



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

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*This practice brief is the first in a series of practice briefs being developed by the Tribal HPOG evaluation team, comprised of NORC at the University of Chicago, Red Star Innovations, and the National Indian Health Board. The briefs will be used to disseminate important lessons learned and findings from the Evaluation of the Tribal Health Profession Opportunity Grants (HPOG) program, which is being funded by the Office of Planning, Research and Evaluation within the Administration for Children and Families. The Tribal HPOG program is funded by the Affordable Care Act (ACA) to support 32 demonstration projects, including 5 Tribal Organizations and Colleges, to train Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals as health care professionals. The purpose of this first practice brief is to: (1) describe the unique aspects of the Tribal HPOG grantee organizations and the target populations they serve; (2) introduce the program frameworks of the Tribal HPOG grantees; and (3) provide an overview of the Federally-sponsored evaluation of the Tribal HPOG grantees.*

Increasing the number of well-trained health professionals working in underserved areas is a critical issue that has gained momentum as a result of the Affordable Care Act (ACA). The Health Resources and Services Administration's Bureau of Health Professions estimates a nationwide shortage of almost 100,000 physicians, as many as 1 million nurses and 250,000 public health professionals by 2020.<sup>1</sup> This health workforce shortage can be attributed to a range of factors including state and local budget cuts, increased demand as the population grows older, and changing health care work conditions and expectations, among others. Additionally, the ACA goal to increase access to health insurance coverage is expected to cause a further surge in demand, necessitating an increased health workforce to meet this need.<sup>2</sup>

In response to the critical need to expand the health workforce to meet the growing demand for health care, the ACA, signed into law by President Obama in March 2010, provides funding to develop and sustain a health workforce that meets high standards for education, certification and professional development. To this end, the Health Professions Opportunity Grants (HPOG) program, funded by the ACA and administered by the Administration for Children and Families (ACF) Office of Family Assistance, has funded 32 five-year demonstration projects to design and implement innovative health workforce development training programs that target Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. As stipulated by the grant, the projects: (1) are required to partner with state TANF offices, local and state workforce investment boards, and state apprenticeship agencies; (2) can use grant funding to provide supportive services to participants; and (3) should result in an employer- or industry-recognized certificate or degree.

### Tribal HPOG Grantees

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

Five of the 32 demonstration projects were awarded to Tribal Organizations and Tribal Colleges. The five Tribal HPOG grantees are: (1) Blackfeet Community College (Browning, MT), (2) Cankdeska Cikana Community College (Fort Totten, ND), (3) College of Menominee Nation (Keshena, WI), (4) Cook Inlet Tribal Council, Inc. (Anchorage, AK), and (5) Turtle Mountain Community College (Belcourt, ND). Tribal grantees will integrate health professions training programs with culturally-informed models of learning and practice to nurture and educate TANF recipients and other low-income individuals into health professions. Tribal grantees will integrate health professions training programs with culturally-informed models of learning and practice, such as the Family Education Model (described below), to nurture and educate TANF recipients and other low-income individuals into health professions.

## TRIBAL HPOG GRANTEE ORGANIZATIONS AND COMMUNITIES

Four of the five Tribal HPOG grantee organizations are Tribal Community Colleges. A number of tribes have exercised self-

determination by establishing fully accredited Tribal Colleges to address the educational needs of their members. The Tribally Controlled Community College Assistance Act of 1978 defines a Tribal college as "...an institution of higher education which is formally controlled, or has been formally sanctioned, or chartered, by the governing body of an Indian tribe or tribes..." By this definition, Tribal colleges are essentially extensions of the Tribe and are held to the same responsibility to protect their members. The fifth Tribal HPOG grantee organization is Cook Inlet Tribal Council, a Tribal human and social services organization governed by Tribal appointees that provides education, workforce development, and employment services for Native people in the Anchorage area. Tribal Colleges and human services organizations rely on Native American heritage, culture, knowledge and values to guide their work and programming.

The five Tribal HPOG grantees are recruiting prospective students who reside on or near Tribal reservations. The communities served by the Tribal HPOG grantees are briefly described below.

<b>Blackfeet Community College (BCC)</b>	<ul style="list-style-type: none"> <li>Primarily serves individuals on the Blackfeet reservation located on ancestral lands in northwestern rural Montana.</li> <li>Four nations comprise the Blackfoot Confederacy, otherwise known as the "Niitsitapi". These include the Northern Piegan, the Kainai Nation, the Siksika Nation and the Southern Piegan.</li> </ul>
<b>Cankdeska Cikana Community College (CCCC)</b>	<ul style="list-style-type: none"> <li>Initial program training will be offered to individuals located on or near three reservations - Spirit Lake Sioux Reservation (primarily served by CCCC), Standing Rock Sioux Reservation, and Three Affiliated Tribes of Fort Berthold Reservation. The program will also provide training to Tribal students located in and around Bismarck.</li> <li>The Standing Rock Sioux and Spirit Lake Sioux people are members of the Dakota and Lakota nations. Each Sioux division has unique cultural and linguistic distinctions. The Mandan, Hidatsa and Arikara Nations are known as the three Affiliated Tribes of Fort Berthold Reservation.</li> </ul>
<b>College of Menominee Nation (CMN)</b>	<ul style="list-style-type: none"> <li>Primarily serves individuals located on and around the Menominee reservation which is located close to both of the college campuses in Keshena and Green Bay, Wisconsin. CMN also serves students representing 22 tribal nations, as well as non-tribal students.</li> <li>The Menominee Nation is comprised of five clans, the Bear, Eagle, Wolf, Moose, and Crane, and is indigenous to the area surrounding the mouth of the Menominee River, less than 60 miles from the current Menominee Reservation.</li> </ul>
<b>Turtle Mountain Community College (TMCC)</b>	<ul style="list-style-type: none"> <li>Serves the Turtle Mountain Band of Chippewa. The Tribe once stretched across Minnesota, North Dakota and into Canada, but is now located in Belcourt, North Dakota.</li> <li>The Turtle Mountain Band of Chippewa view people as their most important asset and aim to achieve self-sufficiency, financial independence and healthy lifestyles through knowledge and education of their people.</li> </ul>
<b>Cook Inlet Tribal Council, Inc. (CITC)</b>	<ul style="list-style-type: none"> <li>Provides services to American Indians and Alaska Natives located in the municipality of Anchorage and throughout the Cook Inlet Region.</li> <li>The native population in Anchorage is not reservation-based but comprised of people from rural native villages and regions across Alaska that have migrated to the Anchorage metropolitan area.</li> </ul>

### Community Context and the Health Workforce in Tribal Communities

Overall, American Indians and Alaska Natives (AI/AN) experience a lower health status as compared to other Americans and life expectancy for American Indians and Alaska Natives is lower than for the rest of the U.S. population (AI/AN adjusted life expectancy is 72.6 years of age and the average U.S. life expectancy is 77.8 years of age; 2003-2005 rates).<sup>3</sup> Furthermore, in the Indian Health Service's (IHS) designated Aberdeen Area<sup>i</sup>, served by both TMCC and CCCC, the adjusted life expectancy rate is consistently one of the lowest among other IHS designated areas (66.8 years of age; 1991-2001 rate).<sup>4</sup> Diabetes, cardiovascular disease, cancer,

tuberculosis and mental health concerns are among the leading health conditions impacting the health of AI/AN people.<sup>5</sup> According to the IHS National Patient Information Reporting System (NPIRS), the age-adjusted prevalence of diabetes for AI/ANs is 16.1%, twice the prevalence of diabetes among non-Hispanic whites.<sup>6</sup> Elder care - noted as a pressing issue by three of the five Tribal HPOG grantees- is also a major health concern for many tribal communities.

Contributing to the poor health outcomes described above, access to health care is especially problematic in AI/AN communities. Nearly half of low-income AI/ANs are uninsured, and although IHS provides care for approximately 1.5 million AI/ANs, IHS services are

estimated to reach only half of uninsured AI/ANs.<sup>7</sup> The significant health disparities and limited health care access faced by Tribal populations further highlight the need for a competent and culturally appropriate health workforce in these communities.

In general, the communities served by the Tribal HPOG grantees have limited regional job markets; however, the demand for health professionals is high. Health care providers are among the most prominent employers in Tribal communities on and off reservations. On reservations, employers often include Tribal health departments and clinics and IHS units, hospitals and clinics. Off reservation, employers include nearby hospitals, clinics, private health care providers, and long term care organizations. Tribal employers often promote self-determination through AI/AN hiring preferences and prioritize employing a culturally competent workforce.

While the demand for health professionals is high, the vacancy and turnover rates for these positions are also high which can further limit access to health care for tribal populations. In general, health care providers tend to come from off reservation and research demonstrates that there may be an especially high turnover rate for non-Native health professionals working on reservations.<sup>8</sup> Three of the five counties/municipalities where grantee institutions are located (Glacier County, Rolette County and Benson County) are designated in full as a Health Professional Shortage Area (HPSA) and areas within the remaining county and municipality (Menominee County and municipality of Anchorage County) are also designated as HPSAs.<sup>ii</sup> Many of these health positions require industry-recognized certificates and training and low educational attainment limits available career opportunities for Tribal members.

The Tribal HPOG programs are designed to benefit underserved members of Tribal communities who are eligible for or receive TANF or have incomes that fall below the federal poverty level. Given the high rates of unemployment — across the areas served by the Tribal HPOG grantees unemployment rates as high as 68.5%<sup>9</sup> have been reported — the HPOG program is an important catalyst for Tribal workforce development and has the potential to develop a culturally competent workforce, ultimately improving Tribal self-sufficiency while improving access to needed services for Tribal people.

## OVERVIEW OF TRIBAL HPOG PROGRAMS

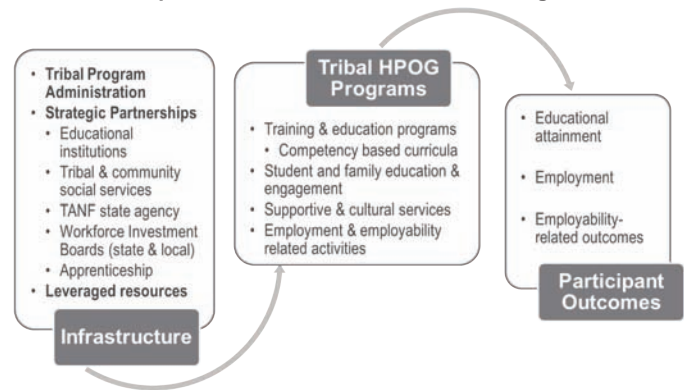
In this section we provide an overview of the Tribal HPOG programs, with an emphasis on the unique approaches grantees plan to take to best support their community members in successfully completing a health professions degree or certificate. Several of the key components of the conceptual framework guiding the Tribal HPOG programs are described below to highlight the initial approaches utilized by the Tribal HPOG grantees in developing and implementing their programs.

### Infrastructure

#### Strategic Partnerships

The Tribal grantees are required to partner with key agencies – Tribal and state TANF offices, Tribal, local and state workforce investment boards, and state apprenticeship agencies – to facilitate a coordinated approach to workforce development and higher education.

### Conceptual Framework for Tribal HPOG Programs



In addition to the required partnerships, all of the grantees have developed additional partnerships to encourage community and regional collaboration and increase awareness about the Tribal HPOG program. Several grantees have partnered with local social service agencies and one stop centers (career centers that pair employment counselors with job seekers to explore interests, abilities, career choices and training opportunities); four have partnered with academic institutions and/or vocational technical training centers; and three have partnered with employers – Tribal health departments, hospitals, etc. – in their communities. Partners will provide supportive services, employment assistance and/or training. Because of the interdependent nature of many Tribal communities, collaborative partnerships and strong relationships are important for successful implementation of each program; these partnerships, whether newly developed or strengthened, will play an important role in helping participants achieve successful outcomes.

### Tribal HPOG Programs

#### Training and Educational Programs

The Tribal HPOG programs are intended to incorporate a career pathway approach – a series of connected educational training programs, often coupled with support services, which enable individuals to advance in a chosen occupational field. In the case of Tribal community colleges, this approach may include facilitating student transfer to a four-year institution. HPOG grantee programs aim to train and prepare participants for careers in a wide variety of health fields. Nursing is a key focus of the Tribal HPOG programs; all grantees plan to provide one or more degrees and/or certificates in nursing. As part of its program, CMN will establish a Certified Nursing Assistant (CNA) program that will create a pipeline into their pre-existing Licensed Practical Nurse (LPN) and Registered Nurse (RN) programs. CCCC will also develop a career ladder program in nursing that offers training necessary to receive CNA, LPN and RN certification. CITC will enroll students in the CNA, LPN and RN programs offered by the Alaska Institute for Technology (prerequisite classes for LPN training will be offered through the University of Alaska, Anchorage). BCC will offer students the opportunity to enroll in CNA and LPN training, and TMCC students can enroll in Licensed Vocational Nursing (LVN) training.

Tribal grantees will also focus their efforts on additional career pathways by providing training in fields including: allied health (e.g., Quality Service Provider, Emergency Medical Technician); nutrition

<sup>i</sup> The Indian Health Service is comprised of twelve regional administrative units called Area Offices.

<sup>ii</sup> Health Professional Shortage Areas (HPSAs) are designated by HRSA and have shortages of primary medical care, dental or mental health providers and may be based on geographic location (a county or service area), a demographic group (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

## Tribal HPOG Grantee Partnerships

- **Blackfeet Community College**
  - ▶ Blackfeet Manpower Program; Glacier County Office of Public Assistance; Blackfeet Care Center; Blackfeet Early Childhood Center; Blackfeet Community Hospital; Blackfeet Tribal Health Department; University of Montana; Montana State University; Salish Kootenai College; Flathead Valley Community College
- **Cankdeska Cikana Community College**
  - ▶ North Dakota Department of Commerce; North Dakota Department of Labor; North Dakota TANF Office; University of North Dakota Recruitment and Retention of American Indians into Nursing (RAIN) Program; Lake Region State College
- **College of Menominee Nation**
  - ▶ Bay Area Workforce Development; Fox Valley Workforce Development; Keshena Community Resource Center; North Central Technical College; Department of Transit Services; Kaplan; Clinical partners including local clinics, hospitals and nursing homes
- **Cook Inlet Tribal Council, Inc.**
  - ▶ University of Alaska, Anchorage; Alaska Institute of Technology; Southcentral Area Health Education Center; Alaska Workforce Investment Board; Alaska's People Career Center; local one-stop job centers
- **Turtle Mountain Community College**
  - ▶ North Dakota Department of Commerce; North Dakota Department of Human Services; North Dakota Job Service; Heart of America Medical Center; Presentation Medical Center; Indian Health Service-Quentin N. Burdick Comprehensive Health Care Facility; St. Andrews Health Center; Northland Community Health Center

(e.g., Registered Dietician); pharmacy (e.g., Pharmacy Technician); and clinical laboratory sciences (e.g., Medical Lab Technician). For students who are interested in health careers not offered by the Tribal HPOG grantee programs, some grantees have developed partnerships with other academic institutions to facilitate student transfers. For example, as part of its grant, TMCC plans to develop a “gateway program” focused on basic skills preparation and core classes that will prepare students for transfer to health occupations programs at state colleges and universities.

All of the Tribal HPOG grantee programs include academic or vocational instruction as their foundation; training curricula will focus on developing students’ competencies in their selected course of study. Tribal grantees will deliver curricula to meet accreditation or industry requirements, and where appropriate, integrate cultural concepts and/or use culturally appropriate instructional methods. CMN is currently developing their own CNA curricula guided by student achievement benchmarks conceived by project staff. The curricula will be reviewed by the State of Wisconsin and then the CMN curricula committee. Similarly, as part of their HPOG grant, CCCC worked with the TrainND Northeast program at the Lake Region State College to inform the standardization and enhancement of the Qualified Service Provider curriculum in North Dakota.

## Student and Family Engagement and Supportive Services

Engaging students and families in the Tribal HPOG programs begins with student recruitment. An important focus of Tribal HPOG grantee recruitment efforts is collaboration with community partners. Grantees plan to work with partner service providers such as Tribal TANF offices, one stop career centers and regional workforce development agencies to advertise the HPOG program to prospective students. Some grantees also plan to utilize local, Tribal and regional news media outlets such as newspaper, radio, web and community meeting boards for program recruitment. The use of community-oriented recruitment approaches is an initial strategy used by grantees to engage student families. Additionally, some grantees may present program information at open Tribal Council meetings, invite prospective students to open houses and schedule individual meetings between program staff and students.

All grantees plan to conduct some type of intake assessment to determine students’ educational and/or social support needs upon enrollment in Tribal HPOG training programs. For example, mentors from the North Dakota Recruitment and Retention of American Indians into Nursing (RAIN) Program, a CCCC program partner, will administer an intake assessment to evaluate reading, writing and math skills and identify strengths in individuals’ approaches to learning. Similarly, students who enter CITC’s program via the Alaska’s People Career Center, a program partner, will be screened for participation prior to enrollment and referred to all other CITC services. In order to address the educational disparities that exist among the Tribal target populations, almost all of the grantees have plans to offer postsecondary remediation to prepare underprepared students for the training offered by their programs. The type of remediation education varies from grantee to grantee. For example, at TMCC, participants in need of remediation will take two math courses, two English courses and one science course. BCC will offer participants a GED preparation class. CMN will offer students basic literacy and skill building services to academically underprepared students.

Tribal HPOG grantees aim to provide participants with a wide array of academic and social support services to enable participation in and completion of HPOG training. The grantees intend to utilize program personnel that understand unique aspects of Tribal culture to support students enrolled in the programs. This effort to create a strong sense of belonging aligns with the principles of the Family Education Model (FEM), the framework for postsecondary education that creates an extended family structure within the academic experience through delivery of culturally-informed supportive services. Through this model, which was developed in 1997 by professionals and advisors from Fort Peck Community College, Stone Child College, Salish Kootenai College, Blackfeet Community College and the University of Montana, grantees work to integrate community values such as family, relationships, culture, growth and development into their institutional programming. Research has demonstrated that the strong sense of belonging and support network that results from the FEM framework is effective in increasing student retention.<sup>10</sup>

To this end, case management and/or mentoring are key elements of all the Tribal HPOG programs with the type and intensity of this support varying by grantee program. For example, BCC will provide case management through a placement counselor, an academic support counselor and retention counselor through bi-monthly hour-long meetings with students. Case managers at CITC expect to

meet with their participants for four hours per month to discuss training and career plans and barriers to employment. CCCC intends to implement an intensive mentorship approach that involves pairing each participant with a mentor from the RAIN program at the University of North Dakota. Mentors will meet with their mentees on a daily basis during the initial training and at least weekly after their initial training. CMN plans to work with each student to develop a success plan that identifies academic and support services that would best support each student and follow up with students to discuss their progress over the duration of their training. TMCC will use more informal mentoring approaches, such as connecting students on a monthly basis with a staff member who will assist them with their adjustment to college.

With regard to general social support services, as with other low-income TANF recipients, difficulty in securing reliable transportation or arranging childcare can be a barrier to sustained participation in program activities. Most grantees plan to use grant funds to provide transportation and childcare assistance to their participants. Some grantees will also provide assistance with tuition, licensure or certification expenses, and other education-related expenses, such as books and supplies.

### Employment and Employability Related Services

Grantees plan to work with their partner organizations to coordinate workforce development opportunities for students. All grantees will provide occupational skills training as part of their programs; however, the type and level of training varies by grantee. For example, BCC plans to provide a series of workshops focused on occupational skills building; CITC offers job shadowing opportunities for participants through a partnership with Southcentral Area Health Education Center; and TMCC plans to incorporate both workshops and job shadowing. Exposure to potential employment opportunities – likely related to program retention and future employment – is an important consideration for programs in communities with limited regional job markets. CMN will provide participants the opportunity for on-site occupational skills learning at clinical facilities in a number of their community health care institutions, and some participants in CCCC's program will be required to complete an on-site clinical practicum as part of the program.

All Tribal HPOG grantees plan to provide participants with job placement assistance. BCC will assign students to a specific job placement counselor, and CMN and TMCC plan to host job fairs for their students. CITC is partnering with local one-stop job centers to connect trainees with on the job training positions. CCCC will utilize mentors to assist with job placement. University of North Dakota RAIN program mentors participating in the CCCC HPOG program, as well as job placement counselors at other grantee sites, will assist trainees in resume and interview preparation and job application completion. With regard to other potential workforce program models that have been implemented, as of the early stages of program planning no Tribal HPOG grantees plan to incorporate an apprenticeship component as part of their program; paid apprenticeships are often infeasible in Tribal communities because of high unemployment and lack of employer sponsors. Also, while one of the grantees, CITC, plans to connect participants to on-the-job training (OJT) opportunities; OJT is not currently a formal component of any of the grantee programs.

### Participant Outcomes

As noted above, anticipated outcomes of the Tribal HPOG programs include attainment of a certificate or degree from an educational institution, employer or industry-recognized certificate or license, and subsequent employment in a health-related occupation. During the HPOG Entrance Conference in December 2010, Tribal grantees emphasized the importance of capturing the “small steps” participants achieve that may precede the key program outcomes. Thus, outcomes related to future employability, such as self-sufficiency and self-confidence, are also important outcomes that grantees expect will result from their programs and will be examined as part of the Tribal HPOG evaluation.

### TRIBAL HPOG EVALUATION APPROACH

The Tribal HPOG evaluation team has coordinated and consulted with Tribal HPOG grantees, stakeholders, partners and a committee comprised of experts in the Tribal health care field to develop a culturally responsive evaluation approach that emphasizes grantee collaboration and benefit. The Tribal HPOG evaluation approach is based on active participation of grantee staff and will address meaningful questions that support program improvement and knowledge building.

The questions guiding this evaluation are specifically designed to examine structures, processes and outcomes of the Tribal HPOG programs.<sup>iii</sup> Evaluation questions related to structure will examine grantees' development of relationships and frameworks designed specifically for Tribal populations. These questions will also show how the social, political and economic contexts of individual Tribal communities influence program design and implementation. Evaluation questions related to process will examine the delivery of training and support services, including grantees' incorporation of supportive services aligned with the needs of their communities. Evaluation questions related to outcomes will examine factors related to the enhancement of Tribal workforce capacity.

Both qualitative and quantitative methods will be used to address these evaluation questions. Over the duration of the Tribal HPOG program, the evaluation team will review program documents, such as grantee applications, semi-annual reports, administrative documents, and program literature and curricula. The evaluation team will conduct three annual site visits over the course of the grantee programs. These site visits will include 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

*Anecdote shared by CITC on the effectiveness of job shadowing: “A single mom with two children applied for the CNA training program...She joined our AHEC job shadow and discovered she loved working in Geriatrics. The CNAs that provided the job shadow also told her to continue her education until she becomes a Registered Nurse. She decided she wanted to become a nurse then, following the information she learned while job shadowing... She will be taking the State of Alaska CNA certification test and is currently enrolled in the LPN prerequisite classes.”*

<sup>iii</sup> While the Tribal HPOG evaluation will not assess the impact of the Tribal HPOG programs, other evaluation strategies funded by ACF are being implemented to assess the effectiveness of the overall HPOG program.

### Key Evaluation Questions

- Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?
  - ▶ What materials, relationships, partnerships and program models did the Tribal HPOG grantees create to implement training and service delivery?
- Have grantees implemented processes to prepare participants for employment in the Tribal health care sector?
  - ▶ How are training and supportive services delivered and coordinated? Are programs implemented as intended?
- Is there evidence that participants in the program achieved successful employment and work force capacity building outcomes?
  - ▶ What outcomes did participants achieve? Did participants obtain employment in the Tribal community or with a partnering agency? What types of jobs do participants have?

groups with students currently enrolled in the programs. Telephone interviews will also be conducted both with participants who completed the programs and with those who did not complete the programs. Qualitative data analysis will identify common themes across the programs, including facilitators and barriers to program implementation and participant outcomes, as well as the nuances of each tribe's culturally-informed and holistic approach to the HPOG program. The evaluation team will analyze quantitative program operations data collected through the HPOG Performance Reporting System (a system developed for the HPOG program to collect uniform data across all 32 grantees for program performance management and evaluation purposes) to support the qualitative findings.

Data collection and analysis activities will take place over a period of four years, from 2011- 2014. Findings from each round of data collection will be shared with the grantees and ACF and form the basis for subsequent practice briefs that will inform multiple communities of each program's progress. The evaluation of the Tribal HPOG programs represents an opportunity to increase the knowledge base of culturally and evidence-informed health care training models implemented in Tribal communities and to disseminate promising practices to these communities as well as to policy makers and practitioners. ■

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