more about the program curriculum, such as academic lectures and the use of field practicum training manuals, and in learning about ways in which the program was 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 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 10a-10b] Now we would like to learn about how 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. For example, *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/literacy.*
  - b. What community factors influence the implementation of the program (e.g, ongoing recession, organization priorities, social tension)? Please describe.

### **Program Processes**

---

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

### **Recruitment**

11. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 11a-11d] Now we would like to learn about how participants found out about the program, what recruitment strategies were utilized, and if those strategies were 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 12a-12c] Building on the last questions, we would now like to discuss how participants were introduced and welcomed into the program.*
- 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING QUESTIONS 13a-13e] Next we would like to ask you some questions about the support services that are offered as part of the program and how they are 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]** *[READ ALOUD TO RESPONDENTS BEFORE ASKING 14a-14c]* Next, we would like to discuss any strategies that are used to engage the families of program participants.
  - 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 15a-15d]* Next we would like to ask you some questions that will help us to understand whether or not the program was implemented as intended and what barriers you faced in implementing the program.
  - 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 16a-16b]* Next we would like to discuss the quality of instruction delivered through the program.
  - a. As measured by core competencies [list core competencies]?
  - b. As measured by student perceptions?

### **Use of Program Data**

17. *[READ TO RESPONDENT BEFORE ASKING 17a-17b]* Now we would like to ask a few questions about the collection and use of program data.
  - a. Do you use program data for program management decisions, performance monitoring or program correction? If yes, describe how these data are used.
  - b. Are there any challenges to collecting and using the program data?
    - If yes: Please explain.
    - Have these issues been resolved? Do you need any additional technical assistance?

### **Participant Outcomes**

---

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

## Participant Educational Attainment

18. *[READ TO RESPONDENT BEFORE ASKING 18a-18f] We would like to learn more about the educational attainment of program completers, and if participation in the program resulted in a degree/certification, and/or leads to the successful receipt of a license or certification issued through a state or industry entity.*
- a. How many completed training? How many did not complete the training? Do you have a sense for why students have dropped out the program?
  - b. In general, do program completers move onto a professional or industry recognized certificate or licensure?
  - 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 19a-19h] Now we would like to ask questions about the employment outcomes of participants.*
- 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
  - 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. HIS
      2. Urban Indian Clinic
      3. Local health care
      4. Out of area
  - e. Are you aware of whether participants have retained their jobs? For how long? Were retention services provided?
  - f. Are you aware of how participant earnings compare to pre-participation earnings?
  - g. Do you know if any have experience some type of employment advancement? Position? Higher pay? More hours? Responsibilities?

### **Participant Employability Outcomes**

20. *[READ TO RESPONDENTS BEFORE ASKING 20a] We are also interested in learning other ways the program has impacted participants.*
- 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. *[READ TO RESPONDENTS BEFORE ASKING 21a-21b] Building on the last section, we would like to ask a few questions about whether the program has been able to help fill vacancies in the local or regional 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 22a-22c] Now we would like to hear your perception of the satisfaction level of program stakeholders.*
- a. On a scale of 1 to 5, where 1 is “not satisfied at all” and 5 is “very satisfied”, how satisfied are you with the program?
  - b. To your knowledge, are
    - i. participants satisfied with the program?
      - a. Are you measuring participant satisfaction?
    - ii. partners satisfied with the program?
      - a. Are you measuring partner satisfaction?
    - iii. employers satisfied with the program?
      - a. Are you measuring employer satisfaction?
  - c. 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 1 & 2 INTERVIEW PROTOCOL

#### Tribal HPOG Program Employers - Interview

*The following topics are addressed: (1) Background, (2) Planning, (3) Tribal HPOG Program Structure, (4) Program Processes, (5) Participant Outcomes, (6) Recommendations for Program Improvement, and (7) 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.*

<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 interview is being conducted for the Evaluation of the Tribal Health Professions Opportunity Grants. The Health Profession Opportunity Grants (HPOG) program is administered by the Administration for Children and Families (ACF), an agency within the U.S. Department of Health and Human Services. ACF funded 32 five-year demonstration projects to design and implement innovative health workforce development training programs targeting Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Five of the 32 demonstration projects were awarded to Tribal Organizations and Tribal Colleges to develop culturally-informed training programs. 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.

#### **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 (e.g., partner, advisor, no formal role)?
  - a. Is your relationship to the tribal HPOG program a formal one (i.e., with MOU) or informal?
8. What are your roles and responsibilities for the Tribal HPOG project?

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

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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? How were different viewpoints incorporated into program planning?
11. What issues were addressed? Were there challenges that required a compromise?

### **Tribal HPOG 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**

12. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 12a-12d] We are now interested in learning more about the program curriculum, such as academic lectures and the use of field practicum training manuals, and in learning about ways in which the program was designed or modified for Tribal population.*
  - 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. How does the career pathway focus of the program relate to your organization and its work?
  - d. Do you think the program design/content is appropriate for the target population? Is it culturally relevant?

### **Partnership**

13. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 13a-13d] We are now interested in discussing the partnerships, both new and existing, that have been formed to support the project and the strategies used to engage these partners in the project.*
  - a. Describe your relationship with [insert lead organization].
  - b. Have you worked with this organization before?
  - c. How is the partnership functioning? Have you encountered any challenges? If yes, please describe.
  - d. On a scale of 1 to 5, where 1 ‘not likely at all’ and 5 is ‘very likely’, how likely you to work with this organization again?

## Skills and Competencies for Local Health Care Workforce

14. [READ ALOUD TO RESPONDENTS BEFORE ASKING 14a-14c] We would like to learn about how the training program addresses skills and competencies needed by the local and/or regional health care industry.
- a. What are the key health workforce objectives for your community?
  - b. 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).*
  - c. How does the training program address skills and competencies needed for employment in your organization?

## Contextual Factors

15. [READ ALOUD TO RESPONDENTS BEFORE ASKING 15a] Now we would like to learn about how 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, social tension)?

## Program Processes

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

## Supportive Services

16. [READ ALOUD TO RESPONDENT BEFORE ASKING 16a-16b] Next we would like to ask you some questions about the support services that are offered as part of the program and how they are 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

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

## Participant Employment and Employability Outcomes

17. [READ ALOUD TO RESPONDENTS BEFORE ASKING 17a] Now we would like to ask questions about the employment outcomes of participants.
- 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**

18. [READ ALOUD TO RESPONDENTS BEFORE ASKING 18a-18c] Building on the last section, we would like to ask a few questions about whether the program has been able to help fill vacancies in the local or regional tribal health workforce.
- 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**

19. [READ ALOUD TO RESPONDENTS BEFORE ASKING 19a-19c] Now we would like to hear your perception of the satisfaction level of program stakeholders.
- a. On a scale of 1 to 5, where 1 is 'not at all satisfied', and 5 is 'very satisfied', how satisfied are you as an employer, 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**

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

### **Conclusion**

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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 3F: PARTICIPANT FOCUS GROUP GUIDE

### Tribal HPOG Participant Focus Group/Interview 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 to prepare participants for employment in the tribal health care sector?*
- *Is there evidence that participants in the program achieved successful employment and workforce capacity building outcomes?*

#### Icebreaker Activity: TBD

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#### Discussion

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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. For this discussion we will refer to the program as “tribal HPOG program.” The questions we will ask 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.

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? Why did you decide to participate?
2. What do you hope to accomplish?
3. How did you learn about the tribal HPOG program? Describe the recruitment or referral process.
4. Did you have any concerns about participating? If yes, please describe.
5. Once enrolled, how were you welcomed or oriented to the program? What did the program staff do? Please describe.

6. Were your needs discussed prior to or after enrollment? This may include your needs related to your education, finding a job or any other social support you may have needed. Were your family's needs discussed?
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. Have you experienced any challenges or barriers in participating?
10. What is your impression of the quality of instruction? Were the teachers good? Was the training content good?
11. Where are you today in meeting your short-term education or employment goal(s)?
12. How have the goals of the program aligned with your personal goals?
13. Do you have any concerns going forward in your career?
14. What are the next steps for you in the tribal HPOG program?
15. What would you say about the tribal HPOG program if you were asked by an interested family member or friend?
16. 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: (1) Program Structure, (2) Program Processes, (3) Program 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>	<ul style="list-style-type: none"> <li>■ Blackfeet Community College</li> <li>■ Cankdeska Cikana Community</li> <li>■ 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:* Obtain consent then read the following statement to the respondent:

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.

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.

### 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 ways in which the program was designed to meet your needs.*
  - a. What program did you participate in? Why did you choose this program?
    - Competencies to be developed (i.e., skill requirements of the target occupation)
    - Pre-requisites
    - Start and end dates.
    - Program location
      - Convenience
      - Accessibility
  - b. Did you find the tribal HPOG program to be relevant to your culture? Please describe.
  - c. Were your needs discussed? This may include needs related to your education, finding a job or any other social support needs. Were your family's needs discussed?
  - d. What career do you hope to pursue following this training? *Allied health, LTC, child care health advocate training, health IT, nursing.*

## Skills and Competencies for Local Health Care Workforce

2. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 2a] Next we would like to learn about whether the training program provided you the skills needed to do a job in your community?*
  - a. Do you think the training program helped you develop the skills or ability to do a job needed in your community? Please describe.

## Program Processes

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

## Recruitment

3. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 3a-f] 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. 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 4a-b] 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

5. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 5a-g] 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 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?
  - g. Did you receive financial support?
    - i. If yes: What support did you receive? (e.g., grant, student loan, work study, etc)

### Family Education Model

6. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 6a-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. 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 7a-c] 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?
  - c. Do you feel prepared to work in your chosen profession?

## 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

8. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 8a-8f] Next, we would like to learn if you earned a degree or certificate as a result of participating in the program and whether or not after you completed the program you pursued a licensure or certification issue through a state or industry entity.*
- a. Did you earn a certificate or degree? If so, what certificate or 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?
  - d. Did you pursue a state or industry licensure or certificate after completion of the program? Did you receive the licensure?
  - e. 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?
  - f. If no, why not? What do you plan to do?

### Employment Outcomes

9. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 9a-9d] Next we would like to learn about your employment prior to and after completion of the program.*
- 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?
      - Did the program help you find this 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? Do you think you will be able to advance in the future?
  - 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 10a-10c] We are now interested in learning ways in which the program has impacted your life.*
- 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. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 11a-11c] 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 satisfied at all’ and 5 is ‘very satisfied’, how satisfied are you with the program?
- b. Did you meet 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**

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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.*