



# Descriptive Evaluation Analysis Plan for the National Evaluation

National and Tribal Evaluation of the  
2nd Generation of Health Profession  
Opportunity Grants (HPOG 2.0)

OPRE Report 2020-92

July 2020

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## Descriptive Evaluation Analysis Plan for the National Evaluation

### OPRE Report 2020-92

#### July 2020

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## OVERVIEW

### INTRODUCTION

The Health Profession Opportunity Grants (HPOG) Program is designed to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand. A National Evaluation of 27 grants awarded in 2015 as part of the second round of HPOG grants (HPOG 2.0) is currently underway.

The National Evaluation includes a Descriptive Evaluation of the implementation, outcomes, and local service delivery systems of the grants. The National Evaluation also includes an Impact Evaluation of the grants' impacts on participants and a study of the HPOG Program's costs and benefits.

This report presents an analysis plan for the Descriptive Evaluation, which includes three related studies: (i) the Implementation Study, (ii) the Outcomes Study, and (iii) the Systems Study.

### PRIMARY RESEARCH QUESTIONS

The studies' major research questions are:

1. **Implementation Study.** How is HPOG 2.0 designed and implemented, and what innovative and/or promising strategies have programs introduced in the following five focus areas: (i) employer engagement, (ii) basic skills training, (iii) training in the career pathways framework, (iv) work-readiness training, and (v) program sustainability after the grants end? What are the characteristics of HPOG 2.0 participants? At what rates do participants engage in program activities, training courses, and support services?
2. **Outcomes Study.** What are participants' education, employment, and earnings outcomes?
3. **Systems Study.** What are the local service delivery systems in which HPOG 2.0 programs operate, and what was the mutual influence of the HPOG programs and the local service delivery systems?

## PURPOSE

This Analysis Plan is a supplement to the *Descriptive Evaluation Design Report for the National Evaluation*<sup>1</sup> and presents detailed plans for analyses to address the research questions in accordance with the specified research design.

## KEY HIGHLIGHTS

The National Evaluation's Descriptive Evaluation will present descriptive findings only. It will not analyze causal relationships or estimate causal impacts. This report describes the analytic approach to each of the Descriptive Evaluation's component studies including the relevant domains and research questions for each study. This report specifies measures, sample, and data sources, as well as the analytic strategies and presentational approach.

- The **Implementation Study** analyses will use data collected through two rounds of telephone interviews with program staff, program administrative data, and other data sources documenting program implementation to describe the distribution of specific program features and implementation strategies across local HPOG programs. It will also document participant characteristics and program engagement.
- The **Outcomes Study** analyses will use program administrative data, federal administrative data on employment and earnings, and data on enrollment in and graduation from degree-granting institutions. The Outcomes Study will address research questions in two domains: program outputs and participant outcomes.
- The **Systems Study** analyses will use interviews with 15 HPOG program operators, the lead organization directly responsible for the administration of an HPOG program, and their partners to better understand how HPOG programs influenced local service delivery systems and how local systems influenced HPOG implementation.

## METHODS

The Descriptive Evaluation will use three analytic strategies:

- Descriptive statistical analysis and presentation of specific measures for program design and implementation strategies; participant characteristics; and participant program experiences, outputs, and outcomes.
- Qualitative analysis of perspectives of selected program operators and partners on systems activities and how the local service delivery systems for healthcare training (inclusive of

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<sup>1</sup> Werner, Alan, Robin Koralek, Pamela Loprest, Lauren Eyster, & Gretchen Locke. (2018). *National and Tribal Evaluation of the 2<sup>nd</sup> Generation of Health Profession Opportunity Grants (HPOG 2.0): Descriptive Evaluation Design Report for the National Evaluation*, OPRE Report # 2018-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

training, public workforce, and human services systems and the local policy and economic contexts) influence the HPOG programs, and vice versa.

- Case studies of strategies that may have contributed to program success in five focus areas:
  - Employer engagement
  - Basic skills training
  - Career pathways training opportunities
  - Work-readiness training
  - Program sustainability after the end of the HPOG 2.0 grant period

Results from the Descriptive Evaluation will be shared through a variety of reports, briefs, and presentations.

## GLOSSARY

- *Career pathways*: a framework for occupational training that combines education, training, and support services that align with the skill demands of local economies and help individuals to enter or advance within a specific occupation or occupational cluster
- *HPOG or HPOG Program*: the national Health Profession Opportunity Grants initiative, including all grantees and programs
- *HPOG grantee*: the entity receiving the HPOG grant and responsible for funding and overseeing one or more local programs
- *HPOG (local) program*: a unique set of services, training courses, and personnel; a single grantee may fund one or more local programs; organizations that run the HPOG programs are referred to as *program operators*
- *HPOG partners*: other organizations directly involved in the operations of an HPOG program
- *HPOG system*: includes the local HPOG program, its network of partners, the broader training opportunities and support services, and the economic and policy context in which the HPOG program operates
- *Participants*: individuals who meet program eligibility criteria and who participate in an education and training program and/or receive related services supported by HPOG 2.0 grants
- *Contextual factors, or “system”*: the economic and service delivery environment in which an HPOG program operates
- *Outcomes*: end goals for HPOG, including participants’ earnings and employment (in general and in healthcare specifically)

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## EXECUTIVE SUMMARY

The **Health Profession Opportunity Grants (HPOG) Program** is administered by the Office of Family Assistance in the Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services. The purpose of the Program is “to conduct demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.”<sup>2</sup>

Building on a first round of HPOG awards in 2010 (HPOG 1.0), ACF awarded a second set of five-year grants to 32 grantees in 2015 (HPOG 2.0). This second round of grants has since been extended an additional 12 months, ending September 2021.

ACF’s Office of Planning, Research, and Evaluation (OPRE) awarded a contract to Abt Associates and its partners the Urban Institute, MEF Associates, NORC at the University of Chicago, and Insight Policy Research to conduct the **National and Tribal Evaluation of the 2<sup>nd</sup> Generation of Health Profession Opportunity Grants**. The evaluation is being conducted in two parts: The National Evaluation is looking at the HPOG programs of the 27 non-tribal grantees. The Tribal Evaluation is looking at the HPOG programs of the five tribal grantees. The evaluation is part of a larger portfolio of OPRE-funded research also evaluating the first cohort of HPOG grantees, including an impact study and a descriptive implementation study, an outcomes study, and a systems change analysis for the HPOG 1.0 non-tribal grantees and a separate evaluation of the HPOG 1.0 tribal grantees.<sup>3</sup>

The HPOG 2.0 National Evaluation has three components: a descriptive evaluation of the implementation, outcomes, and local service delivery systems of the grants; a study of the grants’ impacts on participants; and a study of the HPOG Program’s costs and benefits.

This **Analysis Plan** is a supplement to the **Descriptive Evaluation** of the National Evaluation of the 2<sup>nd</sup> Generation of the Health Profession Opportunity Grants (hereafter referred to as the HPOG 2.0 National Evaluation) and provides details about how the study will analyze data and

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<sup>2</sup> HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). Most recently, under the Coronavirus Aid, Relief, and Economic Security Act” or the “CARES Act,” 2020, Pub. L. 116-136, the HPOG Program was extended through November 30, 2020. The second round of grant awards has been extended until September 29, 2021.

<sup>3</sup> For additional information about the first set of evaluations, please see <https://www.acf.hhs.gov/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog> or <http://www.career-pathways.org/acf-sponsored-studies/hpog/>.

present findings based on the study's published design report.<sup>4</sup> The Descriptive Evaluation includes three related studies pertaining to the 27 non-tribal grantees: (i) the **Implementation Study**, (ii) the **Outcomes Study**, and (iii) the **Systems Study**. Each of these studies makes important, independent contributions to the HPOG 2.0 National Evaluation:

- The **Implementation Study** will describe HPOG 2.0 Program design and implementation, including local programs' contexts, administration, education and support services, employment assistance services, and grant expenditures. It will also document participant characteristics and program engagement.
- The **Outcomes Study** will describe HPOG 2.0 participation in education and training activities. It will also document educational and employment outcomes.
- The **Systems Study** will describe how a subsample of local HPOG program operators, the lead organization directly responsible for the administration of an HPOG program, engage with partners in local occupational training and workforce development service delivery systems and how local HPOG programs and service delivery systems influence each other.

Among the studies' **major research questions** are:

- Implementation Study:
  - How is HPOG 2.0 designed and implemented?
  - What is the nature of the labor markets in which local HPOG 2.0 programs operate?
  - How do HPOG 2.0 grantees use their grants? What similar programs and services are available to the control group in the Impact Evaluation?
  - Who participated in HPOG 2.0?
  - At what rates do HPOG 2.0 participants engage in program activities, training courses, and support services?
  - Which program components do program operators believe to be the most effective in improving outcomes?
  - What innovative and/or promising strategies have programs implemented in the following five focus areas: employer engagement, providing basic skills training, providing training in the career pathways framework, providing work-readiness training, and preparing for program sustainability after the HPOG 2.0 grants end?

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<sup>4</sup> Werner, Alan, Robin Koralek, Pamela Loprest, Lauren Eyster, & Gretchen Locke. (2018). *National and Tribal Evaluation of the 2<sup>nd</sup> Generation of Health Profession Opportunity Grants (HPOG 2.0): Descriptive Evaluation Design Report for the National Evaluation*, OPRE Report # 2018-07. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

- Outcomes Study:
  - What are HPOG 2.0 participants' education, employment, and earnings outcomes?
  - How do HPOG 2.0 participants progress along career pathways?
- Systems Study:
  - What are the local service delivery systems in which HPOG 2.0 programs operate?
  - How did implementation of the HPOG programs influence local service delivery systems?
  - How did local service delivery systems influence the implementation of the HPOG programs?

This Analysis Plan supplements the National Evaluation's *Descriptive Evaluation Design Report* and provides detail about how we will collect and analyze data to address the research questions for its Implementation Study, Outcomes Study, and Systems Study. This more detailed account of how the Descriptive Evaluation's three studies will address each major research question includes more detailed research questions, measures, units of analysis, samples, and data sources. It also discusses how results will be presented across the three studies to maximize clarity and economy in communicating major findings to the research and policy community and the general public. The Analysis Plan closes with draft outlines for the Descriptive Evaluation's reports and briefs that will result from the analyses, including a schedule for these products.

# 1. INTRODUCTION

This Analysis Plan for the Descriptive Evaluation of the National Evaluation of the 2<sup>nd</sup> Generation of the Health Profession Opportunity Grants (hereafter referred to as the HPOG 2.0 National Evaluation) serves as a supplement to its published design report (Werner, Koralek, Loprest, Eyster, & Locke, 2018). It provides details about how the evaluation will analyze data and present findings as specified in the earlier report.

The Descriptive Evaluation comprises three related studies: (i) the Implementation Study, (ii) the Outcomes Study, and (iii) the Systems Study. After presenting an overview of HPOG 2.0 programs and the Descriptive Evaluation study design, this document summarizes the data, research questions, and analytic approach for each of the three descriptive studies. The plan closes with draft outlines for each of the Descriptive Evaluation reports that will result from the analyses, including a schedule for these products.

## 1.1. OVERVIEW OF HPOG 2.0 PROGRAMS

In 2010, Congress authorized funds to the U.S. Department of Health and Human Services (HHS) for the Health Profession Opportunity Grants (HPOG) Program. HPOG is administered by the Administration for Children and Families (ACF) within HHS. The Program's purpose is "to conduct demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations

### Important Terms

*career pathways*—a framework for occupational training that combines education, training, and support services that align with the skill demands of local economies and help individuals to enter or advance within a specific occupation or occupational cluster

*HPOG or HPOG Program*—the national Health Profession Opportunity Grants initiative, including all grantees and programs

*HPOG grantee*—the entity receiving the HPOG grant and responsible for funding and overseeing one or more local programs

*HPOG (local) program*—a unique set of services, training courses, and personnel; a single grantee may fund one or more programs

*HPOG program operator*—the lead organization directly responsible for the administration of an HPOG program

*HPOG partners*—other organizations directly involved in the operations of an HPOG program

*HPOG stakeholders*—organizations that play no role in program operations but have an interest in an HPOG program's implementation and success

*participants*—individuals who meet program eligibility criteria and who participate in an education and training program and/or receive related services supported by HPOG 2.0 grants

*network*—the group of organizations that interact to support HPOG program operations

*contextual factors, or "system"*—the economic and service delivery environment in which an HPOG program operates

*outputs*—the direct results of program activities or services received by HPOG participants and/or the accomplishments associated with completing a service

*outcomes*—end goals for HPOG participants, including employment and earnings in general and in healthcare specifically

*Temporary Assistance for Needy Families (TANF)*

*recipient*—individual receiving TANF assistance, cash assistance, or non-assistance benefits at time of program application

in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.”<sup>5</sup>

In its Funding Opportunity Announcement, ACF’s Office of Family Assistance (2015) said it expected HPOG grantees to:

- Prepare program participants for healthcare-sector employment in positions that pay well and are expected to either experience labor shortages or be in high demand.
- Target skills and competencies demanded by the healthcare industry.
- Support career pathways, such as articulated career ladders.
- Result in employer- or industry-recognized, portable education credentials (e.g., certificates or degrees) and professional certifications and licenses (e.g., a credential awarded by a Registered Apprenticeship program).
- Combine support services with education and training services to help program participants overcome barriers to employment.
- Provide training services at times and locations that are easily accessible to targeted populations.

Following an initial round of five-year HPOG grants awarded in 2010 (HPOG 1.0), ACF awarded a second set of five-year grants to 32 grantees in 2015 (HPOG 2.0). This second round of grants has since been extended an additional 12 months, ending September 2021. Of the 32 HPOG 2.0 grantees, 27 non-tribal grantees are participating in the **HPOG 2.0 National Evaluation** and five tribal grantees are participating in a separate HPOG 2.0 Tribal Evaluation.<sup>6</sup>

This Descriptive Evaluation Analysis Plan pertains to the National Evaluation.

## **1.2. OVERVIEW AND GOALS OF THE HPOG 2.0 NATIONAL EVALUATION AND THE DESCRIPTIVE EVALUATION**

ACF’s Office of Planning, Research, and Evaluation (OPRE) awarded a contract to Abt Associates and its partners the Urban Institute, MEF Associates, NORC at the University of Chicago, and Insight Policy Research to conduct the National and Tribal Evaluation of the 2<sup>nd</sup> Generation of Health Profession Opportunity Grants.

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<sup>5</sup> HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). Most recently, under the Coronavirus Aid, Relief, and Economic Security Act” or the “CARES Act,” 2020, Pub. L. 116-136, the HPOG Program was extended through November 30, 2020. The second round of grant awards has been extended until September 29, 2021.

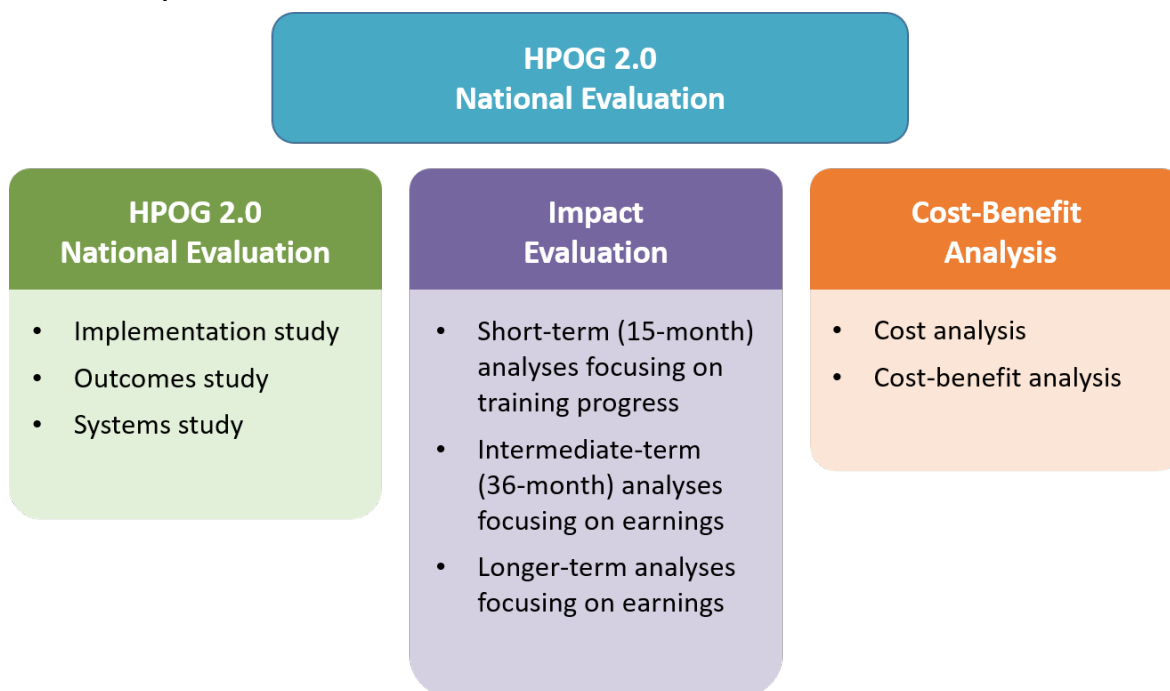
<sup>6</sup> For additional information about the Tribal Evaluation, conducted by NORC at the University of Chicago, see <https://www.acf.hhs.gov/opre/resource/health-profession-opportunity-grants-hpog-20-tribal-evaluation-evaluation-plan>.

The evaluation is part of a larger portfolio of OPRE-funded research also evaluating the first cohort of HPOG grantees, including an impact study and a descriptive implementation study, an outcomes study, and a systems change analysis for the HPOG 1.0 non-tribal grantees and a separate evaluation of the HPOG 1.0 tribal grantees.<sup>7</sup>

The HPOG 2.0 National Evaluation includes three major and related components: the **Descriptive Evaluation** (for which this is the Analysis Plan), an **Impact Evaluation**, and a **Cost-Benefit Study**. Exhibit 1-1 depicts these three components and their activities. The National Evaluation's Descriptive Evaluation will present descriptive findings only. It will not analyze causal relationships or estimate impacts. Instead, HPOG 2.0 Program impacts and their monetized value will be estimated by the Impact Evaluation and Cost-Benefit Analysis, respectively.

In 2017, ACF provided additional funding to the evaluation to conduct in-depth interviews with program participants to augment the Descriptive Evaluation. The goal of these in-depth interviews is to gain insights into the motivations, decision making, expectations, and experiences of HPOG 2.0 Program participants.<sup>8</sup>

**Exhibit 1-1: Components of the HPOG 2.0 National Evaluation**



<sup>7</sup> For additional information about the first set of evaluations, please see <https://www.acf.hhs.gov/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog> or <http://www.career-pathways.org/acf-sponsored-studies/hpog/>.

<sup>8</sup> For additional information about the in-depth participant interviews, see <https://www.acf.hhs.gov/opre/resource/participant-perspectives-hpog-20-design-report-in-depth-interviews-hpog-20-program-participants>.

### 1.3. OBJECTIVES OF THE HPOG 2.0 NATIONAL DESCRIPTIVE EVALUATION

The Descriptive Evaluation's major focus is to describe in detail the variety of HPOG program components and implementation strategies adopted by the study sites; the context in which local programs operate; and program participants' characteristics, experiences, outputs, and outcomes.

The planned analyses are informed by the work conducted by Abt and its study team under the HPOG National Implementation Evaluation (NIE), which focused on the 27 non-tribal HPOG 1.0 grantees funded in 2010 (see Werner, Loprest, Schwartz, Koralek, & Sick, 2018). On the basis of our previous work in the NIE, we plan the following for the Descriptive Evaluation of HPOG 2.0:<sup>9</sup>

- The Implementation Study relies on a more streamlined approach to data collection than under HPOG NIE for HPOG 1.0. For HPOG 2.0, the analyses use data collected through two rounds of telephone interviews with program staff and other informants, rather than through online surveys. The telephone interviews are structured similarly to the HPOG 1.0 online survey, but allow for more open-ended discussions. The perspectives of other stakeholders, including partners, are limited to the Systems Study (see below). Data from the Participant Accomplishment and Grant Evaluation System (PAGES), a management information system developed for the HPOG 2.0 Program and evaluation, on participant characteristics and receipt of program services, training, and support services supplement these findings.
- The Outcomes Study analyses are similar to those conducted under the NIE, with several additions. Given the HPOG 2.0 Program's increased emphasis on basic skills training, for HPOG 2.0 we include analysis of participants' progression from basic skills training to healthcare training, separate reporting of the outcomes of participants in healthcare training that integrates basic skills training, and subgroup analysis for participants with low basic skills at intake. In addition, the Outcomes Study will undertake new analyses to report on participants' progress along a career pathway. Based on findings from the NIE, HPOG 2.0 is collecting additional information from grantees on the occupations for which they offer training. The data collection includes finer categories for some occupations (e.g., Nursing Assistant, Medication Technician Aide, Advanced Nursing Assistant, Patient Care Technician) as well as information on the career pathway level of each training (entry, medium, or high).

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<sup>9</sup> As originally envisioned, all of the results from the Descriptive Evaluation would be presented in a single report. However, the HPOG 2.0 grants have since been extended an additional 12 months, ending September 2021. To allow the Implementation Study and Outcomes Study to include data collected during these additional 12 months, findings from the Descriptive Evaluation will be presented in separate reports for each of the three studies: Implementation, Outcomes, and Systems. Data about participants' receipt of education and training, support services, and employment assistance services will be included in the Implementation Study to document the extent to which participants took advantage of available HPOG services.



The Outcomes Study will incorporate these new data elements into analyses of career progress of participants.

- The Systems Study will build on the descriptive analysis of program operations and partnerships in the Implementation Study to learn how local HPOG programs operate within their local system delivering workforce development services. “System” includes the network of partners and stakeholders that deliver, support, or benefit from healthcare training offered in the local area or region and the activities that make the system function (including the HPOG “program operator”). Activities that support such systems include collaborating, improving the quality and accessibility of training and support services, engaging industry and employers, using data for joint decision making, and increasing the scale and sustainability of training and services. The system also includes the broader training opportunities and support services available to low-income individuals and important contextual factors such as the local economy and federal, state, and local policy governing programs that affect service delivery.

The HPOG 1.0 Systems Study used surveys to describe and assess the collaborative activities across all HPOG program networks of partners and stakeholders. The HPOG 2.0 Systems Study will instead examine in more depth how program operators and partners implement a local system’s activities in 15 HPOG 2.0 programs.<sup>10</sup>

The HPOG 2.0 National Descriptive Evaluation analyses also address a need for a more in-depth understanding of how HPOG grantees engage employers, link HPOG education and training along clearly defined career pathways, provide basic skills training and work-readiness training, and plan to sustain their programs after the grants end. Case studies will be developed in each of these areas primarily using data collected from on-site interviews with HPOG staff, stakeholders, and employers. Where relevant, case studies will incorporate administrative data from PAGES and observations of courses and workshops.

Exhibit 1-2 presents the major research questions to be addressed by each of the three components of the Descriptive Study. The exhibit is followed by a review of the goals of each component.<sup>11</sup>

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<sup>10</sup> The sample of programs for the Systems Study increased from 8 - 10 as noted in the *Descriptive Evaluation Design Report for the National Evaluation* (Werner, Koralek, et al., 2018) to 15 in order to include more programs that engage in few systems activities. This increased number of programs allows for examination of the different experiences of program operators and partners in implementing systems activities, including those that are highly engaged in systems activities and those that are not.

<sup>11</sup> For more detail, see Werner, Koralek, et al. (2018).

## Exhibit 1-2: Major Research Questions of the HPOG 2.0 National Descriptive Evaluation

Descriptive Evaluation Component	Major Research Questions
<b>Implementation Study</b>	<ul style="list-style-type: none"> <li>How is HPOG 2.0 designed and implemented?</li> <li>What is the nature of the local labor markets in which HPOG 2.0 programs operate?</li> <li>How do HPOG 2.0 grantees use their grants? What similar programs and services are available to the control group in the Impact Evaluation?</li> <li>Which program components do program operators believe to be the most effective in improving outcomes?</li> <li>What innovative and/or promising strategies have programs implemented in the following five focus areas: employer engagement, basic skills training, providing training in the career pathways framework, providing work-readiness training, and providing for program sustainability after the HPOG 2.0 grants end?</li> <li>What are the characteristics of HPOG 2.0 participants?</li> <li>At what rates do HPOG 2.0 participants take up program activities, training courses, and support services?</li> </ul>
<b>Outcomes Study</b>	<ul style="list-style-type: none"> <li>What are HPOG 2.0 participants' engagement in activities to prepare for training and training activities?</li> <li>What are HPOG 2.0 participants' education, employment, and earnings outcomes?</li> <li>How do HPOG 2.0 participants progress along career pathways?</li> </ul>
<b>Systems Study</b>	<ul style="list-style-type: none"> <li>What are the local service delivery systems in which HPOG 2.0 programs operate?</li> <li>How did implementation of the HPOG programs influence local service delivery systems?</li> <li>How did local service delivery systems influence the implementation of the HPOG programs?</li> </ul>

### 1.3.1. Implementation Study Objectives

The Descriptive Evaluation's Implementation Study will describe:

- The design and implementation of the non-tribal HPOG 2.0 Program at the national level.*** A major goal of the Implementation Study is to describe how grantees designed and implemented programs supported by their HPOG 2.0 grants. This objective is important in itself, as well as being the major vehicle for understanding the intervention to be assessed by the Impact Evaluation. This research objective has two tasks:
  - Summarize the design and implementation of the HPOG 2.0 Program at the national level.
  - Develop detailed information about individual program-level (local) variations in design and implementation to support statistical analyses in the Impact Evaluation.
- The growth of, and demand for, healthcare workers in the local labor markets of HPOG programs.*** The Implementation Study will document the demand for healthcare employment nationally as well as across the local labor markets where HPOG programs operate. The focus will be on how well HPOG 2.0 grantees have identified high-growth

healthcare industry occupations and the degree to which grantees have offered training in those occupations.

- *The characteristics of HPOG 2.0 participants.* The Implementation Study will tabulate the characteristics of HPOG participants at intake including their baseline demographic, educational, income, and employment characteristics.
- *The proportion of grant funds spent on staff, training courses, support services, and employment services.* The Implementation Study will document the national average and variation across grantees on the proportion of grant funds spent on specific categories of activities and services. The study will also document grant expenditures per HPOG participant.
- *Similar programs and services available to non-HPOG participants.* An important role of implementation research in the context of an impact evaluation is to describe the relevant opportunities presented to participants assigned into the control group and assess the degree of contrast with the intervention offered to those assigned into the treatment group. The Implementation Study will provide an account of control conditions, based primarily on information obtained from knowledgeable local program operators and other key informants.
- *Program components that program operators believe increase impacts.* To assist the Impact Evaluation analysis of specific program components and approaches associated statistically with impact variations, the Implementation Study will ask program operators to identify their perceived key “impact drivers.” Note that by themselves these perceptions are at best educated hypotheses about possible causal pathways to be considered by the Impact Evaluation team.
- *Participant engagement in healthcare education and training, support services, and employment assistance services.* It is important to understand both the opportunities programs offered and the degree to which participants took advantage of those opportunities, including enrolling in pre-training activities, training, and receiving support services.

*Practices that program staff perceive may lead to success in focus areas of interest to ACF and the field.* ACF’s Funding Opportunity Announcement for HPOG (Office of Family Assistance, 2015) highlighted focus areas of particular interest to ACF and to program designers and operators: employer engagement, basic skills training, career pathways training opportunities, work-readiness training, and program sustainability after the HPOG 2.0 grants end. The Implementation Study includes case studies of three programs that

implemented practices in each of these five focus areas that program staff perceive may contribute to program success.<sup>12</sup>

### 1.3.2. Outcomes Study Objectives

The Descriptive Evaluation's Outcomes Study<sup>13</sup> will describe:

- *Participant engagement in basic skills training, prerequisites, and healthcare occupational training.* A goal of the Outcomes Study is to document the degree to which participants enroll in activities to prepare for training and move on to healthcare training. The Outcomes Study will analyze enrollment in basic skills training, basic skills integrated into healthcare training, prerequisites, and healthcare training by occupation of training.
- *The education, employment, and earnings outcomes of participants.* The Outcomes Study will report on the percentage of participants who complete healthcare training, by occupation. It will also provide information on completion of basic skills training and subsequent movement into healthcare training. The Outcomes Study will describe the percentage of participants who earn credentials related to their healthcare training (e.g., a license, certificate, or degree). Employment and earnings are key outcomes for HPOG 2.0. The Outcomes Study will provide descriptive statistics on participants' post-enrollment quarterly employment rates and earnings over time to show the trajectory of these outcomes. The Outcomes Study will also examine employment during participation in HPOG 2.0, including wages, hours, and whether a job is in healthcare and offers employer health insurance. The analysis will also report on how many participants started a job while in training.
- *Participant achievement of career progress.* Using combined measures of training, employment, and earnings outcomes, the Outcomes Study will present results on participants achieving career progress, including moving from basic skills to healthcare training, moving from healthcare training to a higher-level healthcare training, and moving to higher earnings levels.

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<sup>12</sup> Through discussions with OPRE, the case study effort was expanded to include three programs per case study, rather than the originally proposed two programs. Some programs were selected to inform two case studies. A total of 12 programs participated in the case studies.

<sup>13</sup> ACF releases Annual Reports summarizing grantee and participant activities for each year of the HPOG 2.0 Program (e.g., for the Year Three Annual Report see Loprest & Sick (2019).) Some of the domains that will be described as part of the Outcomes Study (participation in training, and training completion and employment) are also described in the HPOG 2.0 Annual Reports. The major difference is the Outcomes Study will include administrative data on employment and earnings pre- and post-HPOG participation. These data allow for a more complete and accurate depiction of these outcomes than program administrative data, which often have missing employment data. The Annual Reports rely solely on program administrative data. Another difference is the sample included. The Annual Reports include enrolled tribal grantee participants and participants who did not give informed consent to participate in the evaluation. Both of these groups are excluded in the Outcomes Study.

### 1.3.3. Systems Study Objectives

The Descriptive Evaluation's Systems Study will describe:

- *The local HPOG service delivery system and organizations within the system.* For a sample of HPOG 2.0 programs, the Systems Study will describe the major healthcare training programs within the local service delivery system, especially programs with services for low-income individuals. It also will describe gaps in healthcare training that remain. The Systems Study will identify the organizations that make up the local service delivery system, the roles they play in the system, and the degree to which they are involved in HPOG 2.0 operations. It will provide an understanding of how organizations in the system collaborate (or do not collaborate) with HPOG 2.0 and overall (e.g., between two non-HPOG organizations). The Systems Study will explore how employers are involved in healthcare training programs, including HPOG 2.0 programs. As a part of the analysis, the Systems Study will compare how local systems within this sample are similar and different.
- *How HPOG 2.0 program implementation is perceived to have influenced service delivery systems, from the perspectives of program operators and their partners.* The Systems Study will describe whether and how HPOG programs are perceived to have:
  - Changed access to, and the quality of, healthcare training for low-income individuals in their communities.
  - Improved coordination among service delivery partners.
  - Supported improvements in how program operators engage employers and industry as a part of the HPOG 2.0 training program implementation.
  - Supported sharing and use of data for improving program design and implementation.
  - Supported efforts to sustain healthcare training and support services for low-income individuals.
- *How local service delivery systems are perceived to have influenced HPOG program implementation, from the perspectives of program operators and their partners.* The Systems Study will describe the external factors that systems members perceive to have supported or hindered the availability of postsecondary training in healthcare to low-income populations, such as local economic conditions, the availability of support services, and state and local policy. The Systems Study will also explore the resources and funding in the community that supported HPOG program implementation and identify where additional resources and funding were perceived to be needed. It will also focus on the changes to the local service delivery systems that have occurred during the grant period that may help or hinder sustaining the HPOG programs after the grants end. For each of these analyses, the Systems Study will explore similarities and differences in local systems'

efforts to support HPOG 2.0 program implementation through activities to improve: 1) access to and quality of training; 2) collaboration among partners; 3) employer/industry engagement; 4) data-driven decision making; and 5) program scale and sustainability.

#### **1.4. PURPOSE OF THE ANALYSIS PLAN**

The major purpose of this Analysis Plan for the HPOG 2.0 National Evaluation's Descriptive Evaluation is to provide detail about how we will collect and analyze data to address the research questions for its Implementation Study, Outcomes Study, and Systems Study. For each major research question in Exhibit 1-2, we specify more detailed research questions, measures, sample, and data sources in the chapters that follow.

#### **1.5. A ROAD MAP TO THE ANALYSIS PLAN**

The remainder of this Analysis Plan is organized as follows:

- Chapter 2 presents the Descriptive Evaluation's data sources.
- Chapter 3 describes the Implementation Study analysis plans.
- Chapter 4 describes the Outcomes Study analysis plans.
- Chapter 5 describes the Systems Study analysis plans.
- Chapter 6 describes analytic strategies for the case studies of focus areas.
- Chapter 7 describes the reports and briefs that will result from this analysis.

## 2. DATA SOURCES

The Descriptive Evaluation will use multiple data sources—some data collected by and for this effort (“primary” data) and others existing independent of this effort (“secondary” data). This section summarizes data sources; see the study’s design report (Werner, Koralek, et al., 2018) for additional information. Exhibit 2-1 presents data sources for each of the studies under the Descriptive Evaluation.

The **primary data sources** for the Descriptive Evaluation covering all non-tribal grantees are:

- Program administrative data for all programs recorded in PAGES. Among the information recorded in PAGES to be used by the evaluation is information about participant receipt of services and outcomes as well as grantee program offerings. The evaluation will only analyze PAGES data for participants who provided consent for their data to be used.<sup>14, 15</sup>
- Two rounds of telephone interviews with HPOG 2.0 program representatives and key partners that provide training courses or support services. The first round of interviews was conducted in 2017, when programs were in their second year of HPOG 2.0 operations. The second round of interviews were conducted in 2019 and documented changes since the first round of telephone interviews.

The **primary data sources** for the Descriptive Evaluation covering a select sample of grantees are:

- Telephone interviews with program operators and partners for selected grantees in the fifth year of HPOG 2.0, focused exclusively on their perspectives on systems activities undertaken during the grant period.
- Site visits to 12 HPOG 2.0 programs implementing innovative and/or promising strategies in the five focus areas of interest (employer engagement, basic skills training, career pathways training, work-readiness training, and program sustainability).<sup>16</sup>

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<sup>14</sup> This includes participants who were eligible for HPOG 2.0 but were exempt from random assignment for several reasons including prior participation in HPOG 1.0, grantee use of wild cards (i.e., under certain conditions, grantees allowed a very limited number of applicants to bypass randomization and automatically receive the offer of an HPOG slot), or specific programmatic exemptions.

<sup>15</sup> The Implementation Study will analyze data for participants who enrolled in HPOG 2.0 from February 1, 2016 through August 31, 2019. The Outcomes Study will analyze data for individuals who enrolled in HPOG 2.0 for all years of HPOG 2.0: February 1, 2016 through September 29, 2021. The grantees were funded in September 2015 but did not start enrolling participants until February 2016.

<sup>16</sup> One program may be excluded from the work-readiness analysis. During site visits it became apparent that their work readiness efforts were limited and staff reported challenges implementing them.



- In-depth interviews with program participants to gain insights into the motivations, decision making, expectations, and experiences of HPOG 2.0 Program participants.<sup>17</sup>

The **secondary data sources** for the Descriptive Evaluation are:

- Evaluation Design and Implementation Plans (EDIPs), which describe in detail how grantees planned to integrate the National Evaluation’s Impact Evaluation into their local HPOG 2.0 programs’ operations. EDIPs also include summary information about program target populations, recruitment, and intake, as well as control conditions.
- Site monitoring notes prepared by the study team based on our ongoing contact with grantee staff, which describe program changes and issues. These notes will also capture grantees’ experiences during their Year 5 Supplement and Extension period, including how changes they made related to outreach and recruitment.<sup>18</sup>
- Grant applications, which provide some institutional background as well as the grantee’s objectives and rationale for a grant award.
- Performance Progress Reports (PPRs), which use PAGES data to compare outcomes against quantitative performance goals for each grantee and provide narrative descriptions from grantees of their programs.
- U.S. Bureau of Labor Statistics data on healthcare employment and wages, which will be used for information on local labor markets in the healthcare industry.
- National Directory of New Hires (NDNH) federal administrative data on employment and earnings.
- National Student Clearinghouse (NSC) data on enrollment in and graduation from degree-granting institutions.
- American Community Survey (ACS) data on local demographics and healthcare labor markets.

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<sup>17</sup> Findings from these interviews will primarily be presented in a separate series of summary briefs. For additional information about the in-depth participant interviews, see <https://www.acf.hhs.gov/opre/resource/participant-perspectives-hpog-20-design-report-in-depth-interviews-hpog-20-program-participants>.

<sup>18</sup> The primary data sources will not collect data during this time frame. Site monitoring notes will be a key source of information about program implementation and programs’ responses to the pandemic.

**Exhibit 2-1: Descriptive Evaluation Studies and Data Sources and Collection Strategies**

Study	Primary				Secondary							
	PAGES	Telephone interviews	Site visits*	In-depth participant interviews	EDIPs	Site monitoring notes	Grant applications	PPRs	BLS data	NDNH data	NSC data	ACS data
Implementation Study	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
Outcomes Study	✓									✓	✓	
Systems Study	✓	✓			✓		✓	✓				

\* For case studies of focus areas

### 3. IMPLEMENTATION STUDY

In a series of tables, this chapter presents in detail the research domains and major research questions to be addressed by the Descriptive Evaluation's Implementation Study. For each research question, the corresponding row in the table indicates the measures, units of analysis, samples, and data sources. Illustrative exhibits of results are presented in the Appendix.

#### Goal

The Implementation Study will describe HPOG 2.0 program designs and implementation, including program contexts, administration, costs, training and support services, and employment assistance services. It will also document participant characteristics and their engagement in program services and training activities.

#### 3.1. DOMAINS AND RESEARCH QUESTIONS

This section organizes the measures, units of analysis, samples, and data sources for the Implementation Study, by research domains and questions.

##### 3.1.1. Contextual Factors

Contextual factors include the overall community demographic and services landscape, the healthcare labor market environment, and the grantee's institutional framework and network of partners and stakeholders, as well as the overall community opportunities for occupational training. These factors, along with the assets and needs of the eligible population and grant expenditures, are expected to influence the design of a HPOG 2.0 program and may also affect program effectiveness.

**Exhibit 3-1: Contextual Factors**

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Community Conditions</b>			
<b><i>RQ: What are the income levels and poverty status of areas served by HPOG 2.0?</i></b>			
Geographic location (distribution of programs across regions and states) Population of service area (range; mean) Demographic characteristics of service area (urbanicity/poverty rates/income levels/other)	Program	All programs	Grant applications American Community Survey
<b><i>RQ: What is the overall labor market for healthcare occupations and for healthcare occupations experiencing growth and/or labor shortages?</i></b>			
Unemployment rate (range across programs)	Program Local Area Unemployment Statistics (LAUS) unit	All programs	Bureau of Labor Statistics

Measures	Unit of Analysis	Sample	Data Source(s)
Grantee perceptions of local healthcare labor market and high demand jobs	Local program labor market	All programs	Grant applications American Community Survey Second-round telephone interviews
<b>Grantee Institutional Framework</b>			
<b><i>RQ: Which institutions manage HPOG 2.0 grants and operate programs?</i></b>			
Grantee and program institutional type (pre-specified list)	Grantee Program	All grantees and programs	Grant applications
<b>Program Administration</b>			
<b><i>RQ: With which institutions do programs partner or contract to provide which training and support services?</i></b>			
Types of institutions that programs partner with to implement HPOG (pre-specified list)	Program	All programs	Grant applications EDIPs Site monitoring notes First- and second-round telephone interviews
Role in HPOG played by partners (pre-specified list)	Program	All programs	EDIPs Site monitoring notes First- and second-round telephone interviews
<b>Grant Expenditures</b>			
<b><i>RQ: How do programs spend grant funds?</i></b>			
Percentage of grant spent on specific activities (pre-specified list)	Program	All programs	Second-round telephone interviews

Appendix Exhibits A-1 and A-2 in the Appendix are sample tables illustrating how findings for this domain may be presented in a report.

### **3.1.2. Demographic, Education, and Employment Characteristics of HPOG Participants**

By design, HPOG Program participants are either TANF recipients or have low income. Beyond this, participants differ in gender, race/ethnicity, age, and other demographic characteristics. In addition, participants vary in the extent and type of prior education and employment.

### Exhibit 3-2: Participant Characteristics at Intake

Measures	Unit of Analysis	Sample	Data Source(s)
<b><i>RQ: What are the demographic characteristics of HPOG 2.0 participants at intake?</i></b>			
Gender Race/ethnicity Age Marital status Number of dependent children Barriers to work or study (in last 12 months the following often or fairly often interfered with school or work: child care arrangements, transportation, personal health or illness, alcohol or drug use)*	Individual	All HPOG 2.0 participants enrolled through August 31, 2019.	PAGES
<b><i>RQ: What are the education and employment characteristics of HPOG 2.0 participants at intake?</i></b>			
Highest level of education Numeracy and literacy above/below 8 <sup>th</sup> grade level Licenses/Certifications earned In school or training Employed Healthcare job Wages Hours	Individual	All HPOG 2.0 participants enrolled through August 31, 2019.	PAGES
<b><i>RQ: What are the income characteristics of HPOG 2.0 participants at intake?</i></b>			
Individual income Household income Receipt of public benefits (TANF, SNAP, Medicaid, WIC, Section 8 or public housing, free and reduced-price school lunch)	Individual	All HPOG 2.0 participants enrolled through August 31, 2019.	PAGES

\*This is based on a measure that will be used as a covariate in the HPOG 2.0 Impact evaluation.

Appendix Exhibit A-3 is a sample table illustrating how findings for this domain may be presented in a report.

### 3.1.3. HPOG Program Outreach, Application, and Enrollment

All HPOG programs face the task of making their programs known among their target populations and other community institutions serving those populations, which makes marketing and recruitment critical activities in implementing HPOG 2.0. Programs also use a variety of strategies to screen potential applicants for eligibility and enroll them. HPOG grantees have some discretion in defining “low-income” and setting financial, academic, and behavioral eligibility standards.

### Exhibit 3-3: Marketing and Recruitment Strategies

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Outreach</b>			
<b><i>RQ: How are potential HPOG 2.0 applicants informed about the program and recruited?</i></b>			
Marketing and recruitment strategies (open-ended)	Program	All programs	First-round telephone interviews Site monitoring notes
<b>Eligibility Criteria</b>			
<b><i>RQ: What income, academic, behavioral, and other eligibility criteria do grantee programs apply in reviewing applications?</i></b>			
Factors considered in determining eligibility for HPOG (pre-specified list)	Program	All programs	EDIPs First-round telephone interviews
Factors considered in determining financial eligibility for HPOG; threshold for financial eligibility (pre-specified list)	Program	All programs	EDIPs First-round telephone interviews
Mandatory applications for Pell grants, Federal Student Aid (FAFSA)? (Y/N)	Program	All programs	First-round telephone interviews
Accept applicants with misdemeanors? Felonies? (Y/N)	Program	All programs	EDIPs First-round telephone interviews
Criterion/criteria used to determine eligibility for applicants with misdemeanors, felonies (open-ended)	Program	Programs accepting applications from those with misdemeanors, felonies	EDIPs First-round telephone interviews
Does program have healthcare training courses suitable for applicants with misdemeanors? Felonies? (Y/N)	Program	Programs accepting applications from those with misdemeanors, felonies	First-round telephone interviews
Formal assessments used in application process; uses of formal assessments; formal assessment for specific healthcare training courses; changes in use of formal assessment (pre-specified list)	Program	All programs	EDIPs First-round telephone interviews
Recommended minimum reading skill grade level for eligibility; minimum math skill grade level for eligibility	Program	All programs	EDIPs First-round telephone interviews
Exceptions made for some applicants with reading or math scores below minimum level for eligibility? (Y/N); criteria used for those applicants (open-ended); requirement to upgrade basic skills before enrolling in healthcare training courses? (Y/N)	Program	Programs that apply eligibility criteria for reading and math skills	First-round telephone interviews
Assessment of eligible applicants' "suitability" for healthcare training and/or employment? (Y/N)	Program	All programs	EDIPs First-round telephone interviews

Measures	Unit of Analysis	Sample	Data Source(s)
Suitability assessment approach (pre-specified list); three most important things in assessing suitability (open-ended)	Program	Programs that use a suitability assessment	First-round telephone interviews
<b><i>RQ: How are support needs identified at application and intake?</i></b>			
Support needs assessment strategy (open-ended)	Program	All programs	EDIPs First-round telephone interviews
<b>Application Process</b>			
<b><i>RQ: How burdensome is the application process?</i></b>			
Length of time to complete application process	Program	All programs	First-round telephone interviews
<b><i>RQ: What program orientations are available, and how are they implemented?</i></b>			
Group orientations only? (Y/N) One-on-one orientations only? (Y/N) One-on-one and/or group orientations? (Y/N) No orientations? (Y/N)	Program	All programs	EDIPs First-round telephone interviews
Length of individual orientations	Program	Programs conducting individual orientations	First-round telephone interviews
Length of group orientations	Program	Programs conducting group orientations	First-round telephone interviews
<b><i>RQ: What are application experiences and results?</i></b>			
Percentage of applicants not meeting eligibility requirements (percentage ranges)	Program	All programs	First-round telephone interviews
Percentage of applicants not meeting income eligibility standards (percentage ranges)	Program	All programs	First-round telephone interviews
Most common reasons for ineligibility, other than income ineligibility (pre-specified list)	Program	All programs	First-round telephone interviews
Percentage of applicants judged “not suitable” for HPOG participation (percentage ranges)	Program	All programs	First-round telephone interviews
Major reasons for “not suitable” (pre-specified list)	Program	All programs	First-round telephone interviews
Actions taken for ineligible applicants (pre-specified list)	Program	All programs	First-round telephone interviews
Percentage of applicants who do not complete the application process (percentage ranges)	Program	All programs	First-round telephone interviews
Most common reasons for not completing application (pre-specified list)	Program	All programs	First-round telephone interviews

Appendix Exhibits A-4 and A-5 are sample tables illustrating how findings for this domain may be presented in a report.



### 3.1.4. HPOG Program Healthcare Education and Training Activities

HPOG 2.0 programs offer a range of academic preparation and occupational training. The type and availability of these services vary across grantee programs, as does the way in which the activities are delivered. That variation includes the degree to which the activities are provided directly by the program, through contracts or agreements with other service providers, or by relying on available community resources. ACF encouraged grantees to adopt the career pathways framework when structuring and delivering support services and occupational training. ACF also required grantees to describe the career pathways offered in their HPOG programs.

**Exhibit 3-4: Program Components and Services: Healthcare Education and Training Activities**

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Basic Skills Training</b>			
<b><i>RQ: What basic skills upgrades are available, and how are they accessed?</i></b>			
Available skills upgrades Strategies for accessing basic skills upgrades (pre-specified list)	Program	All programs	Grant applications PAGES First- and second-round telephone interviews
<b><i>RQ: How are basic skills upgrades delivered?</i></b>			
Instructional strategies for basic skills upgrades (pre-specified list)	Program	All programs	PAGES First- and second-round telephone interviews
<b>Healthcare Occupational Training</b>			
<b><i>RQ: What healthcare occupational courses are available?</i></b>			
Available healthcare courses of study (pre-specified list for each program)	Program	All programs	PAGES First- and second-round telephone interviews Site monitoring notes
Percentage of courses including work-based learning opportunities	Program	All programs	First- and second-round telephone interviews
<b>Training in a Career Pathways Framework</b>			
<b><i>RQ: To what degree do programs provide training and services in a career pathways framework?</i></b>			
Courses with flexible scheduling? (Y/N for pre-specified list of courses)	Program	All programs	PAGES First-round telephone interviews
Percentage of participants working while in training (accommodation for employed students) (percentage ranges)	Program	All programs	First-round telephone interviews
Courses designed for accelerated completion (pre-specified list)	Program	All programs	PAGES First- and second-round telephone interviews

Measures	Unit of Analysis	Sample	Data Source(s)
Courses with “stackable” credits recognized by employers? (Y/N; list of courses with stackable credits); percentage of courses with stackable credits (percentage ranges)	Program	All programs	PAGES First-round telephone interviews
Assessment of program effectiveness in developing career pathways training opportunities (five-point Likert scale)	Program	All programs	First-round telephone interviews
<b><i>RQ: How is the concept of “career pathways” communicated to and reinforced with HPOG participants?</i></b>			
Program self-identifies as “career pathways” program? (Y/N)	Program	All programs	First-round telephone interviews
Strategies to communicate career pathways opportunities to participants? (Y/N to pre-specified list of strategies)	Program	All programs	Grant applications First-round telephone interviews
Program follows up with career pathways counseling after participant completes a training course? (Y/N)	Program	All programs	First-round telephone interviews
Strategies to help participants continue along a career pathway (open-ended)	Program	All programs	Grant applications First-round telephone interviews
Challenges for participants to attaining career goals (pre-specified list)	Program	All programs	First-round telephone interviews

Appendix Exhibits A-6 and A-7 are sample tables illustrating how findings for this domain may be presented in a report.

### **3.1.5. HPOG Participants’ Record of Engagement in Program Activities and Trainings**

The main focus of the HPOG Program is providing healthcare training for occupations that are in demand. Some participants need to improve their basic literacy, numeracy, or language skills to successfully engage in healthcare training; programs provide basic skills training to these participants. Well-implemented programs will achieve or exceed their goals for participation in basic skills and healthcare training. Additionally, to prepare participants for employment in healthcare, HPOG programs offer a variety of additional skill-building activities and workshops. The Implementation Study analysis will document participant engagement in basic skills, other skill development activities, and healthcare training.

**Exhibit 3-5: Participant Engagement in Training and Other Skills Development Activities**

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Basic Skills Training</b>			
<b><i>RQ: What percentage/number of participants engage in basic skills training?</i></b>			
Adult basic education Adult secondary education College developmental education English language acquisition Integrated basic skills	Individual	All HPOG 2.0 participants enrolled through August 31, 2019.	PAGES
<b>Healthcare Occupational Training</b>			
<b><i>RQ: What percentage/number of participants engage in healthcare training?</i></b>			
Occupation type Funding source of training (HPOG paid tuition or other source) HPOG 1.0 participant	Individual	All HPOG 2.0 participants enrolled through August 31, 2019.	PAGES
<b>Other Skills-Development Activities</b>			
<b><i>RQ: What percentage/number of participants engage in other activities to develop skills?</i></b>			
<b>Other Skills-Development Activities</b> Introduction to healthcare career workshop Work-readiness College-readiness CPR training Digital literacy Other <b>Work-Based Learning Opportunities</b> Job shadowing Internship/externship Work experience On-the-job training	Individual	All HPOG 2.0 participants enrolled through August 31, 2019.	PAGES

Appendix Exhibit A-8 is a sample table shell illustrating how findings for this domain may be presented in the report.

### **3.1.6. HPOG Program Support Services**

HPOG 2.0 programs offer a comprehensive range of support services, including work-readiness and soft-skills training, case management, academic counseling, and personal or logistical supports. Programs also offer employment assistance and work-based learning opportunities.

**Exhibit 3-6: Program Components and Services: Support Services**

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Work-Readiness Training</b>			
<b><i>RQ: To what degree do programs provide college- and work-readiness skills training?</i></b>			
Available college- and work-readiness skills training (pre-specified list); mandatory or voluntary attendance	Program	All programs	Grant applications PAGES First- and second-round telephone interviews
Use of “boot camps,” or intensive orientation to healthcare training and employment; mandatory or voluntary attendance	Program	All programs	First-round telephone interviews
Time typically spent in college- and work-readiness training (pre-specified list)	Program	All programs	First-round telephone interviews
<b><i>RQ: How effective is college- and work-readiness training?</i></b>			
Employer assessment of participant soft and work-readiness skills? (Y/N; if yes, assessment on five-point Likert scale)	Program	All programs; programs with employer(s) assessing soft skills and work-readiness skills of participants	First- and second-round telephone interviews
<b>Case Management, Academic, Personal/Logistical, Financial, and Employment Supports</b>			
<b><i>RQ: How do participants access academic, personal/logistical, financial, and employment supports?</i></b>			
Case manager (or advisor/navigator/counselor) assigned to participants? (Y/N); if yes, HPOG program or non-HPOG program staff	Program	All programs	Grant applications PAGES First-round telephone interviews
Available case management services, type of staff, and provider organization (HPOG program or other provider; pre-specified list)	Program	All programs	EDIPs Site monitoring notes First- and second-round telephone interviews
Advising/counseling services routinely provided (pre-specified list)	Program	All programs	EDIPs Site monitoring notes First- and second-round telephone interviews
Availability of mentoring and/or peer support activities (pre-specified list)	Program	All programs	EDIPs Site monitoring notes PAGES First- and second-round telephone interviews
Personal and logistical supports (pre-specified list)	Program	All programs	PAGES First- and second-round telephone interviews

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Employment Assistance</b>			
<i><b>RQ: What job search and placement services are available, and who provides them?</b></i>			
Job search and placement assistance and provider (pre-specified list)	Program	All programs	EDIPs Site monitoring notes First- and second-round telephone interviews
Job retention services and provider (pre-specified list)	Program	All programs	EDIPs Site monitoring notes First- and second-round telephone interviews

Appendix Exhibits A-9 and A-10 is a sample table illustrating how findings for this domain may be presented in a report.

### **3.1.7. Academic, Personal, and Employment Supports Received by HPOG Participants**

A key aspect of the HPOG Program is providing supports to participants to assist them in completing healthcare training and finding employment. Local HPOG programs offer a wide variety of supports including academic supports, personal or logistical supports, and employment supports. HPOG programs chose which supports to offer participants to best meet the goals of that program. Beyond which support services are offered, the extent to which participants use these support services depends in part on perceived individual needs.

### Exhibit 3-7: Participant Receipt of Support Services

Measures	Unit of Analysis	Sample	Data Source(s)
<b>RQ: What percentage/number of participants receive support services?</b>			
<b>Academic Supports</b> Case management Academic advising Training-related cost assistance (other than tuition) Peer support Post-eligibility assessments Mentoring Tutoring <b>Personal/Logistical Supports</b> Transportation assistance Child or dependent care assistance Nonemergency food assistance Emergency assistance Housing support or assistance Other <b>Employment Supports</b> Job search assistance Job placement assistance Job retention services	Individual	All HPOG 2.0 participants enrolled through August 31, 2019.	PAGES

Appendix Exhibit A-11 is a sample table illustrating how findings for this domain may be presented in a report.

### 3.1.8. HPOG Program Employer Connections

An important aspect of the career pathways framework is strong connections with employers. Those connections are both for developing occupational training curricula specific to the job skills required by employers and for opportunities for work-based learning and post-program job placement.

### Exhibit 3-8: Employer Connections

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Employer Connections</b>			
<b>RQ: What is the level and type of employer engagement with HPOG programs?</b>			
Activities employers are engaged in (pre-specified list)	Program	All programs	Grant applications First-round telephone interviews
Activities in which programs would like more employer involvement (pre-specified list)	Program	All programs	First-round telephone interviews
Number of employers involved in HPOG in activities other than hiring (program mean)	Program	All programs	First-round telephone interviews

Measures	Unit of Analysis	Sample	Data Source(s)
Percentage of participants engaged in work-based learning activities	Program	All programs	PAGES
<b><i>RQ: What are the most effective strategies for establishing and maintaining contact with employers?</i></b>			
Effective strategies for establishing employer connections (pre-specified list)	Program	All programs	First-round telephone interviews
Strong connection with employers established? (Y/N)	Program	All programs	First-round telephone interviews

Appendix Exhibit A-12 is a sample table illustrating how findings for this domain may be presented in a report.

### 3.1.9. HPOG Program Control Group Conditions

Understanding the control conditions in sufficient detail will allow us to account for relevant differences in outcomes of interest that are hypothesized to be caused by differences between the control and the treatment groups' experiences. Important dimensions include the type and quantity of training and support services available to control group members.

**Exhibit 3-9: Control Group Conditions**

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Control Group Conditions</b>			
<b><i>RQ: What opportunities similar to HPOG program offerings are available to control group members?</i></b>			
Job training, academic skills training, and support service opportunities available to control group members	Program	All programs	EDIPs First-round telephone interviews Site monitoring notes
Challenges to control group members in accessing available services (pre-specified list)	Program	All programs	First-round telephone interviews Site monitoring notes

Appendix Exhibit A-13 is a sample table illustrating how findings for this domain may be presented in a report.

### 3.1.10. HPOG Program Sustainability

HPOG 2.0 grants are time-limited. They were expected to last up to five years and have been extended an additional 12-months until September 29, 2021. Grantees that want to continue offering HPOG program training courses and services to their target populations after their grant ends need to find resources and/or institutional partners to support their program.



**Exhibit 3-10: Sustainability Efforts**

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Sustainability Efforts</b>			
<b><i>RQ: What percentage of program funds and which activities are dependent on HPOG grants?</i></b>			
Percentage of cost of specific activities dependent on HPOG grants (pre-specified list; percentage ranges)	Program	All programs	First-round telephone interviews
Activities at risk of reduction when HPOG grant term ends (pre-specified list)	Program	All programs	First-round telephone interviews
<b><i>RQ: What plans and activities for sustainability have programs taken?</i></b>			
Plans for program sustainability after grant ends? (Y/N); plans put into action? (Y/N); staff assigned to sustainability activities? (Y/N)	Program	All programs	First-round telephone interviews Site monitoring notes
Assessment of likelihood of success for sustainability (five-point Likert scale)	Program	All programs	First-round telephone interviews

Appendix Exhibit A-14 is a sample table illustrating how findings for this domain may be presented in a report.

### 3.2. ANALYTIC APPROACH TO THE IMPLEMENTATION STUDY

The majority of the Implementation Study analysis will consist of tabular presentations of measures based largely on closed-ended responses to items in the first- and second-round telephone interviews (e.g., the average number of employers involved in HPOG activities other than hiring). Text around each of the tables will summarize findings and interpret them in light of the Implementation Study’s goal of describing the intervention represented by the pooled study sites, as well as the extent of variation across programs. Where qualitative description will serve to exemplify, clarify, or otherwise enhance the presentation of closed-ended measures, the Implementation Study will add information from EDIPs, grant applications, and site monitoring notes.

The Implementation Study will describe the distribution of specific program features and implementation strategies across 38 local HPOG programs implemented by the 27 non-tribal HPOG 2.0 grantees. It will also highlight meaningful differences across specific groups of programs. For example, many programs set grade-level eligibility criteria, but it may be instructive to observe what specific grade-level standards those programs use for literacy and numeracy. Similarly, for the group of programs that permit applicants with histories of misdemeanors or felonies to be eligible, we will ask which criteria are used and which occupations those participants may train for.

The Implementation Study will characterize participants based on information collected at the time participants enrolled in local HPOG programs (“program intake”). It will report on enrollment in

basic skills and healthcare training as well the receipt of support services by participants, relying on data from PAGES.<sup>19</sup>

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<sup>19</sup> PAGES data on support service receipt have some limitations. PAGES limits data entry for a given support service to once per six-month period, although some services, such as academic advising, are likely to be received by a participant more frequently. This convention was intended to reduce burden on program staff. In addition to presenting the percentage of participants receiving each support, we will present the percentage of participants receiving any or no support within each category (academic, personal/logistical, and employment supports) and potentially the number of supports received within each category. Combined with discussion of program offerings, this will help us understand how receipt of a specific service may be limited by the availability of the service across the programs. The support services receipt domain is one area where it may be interesting to present variation across programs; for example, variation in the average number of supports participants received within a given category.

## 4. OUTCOMES STUDY

In a series of tables, this chapter presents in detail the research domains and major research questions to be addressed by the Descriptive Evaluation's Outcomes Study. For each research question, the corresponding row in the table indicates the measures, units of analysis, samples, and data sources. Illustrative exhibits of results are presented in the Appendix.

### Goal

The Outcomes Study will characterize enrollment and completion of training course, credentials and career progress. The study will also assess participants' employment rates and average earnings post-enrollment.

### 4.1. DOMAINS AND RESEARCH QUESTIONS

This section organizes the measures, units of analysis, samples, and data sources for the Outcomes Study.

#### 4.1.1. HPOG Participants' Record of Engagement in Basic Skills, Prerequisites, and Occupational Training

As stated earlier, the main focus of the HPOG Program is providing healthcare training for occupations that are in demand. One important measure of successful HPOG 2.0 program implementation is the degree to which participants engaged in basic skills, prerequisite, and occupational training. The analysis will tabulate these results for discussion in the report.

**Exhibit 4-1: Program Outputs**

Measures	Unit of Analysis	Sample	Data Source(s)
<b>Preparation for Healthcare Training</b>			
<b>RQ: What percentage/number of participants engage in basic skills training?</b>			
Adult basic education Adult secondary education College developmental education English language acquisition Integrated basic skills	Individual	All HPOG 2.0 participants enrolled through end of Program, September 29, 2021	PAGES
<b>RQ: What percentage/number of participants engage in prerequisites?</b>			
Prerequisite training	Individual	All HPOG 2.0 participants enrolled through end of Program, September 29, 2021	PAGES
<b>Healthcare Occupational Training</b>			
<b>RQ: What percentage/number of participants engage in healthcare training?</b>			
Occupation type	Individual	All HPOG 2.0 participants enrolled through end of Program, September 29, 2021	PAGES

Appendix Exhibit A-15 is a sample table illustrating how some findings for this domain may be presented in a report.

#### 4.1.2. Participants' Record of Key Outcomes and Career Progress

Participant completion of healthcare training and attainment of employment in healthcare are the two main goals of HPOG. A number of specific outcomes are associated with these two goals. For training, for example, participants may earn specific licenses or certifications, often required to hold specific healthcare jobs. For those who entered HPOG with low basic skills, successful training outcomes may require completion of basic skills training on the pathway to completing healthcare training. Although employment in healthcare is a major policy goal, we are also interested in the associated outcomes of employment of any kind, earnings, and employee benefits. The data available for quarterly employment and earnings after leaving the HPOG Program do not include sector of employment.

Another important goal is advancement along a career pathway. There a number of ways to measure career progress. For training, we operationalize this concept as moving from basic skills training to healthcare training, completing multiple trainings, completion of entry-level followed by engaging in and completing higher-level training, or completing in a first training that is at a higher level along a career pathway. Increases in earnings over time after completing healthcare training can also be viewed as a measure of career progress.

**Exhibit 4-2: Participant Outcomes**

Measures	Unit of Analysis	Sample	Data Source(s)
<b><i>RQ: What are HPOG 2.0 participants' basic skills training outcomes? To what extent do participants completing basic skills training progress to healthcare training and to what types of training? Do the types of training they take differ from the training of participants who are in basic skills training integrated with healthcare training?</i></b>			
Percentage completing basic skills training, by type Percentage entering healthcare training after completing basic skills training, by type	Individual	All HPOG 2.0 participants enrolled through end of Program, September 29, 2021	PAGES
<b><i>RQ: What are HPOG 2.0 participants' healthcare training outcomes? To what extent do participants advance along a career pathway?</i></b>			
Healthcare training completion Receipt of certifications or licenses (employer or industry-recognized) Healthcare training completion, by type, length, credit/noncredit Movement on career pathway/advancement (completion of multiple trainings, completion of entry-level and then higher training, first training at higher than entry-level training)	Individual	All HPOG 2.0 participants enrolled through end of Program, September 29, 2021	PAGES*
Receipt of degrees			NSC

Measures	Unit of Analysis	Sample	Data Source(s)
<b>RQ: What are HPOG 2.0 participants' employment and earnings outcomes? To what extent do participants experience increased earnings after training completion?</b>			
Quarterly employment rates pre-/post-enrollment Quarterly earnings pre-/post-enrollment Employment and earnings results, by subgroup  Quarters of employment while in training  Quarterly earnings growth after training completion	Individual	All HPOG 2.0 participants enrolled through June 29, 2021**	NDNH
Employment during HPOG 2.0 Program Employment in healthcare during HPOG 2.0 Program Characteristics of job held during HPOG 2.0 Program Apprenticeship/paid internship Wages Hours/benefits	Individual	All HPOG 2.0 participants enrolled through end of Program, September 29, 2021	PAGES***

\*Note that PAGES data on receipt of certifications or licenses are limited to those that are employer- or industry-recognized and so may underreport receipt of licenses and certifications overall.

\*\*Note that there is a delay in quarters of data available from NDNH, so we will have limited quarters of data available for those who enrolled in the latter half of the last year of HPOG 2.0 Program.

\*\*\*Note that PAGES data on employment only includes jobs that participants report to program staff, so data regarding employment during the program may be incomplete.

Appendix Exhibit A-16 is a sample graphic illustrating one example of how some findings for this domain may be presented in a report.

## 4.2. ANALYTIC APPROACH TO THE OUTCOMES STUDY

The overall analytic approach to the Outcomes Study is to use descriptive statistics to address the research questions. This section describes in detail our analytic approach for each domain identified in Section 4.1. For each domain, we describe how we define our measures of activities and outcomes, the data used for analysis and the limitations of those data, and the specific analyses we will perform. Before discussing each domain, we discuss the study sample.

The primary unit of analysis for the Outcomes Study is *individuals* who enrolled in HPOG 2.0. The Study will use administrative program information (from PAGES) for all years of HPOG 2.0: February 1, 2016 through September 29, 2021.<sup>20</sup> The sample will be all individuals enrolled during the course of HPOG 2.0.

<sup>20</sup> Grantees were funded in September 2015 but did not begin enrolling participants until February 2016.

The study uses this unit of analysis and sample to include the most comprehensive set of HPOG 2.0 participants included in the Descriptive Evaluation.<sup>21</sup> This excludes those who are enrolled at tribal grantees, and those enrolled at non-tribal grantees who did not give informed consent to participate in the evaluation.

Analyses using this sample reflect outcomes for the HPOG 2.0 Program. In addition, we will present results for a subsample of all individuals enrolled through June 29, 2020. This is the sample of participants with at least 15 months elapsed enrollment. Results for this limited subgroup presents outputs and outcomes for those participants who have had some time to engage in activities. This approach follows that used for the HPOG NIE and the first round of HPOG grants (HPOG 1.0). We select 15 months as our cutoff because it matches the timeframe for the Short-Term Survey administered to treatment and control group members, allowing for greater ease in interpretation and/or potential integration of these results with data from that source. In the first round of HPOG, 86 percent of healthcare trainings were completed within 12 months (Werner, Loprest, et al., 2018). In addition, using this subgroup for our employment outcome analyses allows time for at least several post-training quarters of employment and earnings data from the NDNH to be available at the time of the analysis.

The Outcomes Study primarily presents participant results aggregated across all 38 programs that are part of the National Evaluation's Impact Evaluation. However, in some cases, it may be interesting to present the variation in outputs or outcomes by program or groups of programs to further inform our understanding of the implementation of HPOG 2.0. For example, it may be interesting to note variation across programs in the number of different types of healthcare training in which participants enrolled. Our intention is to carry out analyses of this type for key metrics and present them only where results add to our understanding of enrollee choices, participation patterns, and outcomes, and how grantees designed and implemented HPOG 2.0.

#### **4.2.1. Participant Outputs Domain**

The Outcomes Study will present descriptive statistics on participation in basic skills training, prerequisites, and occupational healthcare training. These outputs are steps towards the key outcomes of completing training, finding employment in the healthcare sector, and increasing earnings (Section 4.2.2).

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<sup>21</sup> This sample is somewhat larger than the sample of treatment group members in the Impact Evaluation. It includes participants who were eligible for HPOG 2.0 but were exempt from random assignment for several reasons including prior participation in HPOG 1.0, grantee use of wildcards, or specific programmatic exemptions. The sample also excludes individuals who were randomly assigned to treatment, but never received any services. Enrollment is defined as date of first service received, so those never receiving services are not counted as enrolling. As of March 2020, this is less than 4 percent of all those randomly assigned to treatment status.

We will rely on data from PAGES and results will be presented in tabular form. Basic skills and healthcare training participation will be presented separately by type of training. This information on outputs is also important for calculating rates of completion of training.

#### **4.2.2. Participant Outcomes Domain**

There are several key outcomes for HPOG Program participants, including completing training (including earning an academic degree), earning an employer or industry-recognized license or certification, employment in the healthcare sector, and earnings. The Outcomes Study will report on each of these outcomes for the sample of all participants and for the subsample of those for whom at least 15 months since enrollment has passed. The Study will also report on several measures of career progress. We will examine outcomes for select subgroups of participants identified by characteristics at intake, such as receipt of TANF, prior employment in healthcare, and education level.

**Basic Skills and Healthcare Training Completion.** Among participants who began training, the Outcomes Study will provide results on the percentage who complete the training. It will show findings separately for basic skills training and healthcare training. It will provide results on the percentage of participants completing healthcare training (including those who receive an academic degree), and the percentage earning an employer or industry-recognized license or certification. The Outcomes Study will report on receipt of credentials using NSC data. The Outcomes Study will also report on the percentage of participants who began healthcare training but do not complete it and those who were still in training at the end of the Program.

Because basic skills training is an important focus of HPOG 2.0, the Outcomes Study will present information separately for participants with low basic skills at intake, defined as literacy or numeracy assessed at less than 8<sup>th</sup> grade level. For this group, the Outcomes Study will describe the percentage who enter basic skills training, the percentage who complete stand-alone basic skills training and go on to healthcare training, the type of healthcare training they take, and the time they spend in basic skills training before starting healthcare training. The Outcomes Study will also report on the percentage of participants who enroll in healthcare training with basic skills training integrated into its curriculum.

The types of healthcare training in which participants enroll vary, so the Outcomes Study will report on completion across types of training (i.e., by healthcare occupation) and by length of training. We will also report on completion rates by selected participant characteristics at intake. These characteristics include TANF receipt, age, education level, living with children under age 5, and basic skills level. These characteristics have been associated with greater challenges in completing training in quantitative analyses (Bloom, et al., 2011) and mentioned as challenges to training in qualitative interviews (Seefeldt, et al., 2016). The Outcomes Study will provide only descriptive comparisons of training completion for participants with the

various characteristics; it will not reflect causal relationships between a given characteristic and training completion.

**Employment and Earnings.** The Outcomes Study will use the National Directory of New Hires (NDNH) data to report on the employment and earnings of participants. As part of the HPOG 2.0 National Evaluation, quarterly “wage” (i.e., earnings) data on each participant is gathered from the NDNH for the two years prior to enrollment and then throughout the evaluation period.<sup>22</sup> These data allow the Outcomes Study to report on quarterly employment and earnings prior to and during the HPOG 2.0 Program. The data are reported with some lag, however. For the sample used in this analysis (i.e., treatment group members assigned through June 2020), we expect to have at least four quarters of post-enrollment NDNH data for all participants.

We will use employment and earnings data for three separate analyses:

- *Average quarterly employment rates and earnings for all enrolled participants for the quarters prior to and after program enrollment.* These results will characterize the progression of employment and earnings on average for participants over the course of involvement in HPOG 2.0.
- *Quarterly employment and earnings post-completion of training.* These results will be for a smaller sample, given that not all participants will have completed training. For this group, we will also present quarterly employment and earnings prior to starting HPOG and during healthcare training. We will present findings separately by occupation of training and length of training. Note that there may be differences across these group that could influence outcomes for employment (such as qualifications needed to begin different trainings), so should not be interpreted as causal.
- *Average employment and earnings by participant characteristics at intake.* These will be averages for specific post-enrollment quarters (such as 6, 12, and 18). The characteristics used will be the same as reported above for healthcare training completion. Note that the analysis is descriptive and should not be interpreted as implying any causal connection between participant characteristics and specific outcomes.

NDNH data are more accurate and complete than employment and earnings data reported in PAGES (which relies on participants self-reporting and program staff entering data). The data, however, do not include key information about jobs, including whether employment is in the healthcare sector, hourly wage, hours, or whether an employer offers health insurance. PAGES gathers this information for those jobs reported by participants. The Outcomes Study will report on these job characteristics using available data from PAGES. The analysis will provide

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<sup>22</sup> The Outcomes Study will only report wage data on HPOG participants. The Impact Analysis will report earnings data for both the treatment group and the control group and also regression-adjusted impacts.



information on the set of jobs that participants began (or to which they were promoted) after completing healthcare training. Note that PAGES data are incomplete and do not include information on all jobs held by program participants during HPOG enrollment.

Finally, the Outcomes Study will conduct a sensitivity analysis to provide insight on the extent to which PAGES captures employment that is reported in the NDNH. We will analyze what percentage of participants with employment in the quarters after enrollment as measured by NDNH data also have employment recorded in PAGES.

### **Career Progress**

An important goal for HPOG 2.0 is assisting participants to progress along a career pathway. There are a number of ways to measure career progress, as progress depends in part on where the individual is starting. For those who engage in basic skills training, we will measure the extent to which they move from basic skills training to healthcare training. For all participants that engage in healthcare training, we will consider whether participants complete multiple trainings, complete entry-level training followed by higher-level trainings, or engage in a first training that is at a higher-level along a career pathway. For those who complete healthcare training, we will also measure increases in earnings over time after completing training. Our approach will present each of these measures separately, but also present combined results across multiple measures of career progress for the entire participant sample.

## 5. SYSTEMS STUDY

The objective of the HPOG 2.0 Systems Study is to explore whether and how the local HPOG grants influence local service delivery systems for providing healthcare training opportunities to low-income adults, as well as how local systems influence local HPOG programs' design and implementation. The Systems Study will also explore how factors of mutual influence vary across different partner institutional types and selected characteristics of HPOG programs (e.g., enrollment size, organization type, HPOG 1.0 vs. HPOG 2.0).

### Goal

The Systems Study will describe how local HPOG program operators engage with partners in local service delivery systems and how HPOG programs and service delivery systems influence each other.

The Systems Study will document how a sample of 15<sup>23</sup> HPOG 2.0 program operators and their partners interacted over the course of the grant to affect systems activities. Selection of programs for the Systems Study focused on identifying those that conduct systems activities, as captured in the first-round telephone interviews, and that demonstrate a range of program characteristics.<sup>24</sup> For each of the selected programs, we will conduct semi-structured interviews with the HPOG 2.0 program operator and three to seven<sup>25</sup> of its key partners. The aim is to understand the range of experiences and perspectives of key actors in systems development and improvement during HPOG. The selection strategy for both the programs and the partners is discussed in more detail below.

The analysis will produce a detailed description of the activities and interactions of HPOG 2.0 program operators and partners that affect systems. It also will identify successes, challenges, and lessons based on the perspectives of informants. The analysis is designed to build a better understanding of how initiatives such as HPOG may improve service delivery systems and address broader challenges to providing training and services to economically disadvantaged populations.

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<sup>23</sup> The proposed sample of programs for the Systems Study increased from 8 to 10, as noted in the *Descriptive Evaluation Design Report for the National Evaluation* (Werner, Koralek, et al., 2018), to 15 in order to include more programs that engage in few systems activities. This increased number of programs allows for examination of the different experiences of program operators and partners in implementing systems activities, including those that are highly engaged in systems activities and those that are not.

<sup>24</sup> Note that the sample of programs for the Systems Study is purposive and has no claims to external validity for the population of HPOG programs.

<sup>25</sup> The number of partners per program included in the study increased from what was described in the *Descriptive Evaluation Design Report for the National Evaluation* (Werner, Koralek, et al., 2018) to ensure the perspectives of partners that were highly and minimally involved in HPOG implementation are included in the study.

## 5.1. DOMAINS AND RESEARCH QUESTIONS

This section organizes the measures, units of analysis, samples, and data sources for the Systems Study.

### 5.1.1. Local HPOG Service Delivery System and Organizations within the System

The first step in the Systems Study is to describe for each selected HPOG 2.0 program the local service delivery system in which the program operates and the organizations that support healthcare training within the system. Within this domain, the Systems Study will explore the local healthcare training offered; the organizations and the roles they play in the local system and for the HPOG program, and if and how these organizations interact; and to what degree employers are engaged as a part of the system and HPOG.

**Exhibit 5-1: Local HPOG Service Delivery System and Organizations within the System**

Measures	Unit of Analysis	Sample	Data Source(s)
<b><i>RQ: What were the major local programs and program operators for postsecondary training in healthcare at the time HPOG 2.0 was implemented?</i></b>			
Estimated number of local healthcare training programs within systems	System	Program operators and selected partners	Grant applications First-round and second-round telephone interviews EDIPs PPRs PAGES Program operator and partner interviews
Occupations of training programs	System	Program operators and selected partners	
Types of organizations leading training programs	System	Program operators and selected partners	
Programs serving low-income individuals with challenges to education and employment	System	Program operators and selected partners	
Local healthcare training initiatives in the community other than HPOG	System	Program operators and selected partners	
Perspectives on the healthcare training needs the local HPOG program has addressed	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the strengths of and gaps in the system in providing healthcare training to low-income individuals	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: What organizations make up the local service delivery system? What roles do they play in the system? To what degree are the organizations involved in HPOG operations? If some are not involved, why not?</i></b>			
Types of organizations that make up the system	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on roles of organizations in the system	System	Program operators and selected partners	Program operator and partner interviews

Measures	Unit of Analysis	Sample	Data Source(s)
Types of organizations that are involved in the local HPOG program	System	Program operators and selected partners	Grant applications First-round and second-round telephone interviews EDIPs PPRs PAGES Program operator and partner interviews
Perspectives on roles of organizations in the local HPOG program	System	Program operators and selected partners	First-round telephone interviews Program operator and partner interviews
Perspectives on levels of involvement of organizations in the local HPOG program	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on support provided by organizations to the local HPOG program	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on how organizations have helped to achieve the local HPOG program's goals	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on how the roles of organizations have changed since the start of HPOG (1.0 or 2.0 as appropriate)	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: How do organizations in the system interact? To what degree do they collaborate on efforts beyond HPOG?</i></b>			
Perspectives on the ways in which organizations interact	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on levels of collaboration among organizations in the system	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on how well organizations collaborate	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the challenges of organizations for collaborating	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: To what degree and in what ways are employers involved in programs and activities to support healthcare training?</i></b>			
Perspectives on roles of employers in the system	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on roles of employers in the local HPOG program	System	Program operators and selected partners	First-round telephone interviews Program operator and partner interviews
Perspectives on level of involvement by employers in programs and activities to support healthcare training	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: How do systems differ across HPOG programs?</i></b>			

Measures	Unit of Analysis	Sample	Data Source(s)
Differences in the healthcare training programs available within the system	System	Program operators and selected partners	Program operator and partner interviews
Differences in the types of organizations that make up the system	System	Program operators and selected partners	Program operator and partner interviews
Differences in the level of involvement of organizations within the system in the local HPOG program	System	Program operators and selected partners	Program operator and partner interviews
Differences in the level of collaboration of organizations across the system	System	Program operators and selected partners	Program operator and partner interviews
Differences in the ways organizations across the system interact	System	Program operators and selected partners	Program operator and partner interviews
Differences in the roles of employers in the system	System	Program operators and selected partners	Program operator and partner interviews
Differences in the level of involvement by employers in activities to support healthcare training overall	System	Program operators and selected partners	Program operator and partner interviews

### 5.1.2. HPOG Program Implementation Influencing Service Delivery System

One of the key components of the Systems Study is to understand how HPOG 2.0 is perceived to support improvements in local service delivery systems for healthcare training of low-income individuals. These systems activities might support changes to coordination across organizations, access and quality of healthcare training, employer engagement, data sharing, or sustainability of training. This domain is designed to explore the perspectives of the program operators and partners on whether and how an HPOG program's implementation activities through its partnerships may have influenced the local service delivery system.

**Exhibit 5-2: HPOG Program Implementation Influencing Local Service Delivery System**

Measures	Unit of Analysis	Sample	Data Source(s)
<b><i>RQ: Have HPOG programs changed access to and quality of healthcare training for low-income individuals in their communities? If so, what activities led to this change? If not, why?</i></b>			
Perspectives on the goals for improving accessibility and quality of healthcare training as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on level of involvement of HPOG program operators and partners in efforts to improve the accessibility and quality of healthcare training across the system	System	Program operators and selected partners	Program operator and partner interviews

Measures	Unit of Analysis	Sample	Data Source(s)
Perspectives on level of participation of HPOG program operators and partners in efforts to improve the accessibility and quality of healthcare training as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how the local HPOG program may have led to any new or revised policies or dedicated funding sources for healthcare training	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the degree to which goals for improving accessibility and quality of healthcare training as a part of HPOG have been achieved	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how the HPOG program improved the accessibility and quality of healthcare training in the system	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: Have HPOG programs informed the development and use of career pathways models in their systems? If yes, how so? If no, why not?</i></b>			
Perspectives on if and how HPOG has played a role in developing and expanding use of career pathways in the local service delivery system	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the successes for HPOG in developing and expanding use of career pathways	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the challenges for HPOG in developing and expanding use of career pathways in their local systems	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: Have HPOG programs improved coordination among service delivery partners in their local systems? If so, what activities led to this change? If not, why?</i></b>			
Perspectives on if and how the local HPOG program coordinates with organizations in the system	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the activities for which organizations collaborate as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the level of collaboration between and across organizations as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the reasons why organizations have not collaborated as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews

Measures	Unit of Analysis	Sample	Data Source(s)
Perspectives on if and how HPOG helped to develop a shared vision or coordinated approach for healthcare training	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how the local HPOG program led collaboration around healthcare training activities	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how the local HPOG program increased collaboration across organizations	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the successes for collaboration since the start of the grant <sup>26</sup>	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the challenges for collaboration since the start of the grant	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: Have HPOG programs led to improvements in how organizations in the system engage employers and industry as a part of training efforts? If so, what activities led to this change? If not, why?</i></b>			
Perspectives on if and how local HPOG program operators and their partners engage employers and industry as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how organizations across the system engage employers and industry as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the goals for engaging employers and industry as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how the goals for engaging employers and industry across the system have been achieved as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how the local HPOG program helped to change employer and industry engagement since the start of the grant	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the successes for employer and industry engagement since the start of the grant	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the challenges for employer and industry engagement since the start of the grant	System	Program operators and selected partners	Program operator and partner interviews

<sup>26</sup> The timeframe for the “start of the grant” may differ by program. For programs that were part of HPOG 1.0 grants, we ask them to address the questions since the start of the HPOG 1.0 grants. For programs that were not part of HPOG 1.0 grants, this timeframe is from the start of the HPOG 2.0 grants.

Measures	Unit of Analysis	Sample	Data Source(s)
<b><i>RQ: Have HPOG programs helped to meet employer needs for healthcare workers? If so, what activities led to this change? If not, why?</i></b>			
Perspectives on if and how the local HPOG program met employer needs for healthcare workers	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the activities implemented during the local HPOG program to meet employer needs	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: Did the emphasis on employer and industry partnerships for the HPOG 2.0 grants change the intensity of activities and engagement of employers and industry for those HPOG 2.0 programs that were also involved in HPOG 1.0 grant activities? If so, what activities led to this change? If not, why?</i></b>			
Perspectives on changes in intensity of employer and industry engagement from HPOG 1.0 to 2.0 programs	System	Program operators and partners who also received HPOG 1.0 grants	Program operator and partner interviews
Perspectives on activities that supported or hindered changes in employer and industry engagement from HPOG 1.0 to 2.0 programs	System	Program operators and partners who also received HPOG 1.0 grants	Program operator and partner interviews
<b><i>RQ: Have HPOG programs led to improvements in sharing and use of data for improving program design and implementation? If so, what activities led to this change? If not, why?</i></b>			
Types of data program operators and partners share as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how organizations across the local service delivery system share data on participants or on other aspects of program management to improve coordination	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the goals for data sharing as a part of HPOG	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how the local HPOG program has supported data sharing to improve coordination across the local service delivery system	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the successes for data sharing since the start of the grant	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the challenges for data sharing since the start of the grant	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: Have HPOG programs led to efforts to scale and sustain healthcare training and support services? If so, what activities led to this change? If not, why? What policies, practices, or funding have been put in place to support continued implementation of HPOG programs beyond the grant period? If none, why not?</i></b>			
Perspectives on strategies for sustaining healthcare training for low-income individuals after HPOG grant ends	System	Program operators and selected partners	Program operator and partner interviews



Measures	Unit of Analysis	Sample	Data Source(s)
Perspectives of the roles of HPOG program operators and partners in developing strategies to sustain healthcare training after the HPOG grant ends	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how organizations are coordinating to sustain healthcare training after the HPOG grant ends	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: How did efforts to improve systems by HPOG program operators and their partners differ between newer programs (HPOG 2.0) and longer-term programs (HPOG 1.0 grantees awarded an HPOG 2.0 grant)?</i></b>			
Differences in perspectives on collaboration among organizations in the system between programs that were involved in HPOG 1.0 grant activities and programs only involved in HPOG 2.0 grant activities	System	Program operators and selected partners	Program operator and partner interviews
Differences in perspectives on access to and quality of healthcare in the system between programs that were involved in HPOG 1.0 grant activities and programs only involved in HPOG 2.0 grant activities	System	Program operators and selected partners	Program operator and partner interviews
Differences in perspectives on employer engagement in the system between programs that were involved in HPOG 1.0 grant activities and programs only involved in HPOG 2.0 grant activities	System	Program operators and selected partners	Program operator and partner interviews
Differences in perspectives on data sharing in the system between programs that were involved in HPOG 1.0 grant activities and programs only involved in HPOG 2.0 grant activities	System	Program operators and selected partners	Program operator and partner interviews
Differences in perspectives on sustainability of healthcare training efforts in the system between programs that were involved in HPOG 1.0 grant activities and programs only involved in HPOG 2.0 grant activities	System	Program operators and selected partners	Program operator and partner interviews

### 5.1.3. Service Delivery System Influencing HPOG Program Implementation

The existing local service delivery system for healthcare training of low-income individuals might influence the implementation of the local HPOG program. External factors that might influence the implementation of a local program include the local labor market and local workforce development policy, or the existence of other career pathways initiatives. The

availability of community resources and funding might also influence local HPOG program implementation. Additionally, changes to the broader service delivery system during the HPOG grant might influence program implementation, especially a program's sustainability after the grant ends.

**Exhibit 5-3: Healthcare Training Service Delivery System Influencing HPOG Program Implementation**

Measures	Unit of Analysis	Sample	Data Source(s)
<b><i>RQ: What external factors may have influenced the availability of postsecondary training and higher-quality jobs in healthcare to low-income populations, such as local economic conditions and state and local policy?</i></b>			
Perspectives on the strength of the local/regional healthcare labor market	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the changes in the local/regional healthcare labor market since the start of HPOG (1.0 or 2.0 as appropriate)	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the healthcare training system's response to local labor market needs for workers	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on the healthcare training system's response to local labor market needs for employers	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how HPOG has contributed to improvements in meeting labor market needs	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how external factors such as state and local policies, funding, and the economy affect collaboration	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: Has the development and use of career pathways models by organizations in the healthcare training system influenced the implementation of the local HPOG program? If yes, how so? If no, why not?</i></b>			
Perspectives on if and how the development and use of career pathways by organizations has played a role in the HPOG program	System	Program operators and selected partners	Program operator and partner interviews
Perspectives on if and how existing career pathways models/programs/initiatives may have helped or hindered the local HPOG program	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: How does the general availability of community resources and funding support or hinder full implementation of all planned HPOG trainings and other services? How does it help or hinder the local HPOG program to be successful in training low-income individuals for healthcare jobs?</i></b>			
Perspectives on if and how resources and funding in the community supported HPOG implementation	System	Program operators and selected partners	Program operator and partner interviews

Measures	Unit of Analysis	Sample	Data Source(s)
Perspectives on funding and other resources that may have helped or hindered the local HPOG program's ability to be successful in training low-income individuals for healthcare jobs	System	Program operators and selected partners	Program operator and partner interviews
<b><i>RQ: What changes to local service delivery systems have occurred that may help to sustain the HPOG program after the grant ends? What systems factors may prevent some or all of the HPOG 2.0 programs from being sustained after the grant ends?</i></b>			
Perspectives on systems factors that may enable or hinder sustainability of the local HPOG program after the grant ends	System	Program operators and selected partners	Program operator and partner interviews

## 5.2. SELECTION OF THE HPOG PROGRAMS AND PARTNER RESPONDENTS

Unlike the Implementation Study and Outcomes Study, the Systems Study does not include all grantees and programs participating in the HPOG 2.0 National Evaluation. Instead, we purposively selected an initial sample of 16 programs. Programs were chosen to advance the study goals of exploring variations in how HPOG fit into the local service context and the mutual influence of HPOG programs and the local service delivery system. This section describes our strategy for selecting HPOG programs and partners for the Systems Study.

### 5.2.1. Selecting Programs for the Systems Study

The goal of the purposive sampling was to identify HPOG 2.0 programs that vary in the types and intensity of systems activities that could influence how the system works. Selecting across those variations allows for the exploration of a range of experiences and perspectives on activities and partnerships that may contribute to or hinder systems development and improvement. Because we selected programs with a range of types of systems activities, we expect to gain perspectives on both positive and negative experiences of HPOG programs in interacting with local service systems. Note that programs with the least amount of integration were intentionally excluded from the sample.

To make our selection, we used the first-round grantee telephone interviews and other available data sources to assess (1) variation in basic program characteristics, such as geographic region, lead organization type, HPOG 1.0 grantee/program operator, occupation(s) of training, new or enhanced programs, program enrollment, and target population; and (2) variation in the ways in which HPOG programs and local partners coordinate and cooperate.

Selection criteria and data sources that were used to select programs are presented below in Exhibit 5-4.

**Exhibit 5-4: Systems Study Program Sample Criteria and Data Sources**

Systems Study Selection Criteria	Definition	Data Source	
		Grant Documents (Applications, Year 1 Annual Report, PAGES, and EDIPs)	First-Round Telephone Interviews Question #
Primary Selection Criteria – Systems and Partnering Activities			
Partners involved in local program operations	Number and type of partners such as state government, local government, workforce investment/development board, One-Stop Career Center/American Job Center, community or technical college, nonprofit, for-profit or proprietary service/training provider, labor organization, other		2.1
Systems activities with partners	Number and range of activities such as curriculum and credential development, case management improvements, employer engagement, articulation agreements, and resource sharing		2.4
Employer engagement	Number of employers involved in the program beyond hiring graduates, participating in regional workforce or industry partnerships, and whether indicate strong employer partnerships		5.15, 6.16, 6.17a
Secondary Selection Criteria - Basic Program Characteristics			
HPOG 1.0 program	Yes or no	X	
HPOG program enrollment	Expected total enrollment (small, medium, large, and very large, based on groupings described in HPOG 2.0 Year 1 Annual Report)	X	
Occupations of training	Primarily CNA training, primarily other occupations (health IT, more advanced nursing, etc.), or a wide range of occupations	X	
Lead organization type	Educational organization, workforce system agency, community-based organization, state agency.	X	
Target population	Number of expected TANF participants (low, mid, or high, calculated using percentage of expected total enrollment)	X	
Presence of well-defined career pathways within the HPOG program	Yes or no (based on telephone survey response where respondent was asked: “Do you present your program as a “career pathways” program? By career pathways, we mean the following: “a clear sequence, or pathway, of education coursework and/or training credentials” that are reorganized by employers.”).		5.8a
Urbanicity	Urban, suburban, rural, or a combination	X	

**Notes:** We planned on using the second-round telephone interview data for program selection if available. However, due to the timing of data collection, the data were not available. We originally included “new or enhanced program” as a study selection criterion. However, it was not possible to determine whether programs were new or enhanced based on program documents and the first-round telephone interview data, so it was dropped. Census data was used to supplement information on urban and rural service areas not found in grant documents.

We developed an initial table of our 16 first-choice programs and 12 alternates with the characteristics and other information prioritizing programs that collaborate and are as heterogeneous in program characteristics as possible. We asked evaluation site liaisons working with the selected HPOG programs to review and provide input on our selections. This additional check on selection allowed us to further refine our first choices based on the liaisons' current knowledge of and insight on program implementation and collaborative efforts. Of the 16 programs selected for participation across the 28 first-choice and alternate programs considered, one program was dropped from the study during initial outreach. This was due to extenuating circumstances that prevented program staff participating in interviews during the data collection window. A total of 15 programs participated in the study.

### **5.2.2. Selecting Partners for Interviews**

For each HPOG program selected for the study, we interviewed the program operator staff person most knowledgeable about the program's collaborative efforts. We discussed which among the program's partners are highly involved and which partners are less involved and why. At the end of our interview we asked the program operator to identify informants for three to seven of the program's partners for us to interview, including a mix of highly and less involved partners. We also asked the program operator to identify employer and industry representatives who served as partners. The employer interviews provided perspectives on whether and how employer and industry engagement changed over the course of HPOG 2.0.

## **5.3. ANALYTIC APPROACH**

We will conduct a qualitative data analysis to address the research questions for the Systems Study. The analysis is intended to identify main themes in the systems activities during HPOG 2.0, based on the perspectives of the respondents within the domains highlighted in Section 5.1 and their subdomains. Below, we outline the unit of analysis, coding scheme, and domains and subdomains for the analysis.

### **5.3.1. Unit of Analysis**

The main unit of analysis for the Systems Study is the *system* in which each selected HPOG program operates. Some analyses will be conducted to explore differences in perspectives associated with the different organizations within a system.

### **5.3.2. Coding Scheme**

To address the large number of respondents addressing the same questions, we will use NVivo® qualitative analysis software to code, categorize, and analyze the responses in order to surface key themes and examine similarities and differences across perspectives.

We will develop a coding scheme with nodes that map to each of the domains and subdomains to ensure the analysis addresses the research questions and reports on similarities and

differences across respondents and HPOG grantee organizational types. We will code the responses by four broad categories:

1. Program characteristics (i.e., program selection criteria for inclusion in Systems Study):
  - a. HPOG 1.0 program.
  - b. Target population.
  - c. Urbanicity.
  - d. Presence of a well-defined career pathway.
  - e. Size of the HPOG program enrollment (small, medium, and large).
  - f. New or enhanced program.
2. Respondent characteristics:
  - a. Program operator or partner.
  - b. Type of organization represented.
3. Type of systems activity:<sup>27</sup>
  - a. Coordination.
  - b. Access to and quality of training.
  - c. Industry engagement.
  - d. Data sharing.
  - e. Sustainability.
4. Subdomain topics based on the research questions (see Exhibits 5-1 to 5-3).

Notetakers from the interviews will be responsible for coding the qualitative data in NVivo. They will conduct an initial test coding of up to five interviews, and lead interviewers will review coding for consistency and accuracy. We will also adjust the coding scheme should some categories not be clear or applicable or others emerge during the coding process. Throughout the coding we will take steps to address any quality control issues quickly.

Upon completion of coding, we will first analyze the data to develop a summary data point on perspectives for each local system by each subdomain. We will then analyze the data to uncover similarities and differences across systems using the program characteristics and systems activities within each subdomain to produce the findings. For our secondary analyses, we will use the individual respondent's institution as the unit of analysis, rather than the system, and explore similarities and differences by respondent institutional characteristics within the appropriate subdomain.

Examples from the interviews will be used to highlight key findings throughout the report. Illustrative tables to demonstrate how qualitative data will be displayed to convey findings are presented in Appendix Exhibits A-17–A-19.

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<sup>27</sup> For more information on systems activities for workforce development, see Bernstein & Martin-Caughey (2017).

## 6. CASE STUDIES OF FOCUS AREAS

A major objective of the Descriptive Evaluation is to study in detail grantee strategies in the focus areas of interest to ACF and the field that may contribute to HPOG program performance and participant success. Among these, as noted in the HPOG Funding Opportunity Announcement, are the following strategies likely to help individuals advance along a career pathway (Office of Family Assistance, 2015):

- Employer engagement.
- Basic skills training.
- Career pathways training opportunities.
- Work-readiness training.
- Program sustainability after the end of the HPOG 2.0 grant period.

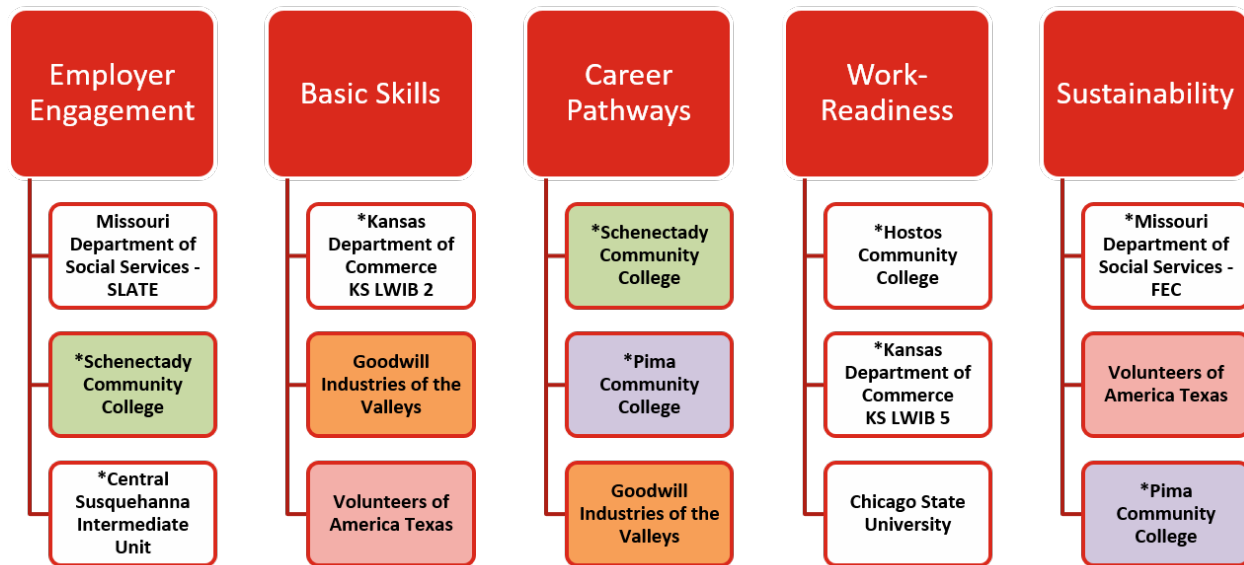
This component of the Descriptive Evaluation consists of five case studies of approaches to activities and services in each of these focus areas of interest that may contribute to HPOG program performance and participant success. There are two broad analytic strategies required for this part of the evaluation: (1) using available information to choose the best candidate programs for these case studies; and (2) collecting and synthesizing qualitative descriptive information about design and implementation strategies in the focus areas.

This section of the Analysis Plan describes our planned approach to selecting the programs for the case studies. It also presents the research questions motivating each focus area case study and the data required to address those questions.

### 6.1. SELECTING PROGRAMS FOR THE FOCUS AREA CASE STUDIES

To inform our recommendations to ACF for programs to include in the focus area case studies, we reviewed available data on HPOG 2.0 programs' activities and preliminary outcomes in each area using data from the following sources: first-round telephone interviews, PAGES, and feedback about programs' activities collected through site monitoring calls. We selected 11 programs for the focus area case studies, as shown in Exhibit 6-1.

## Exhibit 6-1: Programs Selected for Focus Area Case Studies



Notes:

\*Returning HPOG 1.0 programs

Color-coded boxes indicate HPOG 2.0 programs selected for two focus areas.

As analysis proceeds, one program may be excluded from the work-readiness case study. During site visits evaluation staff learned that their work readiness efforts were limited and staff reported challenges implementing them.

The measures used to rate programs for each focus area are listed below.

### 6.1.1. Employer Engagement Measures

Programs were rated on the following measures:

- Percentage of participants employed while in training.
- Percentage of participants in work-based learning opportunities.
- Number of employers engaged in program activities.
- Number of program activities in which employers are engaged.
- Program reports on presence of employers as “strong partners.”

We selected the three programs with the highest number of activities employers were involved with and with employers considered by their program operators to be strong partners.

### 6.1.2. Basic Skills Training Measures

Programs were rated on the following measures:



- Percentage of participants enrolled in basic skills training.
- Basic skills training is integrated into healthcare training.
- Participants may simultaneously enroll in basic skills and healthcare training.
- Basic skills training is accelerated.
- Basic skills training opportunities accommodate flexible schedules.
- Basic skills training may be delivered off-site or at a distance.

Using these measures, we ranked programs by the percentage of participants enrolled in basic skills training and selected the top quartile of programs, which were those with at least 86 percent of participants enrolled in basic skills training as of December 1, 2017. We also ranked programs by the percentage of participants who completed or were still in basic skills training as of December 1, 2017. We then balanced the overall need for diversity across institution type and geographic representation and selected three programs operated by three different institutional types and in different regions of the country.

#### **6.1.3. Career Pathways Training Opportunities Measures**

Programs were rated on the following measures:

- Courses are offered on weekends and evenings.
- Program offers one or more accelerated training courses.
- Program presents itself as a “career pathways program.”
- Program emphasizes the concept of career pathways more with entry-level course enrollees than with higher-level course enrollees.
- Program includes one or more courses with “stackable credits.”
- More than 50 percent of available training courses convey stackable credentials.
- Percentage of participants who completed one course and enrolled in another.

From a list of programs that most closely follow the career pathways framework in providing training, we selected the three programs with the highest percentage of participants who had completed one training and enrolled in another.

#### **6.1.4. Work-Readiness Training Measures**

Programs were rated on the following measures:

- Number of mandatory work-readiness workshops/classes offered.
- Program assesses participant work-readiness skill level.

- Work-readiness training content varies by skill level.
- Percentage of participants who enrolled in work-readiness training.
- Percentage of participants who completed work-readiness training.

Using ratings based on the above measures, we identified programs with the highest percentage of participants who had completed work-readiness training. Seeking an overall balance of new and returning programs, a mix of institutional types and geographic location, we chose three programs.

#### **6.1.5. Program Sustainability Measures**

We selected programs for this focus area in a two-stage process. The first step was to identify any program that indicated it had developed and put into action a strategy to pursue alternative sources of funds to continue program activities after the HPOG grant period ends. The second step was to review open-ended responses in the telephone interviews from six of those programs that described those strategies.

We chose three programs that had already begun to secure funds to support activities that had been wholly supported by HPOG grant funds.

### **6.2. ANALYTIC APPROACH TO THE CASE STUDIES**

The Implementation Study relies heavily on closed-ended data from telephone interviews and administrative data systems to fulfill its goal of summarizing HPOG 2.0 design and implementation at the national level. In contrast, the case studies of focus areas will rely largely on qualitative data collected on-site at programs. Guided by the research questions for each focus area, we developed discussion guides for site visits. The guides frame discussions around the case study research questions specified in the design report for the National Evaluation's Descriptive Evaluation (Werner, Koralek, et al., 2018).

We will develop case studies of each focus area using data collected from on-site interviews with program directors, staff, employers, and other stakeholders across the 11 selected HPOG 2.0 programs,<sup>28</sup> as well as observations from basic skills and work-readiness courses and workshops. Where relevant to a particular case study theme, we will also use administrative data from PAGES to document programs' accomplishments in providing basic skills training, work-readiness training, and services and trainings related to career pathways.

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<sup>28</sup> As analysis proceeds, one program may be excluded from the work-readiness case study. During site visits evaluation staff learned that their work readiness efforts were limited and staff reported challenges implementing them.

### 6.2.1. Major Themes

Below we summarize the major themes that will be explored in the case studies.

**Employer Engagement.** The major themes for the case study on employer engagement in the selected programs are:

- Level and content of employer engagement.
- Program management and staff activities dedicated to developing and maintaining employer engagement.
- Extent and nature of work-based learning opportunities and how they were developed and maintained.
- How employers are engaged for job placement of participants.
- Lessons for developing effective partnerships with employers: major challenges and promising strategies.

**Basic Skills Training.** The major themes for the case study on basic skills training in the selected programs are:

- Assessing basic skills and targeting participants needing to improve skill levels.
- Selecting appropriate occupational training choices for participants with low basic skills and/or low educational attainment.
- Use of evidence-based models to improve skill levels.
- Basic skills training delivery strategies and supports.
- Measuring progress in improving participants' basic skills levels.
- Lessons for developing and delivering effective strategies for basic skills training.

**Career Pathways Training Opportunities.** The major themes for the case study on career pathways training opportunities in the selected programs are:

- Program's conceptualization of "career pathways."
- How career pathways concepts are introduced to and reinforced with participants.
- Detailed descriptions of how elements of the career pathways framework are reflected in course content and delivery strategies.
- How career pathways opportunities were developed and operate.
- Lessons for establishing and communicating a career pathways learning culture.

**Work-Readiness Training.** The major themes for the case study on work-readiness training in the selected programs are:

- Program’s conceptualization of work-readiness and its associated intellectual, emotional, and behavioral skills.
- Assessment of work-readiness training needs.
- Work-readiness training strategies and delivery methods and their rationale.
- Employer contributions to work-readiness training.
- Detailed description of work-readiness training for specific skills.
- Lessons for developing and implementing effective work-readiness training.

**Program Sustainability.** The major themes for the case study on program sustainability in the selected programs are:

- Planning for sustainability.
- Roles played by partners in sustainability efforts.
- Effective strategies for sustained funding and community awareness.
- Adapting program to new funding opportunities.
- Lessons for effective sustainability planning and strategies.

### **6.2.2. Program Descriptions**

We will organize the data analysis for each program included in a case study by the major themes listed above, primarily using data collected during site visits. For each focus area there will be multiple respondents addressing both unique and overlapping questions. Within each focus area, we will organize all responses to each question by respondent type in master interview guides. Using the master guides, we will create a narrative for each case study focus area, indicating areas of agreement and disagreement across respondents or respondent types.

We will synthesize the narratives into program descriptions that will include:

- Detailed accounts of how each program has designed and implemented a strategy that may lead to success within a specific focus area.
- Factors considered in the development of those strategies.
- Challenges and solutions arising in the implementation of those strategies.
- Lessons learned to guide other program designers and implementers.

## 7. REPORTS AND OTHER PRODUCTS

Following this Analysis Plan, the study team will clean and analyze data in preparation for drafting a series of products from the Descriptive Evaluation. Specifically, to allow the Implementation Study and Outcomes Study to include data collected during the 12-month extension of the HPOG 2.0 grants, findings from the Descriptive Evaluation will be presented in separate reports for each of the three studies: Implementation, Outcomes, and Systems. The sections below describe each of these reports. Additional products for the Impact Evaluation and Cost-Benefit Analysis are forthcoming but not listed here.

### Exhibit 7-1: Descriptive Evaluation Deliverables Schedule

Deliverable	Anticipated Date
Implementation Study Report	Spring 2022
Outcomes Study Report	Fall 2022
Systems Study Report	Winter 2021
Case Study Reports	Winter 2020

### 7.1. IMPLEMENTATION STUDY REPORT

The Implementation Study Report will describe the design and implementation of HPOG 2.0, including how grantees designed and implemented programs supported by their HPOG 2.0 grants. It will describe the variations in specific program components and implementation strategies, by quantifying their availability by the percentage of program sites providing them and by the percentage of study participants in the treatment group with access to those components and strategies. A proposed outline of the report's major sections appears in Exhibit 7-2 below.<sup>29</sup>

### Exhibit 7-2: Draft Outline of the Implementation Study Report

#### Overview

#### Executive Summary

#### Chapter 1. Introduction

- a. HPOG 2.0 and the National Evaluation
- b. Descriptive Evaluation: overview and objectives
- c. The HPOG logic model: a conceptual framework for research
- d. Data sources (very high level; more detailed information provided in appendix)
- e. Implementation Study Design

<sup>29</sup> Note that reports for the Impact Evaluation will provide complementary tabulations and analyses of several components of the Implementation Study (e.g., description of control conditions).

- f. Organization of the Report

## **Chapter 2. HPOG Program Context and Administration**

- a. Program context
  - i. Local context
  - ii. Other available similar programs and services
- b. Program operations
  - i. Program structure and partnerships
  - ii. Grant expenditures

## **Chapter 3. HPOG Participants**

- a. Program participants (demographics)
- b. Program outreach, application, and enrollment
  - i. Recruitment strategies
  - ii. Eligibility criteria
  - iii. Application process

## **Chapter 4. HPOG Program Healthcare Education and Training Activities**

- a. Activities to prepare participants for healthcare training
- b. Healthcare occupational training
- c. Other skills development activities
- d. Career pathways
- e. Participant engagement in healthcare pre-training and training

## **Chapter 5. HPOG Program Support Services**

- a. Case management services
- b. Academic and training services and supports
- c. Personal and family services and supports
- d. Participant receipt of support services

## **Chapter 6. HPOG Program Employment Assistance Services**

- a. Employment assistance services
- b. Employment retention services
- c. Participant receipt of employment assistance
- d. Involvement of local healthcare employers in job placements

## **Chapter 7. Sustainability**

## **Chapter 8. Conclusion**

- a. Summary of key findings
- b. Implementation fidelity
- c. Implications
  - i. Policy
  - ii. Program design

## 7.2. OUTCOMES STUDY REPORT

The Outcomes Study Report will report on HPOG 2.0 participants' preparation for training and training, employment, and career pathway outcomes. A proposed outline of the report's major sections appears in Exhibit 7-3 below.

### Exhibit 7-3: Draft Outline of the Outcomes Study Report

#### Overview

#### Executive Summary

#### Chapter 1. Introduction

- a. HPOG 2.0 and the National Evaluation
- b. Descriptive Evaluation: overview and objectives
- c. The HPOG logic model: a conceptual framework for research
- d. Data sources (very high level; more detailed information provided in appendix)
- e. Outcomes Study Design
- f. Organization of the Report

#### Chapter 2. Healthcare Training and Career Progress Outcomes

- a. Activities to prepare participants for healthcare training
  - i. Completion of basic skills training and prerequisites
  - ii. Career Progress: Movement from preparatory activities to healthcare training
- b. Healthcare training attended and completed
  - i. Completion of healthcare training by type (occupation) and length
  - ii. Receipt of credentials
  - iii. Career Progress: Participation in multiple healthcare trainings by career pathway level

#### Chapter 3. Employment Outcomes

- a. Characteristics of jobs after healthcare training (from PAGES)
  - i. Number and type of job (healthcare or not)
  - ii. Characteristics of jobs: wage, hours, health insurance
- b. Quarterly employment and earnings after HPOG enrollment (from NDNH)
- c. Outcomes after healthcare training completion (from NDNH)
  - i. Quarterly employment, total and by occupation of training
  - ii. Quarterly earnings, total and by occupation of training
  - iii. Career Progress: Earnings increases after training completion

#### Chapter 4. Career Progress

- a. Summary of career progress measures
- b. Combined measures of training and earnings progress

#### Chapter 5. Conclusion

- a. Summary of key findings

- b. Implications
  - i. Policy
  - ii. Program design

### 7.3. SYSTEMS STUDY REPORT

The Systems Study Report will describe how 15 local HPOG programs, representing a range of HPOG 2.0 programs, engaged with partners in local service delivery systems to support healthcare training for TANF recipients and other low-income adults. It will explore program operators' and partners' perspectives on how HPOG programs influenced these local systems and vice versa. A proposed outline of the report's major sections appears in Exhibit 7-4.

#### Exhibit 7-4: Draft Outline of the Systems Study Report

##### Overview

##### Executive Summary

##### Chapter 1. Introduction

- a. HPOG 2.0 and the National Evaluation
- b. Descriptive Evaluation: overview and objectives
- c. The HPOG logic model: a conceptual framework for research
- d. Local service delivery systems under HPOG
  - i. Lessons from HPOG 1.0 Systems Change Analysis
  - ii. Systems and partners under HPOG 2.0
  - iii. Framework for understanding local service delivery systems under HPOG 2.0
- e. Data sources (very high level; more detailed information provided in appendix)
- f. Systems Study Design
- g. Organization of the Report

##### Chapter 2. Characteristics of Local Service Delivery Systems Where HPOG Programs Operated

- a. Major local programs and initiatives supporting healthcare training
- b. Organizations that made up the local service delivery system and their roles in HPOG
- c. How organizations interacted and collaborated
- d. Differences across local service delivery systems

##### Chapter 3. HPOG Program Implementation: How It Influenced Local Service Delivery Systems

- a. Improving coordination among organizations in the systems
- b. Supporting access to and quality of healthcare training for low-income adults
- c. Informing the development and use of career pathways
- d. Engaging employers and industry and supporting their hiring needs
- e. Sharing and using data for improving program design and implementation
- f. Sustaining healthcare training and support services after the grant ends



#### **Chapter 4. The Local Service Delivery Systems: How They Influenced HPOG Program Implementation**

- a. Local factors that influenced the availability of healthcare training and jobs for low-income adults
- b. Building on or using existing career pathways
- c. Connecting to community resources and funding
- d. Local factors that may influence the sustainability of HPOG programs

#### **Chapter 5. Conclusion**

- a. Summary of key findings
- b. Implications
  - i. Policymakers
  - ii. Organizations in local service delivery systems

### **7.4. FOCUS AREA CASE STUDY BRIEFS**

Case studies of how the selected HPOG 2.0 programs approach the focus areas of special interest to ACF and the field will be presented in separate topic-specific briefs. Each case study will describe the rationale for exploring the focus area, the strategies employed in the programs visited, and challenges and lessons learned. A generic case study outline appears in Exhibit 7-5 below.

#### **Exhibit 7-5: Generic Draft Outline of the Focus Area Briefs**

##### **Overview of HPOG and the Purpose of the Focus Area Briefs**

##### **Highlights for [Focus Area] [Textbox]**

##### **1. Introduction**

- a. Rationale for exploring the topic
- b. Research questions, definitions
- c. Program selection for site visits
- d. Organization of the brief

##### **2. Methods [Textbox]**

##### **3. HPOG 2.0 Program Profiles**

For each program visited, this section will describe:

- a. Local program context
- b. Features of approach to [focus area]
- c. Challenges and strategies to address them

##### **4. Lessons Learned Across the Programs Visited**

- a. Summary of key findings
- b. Perspectives on expanding or eliminating services or activities
- c. Suggested strategies to address challenges
- d. Key supports or resources needed for continued success
- e. Advice to other programs implementing strategies in the selected focus area

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## APPENDIX: ILLUSTRATIVE TABLES

### IMPLEMENTATION STUDY

**Exhibit A 1: Illustrative Table of Partner Involvement in HPOG Program Administration**

Institutional Type	Percentage of Programs Reporting Partner Involvement In:					
	Planning and Design of HPOG Grant Activities	Referral of Applicants for Services Provided	Marketing and Outreach	Curriculum Development	Healthcare Occupational Training	[Etc.]
Workforce development agency						
TANF agency						
Higher education						
Community-based organizations						
Other government agency						
Employers or industry group						
Local education agency						
[Etc.]						

**Exhibit A 2: Illustrative Table of Grant Expenditures**

Activity	Mean Percentage of Program Grant Funds
Staff salaries (includes benefits such as health insurance, Social Security taxes, etc.)	
Overhead expenses (includes office supplies, internet/telephone costs, hardware)	
Outreach materials (includes printing and advertising)	
Direct provision of basic skills training	
Direct provision of other work-related skills training	
Direct provision of healthcare occupational training	
Direct provision of support services	
Contracted program staff	
Contracted training providers	
Contracted support services	
Other	
Total	

**Exhibit A 3: Illustrative Table of Participant Education and Credentials at Intake**

Characteristic	Number of Participants	Percentage of Participants
<b>Highest Educational Attainment</b> Less than 12th grade High school diploma or equivalent Some college, no degree Associate degree Bachelor's degree Graduate degree Missing		
<b>Licenses and Certifications</b> Holds professional, state, or industry certification/license Does not hold professional, state, or industry certification/license Missing		
<b>In School or Training</b> In school or training In healthcare occupational training Missing		

**Exhibit A 4: Illustrative Table of Factors Considered for Eligibility**

Eligibility Factor	Number of Programs	Percentage of Programs
Income standard		
Educational attainment		
English language proficiency		
Literacy level		
Numeracy level		
Criminal background screening		
Substance abuse screening		
Physical or medical exam screening		
U.S. citizen or legal residency		
Other		

**Exhibit A 5: Illustrative Table of Actions Taken for Ineligible Applicants**

Action	Number of Programs	Percentage of Programs
Referral to other agency or program		
Enroll in alternative training program		
Provide with list of alternative services in the community		
Other		

**Exhibit A 6: Illustrative Table of Instructional Strategies for Basic Skills Training**

Strategy	Number of Programs	Percentage of Programs
Basic skills training is integrated into healthcare training		
Basic skills training is offered as a stand-alone component		
Participants may enroll simultaneously in basic skills training and healthcare training		
Basic skills training is accelerated		
Basic skills training is delivered in a flexible way with regard to location, schedule, pace, and/or strategy		
Basic skills training is offered off-site or provided through distance learning		
Other		

**Exhibit A 7: Illustrative Table of Healthcare Occupational Training Courses**

Training Course	Percentage of Programs Where:	
	Course Reserved for HPOG Participants	Course Available to All Students

**Exhibit A 8: Illustrative Table of Participant Engagement in Healthcare Occupational Training Courses**

Training Course	Number of Participants	Percentage of Participants

**Exhibit A 9: Illustrative Table of Other Skills Development Activities Offered by HPOG Programs**

Class/Workshop	Percentage of Programs Where:	
	Class/Workshop Available and Mandatory	Class/Workshop Available and Voluntary
Introduction to Healthcare Career workshop		
Work readiness (e.g., positive work habits, attitudes, behavior, etc.)		
College readiness		
Digital literacy		
CPR training		
Other		

**Exhibit A 10: Illustrative Table of Available HPOG Program Supports**

Case Management and Counseling Services	Percentage of Programs Where:							
	Services Provided by HPOG Program Staff				Services Provided by Partners		Services Provided by Other Programs or Agencies	Not Offered
	Case Manager	Academic/ Career Advisor	Job Developer	Other HPOG Staff	At a Cost to the HPOG Program	At No Cost to the HPOG Program		
Participant monitoring (e.g., assessing participants' progress in training or needs for program supports)								
Academic counseling (e.g., course advising)								
Career counseling (e.g., reviewing careers or career pathways)								
Counseling to identify personal and supportive service needs								
Financial counseling (e.g., helping with financial aid or related income support or budget matters)								
Job search assistance								
Job placement assistance								
Job retention services								
Other								



**Exhibit A 11: Illustrative Table of Participant Receipt of Support Services**

Support Service	Number of Participants	Percentage of Participants
<b>Academic Supports</b> Case management Academic advising Training-related cost assistance (other than tuition) Peer support Post-eligibility assessments Mentoring Tutoring Any academic support		
<b>Personal/Logistical Supports</b> Transportation assistance Child or dependent care assistance Nonemergency food assistance Emergency assistance Housing support or assistance Other Any personal/logistical support		
<b>Employment Supports</b> Job search assistance Job placement assistance Job retention services Any employment support		

**Exhibit A 12: Illustrative Table of Employer Engagement Activities**

Action	Number of Programs	Percentage of Programs
Oversight or advisory board membership		
Contracting with grantee to provide training		
Advising or informing curricula, necessary technical/professional skills, or other aspects of program		
Providing work experiences		
Providing financial or physical resources		
Involvement in career fairs		
Delivering lessons, lectures, or presentations		
Hosting field trips		
Special hiring considerations		
Providing job opening information		
Other		

**Exhibit A 13: Illustrative Table of Control Group Members' Challenges in Accessing Training and Supports**

Challenge	Number of Programs	Percentage of Programs
Alternate services are not available in the community		
Limited supplies or funds are available for alternate services (e.g., ITA funds, Pell grants, WIOA funds)		
General loss of interest		
Other		

**Exhibit A 14: Illustrative Table of Potential Training Courses or Services at Risk of Being Reduced after HPOG Funding Ends**

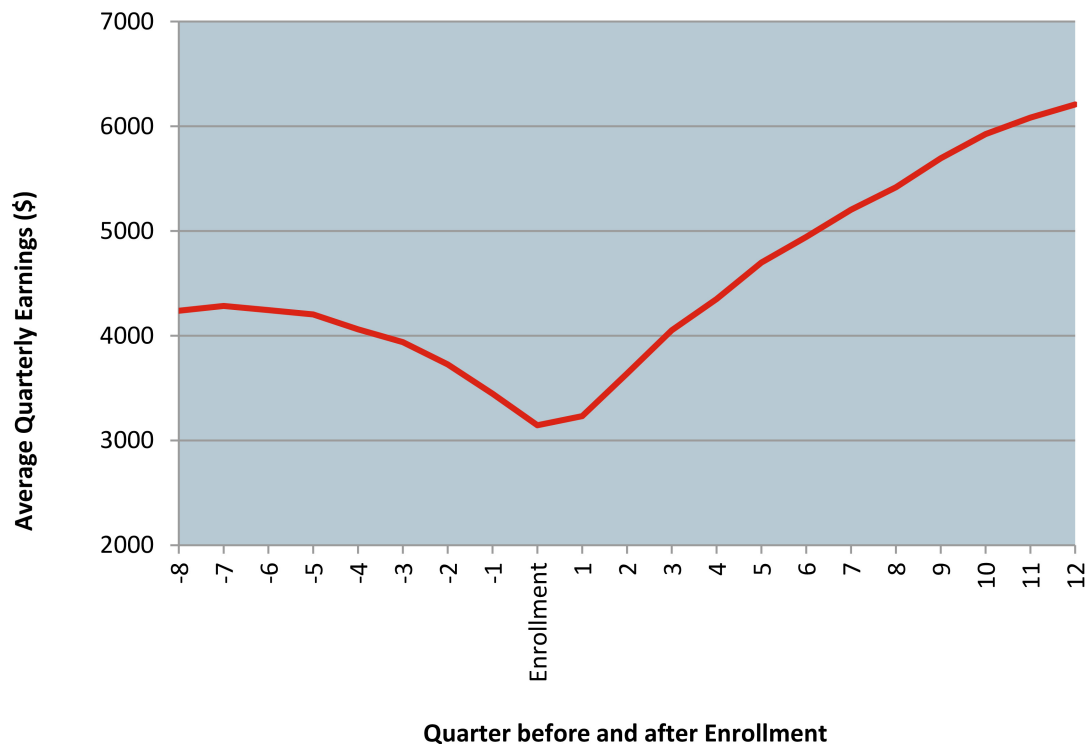
Training Course/Service	Number of Programs	Percentage of Programs
One or more healthcare training courses offered		
Basic skills training		
Academic supports (e.g., case management, peer support, tutoring)		
Personal/logistical support (e.g., emergency assistance)		
Employment assistance (e.g., job search, placement, retention services)		
Work-based learning opportunities (e.g., job shadowing)		
Other		

## OUTCOMES STUDY

**Exhibit A 15: Illustrative Table of Basic Skills Training Completion and Progression**

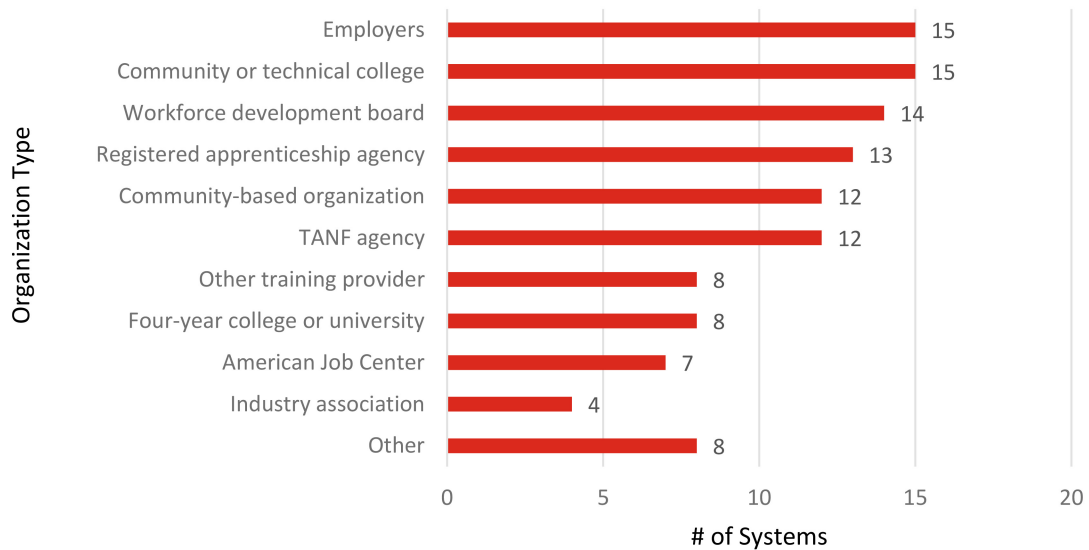
Characteristic	Number of Participants	Percentage of Participants Completing	Percentage of Participants Beginning Healthcare Training
Adult basic education			
Adult secondary education			
College developmental education			
English language acquisition			
Integrated basic skills			

**Exhibit A 16: Illustrative Graphic of Quarterly Earnings Pre- and Post-Enrollment**

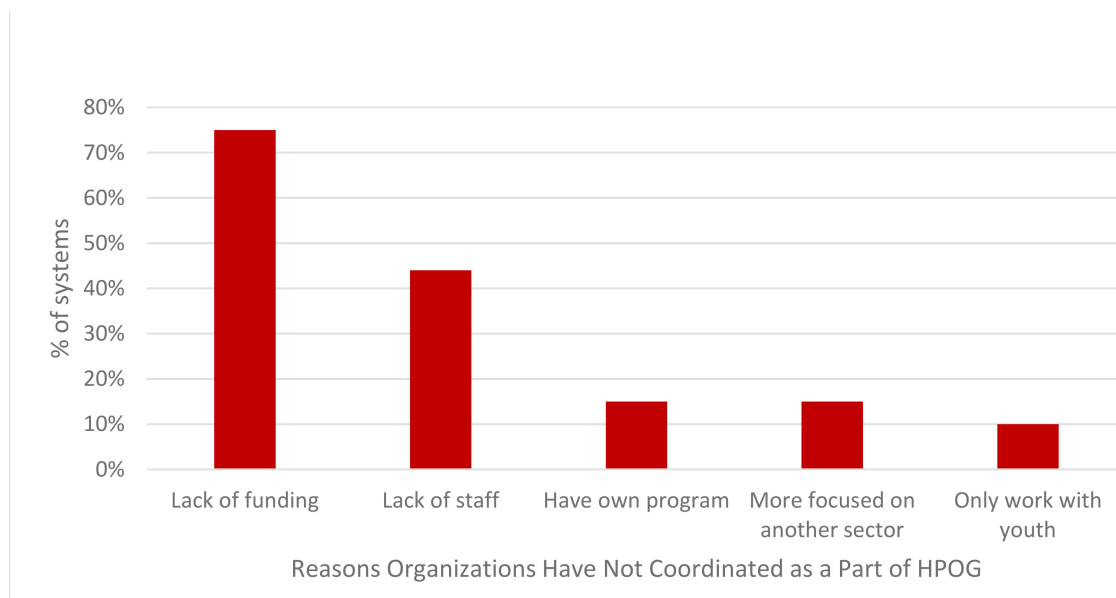


## SYSTEMS STUDY

**Exhibit A 17: Illustrative Graphic of Number of Systems with Different Types of Organizations Involved in the HPOG Program**



**Exhibit A 18: Illustrative Graphic of Reasons Organizations Have Not Coordinated with HPOG Programs**



**Exhibit A 19: Illustrative Graphic of Program Operators' and Partners' Perspectives on How Existing Career Pathways May Have Helped the HPOG Program**

