



Instituto del Progreso
Latino's Carreras en
Salud Program:
Implementation and
Early Impact Report

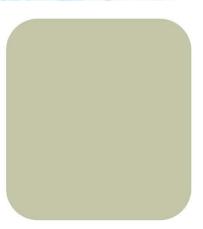




Executive Summary

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Instituto del Progreso Latino's Carreras en Salud (Careers in Health) Program: Implementation and Early Impact Report Pathways for Advancing Careers and Education (PACE)

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Executive Summary

Over the next 10 years, the demand for workers in healthcare jobs is expected to grow quickly as the population grows and ages. Successfully meeting the need for more healthcare workers is important both to the national economy and to providing quality healthcare to people. This demand also creates opportunities for low-income adults to find entry-level employment and advance to higher-skilled jobs. Almost all jobs in healthcare require some training after high school. Policymakers, workforce development organizations, educators, and other key stakeholders are very interested in how to enable the match between the nation's need for a skilled workforce and low-income adults' need for employment.

Carreras en Salud Program

This report offers early evidence on the implementation and impacts of one promising effort to meet both needs, **Carreras en Salud**, or Careers in Health (called Carreras throughout this report). A distinctive feature of this program is its focus on training for low-income Latinos for employment in nursing occupations. Established in 2005, the program was designed and is operated by **Instituto del Progreso Latino** (Instituto), a nonprofit organization located in Chicago, Illinois. Over its first 18 months, Carreras participants were more likely than a randomly assigned control group who could not access the program to:

- attend more hours of college-level occupational training (the confirmatory outcome measured in this report) and basic skills instruction; and
- earn occupational credentials (college-level certificates, professional licenses).

The goal of the Carreras program is to help low-income Latinos improve their basic skills and enroll in occupational training to gain the necessary skills and credentials for jobs as a Certified Nursing Assistant (CNA) and Licensed Practical Nurse (LPN). The Carreras program features a series of courses—from basic skills instruction (for participants who need it, designed specifically for those interested in nursing occupations) through college-level instruction. It also provides an array of services to support students while they attend classes. The key features of the program are:

• Structured healthcare training pathway, starting at low skill levels. As shown on Exhibit ES1, each step in the program's clearly-articulated pathway builds a progressively higher level
of skills, designed to lead to higher-paying jobs in the nursing field. There are seven courses
("bridges"), starting at the fourth-grade skill level and continuing through college level. Four
("lower bridges") are basic skills courses taught in-house by Instituto instructors. The four
are Career ESL, English as a Second Language (ESL), Vocational ESL (VESL), and Pre-LPN.

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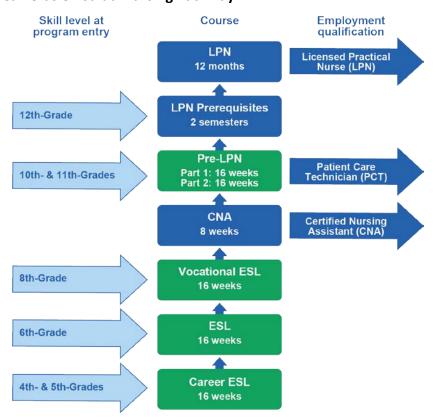
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They prepare participants to enroll in the three "upper bridges" taught at City Colleges of Chicago campuses. The three are the CNA course, college-level prerequisites for the LPN, and the LPN course.

- **Contextualized and accelerated basic skills instruction.** The lower bridge courses provide basic skills instruction within the context of healthcare occupations and vocabulary. They are designed such that participants gain one or two grade levels in each 16-week course.
- Academic advising and non-academic supports. For the lower bridges, Carreras provides
 one-on-one assistance to address barriers to enrollment and persistence, including
 assistance with childcare and transportation and accessing public benefit programs, as well
 as academic advising and tutoring. For the upper bridges, Carreras provides academic
 advising.
- **Financial assistance.** The lower bridges are free to participants. Staff help participants in upper bridges apply for and secure financial assistance, such as Pell Grants, to cover the tuition.
- Employment services. Carreras offers participants one-on-one job search assistance and a
 one-week job readiness workshop. Additionally, Carreras staff identifies healthcare-related
 job openings, promote the program to employers, and help connect them with students
 who complete training.

Exhibit ES-1. Carreras en Salud Nursing Pathway



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Pathways for Advancing Careers and Education (PACE) Evaluation

Abt Associates and its partners are evaluating Carreras en Salud as part of the **Pathways for Advancing Careers and Education (PACE)** evaluation. Funded by the Administration for Children and Families, 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 students. The framework describes strategies for overcoming barriers to education and training that these students can face. Key features of programs within the career pathways 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.

The Carreras en Salud evaluation includes an **implementation study** that examines the design and operation of the program and enrolled students' participation patterns, and an **impact study** that used an experimental design to measure differences in educational and employment outcomes between individuals randomly assigned to a group that could enroll in Carreras (treatment group) and a group that could not (control group).²

Using data from two baseline surveys, a follow-up survey, program administrative records, and site visits, this report provides the results from the implementation study and it describes the early impacts of the program (18 months after random assignment) on education, training, and employment—including hours of occupational training received since random assignment, the confirmatory outcome to assess the early effects of Carreras en Salud.³

Summary of Key Findings

This summary documents findings from the implementation study and early findings (18 months after random assignment) from the impact study.

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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.

See the PACE analysis plan (Abt Associates 2014). The Carreras en Salud analysis plan was also registered on the Open Science Framework site.

Findings from the Implementation Study

Carreras en Salud operated largely as designed.

Instituto staff implemented the multi-step program and associated supports largely as planned. The lower bridge courses were offered at Instituto using Carreras instructors and specially-designed curricula that sought to infuse basic skills education with healthcare content. Case managers, academic advisors, and employment specialists worked with students to arrange support services, address personal issues that could interfere with program completion, and provide academic guidance and tutoring. The upper bridge courses were provided at City College of Chicago campuses using their standard curricula, but Carreras participants enrolled in these courses could still access its academic advising and employment assistance.

The basic skills courses at Instituto were provided at no cost to participants, whereas Carreras staff assisted its participants in the college-level courses in accessing tuition support. The program also emphasized employment assistance, with staff dedicated to both improving participants' job search skills and finding appropriate employment opportunities for participants completing Carreras courses.

The dual academic and employment advising roles reflect the key feature of the Carreras program, namely that it is designed to facilitate entry to training and exit to employment at multiple steps along its career pathway. Participants can opt to progress directly to the next bridge on the pathway or to seek employment, potentially returning to complete additional training at a later time. Once in Carreras, participants can re-enroll in the program even after a significant period of time.

• Recruitment and enrollment of eligible participants was challenging. Although Carreras adopted strong outreach efforts, program staff found it difficult to recruit for both the expanded scale of Carreras and the control group.

For the PACE evaluation, Carreras needed to scale up its operations and serve approximately one-third more participants, as well as over-recruit participants for a control group. As a result, staff aimed to increase the number of applicants typically recruited by two-thirds. In the end, however, Carreras was not able to operate at the scale desired for the evaluation (although the program did meet a reduced goal over an extended enrollment period) primarily because staff had difficulty identifying a sufficient number of potential applicants.

Though there was considerable interest in the program, as demonstrated by strong attendance at regularly scheduled invitational orientations, only a fraction of attendees continued to the next step of the enrollment process. Staff attributed this drop-off to several factors, including attendees' concerns about the time commitment for the courses; their ability to combine work, school, and family responsibilities; and the program's eligibility criteria (e.g., some interested applicants may not have met the definition of low income or may not have been U.S. citizens or legal residents).

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To address recruitment challenges, staff expanded and diversified outreach methods using resources provided for the evaluation and hired a dedicated recruiter to "get the word out" about the program and generate interest in it. Overall, Carreras staff made significant progress in identifying interested and eligible applicants, and would likely have been able to operate at larger scale if it had not needed to establish a control group.

• Carreras served a low-income Latino population, but not a particularly low-skilled one.

As intended, the Carreras participants were Latino (99 percent identified as being Latino) and low income (with a median household income of approximately \$21,000), as measured on the baseline survey. And though the program was designed to accommodate those with basic skills levels as low as fourth grade, most participants were not low skilled. Only 10 percent of study participants at baseline had less than a high school diploma, and 41 percent had attended some college. It should be noted that having a high school diploma or college experience does not always indicate a specific skill level. Staff reported that some participants with a high school diploma or some college tested low on its placement tests, perhaps because many years had elapsed between school and their enrollment in Carreras.

Nonetheless, though Carreras made a concerted effort to serve very low skilled Latinos, in particular adding the low-level Career ESL course, the program served few participants at the lowest skills levels. The staff's experience indicates it can be challenging to engage a very low-skilled population in training programs, particularly if English is not their primary language, even when the course is specifically designed to meet their needs.

Staff continually sought to improve contextualization in the basic skills courses.

Contextualization, where healthcare-related content is integrated into basic skills instruction, was intended to be a key component of the Carreras program. However, staff reported that the level of contextualization specified in the design of the program was difficult to achieve and required ongoing attention for several reasons. First, staff reported that some basic skills topics are not conducive to contextualization. Also, most instructors did not have experience delivering contextualized instruction and were thus uncomfortable introducing healthcare-related material into their classes.

In response to these challenges, Carreras hired a curriculum specialist to identify healthcare-related material to integrate into specified segments of the basic skills courses, met with instructors to help them integrate healthcare-related content, and standardized curricula and instruction across the basic skills courses provided at Instituto.

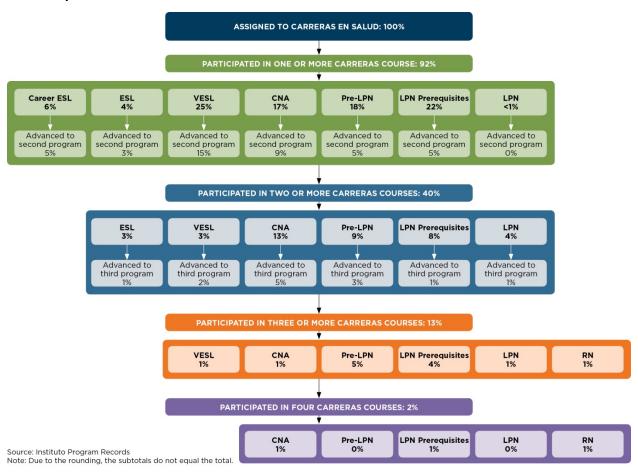
• There was a high level of initial engagement in the Carreras program, and completion rates for commonly attended programs were strong.

As shown on Exhibit ES-2, the vast majority (92 percent) of treatment group members participated in at least one Carreras course. This may be in part due to the assessment process at the time of program enrollment, which not only determined applicants' basic skills levels but

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also ensured they understood the nature of healthcare jobs and had an interest in and commitment to employment in the field. As shown, the most common courses attended were in the "middle" of the Carreras pathway: VESL, CNA, Pre-LPN, and LPN Prerequisites. Fewer (less than 10 percent) attended the lower-level ESL courses (Career ESL and ESL) or the upper-level LPN course.

Exhibit ES-2. Progression of Carreras en Salud Treatment Group Members over an 18-Month Follow-up Period



Overall, 72 percent of those who participated in the Carreras program completed a course within the 18-month follow-up period (not on exhibit). Eighty-two percent of CNA students completed their course, and completion rates were more than 70 percent for the VESL and Pre-LPN courses. The completion rate for the longer-term credential-bearing LPN course was 14 percent, although some 80 percent of these students were still enrolled at the end of the follow-up period. Carreras included significant staff support in the basic skills programs provided at Instituto to address both academic and personal issues that could derail education plans, and students in the CNA and LPN courses could access academic advising. These supports may have also contributed to the relatively high rate of progression to subsequent courses (see below).

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• Four in 10 treatment group members progressed to a higher-level course within the follow-up period, although few reached the upper-level LPN course.

As also shown on Exhibit ES-2, among all treatment group members, more than 40 percent progressed from their initial training to a second one, most commonly from ESL or VESL to CNA or Pre-LPN (not shown). Thirteen percent of treatment group members attended three trainings, and two percent attended four. Though most students who attended a second training enrolled in the next course in the Carreras pathway's sequence, about one-quarter skipped a level. Thus, participants attended a wide range of course combinations. Over the entire follow-up period, about one-third of treatment group members attended courses to prepare for the LPN course (Pre-LPN and/or LPN Prerequisites), but only five percent progressed to the LPN level.

Findings from the Impact Study

 Carreras had a statistically significant effect on the average total hours of occupational training received (confirmatory hypothesis), as well as on the hours of basic skills and ESL instruction received.

As shown on Exhibit ES-3, over an 18-month follow-up period, treatment group members attended 210 hours of occupational training compared with 164 hours for the control group, resulting in a 46-hour impact, statistically significant at the five percent level. In addition, Carreras also produced a 94-hour impact on basic skills instruction received (135 hours for treatment group members versus 40 for control group members), significant at the one percent level, and a smaller but equally significant impact of 29 hours on ESL instruction.

Overall, the Carreras program produced a large increase in the total hours of education and training received: treatment group members participated in occupational training, basic skills, and ESL courses for a total of 402 hours whereas control group members did so for 223 hours, an impact of 178 hours, (an 80 percent increase). This impact on total hours of participation was driven both by more treatment group members enrolling in training and by their attending more hours than control group members, particularly for basic skills. For reference, typical courses at most U.S. colleges meet three hours per week for 15 weeks, for a total of 45 hours per course. While the information on the number of courses attended is not available for this study, the impact of Carreras on hours of education and training attended translates into approximately four courses (180 hours) using this standard.

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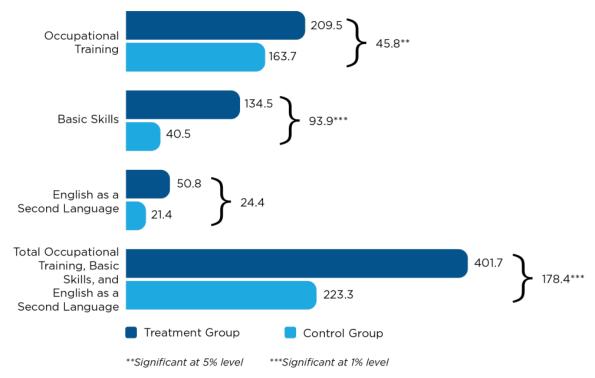


Exhibit ES-3. Hours of Occupational Training, Basic Skills Instruction, and ESL Received

 Carreras had an impact on receipt of a credential, primarily those earned from a licensing or certification organization.

As shown on Exhibit ES-4 (below), Carreras had an 18-percentage point impact on receipt of a credential (37 percent of treatment group members versus 18 percent of control group members), significant at the one percent level. Likely reflecting the licensing requirements for CNAs and LPNs, the impact on credentials was largely due to significant differences in the proportion of treatment group members who received a credential from a licensing/certification body. Given that more participants enrolled in and completed CNA courses within the follow-up period than in the longer-term LPN course, many of these credentials are likely to be for a CNA.

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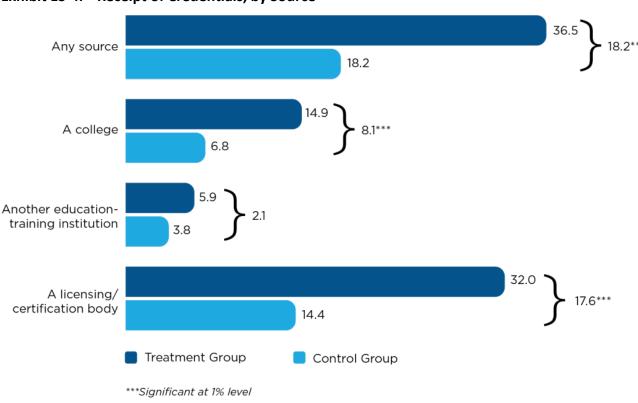


Exhibit ES-4. Receipt of Credentials, by Source

The study also found that more than one-third of treatment group members (36 percent) were still enrolled in training at the end of the 18-month follow-up period compared with 29 percent of control group members, a statistically significant difference. This is likely due to the multiple steps and length of some of the training courses in the Carreras program, and indicates the need for longer-term follow-up to determine the overall effects of the program.

Carreras produced impacts on receipt of supportive and employment services.

Carreras had a 19-percentage point impact on receipt of career counseling (38 percent of treatment group members versus 19 percent of control group members); an 11-percentage point impact on receipt of help arranging supports (17 percent versus six percent); and a 19-percentage point impact on job search assistance receipt (30 percent versus 11 percent), each significant at the one percent level. These impacts are a result of the range of supports provided by the Carreras program, including a case manager to identify and arrange for necessary supports, an academic advisor, and an employment specialist who provides job search assistance.

Carreras had a positive impact on employment in healthcare occupations.

The Carreras program increased employment in healthcare occupations by nine-percentage points: 25 percent of treatment group members reported working in a healthcare occupation at follow-up compared with 16 percent of control group members. This may be the result of the impact on credentials received, as discussed above, as well as the employment assistance

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provided by Carreras that focused on helping participants obtain employment in the healthcare field. However, no impacts were detected on other employment measures, including working at a job paying at least \$12 per hour or working at a job requiring at least mid-level skills. Because, as noted above, most Carreras participants who obtained a credential likely did so after completing its CNA course, it may take time for participants to progress to higher-skill and/or higher-wage jobs.

The Carreras program produced a decrease in reports of financial hardship.

Carreras fully funds the basic skills instruction provided at Instituto and assists students in applying for financial aid for occupational training at colleges. Carreras staff also assists lower bridge participants in accessing other public supports as needed. Carreras produced a statistically significant decrease in reports of experiencing financial hardship. The program also resulted in a 12-percentage point reduction in the proportion who cited financial support as a challenge to attending training (66 percent for treatment group members versus 78 percent for control group members).

Implications and Next Steps

There is a great deal of interest at the federal, state, and local levels in the career pathways approach as a strategy to improve education and employment outcomes for low-income, low-skilled adults. The early Carreras en Salud results have a number of implications for further development of career pathways initiatives.

The Carreras en Salud evaluation provides evidence on one of the most fully developed examples of a "career pathways" approach to date. Early results provide strong support for the approach. Carreras en Salud incorporated all key elements of the career pathways framework: (1) manageable and articulated steps on a career pathway—starting at a low-skills level and continuing through college-level courses; (2) innovative instructional approaches in the lower bridges, specifically contextualized and accelerated curricula; (3) academic and non-academic supports for lower-bridge participants (and academic supports for upper-bridge ones); and (4) connections to employment. More than 90 percent of treatment group members participated in one or more courses, and many participants completed initial steps and continued to the next step on the pathway. The program increased hours of education and training—boosting average hours of occupational training by 46 hours (a 28 percent increase), and average total hours of education and training (including basic skills instruction) by 178 hours (an 80 percent increase). It increased the fraction receiving occupational credentials of any kind (e.g., certifications, licenses, college credentials) by 18 percentage points, and it increased the fraction receiving college credentials by eight percentage points.

Carreras en Salud's impacts on education and training compare favorably with other approaches to improve the education and economic outcomes of nontraditional students. Carreras en Salud differs from many other career pathways programs in that it was developed

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for and exclusively serves low-income and bilingual Latinos, many of whom have skills levels too low to enroll in and complete college courses. The program nonetheless achieved comparable results to others that focus on broader and in some instances more college-ready (although still disadvantaged) populations, including other programs in PACE.

Although Instituto operated Carreras en Salud largely as designed, their experience indicates areas for further attention and development. First, although the program sought to target low-skilled participants, it had some difficulty recruiting students into its lowest level bridges (those below an eighth-grade skill level), indicating the challenge of reaching this group. Second, while Carreras experienced some success in expanding its recruitment efforts, their difficulty in meeting PACE enrollment targets suggests that a dramatic scaling of the program would require using different outreach strategies and potentially serving a larger geographic service area. Third, although contextualization of the curricula was a key design element for the lower bridges, instructors had difficulty implementing it to the degree envisioned by program leadership and it required ongoing attention. Finally, although the pathway extends to the upper level LPN course, few participants reached this level within the follow-up period. This may be appropriate given that it takes time to progress through the course sequence. This will be an important issue to document in the next phase of the study with a longer follow-up period.

The evaluation findings attest to the role that experienced nonprofit organizations can play as providers of training and supports to facilitate enrollment and persistence in public college systems. Positive impact findings for the Carreras program suggest that nonprofit organizations based in a community can play a constructive role as part of wider career pathways education and training systems. In particular, Instituto's knowledge of their community, flexibility to program development, and commitment to their mission – common features of nonprofit organizations – are important elements of the Carreras program. At the same time, these factors may limit the program's replicability. The organizational strengths and programmatic experience Instituto developed over its history of work with Latinos in one community may be difficult to apply on a larger scale in Chicago or to reproduce in other settings or by other organizations.

What Lies ahead for the Evaluation of Carreras en Salud

Though the results at this juncture are promising, longer-term follow-up of a broader range of outcomes, particularly employment and earnings, is needed to more definitively assess the Carreras en Salud model. The many important questions that remain will be addressed in subsequent reports on effects on intermediate outcomes (with 36 months of follow-up) and long-term outcomes (with 72 months of follow-up). These include:

• Will Carreras en Salud's impacts on educational attainment remain stable, increase, or decrease? In particular, it will be important to assess whether participants enroll in and complete higher levels of the pathway (LPN) and beyond (even Registered Nurse or RN) and

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achieve the associated credentials. The positive impacts seen thus far might indicate permanent improvements of the treatment group relative to the control group. Conversely, control group members could catch up over time, so that their education outcomes are no longer significantly different from those of the treatment group.

- Will Carreras en Salud's impacts on educational attainment translate into impacts on employment and earnings? The 18-month analyses examined only a few employmentrelated outcomes. Future analyses will assess the impact of Carreras en Salud on a broader array of employment outcomes, including earnings, hourly wages, receipt of fringe benefits, and stability of employment.
- Does Carreras en Salud have other impacts on participants and their families? Key
 outcomes to address in the future include the effect of the program on individual and
 household income, material well-being, and perceived stress.
- **Is Carreras en Salud cost beneficial?** Future analyses will explore the costs of the program relative to the benefits it produces for participants and society.

Given the strong early results presented in this report, these later reports will be important additions to the career pathways literature.

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