



Descriptive Evaluation Design Report for the National Evaluation

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

OPRE Report #2018-07

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HP**G**
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OFFICE OF FAMILY ASSISTANCE

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

Descriptive Evaluation Design Report for the National Evaluation

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OVERVIEW

INTRODUCTION

The Health Profession Opportunity Grants (HPOG) Program is designed to deliver high-quality training in the health professions to eligible individuals. 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 will include a Descriptive Evaluation of the implementation, outcomes, and local service delivery systems of the grants as well as an Impact Evaluation of the grants' impacts on participants and the HPOG Program's costs and benefits.

This report presents a research design plan for the Descriptive Evaluation, which includes three related studies: (i) the Implementation Study, (ii) the Outcome Study, and (iii) the Systems Study. Each of these studies makes important independent contributions to the National Evaluation:

- The Implementation Study will describe HPOG 2.0 Program design and implementation, including Program context, administration, costs, education and support services, and employment assistance services.
- The Outcome Study will describe HPOG 2.0 participant characteristics, program experiences, and educational and employment outcomes.
- The Systems Study will describe how local service delivery systems (i.e., community resources, funding availability, economic conditions, and policies) may have influenced HPOG program design and implementation and how HPOG implementation may have influenced these local systems.

PRIMARY RESEARCH QUESTIONS

The studies' major research questions are:

1. How is HPOG 2.0 designed and implemented and what innovative and/or promising strategies have programs introduced in the following focus areas: employer engagement, providing training in the career pathways framework, providing work-readiness training, and providing for program sustainability after grants end?
2. What are the characteristics of HPOG 2.0 participants; at what rate do they engage in program activities, training courses, and support services; and what are their education, employment, and earnings outcomes?"
3. What are the local service delivery systems in which HPOG programs operate and what was the mutual influence of the HPOG programs and the local service delivery systems and vice versa?

PURPOSE

This design report presents detailed plans for the Descriptive Evaluation of HPOG 2.0. It specifies a logic model comprising the domains and constructs and the hypothesized relationships among them that characterize the theory of change underlying the HPOG 2.0 Program. The document then specifies the research questions and the data sources and collection strategies needed to describe how the logic model is realized. The report closes with

an account of the future products of the Descriptive Evaluation, including an analysis plan, a report, and a series of case studies focusing on topics of particular policy and practice interest.

KEY FINDINGS AND HIGHLIGHTS

The Descriptive Evaluation includes three related studies (i) the Implementation Study, (ii) the Outcome Study, and (iii) the Systems Study. Each of these studies makes important, independent contributions to the National Evaluation:

- The Implementation Study will describe HPOG 2.0 Program design and implementation, including Program contexts, administration, costs, education and support services, and employment assistance services.
- The Outcome Study will describe HPOG 2.0 participant characteristics, program experiences, and educational and employment outcomes.
- The Systems Study will describe how local service delivery systems (i.e., community resources, funding availability, economic conditions, and policies) may have influenced HPOG program design and implementation and how HPOG implementation may have influenced these local systems.

METHODS

The Descriptive Evaluation will use multiple sources of primary and secondary data. The **primary data sources** are:

- Program administrative data collected in the Participant Accomplishment and Grant Evaluation System (PAGES), a management information system developed for the HPOG 2.0 Program and Evaluation.
- Two rounds of telephone interviews with HPOG 2.0 grantee and program representatives and key partners that provide training courses or support services.
- Site visits to up to ten programs with promising or innovative strategies for the five focus areas of interest noted in the first research question above.
- In-depth interviews with program participants.

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

- Evaluation Design and Implementation Plans (EDIPs), which describe in detail how the Impact Evaluation will be integrated into each local HPOG 2.0 program's operations. EDIPs also include summary information about program operations, training courses, and services, as well as control conditions.
- Site monitoring reports prepared by the research team based on their ongoing contact with grantee staff, which describes program changes and issues.
- Grantee applications, which provide some institutional background as well as the grantee's objectives and rationale for a grant award.
- Performance Progress Reports (PPRs), which compare outcomes against quantitative performance goals, and provide grantee narrative descriptions 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.

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, 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 program: a unique set of services, training courses, and personnel; a single grantee may fund one or more programs
- HPOG partners: other organizations directly involved in the operations of an HPOG program
- HPOG program participants: enrollees in education and training programs and related services supported by HPOG grants
- Contextual factors, or “system”: the economic and service delivery environment in which an HPOG program operates
- Outcomes: end goals for HPOG, including employment and earnings 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 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.”¹ Building on the first round of HPOG awards in 2010, ACF awarded a second round of grants in 2015 (“HPOG 2.0”) for up to five-years.

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 2nd Generation of Health Profession Opportunity Grants. 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 outcome 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.²

This Evaluation Design Report presents the research plan for the Descriptive Evaluation of the National Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (hereafter referred to as the HPOG 2.0 National Evaluation). The Descriptive Evaluation includes three related studies pertaining to the 27 non-tribal grantees: (i) the Implementation Study, (ii) the Outcome Study, and (iii) the Systems Study. Each of these studies makes important, independent contributions to the National Evaluation:

- The Implementation Study will describe HPOG 2.0 Program design and implementation, including Program contexts, administration, costs, education and support services, and employment assistance services.
- The Outcome Study will describe HPOG 2.0 participant characteristics, program experiences, and educational and employment outcomes.
- The Systems Study will describe how local service delivery systems (i.e., community resources, funding availability, economic conditions, and policies) may have influenced HPOG program design and implementation and how HPOG implementation may have influenced these local systems.

Each of the three studies is designed to address several research questions. The questions are motivated by a logic model (Exhibit 3, later in this report) for HPOG 2.0 that conceptualizes the

¹ 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) and extended by the Protecting Access to Medicare Act (PAMA) of 2014 (H.R. 4302; Public Law 113-93, April 1, 2014, Title I Medical Extenders, Section 208, “Extension of Health Workforce Demonstration Project for Low-Income Individuals,” Section 2008(c)(1) of the Social Security Act (42 U.S.C. 1397g(c)(1)) is amended by striking “2014” and inserting “2015.”

² 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/>.

HPOG 2.0 Program and the causal relationship among its socio-economic, demographic and institutional context; its support services and training opportunities; its outputs; and its short- and intermediate-term outcomes. Among the studies' major research questions are:

- Implementation Study
 1. How is HPOG 2.0 designed and implemented?
 2. What is the nature of the labor markets in which HPOG 2.0 operates?
 3. What innovative and/or promising strategies have programs implemented in the following areas: employer engagement, providing training in the career pathways framework, providing work-readiness training, and providing for program sustainability after grants end?
- Outcome Study
 1. What are the characteristics of HPOG 2.0 participants?
 2. At what rate do participants engage in program activities, training courses and support services?
 3. What are participants' education, employment, and earnings outcomes?
- Systems Study
 1. What are the local service delivery systems in which HPOG programs operate?
 2. How did implementation of the HPOG programs influence local service delivery systems?
 3. How did local service delivery systems influence the implementation of the HPOG programs?

This report presents a blueprint of the plans for the Descriptive Evaluation of HPOG 2.0. The document begins with a description of a logic model encompassing the domains and constructs and the hypothesized relationships among them that characterize the theory of change underlying the HPOG 2.0 Program. The document then discusses in detail the research questions and the data sources and collection strategies needed to describe how the logic model is realized. The report closes with a summary of the future products of the Descriptive Evaluation, including an analysis plan, a report, and a series of case studies focusing on topics of particular policy and practice interest.

1. BACKGROUND AND OVERVIEW

This Evaluation Design Report presents the research plan for the Descriptive Evaluation of the National Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (hereafter referred to as the HPOG 2.0 National Evaluation). The Descriptive Evaluation includes three related studies pertaining to the non-tribal grantees: (i) the Implementation Study, (ii) the Outcome Study, and (iii) the Systems Study. These three studies will each make important contributions to the Descriptive Evaluation and will also be integrated with findings from the related HPOG 2.0 National Impact Evaluation.

This design report first presents an **overview** of the HPOG 2.0 Program and the National Evaluation and describes the goals of the Descriptive Evaluation portion. **Chapter 2** identifies the research domains and major research questions for each of the three studies that make up the Descriptive Evaluation. **Chapter 3** describes the data sources and collection strategy, and links the major research questions to their data needs. **Chapter 4** documents the various deliverables associated with the Implementation, Outcome, and Systems Studies.

Appendix A contains detailed information on the HPOG 2.0 administrative data system (Participant Accomplishment and Grant Evaluation System, or PAGES). **Appendixes B and C** provide the primary data collection instruments associated with the early data collection efforts for the studies.

1.1 OVERVIEW OF THE HPOG 2.0 NATIONAL EVALUATION

In 2010, Congress authorized funds to the U.S. Department of Health and Human Services for the Health Profession Opportunity Grants (HPOG) Program. HPOG is administered by 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

Important Terms for this Report

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, 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 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

HPOG program participants—enrollees in education and training programs and related services supported by HPOG 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

either experience labor shortages or be in high demand.”³ In its funding opportunity announcement (FOA) for HPOG, ACF said it expected grantees to:

- Prepare program participants for healthcare sector employment in positions that pay well and are expected either to 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 HPOG grants awarded in 2010 (HPOG 1.0), ACF awarded a second set of grants to 32 grantees (HPOG 2.0) in 2015.

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 2nd Generation of Health Profession Opportunity Grants. 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 outcome 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.⁴

Of the 32 HPOG 2.0 grantees, the 27 non-tribal grantees are participating in the HPOG 2.0 National Evaluation and the five tribal grantees are participating in a separate HPOG 2.0 Tribal Evaluation. The 27 non-tribal grantees operate 38 distinct programs, meaning they offer a unique set of services, training courses, and personnel. The HPOG 2.0 National Evaluation includes three major and related evaluation components: the Descriptive Evaluation, an Impact Evaluation, and a Cost-Benefit Study. The Descriptive Evaluation components – the Implementation, Outcome and Systems Studies – will present descriptive findings only and will not analyze causal relationships. The National Evaluation’s Impact Evaluation and Cost-Benefit Study will estimate HPOG 2.0 Program impacts and their monetized value, respectively. Exhibit 1 provides a visual description of the major components and sub-components of the HPOG 2.0

³ Authority for these demonstrations is included in 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) and extended by the Protecting Access to Medicare Act (PAMA) of 2014 ([H.R. 4302](#); [Public Law. 113-93](#), April 1, 2014, Title I Medical Extenders, Section 208, “Extension of Health Workforce Demonstration Project for Low-Income Individuals,” Section 2008(c)(1) of the Social Security Act (42 U.S.C. 1397g(c)(1)) is amended by striking “2014” and inserting “2015.”

⁴ 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/>.

National Evaluation and Exhibit 2 presents the major research questions for the Descriptive Evaluation.

Exhibit 1: Components of the HPOG 2.0 National Evaluation⁵

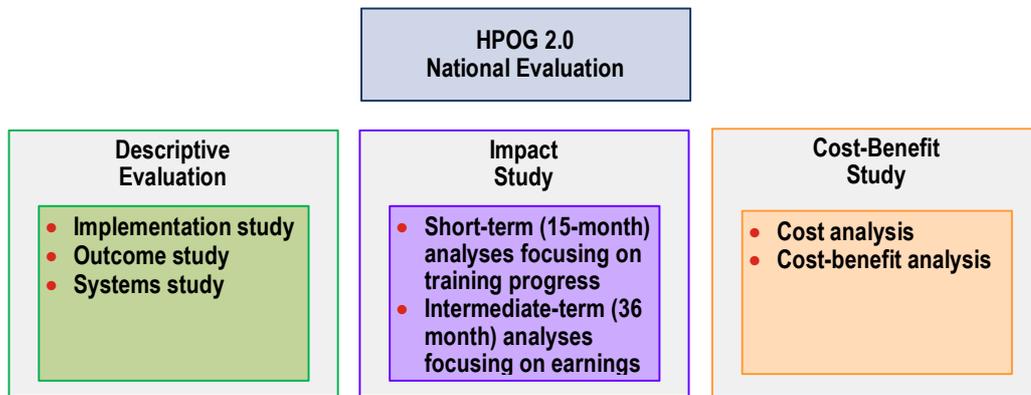


Exhibit 2: Overview of the Major Research Questions of the HPOG 2.0 National Descriptive Evaluation (Three Component Studies)

Evaluation Component	Major Research Questions
Implementation Study	<ul style="list-style-type: none"> ▪ How is HPOG 2.0 designed and implemented? ▪ What is the nature of the labor markets in which 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? ▪ 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 areas: employer engagement, providing training in the career pathways framework, providing work-readiness training, and providing for program sustainability after grants end?
Outcome Study	<ul style="list-style-type: none"> ▪ What are the characteristics of HPOG 2.0 participants? ▪ At what rates do HPOG 2.0 participants take up program activities, training courses, and services? ▪ What are HPOG 2.0 participants' education, employment and earnings outcomes?
Systems Study	<ul style="list-style-type: none"> ▪ What are the local service delivery systems in which HPOG 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?

1.2 OBJECTIVES OF THE HPOG 2.0 NATIONAL DESCRIPTIVE EVALUATION

This section describes the objectives of the Descriptive Evaluation's three component studies: (i) the Implementation Study objectives, (ii) the Outcome Study objectives, and (iii) the Systems Study objectives. The objectives for each study address the major research questions listed in Exhibit 2.

Implementation Study Objectives

The objectives of the Implementation Study are to describe:

⁵ The intermediate-term impact analysis is contingent upon additional funding.

1. The design and implementation of the non-tribal HPOG 2.0 Program at the national level.
2. The local labor markets for healthcare occupations in the areas in which HPOG grantees operate.
3. How grantees spend their grants.
4. Focus areas of interest to ACF and the field.
5. Similar programs and services available to non-HPOG participants.
6. Program components that program operators believe increase impact sizes.

Two of the Implementation Study objectives are in direct support of the related but separate Impact Study of the National Evaluation of HPOG 2.0. Those objectives are to describe control conditions and describe in detail program components and implementation strategies that program operators believe increase impacts. Also note that while the case studies of focus areas of interest are an integral part of the Implementation Study, they will appear as a separate set of case study reports.

The balance of this section discusses each of these objectives in more detail.

Describe the design and implementation of HPOG 2.0. 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 by itself, as well as being the major vehicle for understanding the intervention to be assessed by the Impact Evaluation.

Because the Impact Evaluation will estimate impacts for the HPOG 2.0 Program nationally, this research objective has two tasks:

1. Summarize the design and implementation of the HPOG 2.0 Program at the national level; and
2. Develop detailed information about individual program-level (local) variations in design and implementation to support statistical analyses in the Impact Evaluation.

The Implementation Study will accomplish the first task in two parts. First, by describing the variations in specific program components and implementation strategies; and second, 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. Some important program components and strategies to be documented in this way are, for example, eligibility criteria and intake procedures; adult basic education; work-readiness training; academic supports; personal and logistical supports; types and range of healthcare occupational training; and employment assistance.⁶

Accomplishing the second task requires developing codeable information about the activities, services, training opportunities, and implementation strategies of each program. These data will assist the Impact Evaluation goal of modeling impact variations as functions of specific program components and strategies to see which are associated with better impacts.

Describe the labor market(s) for healthcare occupations for which HPOG 2.0 participants are trained, nationally and locally. Local labor markets and healthcare labor markets in particular, are important contextual factors in the evaluation, as they determine demand for

⁶ See more detail on these program components and strategies below.

occupations for which HPOG programs provide training and for which program participants train. The Descriptive Evaluation 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 they have offered training in growth occupations.

Describe how grantees use their grant funds. By design, ACF did not intend that HPOG 2.0 grants would cover all program costs. Programs are expected to leverage other community or grantee institutional resources to pay for needed training and supportive services. The Descriptive Evaluation will document the proportion of grant funds spent on specific HPOG activities or program components and grant expenditures per HPOG participant.

Describe areas of the national HPOG 2.0 Program and promising local HPOG 2.0 program approaches of particular interest to ACF and the career pathways field. ACF highlighted several topic areas in the HPOG FOA that are of particular interest to it and to program designers and operators (Office of Family Assistance, 2015):

- Employer engagement.
- Basic skills training provision.
- Career pathways training opportunities.
- Work-readiness training provision.
- Leveraging other available funds for potential sustainability.

The final two objectives will not appear in the Implementation Study Report because they directly support the related but separate Impact Study of the National Evaluation of HPOG 2.0. Those objectives are to describe control conditions and to describe in detail program components and implementation strategies that program operators believe increase impacts. Also note that the case studies of focus areas of interest will appear as a separate set of case study reports.

Describe the control conditions across all HPOG programs. An important role of implementation research in the context of an impact evaluation is to describe the relevant opportunities presented to the control group. The estimated impacts of HPOG 2.0 are the differences in key outcomes between the treatment group members (those invited to participate in HPOG-funded training and education programs) and the control group members (those whose actual experiences and outcomes represent the counterfactual, or what would have happened in the absence of HPOG).⁷ Thus, the evaluation must provide an accurate account of control conditions. Information on opportunities encountered by the control group obtained from knowledgeable local program operators and other key informants is important to the Descriptive Evaluation as well as to the Impact Evaluation for interpreting impact estimates.

Describe the program components that program operators believe increase impact sizes. To assist the Impact Study analysis of specific program components and approaches associated statistically with impact variations, the Implementation Study will ask program

⁷ Note that the counterfactual will be measured in the Impact Evaluation through a survey of individuals in the study sample.

operators to identify those key “impact drivers.” The final selection of which components to analyze will be left to the Impact Study.

The Implementation Study will describe these topic areas in more detail, both at the national level and for individual programs that the study team identifies as having implemented innovative and/or promising approaches.

Outcome Study Objectives

The objectives of the Outcome Study are to document the following about HPOG 2.0 program participants:

1. Characteristics.
2. Program participation in training and other activities and receipt of support services.
3. Education and training, and employment and earnings outcomes.

Specifically, it will measure the degree to which participants use support services, enroll in and complete training courses and earn credentials, as well as their employment rates and average earnings post-enrollment.

Describe HPOG participant characteristics. The Descriptive Evaluation will document the baseline (pre-random assignment) characteristics of treatment group members using data from the Participant Accomplishment and Grant Evaluation System (PAGES), the HPOG 2.0 administrative data system. The Outcome Study will document the following at intake: gender, age, race/ethnicity, marital status, parental status, individual and household income, receipt of TANF or SNAP benefits, highest education attainment and degrees, grade-level literacy, grade-level numeracy, employment status, student status, and employment and training background in healthcare.

Describe the take-up of training opportunities and support services. According to HPOG 2.0’s theory of action, the success of HPOG 2.0 in training low-income individuals for career-track jobs in healthcare depends on program participants taking advantage of the training opportunities, activities, and supports that grantee programs offer. An important goal of the Descriptive Evaluation is to document the degree to which participants enroll in training, participate in other activities, and use the key support services offered them. The Outcome Study will analyze enrollment in training across all programs (nationally). The study will document the rates of enrollment and use for each occupational training course, basic skill training, other skill development activity, work-based learning opportunity, and support service, as well as for subpopulations of interest, such as TANF recipients or single parents, for example.

Describe key education outcomes of HPOG participants nationally. Using data from PAGES, the Outcome Study will examine participation in and completion of healthcare training, including by type of training, receipt of industry-recognized credentials and academic degrees. It will also document the extent to which individuals participate in and complete multiple education and training activities along a career pathway.

Describe key employment outcomes of HPOG participants nationally. Employment and earnings are key outcomes of the HPOG programs. Using National Directory of New Hires (NDNH) administrative data on quarterly employment and earnings, the Outcome Study will describe employment rates and average earnings of participants in each of the quarters

following HPOG enrollment for as many quarters as are available at the time of the Outcome Study analysis.

Systems Study Objectives

The objective of the Systems Study is to document in detail how a subset of 10 HPOG programs and the local service delivery systems in which they operate interact over the course of the grant to support systems reforms.

For this study (as with the HPOG 1.0 systems change analysis), *system* denotes more than the set of partners that work with the HPOG program. A system is the relevant institutional framework, activities, services, and training and employment opportunities within a community. A system includes the HPOG program, its network, and the broader training, social service, and economic context in which it operates. The economic context reflects both the labor market demand for healthcare workers and the hiring activities of employers. The service delivery context reflects the healthcare education and training opportunities that exist in a system.

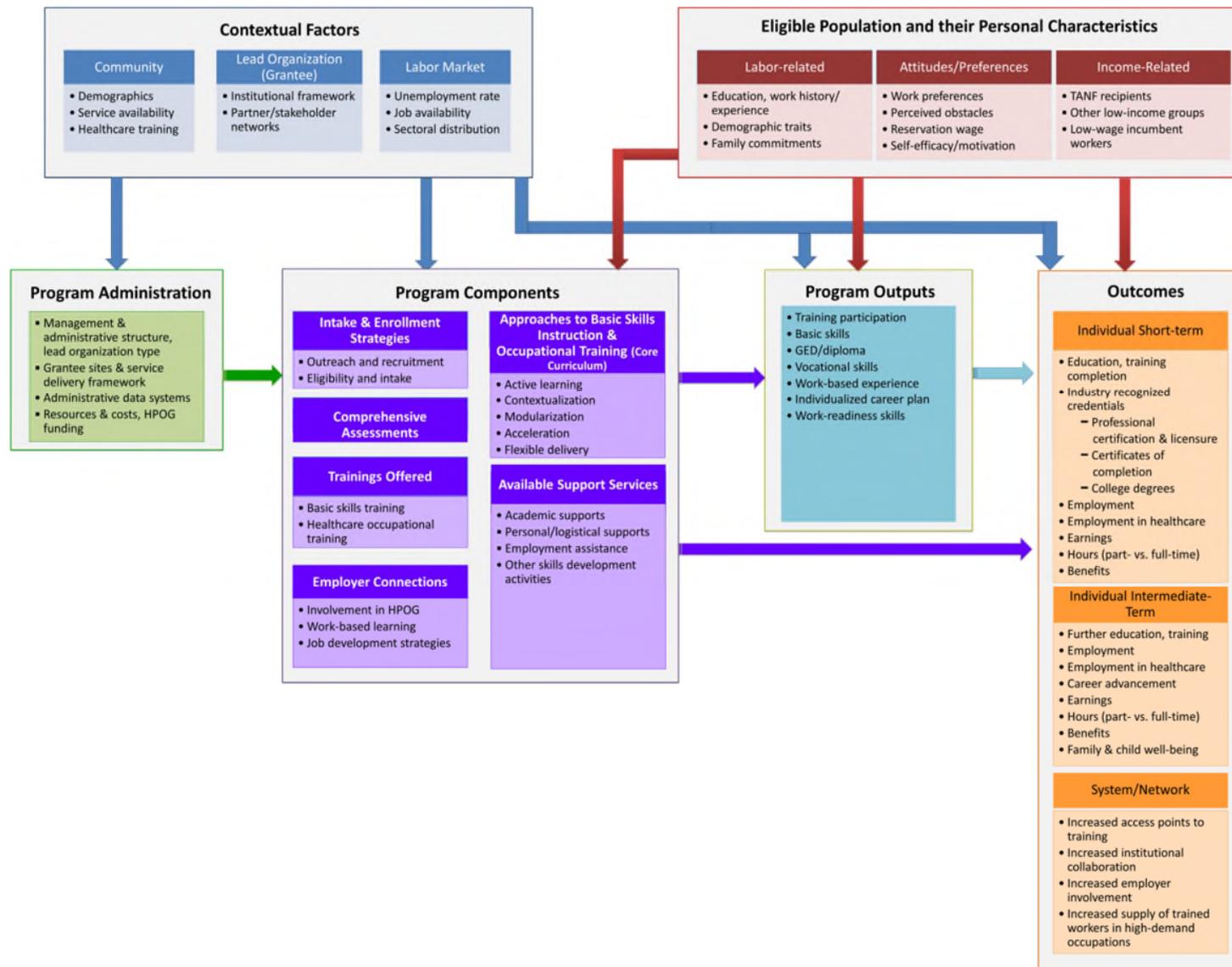
The Systems Study will look beyond the program operations and partners described in the Implementation Study to explore how local service delivery systems (i.e., community resources, funding availability, economic conditions, policies) may have influenced HPOG program design and implementation and how HPOG implementation may have influenced these local systems. The Systems Study is intended to build on the HPOG 1.0 systems study analysis to develop a better understanding of systems reforms that innovations such as HPOG can encourage. The HPOG 1.0 findings that will be of particular focus are the multiple roles of partners in HPOG program operations, responsiveness to needs of employers, cross-organizational collaboration, internal organizational changes, and ability to change employer perceptions of low-income individuals as qualified workers. Evidence that HPOG might have influenced service delivery includes overall increased access to healthcare occupational training for low-income individuals, better coordination among organizations/agencies, and policy or funding changes. Conversely, evidence the service delivery system might have influenced the HPOG program include operational success and sustainability. The systems study will also explore the trends and patterns of local systems across various characteristics of HPOG programs (e.g., geographic area, program size, occupations of training, previous receipt of an HPOG 1.0 grant, lead organization type).

2. RESEARCH DOMAINS AND QUESTIONS

A major focus of the HPOG 2.0 Descriptive Evaluation is to describe in detail the variety of HPOG program components and implementation strategies adopted by study sites; the context in which the programs operate; and program participants' characteristics, experiences, outputs, and outcomes. In specifying what program contexts, components, and implementation strategies to include in the Descriptive Evaluation (its logic model), the study team used the generalized career pathways theory of change as a blueprint. The career pathways framework for postsecondary training is "a series of manageable and well-articulated steps accompanied by strong supports and connections to employment" (Fein, 2012, p. 2). As shown in Exhibit 3, key program components are expected to affect short- and long-term outcomes related to education, earnings, and overall well-being.

The following section describes each domain of the logic model as it relates to the HPOG 2.0 Program and the key research questions for each domain. The research questions below represent a high-level view; Appendixes B and C include data collection instruments with their more detailed questions about each domain.

Exhibit 3: HPOG 2.0 Evaluation Logic Model



2.1 IMPLEMENTATION STUDY

The Implementation Study will focus principally on describing the HPOG 2.0 Program components and implementation strategies adopted by the study sites and the context in which they operate. The Implementation Study will pursue this objective by collecting and analyzing comparable information about each grantee's program(s) and synthesizing the information at the national HPOG 2.0 Program level. The Implementation Study will use qualitative analysis to describe observed variations in program design and implementation; it will use quantitative analysis to find the percentage of programs with a given program feature and the percentage of HPOG 2.0 participants with access to that feature. This section describes the Implementation Study domains and sub-domains and their major research questions.

Contextual Factors

Contextual factors include the overall community demographics 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 occupational training and postsecondary training systems. These, along with the assets and needs of the eligible population, are expected to influence the design of the HPOG 2.0 Program and may also affect program effectiveness.

Community Context

Various community factors are likely to influence local HPOG 2.0 program design and implementation. For example, the demographic and socioeconomic characteristics of a community may influence a grantee's eligibility criteria and target populations. The availability of existing training opportunities in relation to local healthcare industry demand may also influence a grantee's choices for occupational training courses. Using U.S. Department of Labor data on job openings and hires in specific healthcare professions, the HPOG 1.0 National Implementation Evaluation found that 65 percent of training opportunities enjoyed favorable conditions in their local labor markets (Werner et al., 2016, p. 11). The availability, supply, and cost of key supportive services in the community may affect the degree to which an HPOG grantee can depend on community resources or may need to provide some services itself.

Key research questions include:

- What are the income levels and poverty status of areas served by HPOG programs?
- What is the overall local labor market for healthcare occupations, and which occupations are experiencing earnings and job growth?

Grantee institutional framework

The design and implementation of an HPOG 2.0 program are shaped partly by the type of institution that received the grant (e.g., Workforce Investment Boards, other state and local government agencies, postsecondary institutions, nonprofit organizations). The ways in which HPOG programs are integrated into these institutions are partly determined by existing institutional resources and services, which, in turn, influence the types of organizations that HPOG programs partner or contract with. For example, HPOG 1.0 programs operated by American Job Centers typically treated HPOG as a funding stream to expand and enhance existing services for low-income individuals expressing interest in healthcare occupational training and willing to choose their own training provider from an approved list. By contrast, postsecondary education institutions operating HPOG 1.0 programs more typically provided

occupational training in-house, while providing additional financial, academic, and social supports for HPOG students.

Key research questions include:

- Which institutions manage HPOG 2.0 grants and operate programs?
- What are grantees other activities, programs, or services?
- How and to what degree is HPOG integrated into the grantees other activities, programs, or services?

Program administration

Grantees differ in their administrative approaches and resources in ways that influence HPOG program structure and services and, in turn, may influence participant outcomes. Most notably, programs are likely to vary in the degree to which they provide services or training directly or provide them through partners or community resources. For example, in HPOG 1.0, programs reported having 19 partners on average and that partners contributed to outreach and recruitment (81 percent of partners), training (66 percent), employment assistance (64 percent), planning grant activities (35 percent), and counseling and support services (57 percent) (Werner et al., 2016, p. 18).

Key research questions include:

- Relative to existing occupational training opportunities for low-income individuals, did HPOG add new training slots to existing training opportunities, develop an entirely new program with new training courses, create career pathways, and/or mainly place and support individuals in existing training opportunities in the community?
- With which institutions do programs partner or contract to provide training and support services? In particular, which partners are responsible for substantial amounts of HPOG activities and services and receive substantial funds from HPOG grantees?
- Which activities, training courses, and support services does the grantee program provide directly, and which do other institutions or community resources provide?
- What arrangements do programs make with partners and other institutions to provide services to HPOG 2.0 participants?
- How do programs organize and provide case management and counseling?

Program components and implementation strategies

In the generalized logic model, program components and implementation strategies are expected to lead to specified outputs, which in turn influence short- and long-term outcomes. This section describes key HPOG program activities and components the Implementation Study will analyze, including eligibility criteria and application procedures, program components, education and occupational training in the career pathways framework, and employer connections.

Eligibility criteria and application procedures

HPOG's authorizing legislation specified that HPOG grantees should implement programs that serve TANF recipients and other low-income individuals. However, grantees have some discretion in defining "low-income" and setting financial, academic, and behavioral eligibility

standards.⁸ Grantees' eligibility requirements are related to choices about specific academic and other supports, decisions about which training courses to provide and in what quantities, and industry requirements for basic academic skills and/or certifications (such as high school degrees or the GED).

The choice of academic eligibility requirements is particularly strategic, depending on the interplay between grade-level skill requirements for healthcare training courses and grantee decisions about how many resources to invest in basic education upgrades. For example, in HPOG 1.0, 52 percent of participants had direct access to adult basic education (ABE), but only 5 percent of participants ever enrolled (Werner et al., 2016, p. 48). This is likely because the eligibility rules for 86 percent of HPOG 1.0 programs required applicants test at the eighth-grade level or higher in reading to be eligible to begin occupational training in healthcare and some 94 percent of their participants met the cut-off at time of application (Werner et al., 2016, p. 33, 41). Partly in response to the apparent screening out of many HPOG 1.0 applicants who needed meaningful ABE upgrades to be eligible, ACF encouraged HPOG 2.0 grant applicants to target individuals with lower basic skills, and so provide more ABE training (Office of Family Assistance, 2015).⁹

HPOG grantees use a variety of strategies to screen potential applicants for eligibility and enroll them. All grantees require potential participants to verify they meet basic income or categorical (e.g., TANF recipient) eligibility criteria. Most grantees also assess and screen for basic academic skills at application (77 percent of HPOG 1.0 programs had minimum academic requirements; Werner et al., 2016, p. 33). Most grantees also require potential participants to demonstrate that they meet additional "suitability" criteria, including possessing the motivation, interest, and personal and social skills needed to succeed in the program and in subsequent employment in healthcare (94 percent of HPOG 1.0 programs screened for such behavioral characteristics; Werner et al., 2016, p. 34). These additional intake steps often have applicants completing screenings, one-on-one interviews with program staff, work-related skills workshops, and informational orientations, as well as undergoing criminal background checks and substance abuse screening. The intake and enrollment strategies HPOG grantees implement can influence the behavioral characteristics and skills of the pool of program participants.

Key research questions include:

- How are potential HPOG 2.0 applicants informed about the program and recruited?
- What income, academic, behavioral, and other eligibility criteria do grantee programs apply? Grade-level skill requirements for the range of healthcare training courses provided by HPOG programs? Training and employment opportunities for applicants with criminal records?
- How are eligibility factors assessed and verified?
- What formal and informal assessments do programs administer to applicants?
- How burdensome is the application process?

⁸ 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).

⁹ Note that in the HPOG 1.0 National Implementation Evaluation, program staff responding to the Grantee survey chose applicants low or inadequate basic skill levels as their biggest recruitment challenge (Werner et al., 2016, p. 31).

- What percentage of applicants do programs find eligible?
- What are the major reasons for ineligibility?

Program components

HPOG 2.0 programs offer a comprehensive range of academic preparation, counseling, occupational training, employment, and support services. The type and availability of these services vary across grantee programs. The Descriptive Evaluation will describe each specific HPOG 2.0 activity or component, including implementation variations across programs; it will document the availability of each type of activity or component as a percentage of programs and of participants. Additionally, the Implementation Study will describe how programs provide these activities and services and the degree to which they are provided directly by the program, through contracts or agreements with other service providers, or by relying on available community resources. For example, in HPOG 1.0, 63 percent of programs provided some training directly, and participants in 71 percent of programs could access training through other providers.

HPOG program activities and services are classified by the following types:

- *Post-eligibility assessments*—assessments of participants' skills, abilities, and needs conducted by counselors or case managers using professional practices or through formal tests or tools. These could include assessments of academic skills, career exploration, workforce readiness, multi-purpose, comprehensive or any combination. These do not include assessments made as part of the eligibility determination process before enrollment.
- *Basic skills training*—combination of one or more courses or activities designated as basic skills training by a grantee. These courses or activities may include: adult basic education, adult secondary education, college developmental education, and English language acquisition. Basic skills training may be delivered prior to healthcare training or concurrent with healthcare training. Basic skills training that is integrated with healthcare occupational training is reported in the administrative data as healthcare occupational training and not additionally as basic skills training.
- *Other skills development activities*—training activities that are neither occupational nor basic skills training, including college readiness, CPR training, digital literacy, introduction to healthcare careers workshop, and work readiness.
- *Healthcare occupational training*—the combination of one or more classes that comprise training for a distinct healthcare occupation. For example, a six-week training for nursing assistants is one healthcare occupational training activity. The coursework necessary to become a registered nurse is reported as one healthcare occupational training activity, even though it is made up of many individual classes.¹⁰
- *Work-based learning opportunities*—participant-level activities based with employers. Allowable types of work-based learning are: job shadowing, unpaid internship or externship, on-the-job-training, or work experience.

¹⁰ Note that documenting differences in these measures by course of study is important, since the measures may vary greatly among the range of available courses, from entry-level occupations such as Certified Nursing Assistant to more skilled positions such as Practical or Registered Nurse.

- *Case management, academic, personal and logistical, financial, and employment supports*—services designed to meet the potential multiple needs of HPOG participants. For example:
 1. *Case management*—services assessing the need for, and coordinating the provision of, support services on an ongoing basis, including assessment of participants' actual and potential barriers (due to circumstances or personal attributes), and providing personal and financial counseling. Case management can also include career and academic counseling.
 2. *Academic supports*—services and aid that support individuals to participate in or continue participation in education or training and which are directly training- or academic-related. Types of academic supports include: academic advising, mentoring, peer support, training-related financial assistance (other than tuition, such as provision of laptops, Internet access, uniforms, equipment, exam or licensing fees), and tutoring.
 3. *Personal and logistical supports*—encompassing supports and services that enable individuals to participate or continue participation but are not directly training- or academic-related, including child/dependent care assistance, emergency assistance, housing support/assistance, non-emergency food assistance, transportation assistance, and other non-emergency social services assistance.
 4. *Tuition assistance*—including waivers and student loan preparation assistance.
 5. *Employment assistance supports*—include three types of assistance programs provide to help participants find and keep jobs. Types of employment assistance supports include: job search assistance, job placement assistance, and job retention services.

Key research questions include:

- What formal and informal assessments do programs use? When do they administer assessments and for what purposes? (Assessments might include literacy tests, numeracy tests, career interest inventories, English language proficiency tests, drug screening, social skills assessments, work-related skills assessments, personal needs assessments, family needs assessments, and financial needs assessments.) How do these assessments differ by course of study?
- What basic skills upgrades do programs make available, and how do participants access them? For which participants is basic skills training mandatory? (Basic skills training might include Adult Basic Education, adult secondary education (including GED or other alternative high school credentials), college developmental education, and English as a Second Language classes.) Do programs offer contextualized basic skills training or basic skills integrated with occupational skill training?
- What occupational training courses do programs make available to participants, and who provides them? What are the academic requirements for each training course? What is the length of each training course?
- What types and quantities of academic, personal/logistical, financial, and employment supports do programs make available to participants? Who provides these services, and how do participants access them?

Post-secondary education and occupational training content and delivery in the career pathways framework

Career pathways is a recent, innovative approach to providing occupational training closely aligned to the demands of the labor market and to the needs of non-traditional post-secondary students. ACF encouraged grantees to adopt the career pathways framework in structuring and delivering program services and occupational training. In HPOG 1.0, programs varied in the degree to which they designed and implemented elements of the career pathways framework. For example, while 86 percent of programs reported providing “modularized” courses with stackable credits, only 33 percent reported providing accelerated training courses (Werner et al., 2016, pp. 51-52).

The HPOG 2.0 Implementation Study will describe how, and the degree to which, grantees have implemented programs integrating career pathways principles or have accessed providers that deliver career pathways training courses and other services. Career pathways strategies to provide basic and postsecondary education and occupational training include:

- *Active learning* is an instructional approach that emphasizes learning through project-based instruction. HPOG programs that feature active learning encourage more student interaction than do traditional lecture formats and “skill and drill” approaches. Participants enrolled in courses using this approach are expected to be more actively engaged, interested, and motivated than participants enrolled in courses using more traditional instruction (Fein, 2012).
- *Contextualized basic skills instruction* creates explicit connections between the teaching of basic skills (reading, writing, or math) and occupational skills. This approach is hypothesized to make basic skills training more relevant to individuals seeking career training (Alssid et al., 2002; Perin, 2011).
- *Modularization* means courses are offered in well-articulated and comparatively short curriculum modules. Modularization also allows for stackable certifications and credentials; that is, for individuals to accrue credits and certificates that can be combined progressively through extended career upgrading.
- *Acceleration* aims to increase program retention and completion by reorganizing instruction and curricula to reduce the time required to complete courses (Endel, Anderson, and Kelley, 2011; Hinckley and Hull, 2009; Zacker, 2011; Jobs for the Future, 2010; Kazid and Liebowitz, 2003). One strategy is to compress the curriculum from two or more courses into the time span of one course, which reduces the required hours. Another strategy is to allow students who need remediation to enroll in remedial courses and occupational training simultaneously, instead of requiring them to complete the two sequentially.
- *Flexible delivery* involves offering training at times and places that are convenient for working and parenting adults, including nontraditional class schedules and training structures that have multiple entry and exit points. Flexible delivery facilitates participation by economically disadvantaged adults with multiple demands, including work and parenting responsibilities (Zacker, 2011).

Key research questions include:

- To what degree do programs provide training and services in the career pathways framework?

- To what degree and in what ways are credits and/or certifications in non-credit courses “stackable”?
- To what degree do programs provide—and/or participants enroll in—single courses of study as opposed to multiple courses comprising a “career pathway”?
- What proportion of programs offer training courses in the specific strategies of the career pathways framework, and what proportion of available courses have one or more career pathways framework characteristics?

Employer connections

An important aspect of the career pathways framework is strong connections with employers. That connection is 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. The Implementation Study will measure the degree to which HPOG 2.0 grantees have developed relationships with employers. In HPOG 1.0, 10 percent of the institutions that considered themselves partners, or that programs considered partners, were healthcare employers. But programs developed a range of relationships with employers and employer organizations that may not have been considered “partners”¹¹ (Werner et al., 2016, p. 17). The study will look for three specific types of program-employer relationships:

- *Employer involvement* in program development, including advising on program design or curricular development.
- *Work-based learning opportunities* that integrate occupation-specific employment experiences into training programs.
- *Job development*, where program staff work with employers to identify already existing positions and create dedicated positions for program participants (e.g., internships, apprenticeships) or jobs for program completers.

Key research questions include:

- To what degree have HPOG 2.0 programs been successful in forming relationships with healthcare employers?
- What is the nature of the relationships between programs and employers? What activities or services have employers engaged in with HPOG 2.0 programs?

Program grant expenditures

To better understand how grantees apportion their grant funds, the Descriptive Evaluation will collect information on the proportion of grants used to fund specific groups of activities or services.

Key research questions include:

- What is the value of annual HPOG 2.0 grants?

¹¹ A partner is an organization directly involved in the operation of the HPOG program. Other organizations are stakeholders and play no role in program operations but have an interest in the program’s implementation and success.

- How do grantees spend their grant awards?

Control conditions

The Implementation Study will describe the control conditions in sufficient detail to account for relevant differences in outcomes of interest that are hypothesized to be caused by differences between the control and treatment groups' experiences.¹² The study will collect information about control conditions for major program components and strategies on two dimensions: type and quantity. For each HPOG program, it will document local informants' understanding of the HPOG activities, services, and courses of study that are also available to control group members. Based on that information and for each program, analysis will determine whether the type and quantity of components and strategies are or are not available to the control group.

For the national HPOG Program, the study will summarize HPOG/non-HPOG differences by describing how many programs with what percentage of the national population of HPOG participants are in communities with the same type and quantity of those resources available.¹³

Key research questions include:

- What opportunities for training in the healthcare professions exist for HPOG 2.0 Impact Evaluation control group members?
- How do the quality and supply of those control group opportunities compare with HPOG 2.0 in terms of pre-training services, occupational training choices, and supports?

2.2 OUTCOME STUDY

The Outcome Study portion of the Descriptive Evaluation will describe HPOG participant characteristics, use of program services, participation in training activities, and training and employment outcomes. This section describes the specific research questions the study will address, organized into four domains: participant characteristics, program service receipt, outputs, and outcomes.

The research design proposes to analyze these four as presented in the evaluation's logic model (Exhibit 3). Educational outcomes include receipt and completion of healthcare training; receipt of a credential or diploma; and career advancement represented by taking multiple training courses that build occupational skills. The Outcome Study will document employment and earnings in two principal ways: quarterly employment and earnings before and after program enrollment (using NDNH data) and employment during the period the HPOG 2.0 Program is operating (including whether the job is in a healthcare occupation and its wages, hours, and benefits; using information entered in PAGES). Both educational and employment and outcomes also will be presented across key subgroups, including those defined by

¹² We include this "control group" domain in this Design Report because although the findings will not be reported directly in the Implementation Study part of the Descriptive Evaluation report, we designed the Implementation Study to conduct research and data collection needed for this overall evaluation objective.

¹³ Note that although the Implementation Study will summarize treatment/control intervention differences at the national level, the Impact Evaluation will use the program-level information about those contrasts in statistical modeling relating variations in program design and implementation to impact variations. For those analyses, the key issue is what HPOG programs offer *and* how what they offer differs from control conditions.

socioeconomic characteristics of participants, program target populations (such as TANF recipients), and grantee characteristics (such as type of institution).

Participant characteristics

As mentioned previously, HPOG 2.0 grantees had some discretion in setting program eligibility standards and influencing the types of low-income individuals applying for and entering the program. The Outcome Study will document the characteristics of HPOG 2.0 participants, analyzing them in the context of the eligibility criteria.

Key research questions include:

- What are participant characteristics at intake of enrolled participants including: gender, age, race/ethnicity, marital status, parental status, individual and household income, receipt of TANF or SNAP benefits, highest education attainment and degrees, grade-level literacy, grade-level numeracy, employment status, student status, and employment and training background in healthcare?
- How do participant characteristics at intake compare with financial and academic eligibility criteria?

Participation patterns and program experiences

An important indicator of successful program implementation is the degree to which participants engage in program activities and use program services. For the Descriptive Evaluation of HPOG 2.0, the Outcome Study will document the degree to which eligible individuals are active in the program; that is, the degree to which program participants engage in basic skills classes and other non-occupational skill development workshops and orientations, enroll in specific training courses, and use specific support services. Participation and completion of basic skills training and other skill-development activities and work-based learning opportunities are program outputs. Outputs are defined as intermediate steps hypothesized in the logic model as leading to outcome goals such as completing education and training or employment. Key research questions include:

- What percentage of HPOG 2.0 participants engage in specific non-occupational skill-development activities, enroll in specific basic skill training courses, enroll in specific occupational training courses, or use specific support services within 15 months of entering the program?
- How do participation patterns differ by participants' characteristics?
- In their own words, how do participants experience program challenges and achievements? What is their opinion about the quality of program services and training opportunities? How do they characterize the benefits of program participation?¹⁴

Participant Outcomes

Outcomes are defined as the ultimate goals hypothesized in the logic model, including education/training, employment, career advancement, and well-being. This study will provide information on short-term outcomes including completing education and training, receipt of credentials, licenses or degrees, and employment and earnings.

¹⁴ Conducting these in-depth participant interviews is not currently funded, but ACF may add funding for this data collection activity.

Key research questions include:

- How many and what percentage of participants complete healthcare training overall? By specific occupation? Complete multiple trainings in a career pathway?
- How many and what percentage of participants obtain the credential/license associated with their training? How many receive a postsecondary academic degree?
- How many and what percentage of participants are employed post-enrollment? How do employment rates vary by quarter post-enrollment?
- What are average quarterly earnings of employed participants post-enrollment? How do average quarterly earnings vary by quarter post-enrollment?
- How many and what percentage of participants are employed, including apprenticeships and paid internships, while enrolled in HPOG? What are the characteristics of these jobs including being in the healthcare sector, hourly wage, full-time hours, and health insurance benefits? How many participants and what percentage are employed while in training?
- How many and what percentage of participants are engaged in work-based learning opportunities that are unpaid while enrolled in HPOG?
- How do outcomes differ by participants' characteristics?

2.3 SYSTEMS STUDY

The main research questions for this exploratory study are:

- What are the local service delivery systems in which HPOG programs operate?
- How did implementation of the HPOG programs influence the local service delivery systems?
- How did the local service delivery systems influence the implementation of the HPOG programs?

To address these research questions, the Systems Study will conduct telephone interviews with program operators of 10 selected HPOG 2.0 programs and their key partners, focusing on their experiences and perspectives on the local service delivery system over the course of the HPOG grant. A subset of 10 HPOG 2.0 programs will be selected to represent the range of local systems (i.e., selected for variations in geographic area, lead organization type, HPOG 1.0 grantee/program operator, occupation(s) of training, program size).

Detailed research questions are divided into three domains: (1) documenting the local service delivery system and organizations that are a part of it; (2) how HPOG program implementation may have influenced the broader service delivery system; and (3) how the broader service delivery system may have influenced HPOG implementation. Respondents will answer interview prompts designed to address these research questions from their own perspectives. Thus, the study is exploratory and intended to generate potential theories about how systems and organizations within it respond when training investments such as HPOG are made in a community.

Local HPOG service delivery system and organizations within the system

Key research questions include:

- What were the major programs and program operators for postsecondary training in healthcare at the time HPOG 2.0 was implemented?
- What organizations make up the local service delivery system? What roles do they play in the system? How do organizations in the system interact? To what degree and in what ways are employers involved in the system?
- How do systems differ across HPOG programs?

Program implementation influencing service delivery system

Key research questions include:

- From the perspective of grantees and their partners, have HPOG programs been able to change access to healthcare training for low-income individuals in their communities? If so, in what ways? If not, why not?
- From the perspective of grantees and their partners, have HPOG programs improved coordination among service delivery partners? If so, in what ways? If not, why? Did this coordination lead to improvements in the availability and quality of healthcare training and general support services to low-income individuals? Did this coordination lead to improvements in how program operators engage employers as a part of training efforts?
- From the perspective of grantees and their partners, what external factors may have influenced the availability of post-secondary training in healthcare to low-income populations, such as local economic conditions or program funding?
- From the perspective of grantees and their partners, how did HPOG programs encourage improvements to local or state policy and funding for healthcare training? Did HPOG programs connect to other training providers in the system to support low-income individuals in advancing along a career pathway?
- How did efforts to improve systems by HPOG program operators and their partners differ between newer (HPOG 2.0) and longer-term (i.e., HPOG 1.0 grantees awarded an HPOG 2.0 grant) programs?

Service delivery system influencing program implementation

Key research questions include:

- From the perspective of grantees and their partners, how does the general availability of community resources and funding support or hinder HPOG implementation? How does it help the HPOG programs be successful in training low-income individuals for healthcare jobs?
- From the perspective of grantees and their partners, how have economic conditions or other local factors shaped HPOG program implementation?
- From the perspective of grantees and their partners, what changes to the broader service delivery system have occurred that may help to sustain the HPOG programs after the grant ends? What systems factors may contribute to some or all of the programs ending?

2.4 FOCUS AREAS OF INTEREST

A major objective of the Descriptive Evaluation is to study in detail innovative and/or promising grantee strategies in the focus areas of interest to ACF. Among these, as noted in the HPOG

FOA, are the following strategies that are likely to help individuals advance along a career pathway (Office of Family Assistance, 2015):

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

This part of the Descriptive Evaluation has two phases: (1) The study team will ask HPOG 2.0 programs a series of screening questions to select candidate programs for each focus area; ACF will review and approve final choices of a single program for each area.¹⁵ (2) A case study of the strategies used by each selected program will address each focus area issue.

¹⁵ Depending upon the results of the screening, some focus areas may be dropped and/or multiple programs may be selected for a single focus area.

Each focus area and the key research questions (for screening and for the case study) are described below.

Employer engagement

Engaging employers in workforce programs can build stronger programs and improve outcomes including more demand-focused curricula, work-based learning opportunities, and employment opportunities for participants (Barnow & Spaulding, 2015). As part of the Implementation Study, a case study will document the ways in which a selected HPOG program is engaging employers, to understand that program's challenges and strategies for engaging employers, and to gain the program's perspective on the benefits of engaging employers.

Key research questions include:

To select a program for a case study on employer engagement:

- Which HPOG 2.0 programs are engaging employers in multiple activities, have strong employer partners, and have used innovative methods for engaging employers in their program?

To conduct a case study of a selected program:

- What are the program's goals for engaging employers?
- What are the program's main activities in which employers are engaged?
- What methods has the program found successful for engaging employers?
- Which program staff is involved in engaging employers as part of their job, and what are their responsibilities, training, and experience?
- How are employers engaged in curriculum development, work-based learning opportunities, and hiring program participants?
- Have the ways the program engages employers changed over the course of the grant period? If so, how and why?

Basic skills instruction

Basic skills instruction is an important part of the career pathways approach. In the first round of HPOG awards, less than half of the programs offered instruction in basic academic skills and very few individuals participated. In HPOG 2.0, ACF encouraged applicants to find new ways to incorporate basic skills education into their programs, such as contextualizing basic skills into healthcare training or offering bridge programs from basic skills to healthcare training.

Key research questions include:

To select a program for a case study on basic skills instruction:

- Which HPOG 2.0 programs emphasize basic skills instruction, including enrolling participants who apply with very low skill levels, and which are providing basic skills instruction in innovative ways?

To conduct a case study of a selected program:

- How did the program design its basic skills component? Did it use information from evidence-based models? What role did factors such as the requirements of specific

healthcare occupations, local area capacity for basic skills training, or the demographics/skills of target populations play in its design decisions?

- How recruitment for the program is related to its basic skills offerings? What assessments does the program use at time of application, and what are the criteria for placement in basic skills classes?
- What is the specific design of the program's basic skills instruction, and how does it fit into the overall HPOG 2.0 program? What strategies does the program use to provide participants with basic skills? Does it modify its healthcare training or other parts of the program for students needing basic skills instruction?
- Are support services tailored for students with basic skills needs, including case management or special academic supports?
- What partners help HPOG 2.0 participants gain basic skills, and in what ways are these partnerships helping to build basic skills?
- How does the program measure progress of students in gaining basic skills?
- What are the program's perceptions about the success of its basic skills instruction? What is working and what is not?

Career pathways training opportunities

ACF intended HPOG 2.0 grantees to integrate elements of the career pathways framework into their programs. To learn about strategies to connect participants with providers that deliver training in a career pathways framework, and to encourage and support participants in engaging in multiple training courses along a career pathway, the study team will develop a case study of a program that has shown success in these efforts.

Key research questions include:

To select a program for a case study on career pathways:

- Which HPOG 2.0 grantees structure their programs around career pathways principles and appear to be successful in delivering occupational training in the career pathways framework?

To conduct a case study of a selected grantee program:

- How and when does the program introduce participants to career pathways concepts, and how does it plan training around career pathways opportunities?
- Describe in detail the availability (most, some, none) and occupational focus of the HPOG program's course offerings that share the following career pathways features. Training options that:
 1. Support a single or multiple career pathways.
 2. Accelerate courses.
 3. Combine basic skills instruction with occupational training in the same course.
 4. Offer alternative modes of delivery (such as distance learning, flexible scheduling, and self-paced instruction).
 5. Provide work-based experiences and learning.
- Does the availability of these features differ for advanced versus entry-level courses?

- How were specific career pathways or ladders developed? Which local institutions and professional communities contributed?
- To what degree and how is the HPOG program involved or influential in developing coursework and services around career pathways principles?
- What specific occupations and their career pathways are available to HPOG participants?
- What are some of the important challenges in implementing HPOG in a career pathways framework? What are the most effective strategies to meet those challenges? In particular, to what degree are students moving along a career ladder by enrolling in additional training courses, and what are the challenges to doing so?

Work-readiness training

In addition to basic (academic) and job-related technical skills, success in the labor market also requires a set of work-related personal skills. These personal skills—so-called 21st-century skills—include critical thinking, self-management, goal setting, collaboration, and communication (e.g., National Research Council, 2012). Many low-income individuals with little experience in stable employment can benefit from training in these “work-readiness” skills. Most HPOG 2.0 programs either provide work-readiness training directly or integrate it with pertinent workshops, counseling, or courses. A case study will be developed of an innovative and/or promising approach to delivering work-readiness training effectively and to high numbers of program participants.

Key research questions include:

To select a program for a case study on work-readiness training:

- Which HPOG 2.0 programs emphasize work-readiness training and have promising results engaging participants in work-readiness activities?

To conduct a case study of a selected grantee program:

- What strategies and training activities does the program use to teach work-readiness skills?
- How was each of the strategies/activities chosen, developed, or tailored to HPOG participants’ needs?
- Did area employers or other institutional partners contribute to developing the work-readiness training?
- How is work-readiness training contextualized for employment in the healthcare industry?
- Describe in detail the HPOG program’s approach to developing the following set of work-readiness skills (if relevant):
 1. Problem solving.
 2. Effective planning and goal setting.
 3. Social skills in the workplace.
 4. Task persistence.
 5. Workplace behavior and interactions with patients/customers.
 6. Positive self-image.
 7. [Others].

- Does the program assess participants' work-readiness skills? If so, how and when?
- What are the most effective ways to engage participants in work-readiness skills training?

Sustainability

HPOG 2.0 grants are renewable annually for up to five years, pending additional funding. Grantees that want to continue offering HPOG program training courses and services to their target populations need to find resources and/or institutional partners to support the program after their HPOG grant ends. The Implementation Study will conduct a case study of a grantee that is active in pursuing resources and partners for sustainability of all or part of its HPOG 2.0 program and is employing innovative and promising strategies to do so.

Key research questions include:

To select a program for a case study on sustainability strategies:

- Which HPOG 2.0 programs have begun to work on sustaining their program beyond the timing of the grant? How successful and/or promising or innovative have their efforts been?

To conduct a case study of a selected program:

- At what point in the implementation of the HPOG program did it begin to plan for sustainability when the grant runs out?
- Which planning strategies do program operators believe are most effective and why?
- What other institutions are involved in planning for sustainability and why? Describe the roles played by the partners in sustainability efforts.
- What strategies has the program pursued in efforts to ensure sustainability?
 1. What efforts at sustained funding?
 2. What efforts at gaining recognition and support in the community and elsewhere for the program?

3. DATA COLLECTION STRATEGY

The research questions associated with the Descriptive Evaluation are extensive in scope; addressing them will require a wide range of data and data sources. For efficiency and to reduce respondent burden, data collection will focus on filling gaps and confirming data already collected, to the extent possible. That is, if reliable information collected for another purpose is available, that same information will not be collected again.

This section begins with an overview of primary and secondary data collection strategies. Data sources for the key research domains documented in Chapter 2 follow. It closes with the expected schedule for data collection.

Primary Data Sources. The primary data sources for the Descriptive Evaluation are the following:

- Participant Accomplishment and Grant Evaluation System (PAGES).
- Two rounds of telephone interviews with HPOG 2.0 grantee and program representatives, as well with as key partners providing training courses or support services.
- Site visits to up to ten programs with promising and/or innovative strategies for the five focus areas of interest.
- In-depth interviews with program participants.¹⁶

Secondary Data Sources. The Descriptive Evaluation will also collect data from the following secondary data sources:

- Evaluation Design and Implementation Plans (EDIPs), which describe in detail how the Impact Evaluation will be integrated into each HPOG 2.0 program's operations. EDIPs also include summary information about program operations, training courses, and services, as well as control conditions.
- Site monitoring reports prepared by site teams based on their ongoing contact with grantee staff, which describes program changes and issues.
- Grantee applications, which provide some institutional background material as well as the grantee's objectives and rationale for a grant award.
- Performance Progress Reports (PPRs) compare outcomes against quantitative performance goals, and provide grantee narrative descriptions 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) administrative data on quarterly employment and earnings.

Exhibit 4 presents a high-level view of study topics by data source. The sections that follow then describe each data source and its contribution to the study in more detail.

¹⁶ More detailed information about the participant interviews will be published at a later date.

Exhibit 4: Descriptive Evaluation Topic Areas and Data Sources and Collection Strategies

Topic Area	Primary				Secondary					
	PAGES	Telephone interviews	Site visits*	In-depth interviews with program participants	EDIPs	Site monitoring notes	Grantee applications	PPRs	BLS data	NDNH data
Program context:										
Community context		✓	✓			✓	✓		✓	
Grantee institution	✓	✓	✓		✓	✓	✓			
Program administration:										
Service delivery framework	✓	✓	✓		✓	✓	✓			
Grant expenditures		✓	✓				✓			
Program administration	✓		✓		✓	✓	✓	✓		
Program components and implementation strategies	✓	✓	✓		✓	✓	✓	✓		
Participation patterns and participant experiences	✓		✓	✓						
Counterfactual and contrast		✓	✓		✓	✓	✓			
Participant characteristics	✓				✓					
Participant outcomes:										
Education and training	✓							✓		
Employment and earnings										✓
System change		✓			✓	✓	✓			
Control group use of services and trainings		✓								

* For focus areas of interest

3.1 PARTICIPANT ACCOMPLISHMENT AND GRANT EVALUATION SYSTEM (PAGES)

PAGES is a web-based management information system developed for the HPOG 2.0 Program and Evaluation. PAGES was designed to serve two related purposes: (1) as an information system for program management and performance monitoring; and (2) as a source of data for research purposes. PAGES is the primary source of data on the characteristics of program participants, as well as a record of their participation in HPOG 2.0 activities and services and their outputs and outcomes. Because it has been in operation since the beginning of HPOG 2.0, it contains data for all HPOG 2.0 participants.

At time of application and before random assignment, programs gather information from program applicants on a range of socioeconomic and demographic characteristics. As participants assigned to the treatment group enroll in HPOG, engage in program activities, and

receive services, grantee staff record their service receipt, outputs, and outcomes in individual-level records.¹⁷ Exhibit 5 shows a summary of PAGES data the study team will use for the Descriptive Evaluation; a complete listing of the system's data items is provided in Appendix A.

For all training and other skill-development activities, the data include the start date, end date, status of activity completion, degree obtained, and license/certificate obtained. Data on healthcare training also include the specific occupational category, whether training used HPOG funds, and whether training was in progress at intake. PAGES records all trainings that participants enroll in during the program, so the data can be used to track progression along a career pathway.

Information collected at intake will allow the study to assess outcomes by demographic characteristics such as gender, age, race/ethnicity, marital status, parental status, individual and household income, receipt of TANF or SNAP benefits, highest education attainment and degrees, grade-level literacy, grade-level numeracy, and employment status at intake.

Though PAGES is primarily a participant-level database, it also contains some descriptive information about each grantee's organization and service delivery structure, such as vendors and service delivery site for training, and the identity of case managers. It also captures information about program offerings including basic skills instruction and healthcare trainings and other activities and support services offered, including the length, hours or credit hours of training courses, and other characteristics of program offerings.

A limitation of PAGES is its reliance on data entry by multiple individual program staff across grantees. This could lead to inconsistencies or incompleteness in the data, which could vary across data elements and across HPOG programs. Quality control procedures and grantee training and support in using PAGES attempts to limit such issues. PAGES may provide more accurate data than some other administrative systems because ACF uses the system to monitor grant performance, which increases the incentive for grantees to make as complete and accurate entries as possible on specific performance outcomes such as training enrollment, training completion, and employment.

¹⁷ PAGES automatically dates "enrollment" in HPOG as the day a participant first receives a service or engages in a substantive program activity.

Exhibit 5: Summary of Data Available from PAGES

Grantee and Program Information	
Grantee information (e.g., name, location, institutional type)	
Local program/service delivery sites	
Healthcare trainings offered	
Healthcare training type (occupational code)	
Vendor/provider of the training or education	
Total hours or credits required	
Usual weeks to complete	
Educational degree opportunities	
Licensure/certification opportunities	
Training model (basic skills are integrated, blended learning model)	
Basic skills and other skill-development activities offered	
Support services offered	
Provider (HPOG grantee or partner or referral)	
Participant Information	
Characteristics at intake/enrollment	
Demographic characteristics (gender, age, race/ethnicity, marital status, parental status, citizenship, tribal status, veteran status, homeless status, disability status, ex-offender status)	
Socioeconomic characteristics (household income, receipt of public assistance, education level, grade-level literacy and numeracy, employment status, employment experience, healthcare employment experience, incumbent worker status, earnings)	
Record of basic skills and other skill-development activities	
Type of activity	
Duration and completion status	
HPOG funds used payment support training	
Receipt of degree or credential	
Record of healthcare training activities	
Occupation code	
Training in progress at intake	
Completion status	
Receipt of degree or credential	
HPOG funds used for payment	
Record of work-based learning opportunities	
Type of activity	
Completion status	
Funding source	
Duration (including hours completed)	
Record of support services (receipt for each 6-month program period)	
Academic support services	
Personal/logistical support services	
Employment support services	
Outputs and outcomes	
Training/education completed	
Educational credentials/degrees received	
Professional licenses/certifications received	
Multiple trainings along career pathway	

3.2 TELEPHONE INTERVIEWS

To fill in gaps in the PAGES data and in EDIPS (described in detail below), as well as to collect information not available elsewhere, the study team will conduct telephone interviews with

grantee and program staff, and with other providers as appropriate. The telephone survey instruments ask largely close-ended questions to help ensure answers can be compared across respondents, as well as to provide measures that can be quantified to summarize descriptive variables across all programs. Probes for open-ended responses are also included for data items that the HPOG 1.0 National Implementation Evaluation¹⁸ results indicate may have important nuances not always captured in close-ended response choices.

Grantee and Partner Telephone Interviews

The study team will field two rounds of telephone interviews with an expected average of five staff per program. The first round of interviews will cover the following general topic areas:

- General scan of key implementation factors; evaluation site teams will work with a program liaison to identify the right informants.
- Initial description of HPOG 2.0 partners and local training system.
- Identification of sources of information about control conditions.
- Informants' assessment of the effectiveness and innovative nature of their program's strategies in the focus areas of interest for site visits; the team will use screening information in the interview instrument to select an initial list of two or three candidate programs per focus area, with final selection of one program for each focus area to be made with ACF.
- Informants' assessments and other information (e.g., PAGES data on participant outcomes) on most effective "impact drivers" among program components and implementation strategies to support the multi-level analysis; the interviewer will provide a selected list of potential impact drivers.

The second round of telephone interviews will cover the following:

- Documentation of notable implementation and performance issues (i.e., what has worked well, what has not, what has changed) based on programs' experience and results to date.
- Initial review of HPOG partners and systems and document changes from the start of the grant.
- Information on control conditions from key informants (HPOG and non-HPOG).
- Information on how grantees spend their grant.

The telephone interview instrument for the first round of interviews is provided in Appendix B. The instrument for the second round of interviews will be developed in winter 2018.

The team will engage the most appropriate informants for each set of topics and subtopics. In many instances, the informants will be HPOG 2.0 program management or staff. Because many program components may be provided by partners and other organizations, interviews with non-HPOG personnel also will be needed. A liaison from each program will advise on who the best informant would be for each set of interview items. The team will contact all prospective informants well before the interviews are fielded to check whether they are the best respondent for a given group of questions, as well as to schedule the phone call. We estimate we will speak with an average of five respondents per program.

¹⁸ See Werner et al., 2016. <https://www.acf.hhs.gov/opre/resource/descriptive-implementation-outcome-study-national-implementation-evaluation-hpog-low-income-individuals>.

Program and Partner Telephone Interviews for the Systems Study

As part of the Systems Study, phone interviews will collect data from HPOG 2.0 program informants and selected key partners. For the 10 programs selected for the Systems Study, representatives of three to five partners, including the grantee organization, will be interviewed.

These telephone interviews with the grantee and selected partners representing various organization types for the Systems Study will cover the following topic areas:

- Description of the local service delivery system:
 1. Major programs for healthcare training across the system.
 2. Accessibility of training for target population.
 3. Other local initiatives to improve healthcare training and jobs, such as sector partnerships, career pathways, and other grant programs.
- Description of the network of organizations in the system and their roles:
 1. Activities and contributions of organizations in the systems.
 2. Perceptions of relationships with each other and the HPOG program.
- How HPOG program may have influenced service delivery system during grant period:
 1. Perceptions of changes in access to healthcare training.
 2. Perceptions of changes in coordination among service delivery partners and the systems in which they operate (e.g., public workforce system, human services system, education system).
 3. Perceptions of changes on the availability and quality of services.
 4. Perceptions of the development and changes in the availability of career pathways in the systems.
 5. Perceptions of longer-term versus newer efforts to improve systems for healthcare training.
- How service delivery system may have influenced HPOG program implementation:
 1. Perceptions of changes in community resources/funding on HPOG implementation and success.
 2. Perceptions of changes in economic conditions and other local factors on implementation.
 3. Perceptions of sustainability of system changes and relationships built or enhanced during the grant period.

The study team will select three to five informants for each program, including the program operator and a small group of partners. The total will be approximately 40 interviews to represent the range of partner types (business, education, government, nonprofit), roles in the HPOG program, and level of involvement (high, medium, low). These partners will be identified through the EDIPs and the first round of grantee telephone interviews. Grantees selected for the Systems Study will receive a follow-up request to determine the most involved partners in HPOG programs and systems by organization type.

3.3 SITE VISITS

One objective of the Descriptive Evaluation will require site visits to collect more detailed, qualitative data: describe areas of particular interest to ACF and the field for promising individual HPOG 2.0 program approaches.

Site visits to programs with innovative and/or promising approaches to focus areas of interest

The Descriptive Evaluation will include site visits to up to ten programs chosen for the case studies on promising approaches to focus areas of interest: employer engagement, basic skills instruction, career pathways training opportunities, work-readiness training, and program sustainability. Topic lists designed to probe the specific design of each program's strategy in the areas relevant to the focus issue will guide the visits. These topic lists are provided in Appendix C.

3.4 IN-DEPTH INTERVIEWS WITH PROGRAM PARTICIPANTS

To better understand participants' program experiences and assessments in the context of specific program designs, the study team will conduct in-depth interviews with participants. These interviews will be one-on-one conversations of 1–2 hours each with a cross-sectional sample of participants recruited from relatively new participants (3 months post-RA) and more seasoned participants (9-12 months post-RA). The interviews will cover some or all of the following topic areas

- Why they chose the HPOG program and what else they considered.
- Why they chose certain occupations for training.
- Their thoughts about career ladders/pathways, including thoughts about their next steps after the training.
- Finances – how they are paying for training and living expenses.
- Experiences with case management (including personal, academic, employment).
- Challenges to participating in and completing the program.

Additional information about the in-depth participant interviews can be found in the forthcoming *Addendum to the Descriptive Evaluation Design Report for the National Evaluation of HPOG 2.0: Research Plan for Participant Interviews*.

3.5 EVALUATION DESIGN AND IMPLEMENTATION PLANS (EDIPs)

For each grantee program in the National Evaluation, site teams and grantee staff have developed Evaluation Design and Implementation Plans. The EDIPs have two major purposes: (1) to document the intervention and control conditions at the time random assignment begins and record any changes in the intervention or the counterfactual over the observation period; and (2) to specify plans for implementing the experiment in the field (e.g., administering informed consent, collecting baseline information, conducting random assignment, maintaining the integrity of the experimental design). The Descriptive Evaluation will avoid duplication of effort in the grantee telephone interviews by relying on information already collected for the EDIPs. In some instances, however, the study team may ask informants to confirm or clarify EDIP information during the telephone interviews. EDIPs include the following information:

- Name of program and grantee organization.
- Marketing and recruitment strategies.
- Eligibility criteria and application process.
- Record of changes in program design and implementation over time.
- High-level account of control group conditions.

3.6 SITE MONITORING NOTES

The National Evaluation team monitors program implementation through ongoing telephone calls with each program. The Descriptive Evaluation will review notes from these calls documenting program operations and service provision, comparison group services, and evaluation-related procedures.

3.7 GRANTEE APPLICATIONS

The Descriptive Evaluation will review grantee HPOG 2.0 applications for information on: program rationale and local need, initial program goals for participation and outcomes, initial program design, initial budget request, program partners.

3.8 PERFORMANCE PROGRESS REPORTS (PPR)

Each grantee submits a Performance Progress Report (PPR) to ACF twice a year during the five-year grant period. In addition to comparing outcomes against quantitative performance goals, these documents provide grantee narrative descriptions of their programs, including information about implementation, challenges they face in meeting performance goals, and how they are meeting those challenges. Though anecdotal, this information may provide useful context for the Implementation Study.

3.9 U.S. BUREAU OF LABOR STATISTICS DATA

The Implementation Study will use secondary data on the grantees' operating environments, including the conditions that shape the local labor market, and ultimately, the demand for hiring HPOG program participants. Changes in the local economic environment can help explain participant outcomes, as well as help to put in context differences in program features or outcomes.

For each program, the study team will gather information from U.S. Bureau of Labor Statistics data sources to document changes in unemployment and employment generally, and specifically employment in the healthcare industry. It will also use information from Bureau's Occupational Employment Statistics survey to document changes in employment and wages by occupation in grantee labor markets, if sample sizes are large enough.

3.10 NATIONAL DIRECTORY OF NEW HIRES (NDNH)

In addition to PAGES, another source of information on participant outcomes will be the NDNH. These data will provide information on participants' employment and earnings. They offer a uniform source of this information over time. The NDNH is maintained by the ACF Office of Child Support Enforcement (OCSE). The NDNH provides quarterly earnings from state

Unemployment Insurance (UI) records, including data from some employers not included in the UI program (e.g., the Federal Government).¹⁹

While NDNH data are not publicly available to researchers, federal agencies can access NDNH data for authorized research purposes relevant to the TANF program or the Child Support Enforcement program. Through agreements between OCSE and OPRE this evaluation will have strictly limited access to deidentified NDNH data for HPOG participants from up to two years prior to HPOG program entry and for up to 10 years after enrollment of the final HPOG participants. To preserve confidentiality, data records on HPOG participants, including demographic characteristics and program activities, are being sent to NDNH staff and linked to the NDNH data. Evaluation analysts can then access these data without individually identifiable information. A longitudinal series of quarterly information for each HPOG participant from the NDNH will be available for this study, including whether the participant was employed during the quarter and total earnings in the quarter.

An advantage of NDNH data is their accuracy. Relative to self-reports by individuals or program staff, these administrative data come directly from mandatory employer reports as part of the UI system, so have a high degree of accuracy and coverage and provide data in a consistent format. A disadvantage of the data is that they do not contain information on hourly wages or hours worked, occupation or industry, or employer benefits. Additionally, they do not capture data for all categories of workers, including those employed as independent contractors.

3.11 DATA COLLECTION SCHEDULE

Exhibit 6 below summarizes the schedule for primary data collection. All data collection activities will undergo OMB review.

Exhibit 6: Primary Data Collection Schedule

Data Collection Activity	Schedule
First-round telephone interviews	Summer 2017
Site visits for focus area case studies	Summer/Fall 2018
Partner telephone interviews	Fall 2019
Second-round telephone interviews	Spring 2019
In-depth participant interviews	TBD

¹⁹ For more information on the NDNH see <https://www.acf.hhs.gov/css/resource/a-guide-to-the-national-directory-of-new-hires>. The quarterly wage files will be accessed to measure outcomes on employment and earnings for this study.

4. OTHER DELIVERABLES AND REPORTING PLAN

Following this Design Report, the study team will produce an Analysis Plan and a Descriptive Evaluation Report. The sections below describe each, as well as the separate case study volume. Exhibit 7 provides a schedule of deliverables. Additional deliverables for the Impact Study and Cost-Benefit Study, including an Evaluation Design and Execution Plan and an Analysis Plan for the Impact Evaluation are forthcoming, but not listed here.

Exhibit 7: Descriptive Evaluation Deliverable Schedule

Deliverable	Anticipated Date
Analysis Plan	Winter 2018
Descriptive Evaluation Report	Spring 2020
Case study reports	TBD
Briefs summarizing participant interviews	TBD

4.1 DESCRIPTIVE EVALUATION ANALYSIS PLAN

The Descriptive Evaluation Analysis Plan will describe how the study team will analyze available data to meet the evaluation’s multiple objectives. Specifically, the Analysis Plan will specify variable construction, the units of analysis, and statistical analyses, as well as strategies for the analysis and reporting of qualitative findings. The Analysis Plan will also document presentational styles, including table shells for the major findings for each of the Implementation Study, the Outcome Study, and the Systems Study within the Descriptive Evaluation. This plan will be released prior to beginning the Descriptive Evaluation analysis to ensure all analysis and findings are transparent.

4.2 DESCRIPTIVE EVALUATION REPORT

The Descriptive Evaluation Report will present the major findings of the Implementation, Outcome, and Systems Studies. A provisional outline of the report’s major sections appears in Exhibit 8 below.²⁰

²⁰ Note that several components of the Implementation Study (e.g., description of control conditions) support the Impact Evaluation, and those findings will be provided in the Impact Evaluation Report.

Exhibit 8: Draft Outline of the Descriptive Evaluation 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
- e. Implementation, Outcome, and Systems Studies Design

Chapter 2. HPOG program context and administration

- a. Local socio-economic and labor market environment
- b. Other available similar programs and services
- c. Program operations
- d. Grant expenditures

Chapter 3. HPOG partner networks and service delivery systems*

- a. HPOG 2.0 partner networks and employer involvement
- b. Occupational training systems and opportunities for low-income individuals
- c. Changes related to the implementation of HPOG 2.0 program operations

Chapter 4. HPOG program outreach, application, and enrollment

- a. Recruitment strategies
- b. Eligibility criteria
- c. Application process
- d. Program participants

Chapter 5. HPOG program healthcare education and training activities

- a. Activities to prepare participation for healthcare training
- b. Training for careers in healthcare
- c. Healthcare training attended and completed

Chapter 6. HPOG program support services

- a. Case management services
- b. Academic and training support services
- c. Personal and family services and supports
- d. Support services delivered to participants

Chapter 7. HPOG program employment assistance services and outcomes

- a. Employment assistance services
- b. Employment retention services
- c. Employment assistance services delivered to participants
- d. Involvement of local healthcare employers in job placements
- e. Number and types of jobs participants obtained

Chapter 8. Conclusion

* NOTE: They Systems Study will focus on 10 selected HPOG 2.0 programs and their key partners.

4.3 SPECIAL TOPICS REPORT: CASE STUDIES OF FOCUS AREAS OF INTEREST

Case studies of how the selected HPOG 2.0 grantees approached the focus areas of special interest to ACF (see Section 2.4) will be presented in separate topic-specific reports. Each case study will address employer engagement; basic skills training provision; career pathways training opportunities; work-readiness training provision; and leveraging other available funds for potential sustainability.

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