



Des Moines
Area Community
College Workforce
Training Academy
Connect Program:
Implementation and
Early Impact Report

Executive Summary

Pathways for Advancing Careers and Education

OPRE Report No. 2018-82

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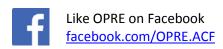
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Executive Summary

Low-income workers with only a high school education face poor and declining employment prospects. Postsecondary training, often at community colleges, offers one strategy for improving this population's education and employment opportunities, especially if targeted to occupations where there is high and growing demand for skilled workers (Capelli 2014; Conway and Giloth 2014; Holzer 2015). Policymakers, workforce development organizations, educators, and other key stakeholders are very interested in how to improve the match between the nation's need for a skilled workforce and low-income adults' need for employment.

WTA Connect Program

This report offers early evidence on the implementation and impacts of one effort to meet the occupational training needs of low-income, low-skilled adults: the **Workforce Training Academy Connect (WTA Connect)** program operated by **Des Moines Area Community College (DMACC)** in Iowa between 2012 and 2015. WTA Connect aimed to provide a pathway for low-skilled students to enroll in occupational certificate courses.

Over an initial 18-month follow-up period, members of a randomly assigned treatment group with access to the WTA Connect program:

- received credentials at a higher rate than control group members (the confirmatory outcome measured in the report), although only 19 percent of treatment group members received a credential;
- received credentials from a licensing/certification body at a higher rate; and
- did not receive significantly more hours of occupational training than control group members.

WTA Connect built on an existing DMACC program, the Workforce Training Academy, which provided occupational training in targeted high-demand, high-growth fields at no cost to participants who met minimum basic skills and income requirements. Because many applicants were denied admission to the Academy due to their low basic math and reading skills, DMACC staff designed a new program that would "connect" those low-skilled students to the Academy. WTA Connect prepared program participants for the Academy's occupational certificate courses with basic skills remediation, proactive advising, and other supports.

After completing the basic skills requirements, WTA Connect participants could enroll in the occupational certificate courses in the Academy such as healthcare, advanced manufacturing, and administrative support. At the end of occupational training, participants completed a job readiness course and could pursue employment or further education in a college diploma or degree program.

[&]quot;The Rising Cost of Not Going to College," *Pew Research Center, Social & Demographic Trends* (blog), published February 11, 2014, http://www.pewsocialtrends.org/2014/02/11/the-rising-cost-of-not-going-to-college/.

The entire package of WTA Connect program components was provided at no cost to participants, including all tuition and course materials. These components included:

- Basic skills remediation. WTA Connect aimed to quickly improve basic skills through its
 own self-paced, internet-based curriculum and instructor-supervised labs. Participants
 then did not have to retake and pass the Academy's admissions assessment to enroll in
 occupational training. In the absence of WTA Connect, control group members had to
 improve their basic skills using the Academy's standard remediation software or on their
 own and then achieve required scores on the assessment.
- Advising. WTA Connect students received support from dedicated achievement coaches
 who helped participants enroll, identified and addressed barriers to participation, and
 monitored their academic progress over the course of the program.
- Non-academic supports. In addition to free tuition, WTA Connect provided other non-academic supports—transportation supports, such as bus passes or gas cards; screening to assess participants' eligibility for public benefits; and a workshop on goal-setting and self-efficacy skills.²
- **Employment assistance.** Students in occupational training were required to attend a job readiness course and, upon completion of training, could schedule one-on-one sessions with an employment coach.

Pathways for Advancing Careers and Education (PACE) Evaluation

Abt Associates and its partners are evaluating WTA Connect as part of the **Pathways for Advancing Careers and Education (PACE)** evaluation. Funded by the Administration for
Children and Families (ACF) within the U.S. Department of Health and Human Services, PACE is an evaluation of nine programs that include key features of a "career pathways framework."

The **career pathways framework** guides the development and operation of programs aiming to improve the occupational skills of low-income adults by increasing their entry into, persistence in, and completion of postsecondary training. These students are primarily older and "nontraditional." The framework describes strategies for overcoming barriers to education and training that these students can face. Key features of programs within this framework include

- a series of well-defined training steps;
- promising instructional approaches targeted to adult learners;
- services to address academic and non-academic barriers to program enrollment and completion; and
- connections to employment.

Self-efficacy is defined as an individual's perceived capability in performing the necessary tasks to achieve personal goals. "The Role of Social Supports and Self-efficacy in College Success," *Institute for Higher Education Policy*, Research to Practice Brief Fall 2010, http://www.ihep.org/sites/default/files/uploads/docs/pubs/pcn_socialsupports.pdf.

The WTA Connect evaluation had two parts: An **implementation study** examined the design and operation of the program and patterns of enrolled students' participation. An **impact study** used an experimental design to measure differences in educational and employment outcomes between individuals randomly assigned to a group that could receive WTA Connect (treatment group) and a group that could not (control group). Using data from baseline surveys, a follow-up survey, program administrative records, and site visits/monitoring calls, this report provides the results from the implementation study. It describes the **early impacts of the program** (18 months after random assignment) on education, training, and employment, including attainment of a credential since random assignment, the confirmatory outcome to assess the early effects of WTA Connect.

Key Findings

From the Implementation Study

 Recruitment of eligible participants was challenging, but WTA Connect nearly reached a revised enrollment goal through technical assistance and target group expansion.

Though WTA Connect had a pipeline of potential participants (applicants too low skilled for the Workforce Training Academy), the program was new and thus unknown to the college and community when implemented for the PACE study in 2012. Initially the program struggled to meet its random assignment goal of 1,200 study participants over a two-year period. The research team and ACF reduced the sample goal to 1,000 participants and extended random assignment for eight months. The program ultimately reached 94 percent of its reduced enrollment goal largely through two mechanisms.

First, program staff worked with a technical assistance provider, Public Strategies, Inc. (PSI), to hone the marketing message to potential applicants. Program staff found that applicants and those who were assigned to the treatment group did not fully understand the program steps, starting with basic skills remediation, and the package of services. Staff also heard from some applicants that WTA Connect was a "second choice" program for those whose assessment scores made them ineligible for the Workforce Training Academy and its occupational trainings. The initial program name, the Prepared Learner Program, may have contributed to this impression. The rebranding of the program was part of the technical assistance effort, along with the message that it was one of several pathways into the Academy, each appropriate for different populations.

Second, WTA Connect staff expanded the program's target population beyond Workforce Training Academy applicants who were denied admission due to low basic skills. Program staff identified students who lacked a high school diploma as a new target population, as well as students who enrolled in for-credit classes and subsequently dropped out for academic or

Random assignment ensures that the treatment and control groups will be alike in their observed and unobserved characteristics, and that any systematic differences in their outcomes can be attributed to the treatment group having access to program services.

financial reasons. Program staff were able to recruit GED/HiSET⁴ preparation course students into the study, but found that those assigned to the treatment group often did not persist and complete the program. Program staff were not able to recruit large numbers of former forcredit students and ultimately ended this strategy.

 Staff modified new program components as they learned from implementation experience.

WTA Connect included components not previously available to Workforce Training Academy participants. Staff piloted and modified the new components during the first few months of the PACE evaluation. Initially, WTA Connect's basic skills remediation combined structured classroom training and an online curriculum. It transitioned to a self-paced, online learning approach, however, to reduce program costs and accommodate participants' schedules. WTA Connect intended to contextualize the remediation by incorporating occupational content into basic skills instruction. Ultimately, it did not, in part, because the online approach did not lend itself to contextualization. It was also challenging to develop contextualized basic skills curricula when WTA Connect covered a variety of occupational areas. Initially, WTA Connect ran its own GED classes specifically for WTA Connect students, but later decided to instead use existing GED/HiSET classes at DMACC's Urban Campus.

 Decisions made outside of the program increased the overlap in target population and services between WTA Connect and the Workforce Training Academy.

During the study period, DMACC moved WTA Connect and the Workforce Training Academy into its Continuing Education division; the new division leadership subsequently instituted two changes that affected the program and the study. First, the division lowered the eligibility cutoff scores for the Workforce Training Academy, thus cutting into the pool of potential WTA Connect applicants. Second, division leadership added Journeys, a pre-occupational training life skills course, to the Academy, which duplicated a key element of WTA Connect's existing curriculum. These two changes increased the overlap in both target population and services between WTA Connect and the Academy—thereby reducing the degree to which the evaluation's design could distinguish effects due to WTA Connect alone.

• Iowa's change from the GED to HiSET affected treatment group members working toward a secondary credential.

In January 2014, Iowa switched from the GED to HiSET. This affected students seeking a GED who had enrolled in WTA Connect prior to the switch. Some students had already worked through several GED prep courses and subject tests. Their progress did not accrue toward the HiSET credential, however, and they had to start over with HiSET prep courses, which slowed their progress. Additionally, DMACC had to develop a HiSET curriculum, which slowed enrollment in secondary training. According to program records, in the six months prior to the adoption of the HiSET, 86 percent of treatment group members without a high school diploma

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The state of Iowa switched from the GED® to the Educational Testing Service's HiSET® high school equivalency test during the study period.

or equivalent enrolled in the GED classes. Between January and June 2014, as the HiSET was adopted and implemented, only 11 percent of treatment group members without a high school credential did so. Moreover, the completion rate dropped from 18 percent during the July to December 2013 period to five percent during the January to June 2014 period.

 WTA Connect faced challenges engaging treatment group members and implemented an additional screening tool in response.

Early in the random assignment period, WTA Connect staff noticed more than one-quarter of treatment group members were either not engaged in program activities and unresponsive to staff contact efforts, or were making slow, if any, progress in the program. In response to conversations with the research team regarding the reasons for disengagement, the program added a non-academic barriers assessment. Staff administered a self-completed assessment form during the pre-random assignment information sessions to identify barriers to program participation, such as mandatory work requirements for public benefits, unmet childcare needs, a DMACC account hold⁵ preventing enrollment, substance abuse, and health concerns. In 2014, staff expanded the non-academic assessment to include a post-information session telephone screening. Staff reported that few applicants were screened out as a result of these steps, however.

 Flexible, self-paced program components may have affected participant engagement and persistence.

The WTA Connect program designers intentionally created a flexible and self-paced program with the goal of accommodating participants' schedules and other life demands. However, that design may not have provided the structure the low-skilled and disadvantaged population needed to persist and complete the program while combining school and other life commitments. With an emphasis on flexibility, the program did not have a clear start and end date or sequence of activities. Few program components were mandatory. Basic skills remediation was required, but the course itself was self-paced and delivered online. Advising, another touchpoint that could engage students, was encouraged but not mandatory. Ultimately half of the treatment group did not engage in any program activities.

• WTA Connect emphasized employment rather than further education.

WTA Connect envisioned an educational pathway for program completers; during the PACE study period, however, the systems to support a smooth transition from training to education were not yet in place. The certificate courses that WTA Connect students completed were noncredit; during the period of PACE study enrollment, they did not transfer for credit in DMACC's diploma and degree programs. WTA Connect also had its roots in the Workforce Training Academy, traditionally an employment-focused training center. With employer-driven certificate programs and employment-focused supports (such as the Career Readiness Lab),

An account hold results when a student has an unpaid financial obligation to the college. The hold prohibits students from enrolling in courses until the debt is resolved.

WTA Connect students' experience in the program mostly prepared them to seek a job after certificate completion, not further education.

• Only half of treatment group members attended any education or training.

Of those study participants assigned to the treatment group, 50 percent attended any education or training. All 50 percent attended basic skills remediation, which was the first step in the WTA Connect program. A sizable proportion—39 percent of all treatment group members, or 78 percent of those who enrolled in basic skills courses—completed remediation and thus were eligible to enroll in an occupational training course.

The follow-up survey asked respondents who did not enroll in any education or training to rank a number of potential reasons for their decision as very important, somewhat important, or unimportant. For the 50 percent of WTA Connect participants who did not enroll, the most common very important reasons were "didn't have enough time due to work" (47 percent) and "didn't have enough time due to family responsibilities" (46 percent). WTA Connect staff believed additional reasons were that some respondents had found jobs, moved out of the state, or became incarcerated, and that because WTA Connect was free, participants found it easy to not enroll or to drop out.

Almost three-quarters of treatment group members who started basic skills education attended occupational training.

Of the treatment group members who enrolled in any education or training (i.e., the 50 percent who started basic skills remediation), 74 percent continued to the next step in the program and enrolled in at least one occupational training program. The majority of those who attended education and training attended only one occupational training (a smaller proportion attended two occupational trainings). Of the treatment group members who started basic skills remediation, 56 percent completed at least one occupational training program.

• WTA Connect had a statistically significant impact on education or training receipt.

The WTA Connect program increased participation in any education and training by 14 percentage points (50 percent of the treatment group versus 36 percent of the control group). The WTA Connect program increased the treatment group's attendance at a two-year college (42 percent compared with 26 percent), reflecting the program's operation at a community college. The program also increased receipt of basic skills instruction (29 percent of treatment group members versus 18 percent of control group members), English as a Second Language instruction (seven percent compared with three percent), and life skills instruction (15 percent compared with six percent).

WTA Connect had a statistically significant impact on receipt of a variety of supports.

The WTA Connect program had an impact on receipt of career counseling (20 percent of treatment group members versus nine percent of control group members), as well as help arranging supports (15 percent versus six percent) and receipt of job search assistance (15 percent versus eight percent). Although these differences are statistically significant at the one percent level, only a small proportion of treatment group members reported engaging in these services. Among the subset of study participants who attended education and training,

treatment group members were significantly more likely than control group members to receive a number of supports: career counseling, job search/placement assistance, academic advising, help arranging supports for work or school, and tutoring.

From the Impact Study

 The WTA Connect program increased completion of credentials, the primary outcome for the early analysis of this program. However, the size of the increase was modest, and there was not an increase across all sources of credentials.

Credential attainment since random assignment was the confirmatory study outcome. Nineteen percent of treatment group members received a credential within 18 months, compared to 14 percent of the control group, a difference significant at the 10 percent level. Credential attainment was disaggregated by source; there was a significant difference between the treatment and control groups for only one of the three sources—a licensing/certification body. Fifteen percent of the treatment group earned credentials from this source compared to 10 percent of control group members, which was significant at the five percent level.

Thus, it appears that most of the difference in credential attainment between the treatment and control groups is due to credentials from a licensing/certification body. In addition, the sizes of these effects on credentials, although significant, are modest, which might be explained by two factors. First, only half of the treatment group received any education or training at all, limiting the scale of the effects on the group overall. Second, for those who did attend education or training, only 23 percent attended full-time while working part-time or less. Again, this limited the amount of education or training that could be received by the treatment group.

 The WTA Connect program had no effect on measures of early career progress, employment, or other domains 18 months after random assignment.

There were no statistically significant differences between the treatment and control groups on three measures of self-assessed progress toward career goals: perceived career progress, confidence in career knowledge, and access to career supports. The program also did not have an impact on two indicators of career pathways employment: working in a job paying at least \$12 per hour and working in a job requiring at least mid-level skills. Finally, the program did not have an impact on outcomes in three additional domains: psycho-social skills, life stressors, and family structure.

Next Steps in the WTA Connect Evaluation

This WTA Connect report focuses on implementation of the program and its early effects on participant education and training. At 18 months after random assignment the key program goal examined was increased attainment of credentials, with limited analysis of employment and earnings.

The next WTA Connect report will cover a 36-month follow-up period. It will take a more detailed look at program effects on students' economic outcomes for a period when these are expected to occur. The report will examine employment outcomes, such as average rate of employment and average earnings over successive follow-up quarters, and job characteristics, such as occupation, hourly wage, receipt of fringe benefits, and career progress. Thus, it will

begin to answer the question as to whether the credential attainment gains that WTA Connect achieved after 18 months will translate into economic gains in the workplace in the longer term. An analysis at 72 months after random assignment will estimate long-term effects of the program.

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