HEALTH PROFESSION OPPORTUNITY GRANTS 2.0:

Year Five Annual Report (2019–20)

OPRE Report 2021-100 | July 2021, Revised October 2021

HPOG

Health Profession Opportunity Grants

OFFICE OF FAMILY ASSISTANCE

Health Profession Opportunity Grants 2.0: Year Five Annual Report (2019–20)

OPRE Report 2021-100

July 2021,[1] Revised October 2021

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Submitted to:
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U.S. Department of Health and Human Services
Contract No. HHSP23320095624WC, Order No. HHSP23337022T

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[1] This report was originally released in July 2021. Subsequently some errors in reporting were identified. These errors were corrected, and the report was reissued in October 2021.

Overview

This *Year 5 Annual Report* describes results through the fifth year of the second round of the Health Profession Opportunity Grants (HPOG) Program. HPOG grants are awarded to organizations that provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income adults for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand. The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded a first round of five-year HPOG grants (HPOG 1.0) in 2010.

ACF awarded this current, second round of five-year grants (HPOG 2.0) in 2015, with grant funds disbursed annually to 32 grantees in 21 states, including five Tribal organizations. From the beginning of HPOG 2.0 through the end of Year 5 (September 30, 2015, to September 29, 2020), grantees enrolled 34,853 participants. In 2020, ACF extended the second round of grant awards through September 29, 2021.

Primary Research Questions

1. Who participated in HPOG 2.0 in the first five years?
2. What are HPOG 2.0 participants' training, career progress, and employment outcomes by the end of Year 5?
3. What skill development and support services do HPOG 2.0 grantees provide to participants and how many participants receive these services?

Purpose

This *Year 5 Annual Report* summarizes the status of the HPOG 2.0 Program participants' activities, outcomes, and characteristics. This report builds on four prior annual reports. The report updates information on participants' career pathway progress as of the end of Year 5.

Key Findings and Highlights

- As in earlier years, participants in HPOG 2.0 are mainly single, female, and have dependent children. Nineteen (19) percent were receiving TANF benefits at enrollment. One third had some college education, already had a professional license or certification, or were in school at the time of enrollment in the program.
- During the COVID-19 pandemic, starting in March 2020, enrollment in HPOG 2.0 and the number of participants starting new healthcare training dropped sharply, as did receipt of supports.
- Of the 26,651 participants who began healthcare training in the first five years of HPOG 2.0, 89 percent[2] had completed it at the end of Year 5 (or were still engaged in it). More than two thirds (68 percent) of participants who completed healthcare training went on to earn a professional license or certification, and 67 percent started a job or were promoted on an existing job in healthcare.

[2] This percentage was revised when the report was reissued in October 2021.

- More than one third (38 percent) of all participants engaged in standalone basic skills training (not combined with healthcare training); of those, 91 percent had completed or were still engaged in it at the end of Year 5. Of those who completed, most (81 percent) subsequently enrolled in healthcare training.
- Of participants who began healthcare training in the first five years of HPOG 2.0, almost half (45 percent) made career progress in training (beyond completing an entry-level training). This includes: completing a healthcare training and moving on to a healthcare training at a higher career pathway level; completing multiple trainings at the same career pathway level to combine skills; completing a mid- or high-level career pathway healthcare training; or completing basic skills training or prerequisites and moving on to healthcare training.
- Using a set of metrics that combine multiple ways individuals can make career progress (including basic skills or prerequisites completion, healthcare training completion, and employment), 60 percent of HPOG 2.0 participants showed overall career progress by the end of Year 5, and another 8 percent were engaged in activities toward career progress.
- HPOG 2.0 participants engaged in a variety of activities and received a variety of supportive services. For example, almost half (46 percent) engaged in skill-development activities and almost half received transportation assistance. HPOG 2.0 funded tuition in whole or in part for most (83 percent) of participants' healthcare trainings.

Methods

The data in this report come from the HPOG 2.0 Participant Accomplishment and Grant Evaluation System (PAGES), a participant tracking and management system that includes data on participant characteristics, engagement in programs, and training and employment outcomes. PAGES also includes information on the activities and supports grantees offer. Grantee program staff enter data in PAGES. The grantees each submit semi-annual and annual Performance Progress Reports (PPRs) to ACF using data entered into PAGES; the PPR data are also used for this annual report.

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Executive Summary

The purpose of the **Health Profession Opportunity Grants (HPOG) Program** is to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.

In 2010, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded the first round of five-year HPOG grants (**HPOG 1.0**) to 32 organizations in 23 states; five were Tribal organizations. In September 2015, ACF awarded a second round of HPOG grants to carry out five-year programs (**HPOG 2.0**) to 32 organizations across 21 states, including five Tribal organizations.[3] ACF is funding an evaluation of both HPOG 1.0 and HPOG 2.0 to determine whether the Program improves training and employment outcomes for participants. ACF's Office of Family Assistance has funded and administered the HPOG Program since its inception and worked collaboratively with ACF's Office of Planning, Research, and Evaluation to develop this report.

HPOG 2.0 and HPOG 1.0 share the same target population and main goals. However, HPOG 2.0 more strongly encourages grantees to design and implement their programs to include basic skills education and to employ career pathways strategies. This means offering trainings to help participants who have low literacy and numeracy skills (basic skills training), providing a variety of healthcare occupational trainings to prepare for entry-, mid-, and high-level healthcare jobs, and offering support services to help participants complete training and attain employment.

This report is the fifth in a series of annual reports describing

- the **characteristics of participants** enrolled in HPOG 2.0 grantees' programs;
- participant training, employment, and career progress **outcomes**; and
- the **activities and services** grantees are offering in their HPOG 2.0 programs and the extent to which participants engaged in them.

The report includes participants' experiences in HPOG 2.0 from its start on September 30, 2015, to the end of Year 5 (September 29, 2020). By Year 5, some participants had been in the HPOG 2.0 Program for as many as 56 months, whereas others had only just begun to participate. During those 56 months a total of 34,853 participants were enrolled in HPOG 2.0.

Outcomes such as training completion can require some time in the program before being realized. For this reason, outcome results presented in this report exclude participants who enrolled in HPOG 2.0 in the last six months of Year 5. Thus, all outcomes are reported for participants who enrolled any time between the start of the HPOG 2.0 Program (September 30, 2015) and March 29, 2020. This subsample includes 33,719 participants. For all included participants, results of outcomes, participation in activities, and receipt of support services are

[3] 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). The second round of grant awards has been extended through September 29, 2021.

through September 29, 2020, the end of Year 5. The outcomes described here represent a snapshot of these participants' progress to date at the end of Year 5.

Participant Characteristics and Enrollment

By the end of Year 5, HPOG 2.0 had nearly met its five-year cumulative enrollment goal. Its grantees together had enrolled 34,853 participants, 95 percent of that goal.

- **HPOG participants typically were low-income women in their 20s and 30s, many of whom were parents. The majority of participants had household incomes of less than $20,000 in the year before enrolling.**

A majority of HPOG 2.0 participants at enrollment were female (91 percent), had never married (60 percent), and had one or more dependent children (68 percent). Most participants identified as Black non-Hispanic or African American (43 percent) or White non-Hispanic (24 percent). About 16 percent were younger than age 25, and 12 percent were age 50 or older.

To be eligible for HPOG 2.0, participants had to have low incomes. Nearly three quarters (72 percent)[4] reported an annual household income of less than $20,000, below the 2020 poverty line for a family of three ($21,720).[5] Almost two thirds (60 percent) had an individual annual income of less than $10,000. At enrollment in HPOG 2.0, many participants were receiving public benefits. The most common benefit received was Medicaid (67 percent), followed by the Supplemental Nutrition Assistance Program/SNAP (58 percent) and Temporary Assistance for Needy Families/TANF (19 percent).

- **Many HPOG 2.0 participants already had some education, credentials, and work experience when they enrolled.**

At the time of enrollment in HPOG 2.0, the majority of participants had some college experience (52 percent); 14 percent[6] had at least an associate degree.

Nearly one third (31 percent) had an occupational certificate or license (in any occupation) at the time of enrollment. Some 24 percent reported they were enrolled in school or a training program when they entered HPOG 2.0. Of those who were enrolled in school, most (69 percent) were in a healthcare training. A subset of HPOG 2.0 participants (6 percent) were continuing participants from HPOG 1.0.[7]

- **During the COVID-19 pandemic, new enrollments, participants starting new healthcare training, and receipt of supports dropped sharply.**

Year 5 included COVID-19 pandemic-related shutdowns. Starting in March 2020, total enrollment of participants dropped sharply before rebounding somewhat by the end of Year 5. Similarly, total participation in healthcare occupational training and receipt of supports both dropped, likely reflecting reduced grantee operations and capabilities. Despite rebounding, the monthly average of Program activity remained below the average of prior years.

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4 This percentage was revised when the report was reissued in October 2021.

5 https://aspe.hhs.gov/2020-poverty-guidelines

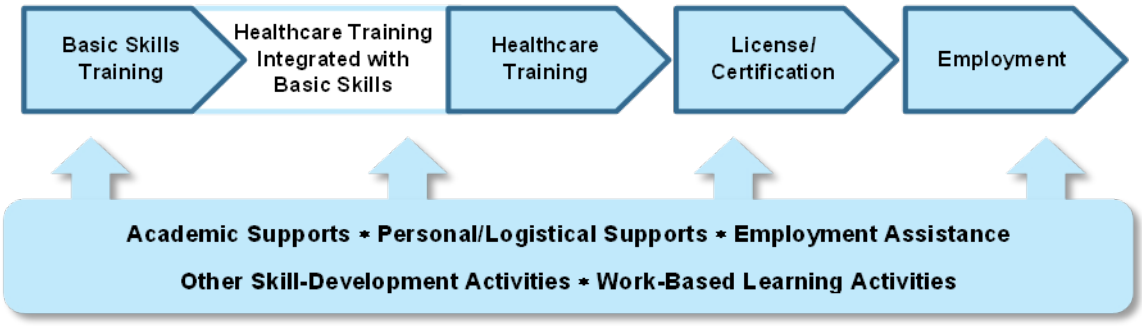
6 This percentage was revised when the report was reissued in October 2021.

7 Half of HPOG 1.0 grantees received HPOG 2.0 grants and continued their program operation. Participants from HPOG 1.0 were also allowed to continue participating in HPOG 2.0.

Participant Progression through the HPOG Program

Once participants enroll in HPOG 2.0, grantee programs offer services to help them select specific activities and supports that are right for them. Exhibit ES1 shows a generalized example of how participants move through HPOG 2.0. Participants enter basic skills training (if needed), progress to one or more healthcare trainings (at entry-, mid-, or high-level of a career pathway), earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment in their chosen field.[8] Some programs integrate basic skills instruction into their healthcare training to accelerate the process for participants with low basic skills. Along the way, programs provide supports and supplemental skill-development activities to help participants succeed.

Exhibit ES1. Example of Participant Movement through HPOG 2.0



Overview of Outcomes

From its start through the end of Year 5, HPOG 2.0 grantee programs enrolled 34,853 participants.[9] Exhibit ES2 below presents some of the key findings on participant outcomes for that period for the 33,719 participants who had been enrolled for at least six months.

- **Through Year 5, 26,651 participants (79 percent) began healthcare training, and 89 percent of them completed healthcare training or were still enrolled.**

More than two thirds of participants that had enrolled in healthcare training (76 percent) had completed at least one training by the end of Year 5. A few were enrolled in additional training at the end of Year 5 (4 percent) and the rest (72 percent) were not. Another 13 percent of participants who had no prior training completions were still enrolled in healthcare training at the end of Year 5. Only 11 percent had not successfully completed a training by the end of Year 5 (8 percent dropped out and 3 percent did not pass).

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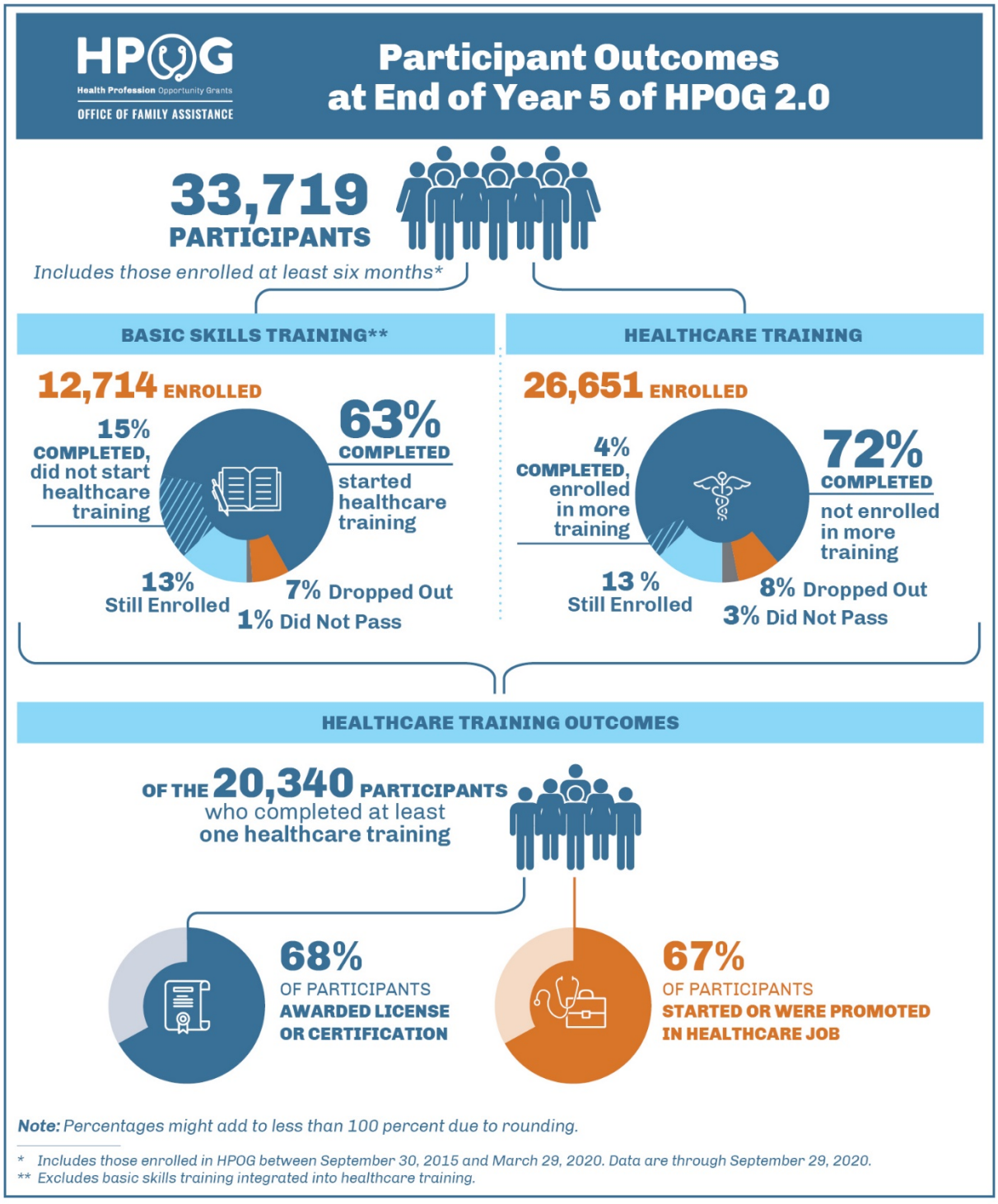
[8] Some participants also need to complete prerequisite classes (such as biology or anatomy) before they can begin healthcare training. Prerequisites do not include basic skills training and are typically not specific to a particular occupational training. Not all occupational trainings have prerequisite requirements.

[9] *Enrollment* in HPOG 2.0 is defined as having received at least one HPOG 2.0 service (including case management, activities in preparation for training, support services, or training) after being found eligible.

Exhibit ES2. Participant Outcomes at End of Year 5



- **Over one third (38 percent) of all participants engaged in standalone basic skills training; of those, 91 percent completed or were still engaged in it at the end of Year 5. Of those who completed, most (81 percent) moved on to enroll in healthcare training.**

Some participants took basic skills training separate from healthcare training (standalone basic skills training). Others took healthcare training that had basic skills instruction integrated into the curriculum (16 percent).[10] Of the 12,714 participants in standalone basic skills training, more than three quarters completed it (78 percent), with 81 percent of these going on to start healthcare training by the end of Year 5. Another 13 percent were still in progress at the end of Year 5. Only 9 percent of those who started were unsuccessful (7 percent dropped out and 1 percent did not pass).[11]

- **More than two thirds (68 percent) of participants who completed healthcare training earned a professional license or certification.**

In addition to completed training, some occupations, such as Certified Nursing Assistant, Registered Nurse, and Emergency Medical Technician, require certificates or licenses to begin work. Certificates and licenses are usually earned from a state agency or third-party industry organization and usually require training completion and an exam. For most other healthcare jobs for which HPOG 2.0 provides training, such as Medical Assistant and Pharmacy Technician, third-party certifications are available but not required or requirements vary across states. For this reason, not all HPOG 2.0 healthcare training completers would be expected to receive certification or a license.

- **Of participants completing healthcare training in the first five years of HPOG 2.0, two thirds (67 percent) started a job or were promoted on an existing job in healthcare.**

About two thirds (67 percent) of participants who completed healthcare training in the first five years of HPOG 2.0 started a job or were promoted on an existing job in the healthcare industry. This figure may not represent total healthcare employment after training completion, however. Some training completers may have remained in jobs they held prior to HPOG 2.0 or program administrative data may be missing some jobs if program staff are unaware of participant employment.

- **Of participants who enrolled in healthcare training, almost half made career progress in training, beyond completing an entry-level training.**

Grantees categorized their healthcare occupational trainings as entry-, mid-, or high-level on a career pathway, depending on the average expected wages of completers. Completing a healthcare training and enrolling in (or completing) a healthcare training at a higher career pathway level is a clear indicator of career progress. By the end of Year 5, some participants had made this type of progress, with 4 percent *completing* multiple trainings at higher career pathway levels and another 2 percent *enrolled* in a training at a career pathway level higher than one already completed.

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[10] Some participants are in both standalone basic skills training and healthcare training integrated with basic skills over the course of their time in HPOG 2.0. See Chapter 5 for more details.

[11] Individual numbers do not sum to total due to rounding.

Another 8 percent completed more than one training at the same career pathway level, mostly with multiple entry-level trainings. By combining skills from multiple trainings, even if at the same pathway level, participants could increase job opportunities and wages. In addition, completing any mid- or high-level career pathway training, even if not progressing from an entry-level training, is itself a measure of career progress, and 17 percent of participants achieved this outcome. Finally, an additional 14 percent of participants (not already represented in one of these other metrics) completed basic skills training or prerequisite classes and moved on to healthcare training, therefore making progress in training.

- **More than half (60 percent) of HPOG 2.0 participants showed career progress, as measured by one or more of: preparing for occupational training; engaging in and completing occupational training; or gaining a new job or promotion.**

Participants' progress in completing basic skills training or prerequisite courses, completing healthcare training, and finding employment can be combined to create overall measures of career progress of HPOG 2.0 participants. By this definition, 60 percent of HPOG 2.0 participants showed career progress, up from 56 percent at the end of Year 4.

Other Skill-Development Activities and Supports

HPOG 2.0 programs offer additional activities to help participants develop skills necessary to succeed in training and employment. These include skill-development activities such as college-readiness training, CPR training, digital literacy training, an Introduction to Healthcare Careers workshop, and work-readiness training. The majority of grantee programs offer activities in each of these categories. Almost half of HPOG 2.0 programs also offer work-based learning opportunities such as job shadowing, on-the-job training, and unpaid internships or externships.[12]

- **Almost half (46 percent) of HPOG 2.0 participants engaged in at least one skill-development activity.**

The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, attended by about one third and one quarter of participants, respectively. Fewer than 5 percent of participants engaged in each of the work-based learning activities offered.

- **HPOG 2.0 funded tuition (in whole or in part) for the majority (83 percent) of participants' healthcare occupational trainings.**

Another important aspect of HPOG 2.0 is the provision of support services to help participants enroll in and complete training, including funding tuition. A key support HPOG 2.0 provides is *funding participants' training tuition*. Sources other than HPOG such as Pell grants, Workforce Innovation and Opportunity Act (WIOA) funds, and a small number of training-cost waivers funded the remainder of participants' trainings.

[12] Clinical placements that are required for some healthcare trainings are not included, as they are a normal part of completing those trainings (such as Registered Nurse training).

- **HPOG 2.0 programs offer a variety of support services. Participants' receipt of each support varied substantially.**

HPOG 2.0 programs also offer *academic supports* to help participants prepare for and complete training; *personal and logistical supports* to help participants meet and overcome life challenges that would interfere with training; and *employment assistance* to help them find employment before, during, and after training. Participants' receipt of supports varied substantially, with some services used by most participants (such as case management and other academic supports), whereas other services were used by only a small number of participants (such as housing support or assistance). Differences in receipt reflect both the extent to which programs offer services and participants' need for them.[13] Support service receipt generally declined in Year 5, possibly due to factors related to the COVID-19 pandemic.

- **Case management and other academic supports were the most commonly used support services through the first five years. In addition, almost half of HPOG 2.0 participants received transportation assistance, and about one quarter received assistance with job search.**

Case management was the most common support, received by 94 percent of HPOG 2.0 participants through Year 5.[14] More than half of participants received academic advising (65 percent) and assistance with training-related costs other than tuition (58 percent). Fewer participants received personal/logistical support services. Almost half (48 percent) of participants received transportation assistance that enabled them to travel to and from HPOG-related training, employment, or services. Only 5 percent or less of participants received child/dependent care assistance, emergency assistance, non-emergency food assistance, or housing support/assistance through HPOG 2.0. Some HPOG 2.0 participants received employment assistance to help them find and keep jobs. Twenty-eight percent received assistance with job search, 18 percent with job placement, and 11 percent with retaining employment.

Summary

These results highlight that through the end of Year 5, the HPOG 2.0 Program successfully enrolled participants in healthcare training although at a lower level than previous years due to the COVID-19 pandemic. Most participants who enrolled in healthcare training completed or were still in training at the end of Year 5. HPOG 2.0 was working to meet participants' basic skill needs, with about one third of participants engaged in standalone basic skills training and more than three quarters of those engaged completing this training. In addition, one fifth of healthcare training participants were in courses that integrated basic skills into the healthcare curriculum.

The results here also show that many HPOG 2.0 participants are moving along career pathways. HPOG 2.0 programs embrace the goal of providing multiple points of entry to training as demonstrated by participants engaging in healthcare trainings at entry-, mid-, and high-

[13] Grantees could also refer participants to other organizations to obtain services. PAGES is designed to include these referrals as service receipt if the grantee knows the service was received. However, there is some evidence that grantees have not consistently been following this practice, so service receipt reported here could be understated.

[14] One grantee did not report case management services for some participants due to a data entry error in PAGES, so this figure is an undercount of the actual percentage.

levels. This report presents a variety of measures of career progress, including engaging in multiple trainings and training at higher career pathway levels, moving to higher-paying healthcare employment or from non-healthcare jobs into healthcare jobs, and combining training completion and employment in healthcare. Using a set of measures that combine basic skills or prerequisite completion, healthcare training completion, and employment to indicate overall career progress, 60 percent of HPOG participants have shown career progress at the end of Year 5.

Next year, ACF will release a final annual report summarizing grantee and participant activities and outcomes through the end of the grant period in September 2021. In future years, the HPOG 2.0 National Evaluation will produce reports on the **implementation** of HPOG 2.0, the **impact** the Program has on participant outcomes as compared to a control group that was not offered access to Program services, and the **cost-benefit** of HPOG 2.0 comparing costs to impacts. Additionally, the HPOG 2.0 Tribal Evaluation report will cover the implementation and participant outcomes of the tribal grantees.

1. Introduction

The purpose of the **Health Profession Opportunity Grants (HPOG) Program** is to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income adults for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.

In 2010, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded a first round of five-year HPOG grants (**HPOG 1.0**) to 32 organizations in 23 states; five were Tribal organizations.[15] ACF also funded a portfolio of evaluation studies.[16]

In 2015, ACF's Office of Family Assistance (OFA) awarded a second round of five-year HPOG grants (**HPOG 2.0**) to 32 organizations across 21 states, including five Tribal organizations. It also funded an evaluation. In the first five years of HPOG 2.0, grantees enrolled 34,853 participants in 43 distinct programs (38 non-Tribal programs and 5 Tribal programs). In 2020, the current grants were extended through September 29, 2021. In HPOG 2.0, program years begin on September 30 and end on September 29 the following year. Thus, Year 5 begins on September 30, 2019, and ends on September 29, 2020.

Box 1: HPOG 2.0 Goals

- Provide TANF recipients and other low-income individuals with opportunities for training that lead to employment and advancement in the healthcare workforce.
- Address the increasing shortfall in the supply of healthcare professionals in the face of expanding demand.
- Target skills and competencies demanded by the healthcare industry.
- Support career pathways, such as an articulated career ladder—that is, a progression of occupations from entry level through advanced with training specified for each level.
- Lead to an employer- or industry-recognized certificate or degree awarded by a professional, industry, or employer organization using a valid and reliable assessment of an individual's knowledge, skills, and abilities.
- Combine support services with training services to help participants overcome barriers to employment.
- Provide training services at times and locations that are easily accessible to targeted populations.
- Prepare participants for employment in the healthcare sector in positions that pay well and are expected to experience labor shortages or be in high demand.

Source: 2015 HPOG 2.0 Funding Opportunity Announcements.

[15] 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). The second round of grant awards has been extended until September 29, 2021.

[16] Reports of findings from evaluation studies of HPOG 1.0 can be found on ACF's website "Health Profession Opportunity Grants (HPOG) Evaluation Portfolio," https://www.acf.hhs.gov/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog. Reports of the HPOG 1.0 final implementation, outcome, short-term (15-month), and intermediate (36-month) impact findings are available. An HPOG 1.0 report on longer-term (72-month) impacts is forthcoming.

Box 1 presents the primary goals of the HPOG 2.0 Program as described in its Funding Opportunity Announcements.[17]

The need for healthcare workers is predicted to grow over the next several decades as the population ages and medical technology advances. As with the first round of HPOG grants, the HPOG 2.0 Program is structured both to demonstrate new ways to increase the supply of healthcare workers and to create career opportunities for low-income, low-skilled adults.

1.1 About the HPOG 2.0 Evaluation

Congress, ACF, and other stakeholders are interested in determining whether the HPOG Program improves participants' training and employment outcomes. HPOG was authorized as a demonstration program with a mandated evaluation. Building on lessons learned from HPOG 1.0, ACF's Office of Planning, Research, and Evaluation (OPRE) is using a **multipronged research and evaluation strategy** to assess the success of the HPOG 2.0 Program (see Appendix A for a description of the research and evaluation portfolio).

For the 27 non-Tribal grantees, a National Evaluation comprises an experimental impact study, a descriptive study (to include program implementation, participant outcomes, and systems change analyses), and a cost-benefit analysis. For the 5 Tribal grantees, a Tribal Evaluation consists of implementation and outcomes studies. Together the two are the *National and Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants.*

1.2 Career Pathways Approach

One hallmark of HPOG is that grantee programs support a "**career pathways**" approach. Training activities that follow this approach are:

- Associated with clearly defined and industry-recognized credentials that are "stackable"; that is, other available training can build on those credentials to add higher and higher competencies aligned with specific occupations in a defined career pathway;
- Offered as part of a career pathway articulated to industry needs and requirements;
- Delivered in a flexible way in regard to location, schedule, pace (accelerated courses), and teaching strategy;
- Accompanied by strong supports (including academic and personal or logistical supports) and connections to employment (such as job search, placement, and retention assistance); and
- Combined with work-based learning opportunities, such as internships, externships, and clinical placements.

[17] See the 2015 Funding Opportunity Announcement for the National Evaluation, "Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals," Administration for Children and Families, accessed February 23, 2017, https://ami.grantsolutions.gov/?switch=foa&fon=HHS-2015-ACF-OFA-FX-0951; and the 2015 Funding Opportunity Announcement for the Tribal Evaluation, "Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal College or University," Administration for Children and Families, accessed February 23, 2017, https://ami.grantsolutions.gov/?switch=foa&fon=HHS-2015-ACF-OFA-FY-0952.

As part of the career pathways approach, HPOG grantee programs offer multiple points of entry for training and related employment. Depending on participants' initial skill level, they can train for entry-level, mid-level, or high-level work. They can then move up the career ladder through additional training and work experience.

Grantees may use HPOG 2.0 funds to provide participants with education, training, and employment assistance as well as support services to help them enter and advance in a variety of healthcare occupational sectors. These include nursing, long-term care, allied health, medical billing, and health information technology.[18] Within ACF's overall goals for HPOG 2.0 (see Box 1), grantees have flexibility to design local HPOG programs to meet the needs of their target populations and local employers.

1.3 About This Report

This is the fifth annual report for the HPOG 2.0 Program. It presents information describing HPOG 2.0 from its start on September 30, 2015, through September 29, 2020, the end of grant Year 5.[19] It includes information on all 32 HPOG 2.0 grantees. **All results in this report are descriptive and should not be interpreted as causal impacts.** Impacts of the HPOG 2.0 Program for non-Tribal grantees will be reported as part of the HPOG 2.0 National Evaluation's impact study.

This report builds on four prior annual reports.[20] The first annual report provides basic information on the characteristics of the 32 grantees (including their locations and organizational types), detailed descriptions of the activities and services their programs offer, and the characteristics of their participants. Subsequent reports provided updated information on

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[18] For additional information see ACF's "Career Pathways" website at http://www.career-pathways.org/about-career-pathways/ or David J. Fein, *Career Pathways as a Framework for Program Design and Evaluation: A Working Paper from the Pathways for Advancing Careers and Education (PACE) Project,* OPRE Report 2012-30 (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2012).

[19] Funds were awarded on September 30, 2015. Grantees spent part of the first grant year on initial planning and implementation activities, such as finalizing eligibility criteria, hiring staff, and developing recruitment materials. Grantees started enrolling participants between February and April 2016. However, participants returning to training from HPOG 1.0 could have been active from September 30, 2015, onwards; thus, findings in this report are based on up to (but typically fewer than) 56 months of data.

[20] See Pamela Loprest and Nathan Sick, *Health Profession Opportunity Grants 2.0: Year Four Annual Report (2018–19),* OPRE Report 2020-60 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2020), https://www.acf.hhs.gov/opre/report/health-profession-opportunity-grants-20-year-four-annual-report-2018-19; Pamela Loprest and Nathan Sick, *Health Profession Opportunity Grants 2.0: Year Three Annual Report* (2017–18), OPRE Report 2019-64 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2019), https://www.acf.hhs.gov/opre/report/health-profession-opportunity-grants-20-year-three-annual-report-2017-18; Pamela Loprest, *Health Profession Opportunity Grants 2.0: Year Two Annual Report (2016–17)*, OPRE Report 2018-77 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2018), https://www.acf.hhs.gov/opre/report/health-profession-opportunity-grants-20-year-two-annual-report-2016-17; and Kelly S. Mikelson, Neil Damron, and Pamela Loprest, *Health Profession Opportunity Grants 2.0: Year One Annual Report* (2015–16), OPRE Report 2017-45 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017), https://www.acf.hhs.gov/opre/report/health-profession-opportunity-grants-20-year-one-annual-report-2015-16.

participant outcomes and measures of career progress in both healthcare training and employment. This fifth annual report updates previous measures of career progress presented in past annual reports. It also provides information on how participation changed across the five years, and specifically during the COVID-19 pandemic.

The data in this report come from the HPOG 2.0 Participant Accomplishment and Grant Evaluation System (PAGES), a participant tracking and program management system that includes data on participant characteristics, engagement in activities and services, and training and employment outcomes. PAGES also includes the activities and supports that grantee programs offer. Grantee program staff enter data in PAGES. Each grantee must submit semi-annual and annual Performance Progress Reports (PPRs) to ACF using data entered into PAGES; the PPR data are also used for this annual report.[21] PAGES links users to a *Glossary of Terms* document that defines the terms used in PAGES. Appendix B reproduces selected terms from the Glossary related to career pathways training, activities, and supports; Box 2 provides selected HPOG-specific Glossary definitions used in this report.[22]

This fifth annual report on HPOG 2.0 provides information on changes in training over five years of HPOG 2.0, attainment of Program enrollment goals, and characteristics of enrollees (Chapter 2); trends of enrollment and training during the COVID-19 pandemic (Chapter 3); the training, career progress, and employment outcomes of program participants (Chapter 4); and activities and services offered by HPOG 2.0 grantee programs and the extent to which participants engaged in them (Chapter 5). Appendix A contains an overview of the HPOG 2.0 research and evaluation strategy; Appendix B excerpts the PAGES *Glossary of Terms*; and Appendix C provides exhibits on additional participant outcomes and characteristics not included in the body of the report. These update similar results in prior annual reports.

[21] PAGES is a live data system, meaning grantees continue to enter new data. Grantees have the ability to revise or update past data that were incorrect, missing, or had not yet been entered. Grantees completed data entry for Year 5 by October 31, 2020, in order to submit their Year 5 PPR. All results in this report are based on data extracted on October 27, 2020. This report was originally released in July 2021. Subsequently some errors in reporting were identified. These errors were corrected, and the report was reissued in October 2021.

[22] In addition to creating the PAGES *Glossary of Terms,* the research team and ACF developed categories and definitions to capture the breadth of activities and services offered by HPOG 2.0 grantees and to allow for consistent reporting across grantees. When grantee staff entered data on their programs into PAGES, they selected the appropriate category using the definitions shown in Appendix B for guidance.

Box 2: HPOG Terminology

HPOG 2.0 provided grants to 32 **grantees**, organizations that receive the HPOG grant, design and operate HPOG programs, and are responsible for performance reporting to ACF.

A **grantee HPOG program** is the set of training activities and services offered by a grantee and its partner organizations. Grantees can offer one or more programs. In HPOG 2.0, the 32 grantees are operating 43 distinct programs (38 non-Tribal programs and 5 Tribal programs).

HPOG 2.0 Program refers to the set of 32 grantees providing HPOG training activities and services.

HPOG partners are organizations with which the grantee has formal or informal agreements to provide services in HPOG 2.0.

Non-HPOG partners are other organizations in the community that do not have an agreement with an HPOG 2.0 grantee, but that provide services in the community.

Trainings and services can be provided by the grantee, by an **HPOG partner organization**, or through **referral to a non-HPOG partner**.

HPOG grantee programs offer basic skills trainings and healthcare occupational trainings. A **training** is the set of one or more courses necessary for a participant to acquire the skills needed to meet the required basic skills level (for basic skills training) or to enter a specific healthcare occupation (for healthcare occupational training). Thus, an individual training can be one course (as is often the case for Nursing Assistants) or many courses spanning several semesters (as is the case for Registered Nurses).

Source: Glossary of Terms, HPOG 2.0 PAGES.

2. Changes in Enrollment and Training over Program Years

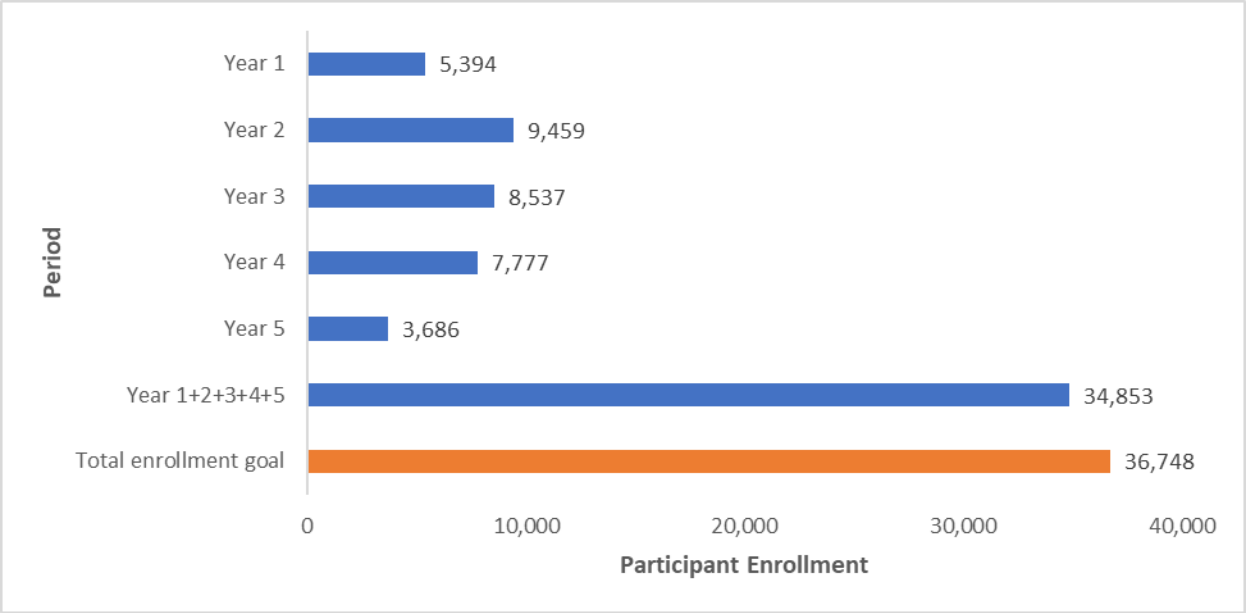
This chapter describes enrollment during the first five years of HPOG 2.0 compared to the Program's overall enrollment goals, followed by a review of participant characteristics at the time of enrollment. This chapter also describes changes and trends in HPOG 2.0 healthcare training participation over the five grant years.

2.1 Enrollment and Goals

- **By the end of Year 5, HPOG 2.0 had nearly met its five-year cumulative enrollment goal despite slowed enrollment due to the COVID-19 pandemic. Grantees together enrolled 95 percent of that goal.**

During the fifth year of the HPOG 2.0 Program, grantees enrolled 3,686 participants. Cumulative enrollment for the first five years of HPOG 2.0 was 34,853. The total five-year enrollment goal across all grantees combined was 36,748 participants (Exhibit 1). Enrollment in Year 5 slowed significantly due to the COVID-19 pandemic.

Exhibit 1. Cumulative Enrollment Goal and Actual, by Program Year

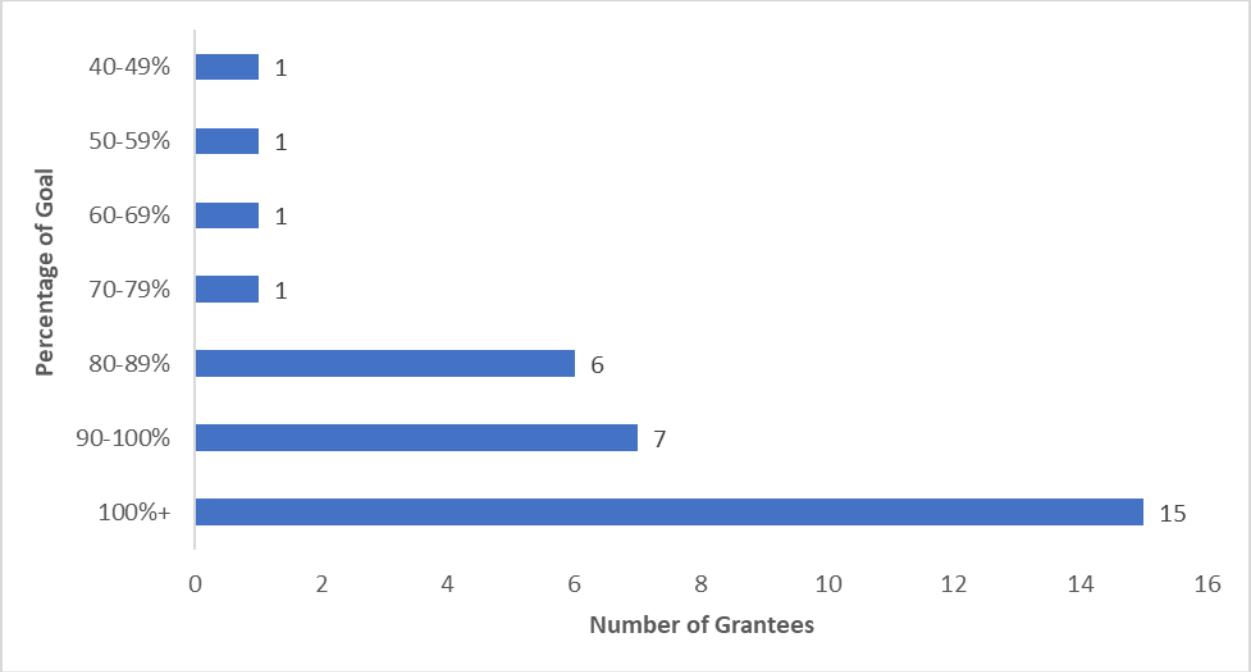


Source: PAGES.

Note: N=32 grantees. Participants enrolled between September 30, 2015, and September 29, 2020, and five-year grantee enrollment goals as reported in PAGES. Total enrollment goal is for the original five-year grant period.

HPOG 2.0 grantees varied in whether they met their individual five-year enrollment goals. These goals had been set by grantees, in discussion with ACF, when grants were awarded in 2015. Exhibit 2 shows grantees' progress in meeting these enrollment goals. In the five years of HPOG 2.0, almost half of grantees (15 of 32) had met or exceeded their total enrollment goal. Another seven grantees had enrolled 90 percent or more of their goal. By contrast, four grantees reported reaching less than 80 percent of their five-year goal. In 2020 ACF funded a 12-month supplement and extension to the fifth year of the grants. Grantees got additional time to meet or exceed their enrollment goals, along with an opportunity to revise enrollment goals based on their status at the end of Year 5.

Exhibit 2. Distribution of HPOG 2.0 Grantees, by Percentage of Five-Year Enrollment Goal Attained by End of Year 5



Source: PAGES.

Note: *N*=32 grantees. Participants enrolled between September 30, 3015, and September 29, 2020, and five-year grantee enrollment goals as reported in PAGES.

2.2 Participant Characteristics

HPOG 2.0 grantees serve participants of diverse backgrounds and life experience. On average, at the time of their enrollment in HPOG 2.0, the characteristics of the 3,686 participants who enrolled in Year 5 were similar to prior years. As participant characteristics are not influenced by time in program, this section presents the characteristics of all 34,853 participants enrolled through the end of Year 5.[23]

[23] An update of the complete set of characteristics first presented in the *HPOG 2.0 Year One Annual Report* can be found in Appendix Exhibits C3–C8.

- **HPOG participants typically were low-income women in their 20s and 30s, many of whom were parents. The majority of participants had household incomes of less than $20,000 in the year before enrolling.**

A majority of HPOG 2.0 participants at enrollment were female (91 percent), had never married (60 percent), and had one or more dependent children (68 percent). Most participants identified as Black non-Hispanic or African American (43 percent) or White non-Hispanic (24 percent). About 16 percent were younger than age 25, and 12 percent were age 50 or older.

To be eligible for HPOG 2.0, participants had to have low incomes. Nearly three quarters (72 percent)[24] reported an annual household income of less than $20,000, below the 2020 poverty line for a family of three ($21,720).[25] Almost two thirds (60 percent) had an individual annual income of less than $10,000. At enrollment in HPOG 2.0, many participants were receiving public benefits. The most common benefit received was Medicaid (67 percent), followed by the Supplemental Nutrition Assistance Program/SNAP (58 percent) and Temporary Assistance for Needy Families/TANF (19 percent).

- **Many HPOG 2.0 participants already had some education, credentials, and work experience when they enrolled.**

At the time of enrollment in HPOG 2.0, the majority of participants had some college experience (52 percent); 14 percent[26] had at least an associate degree.

Almost one third (31 percent) had an occupational certificate or license (in any occupation) at the time of enrollment. Some 24 percent were already enrolled in school or a training program when they entered HPOG 2.0. A subset of HPOG 2.0 participants (6 percent) were continuing participants from HPOG 1.0.

Almost all HPOG 2.0 participants (97 percent) enrolled with some prior work experience, with half reporting they had previously worked in a healthcare occupation. Somewhat fewer than half of participants (47 percent) were already employed when they enrolled in the program, with nearly one half of these participants employed in healthcare.

2.3 Changes in Healthcare Training Participation, by Training Type

- **Compared to Year 1, training participation in Year 5 was less concentrated in the top-10 most common healthcare trainings. Several healthcare trainings, including Home Health Aide and Licensed Practical and Vocational Nurses, saw decreases in new training starts.**

During HPOG 2.0, participation in the top-10 most common healthcare training occupations changed over time (Exhibit 3).[27] These changes were likely driven by many factors, including certain occupations becoming less popular among participants, and grantees changing program offerings to meet the demands of local labor markets and in response to the pandemic. Exhibit 3 shows the percentage of all participants starting training in Year 1 and Year 5 (respectively) in the top-10 most common healthcare training occupations. In Year 1, participation in the top-10

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[24] This percentage was revised when the report was reissued in October 2021.

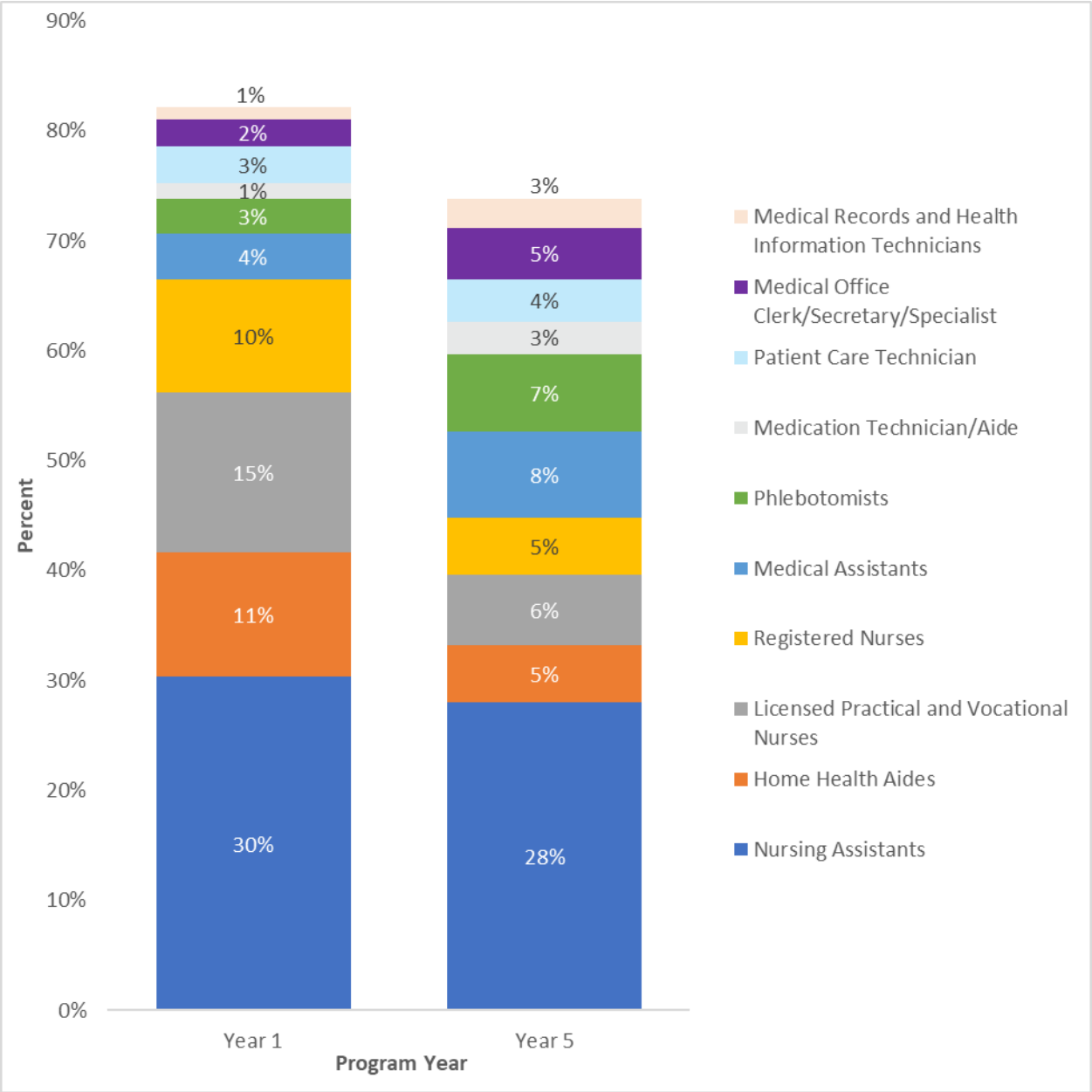
[25] https://aspe.hhs.gov/2020-poverty-guidelines

[26] This percentage was revised when the report was reissued in October 2021.

[27] The top-10 most common trainings are based on average participation across all five program years.

occupations made up 82 percent of all healthcare training participation. Those same occupations accounted for 74 percent of new healthcare trainings in Year 5.

Exhibit 3. Percentage of Participants Starting Each of the Top-10 Most Common Healthcare Trainings, in Year 1 and Year 5



Source: PAGES.

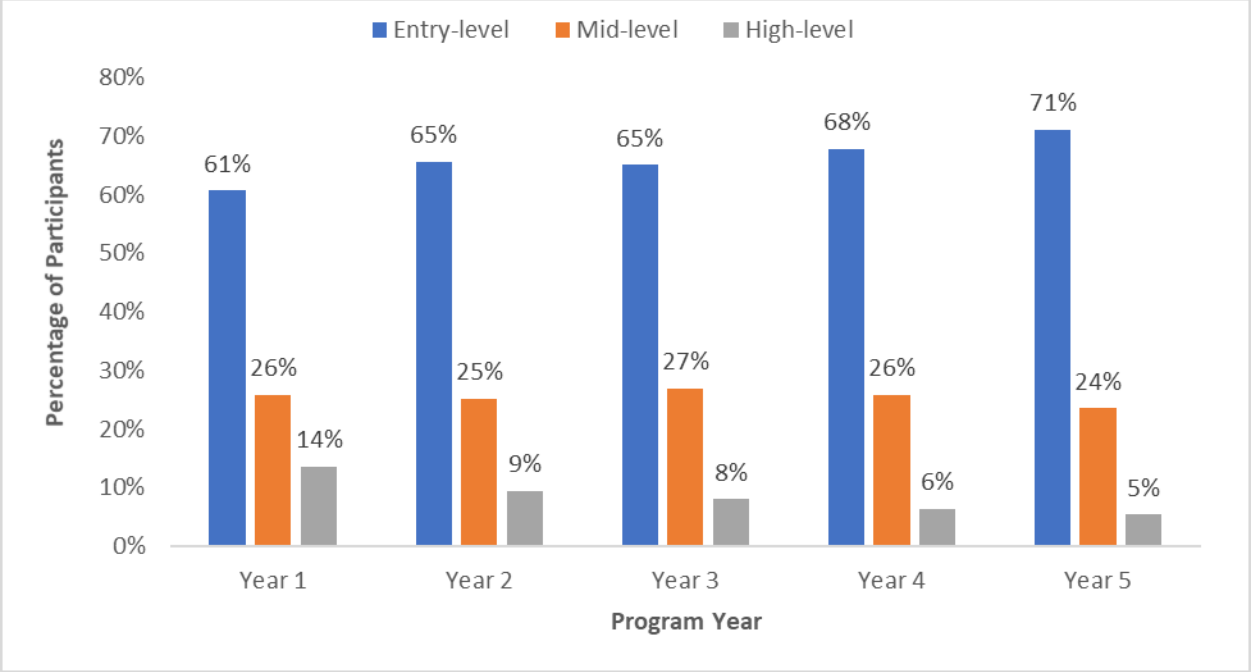
Note: Participants might be in more than one category but are only counted once within a category. The top-10 most common trainings are based on average participation across all five program years. *Year 1 N*=3,651, Year 5 *N*=4,358. Individual numbers do not sum to total due to rounding.

Among these top-10, Nursing Assistant was the most common healthcare training in Year 1 and Year 5. Over this time period, participation in Licensed Practical and Vocational Nurses training dropped from 15 percent to 6 percent, and participation in Registered Nurse training dropped from 10 percent to 5 percent. Both nurse trainings typically take longer than a year to complete, so grantees might be less likely to offer them later in the grant period, without sufficient time for participants to finish. However, participation in Home Health Aide training, which is a shorter training, also decreased, from 11 percent in Year 1 to 5 percent in Year 5.

For several of the top-10 occupations, the percentage of participants starting training increased from Year 1 to Year 5, including Medical Assistant (4 percent to 8 percent), Phlebotomist (3 percent to 7 percent), and Medical Office Clerk, Secretary, or Specialist (2 percent to 5 percent).

HPOG 2.0 offers multiple points of entry for training. Depending on their skill level at intake, participants can train for entry-level, mid-level, or high-level jobs to move along their career pathway. These career pathway levels are discussed in more detail in Chapter 4. Overall, the share of participants starting training at an entry-level healthcare training increased by 10 percent from Year 1 to Year 5 (Exhibit 4). The percentage of participants starting mid-level trainings remained approximately constant over all five years, representing about one quarter of training participation. The percentage of participants starting high-level training decreased in each year of HPOG 2.0, from 14 percent in Year 1 to 5 percent in Year 5. As mentioned above, some of this decrease could be due to grantees offering fewer high-level trainings late in the grant period, as they often take a year or longer to complete.

Exhibit 4. Percentage of Participants Starting Healthcare Trainings, by Career Pathway Level and Program Year



Source: PAGES.

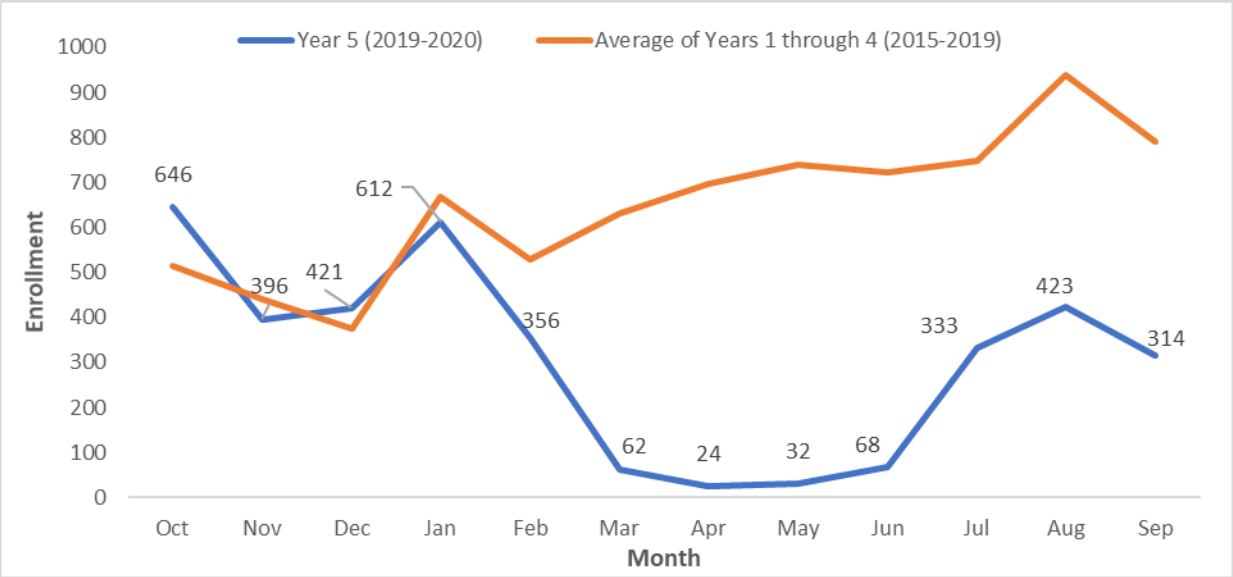
Note: Participants might be in more than one category but are only counted once within a category. *N* ranges from the lowest number of healthcare training starts in Year 1 (3,651) to the highest number in Year 4 (9,205).

3. Enrollment and Training during the COVID-19 Pandemic

The COVID-19 pandemic and resulting shutdowns affected nearly all aspects of society, including the HPOG Program. Starting in March 2020, many local HPOG programs slowed or ceased enrollment; started conducting program intake over the phone; and moved some program activities online, including healthcare training. Some grantees added Contact Tracer trainings related to the pandemic. Forthcoming reports from the HPOG 2.0 National and Tribal Evaluations will address in detail the ways HPOG 2.0 programs responded to the pandemic.[28,29] In this section, we show how overall program enrollment, healthcare training participation, and support receipt changed during Year 5 amid COVID-19.

Enrollment in local HPOG 2.0 programs dropped significantly during the initial stages of the COVID-19 pandemic and as compared to average enrollment in prior years (Exhibit 5). Enrollment was between 300 and 700 participants per month from October 2019 through February 2020. The rate subsequently fell to less than 100 new enrollments per month from March through June 2020. Enrollment rebounded to more than 300 participants per month during the last three months of Year 5 (July to September 2020). Averaged across Years 1 through 4, August was typically the month with the highest enrollment whereas December had the lowest.

Exhibit 5. Monthly Enrollment in HPOG 2.0 during Year 5



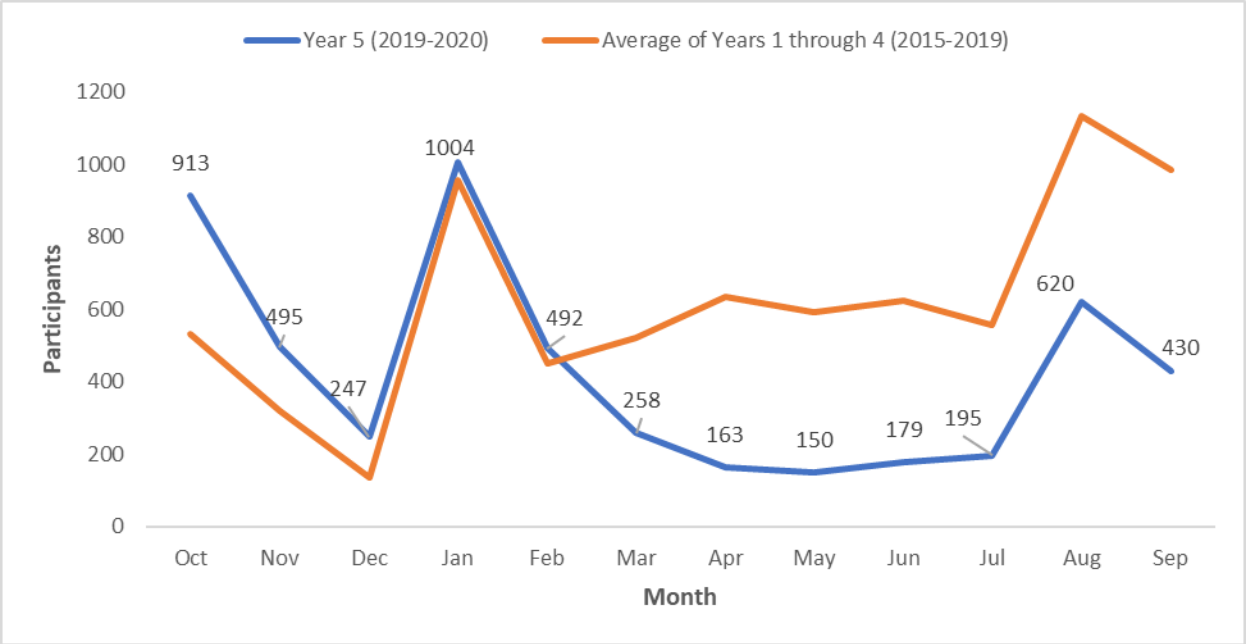
Source: PAGES.

[28] Radha Roy, Tanya de Sousa, Jillian Ouellette and Carly Morrison. (forthcoming). *Agile During a Pandemic: How HPOG 2.0 Programs Responded to COVID-19*. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. This citation was corrected when the report was reissued in October 2021.

[29] Dougherty, M., Hafford, C., Fromknecht, C., Holden, C., and Maitra, P. (2021). *Responding to the COVID-19 Pandemic: Tribal HPOG 2.0 Grantees' Program Adaptations.* OPRE Report #2021-146, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. The reference to the HPOG 2.0 Tribal Evaluation in the text and this citation was added when the report was reissued in October 2021.

The COVID-19 pandemic also affected the ability of participants already enrolled in HPOG 2.0 to start healthcare trainings (Exhibit 6). The beginning of Year 5 saw slightly above average monthly number of healthcare trainings started through February 2020 compared to prior years. From March through July 2020, monthly healthcare training starts dipped to about one third of the average in those months prior to Year 5. In past years, the highest number of healthcare trainings started was in August and September. In Year 5, the number of participants starting healthcare training increased substantially in those months but was still less than two thirds of prior years' numbers.

Exhibit 6. Total Monthly Healthcare Trainings Started in HPOG 2.0 during Year 5

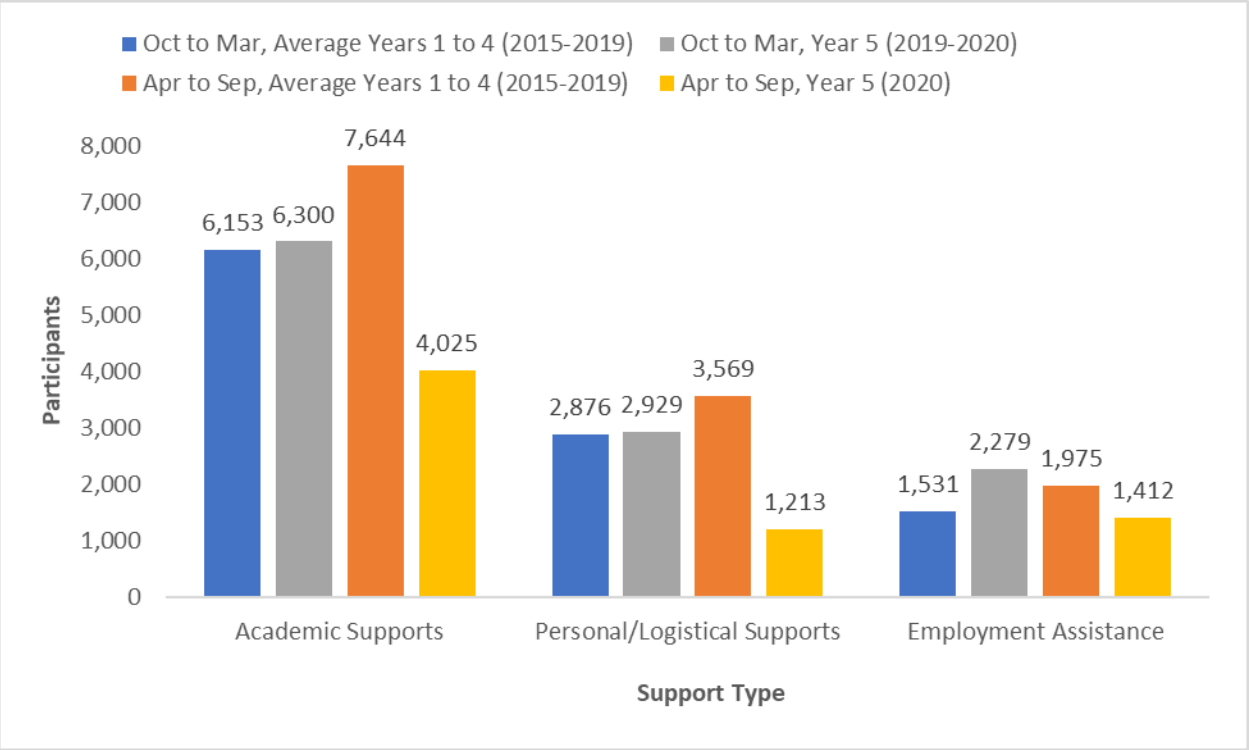


Source: PAGES.

There was also a decrease in the number of participants receiving supports in the second half of Year 5 (Exhibit 7). PAGES tracks receipt of supports in six-month increments. Supports through the first half of Year 5 (which included the earliest stages of the pandemic in the United States) were about average compared to other years.[30] Support receipt declined substantially in the second half of Year 5. The number of participants receiving supports was about half of what it averaged in the second six months of Years 1 to 4. The number of participants receiving personal and logistical supports declined the most, becoming the category of support received by the fewest participants.

[30] The second six months of Year 5 began on March 29, 2020 and ended on September 29, 2020. Therefore, the entirety of that period occurred during the COVID-19 pandemic.

Exhibit 7. Total Number of Supports Provided during the Six-Month Periods of Year 5, Compared to the Average of Years 1 to 4



Source: PAGES.

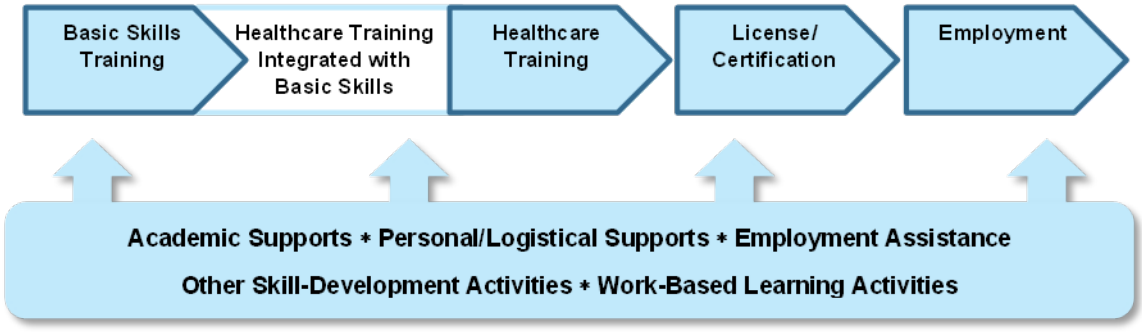
4. Program Outcomes

Despite differences in design, the HPOG 2.0 grantee programs have similar objectives: to help participants complete healthcare training, earn necessary licenses and certifications, and find healthcare employment. This chapter provides information on the overall training, career progress, and employment outcomes HPOG 2.0 participants achieved through Year 5.

Once participants enroll in a local HPOG 2.0 program, its staff works with them to identify specific program activities and supports that are right for them. Exhibit 8 shows a generalized example of how participants move through HPOG 2.0. Participants enter basic skills training (if needed), progress to healthcare training,[31] earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment in their chosen field.

Participants can engage in more than one healthcare training, either at the same or different career pathway levels. Some programs integrate basic skills instruction into occupational training to accelerate progress. To help participants engage, persist, and succeed, programs provide a range of supports and supplemental skill-development and work-based learning activities. The types of supports are academic, personal or logistical, and employment assistance.

Exhibit 8. Example of Participant Movement through HPOG 2.0



4.1 Overview of Outcomes

Through Year 5, HPOG 2.0 grantee programs enrolled 34,853 participants.[32] Over that time, the enrollees participated in activities, engaged in and completed trainings, and/or found a new job or were promoted on an existing job. Their time enrolled also varied: By the end of Year 5, in September 2020, some participants (those who enrolled during the first year of the program) had been in HPOG 2.0 for as long as 56 months, whereas others had only just begun to participate.

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[31] Some participants also need to complete prerequisite courses (such as biology or anatomy) before they can begin healthcare training. Prerequisites do not include basic skills training and are typically not specific to a particular occupational training. Not all occupational trainings have prerequisite requirements.

[32] *Enrollment* is defined as having received at least one HPOG 2.0 service (including training, case management, activities in preparation for training, or support services) after being found eligible.

Outcomes such as training completion can require some time in the program before being realized. For this reason, the outcome results presented here exclude participants who enrolled in HPOG 2.0 in the last six months of Year 5. Thus, all outcomes are reported for those participants who enrolled in HPOG 2.0 anytime between the start of the grant period (September 30, 2015) and March 29, 2020. This group, referred to subsequently as "all participants," includes 33,719 participants. For all included participants, results of outcomes, participation in activities, and receipt of support services are through September 29, 2020, the end of Year 5. Exhibit 9 presents some of the key findings on participant outcomes through Year 5.[33]

- **Programs succeeded in enrolling participants in healthcare training and facilitating completion. Of all participants who enrolled in healthcare training, 89 percent had completed or were still engaged in it at the end of Year 5.**

Exhibit 9 shows that 26,651 participants (79 percent of all participants) began healthcare training in the first five years of HPOG 2.0. Of participants enrolling in healthcare training, almost three quarters completed at least one training (76 percent), with 4 percent enrolled in additional training by the end of Year 5 and 72 percent not enrolled in additional training. An additional 13 percent were still enrolled in training and had not yet completed any healthcare training. Only 11 percent of training participants did not successfully complete a healthcare training (8 percent dropped out and 3 percent did not pass).

- **More than one third of all HPOG 2.0 participants (38 percent) enrolled in standalone basic skills training; of them, 91 percent had completed or were still enrolled at the end of Year 5. Of participants who completed standalone basic skills training, most (81 percent) moved on to healthcare training.**

Of the 12,714 participants who started standalone basic skills training (as opposed to integrated into healthcare training), more than three quarters (78 percent) completed it, with 63 percent going on to healthcare training and 15 percent not starting healthcare training by the end of Year 5. Another 13 percent were still enrolled in standalone basic skills training at the end of Year 5. The remaining 9 percent of participants in standalone basic skills training were unsuccessful (7 percent dropped out and 1 percent did not pass).[34]

As shown earlier in Exhibit 8, some HPOG 2.0 healthcare training programs integrate basic skills instruction into their curriculum. Participants in such programs are not included in the results on basic skills training in Exhibit 9. Of all HPOG 2.0 participants, 16 percent enrolled in healthcare training that integrated basic skills into their curriculum.[35]

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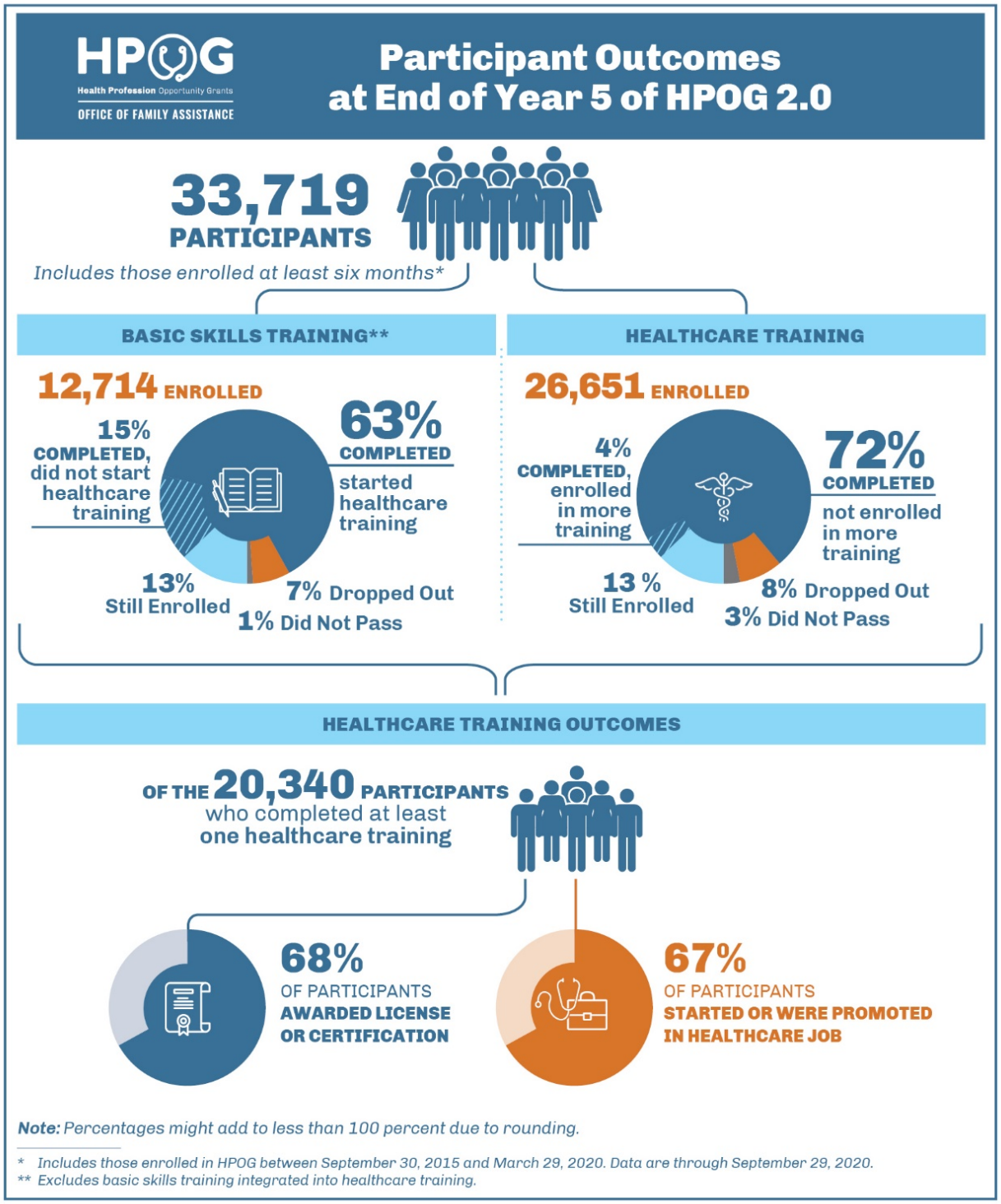
[33] Appendix Exhibit C1 reports on these same key outcomes for both the entire sample and the "all participants" subsample for comparison.

[34] Individual numbers do not sum to total due to rounding.

[35] Over the course of their time in HPOG 2.0, some participants are in both standalone basic skills training and healthcare training integrated with basic skills. See Chapter 5 for more details.

Exhibit 9. Participant Outcomes at End of Year 5



- **More than two thirds (68 percent) of participants who completed healthcare training earned a professional license or certification.**

In addition to completed training, some occupations require certifications or licenses. Certifications and licenses are usually earned from a state agency or third-party industry organization and usually require a combination of training completion and an exam. Examples of such occupations include Certified Nursing Assistant, Registered Nurse, and Emergency Medical Technician. For most other healthcare jobs for which HPOG 2.0 provides training, such as Medical Assistant and Pharmacy Technician, third-party certifications are available but not required or requirements vary across states. For this reason, not all HPOG 2.0 healthcare training completers would be expected to receive certification or a license.

- **Of those completing healthcare training, two thirds (67 percent) started a job or were promoted on an existing job in healthcare.**

Two thirds of participants (67 percent) who completed healthcare training in the first five years of HPOG 2.0 started a healthcare job or were promoted on an existing healthcare job. This figure might not represent total healthcare employment after training completion, however. Some training completers could have remained in healthcare jobs they held prior to HPOG 2.0 or program administrative data could be missing some jobs if program staff were unaware of the participant's employment.

4.2 Career Progress

The outcomes described above provide a picture of healthcare training enrollment and completion. However, HPOG 2.0 grants also aim to facilitate the career progress of participants. Career progress can be measured in terms of healthcare training, employment, or both. This section presents career progress measures based on healthcare training. Sections 4.3 and 4.4 present career progress based on employment measures and combined measures, respectively.

In line with the career pathways approach, HPOG 2.0 grantee programs include multiple points of entry for training. Depending on their skill level at intake, participants can train for entry-level, mid-level, or high-level jobs, complete a first training, and return to train for the next step on their career pathway. This report defines career progress in healthcare training as:

- Taking multiple trainings, starting at entry-level and moving to higher levels of training as part of HPOG 2.0;
- Taking multiple trainings at the same level (typically entry-level) to gain additional skills that could open up more job opportunities than might a single training;[36]

[36] For a discussion of combining multiple entry-level trainings with Nursing Assistant training see Pamela Loprest and Nathan Sick, *Career Prospects for Certified Nursing Assistants: Insights for Training Programs and Policymakers from the Health Profession Opportunity Grants (HPOG) Program,* OPRE Report 2018-92 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2018), https://www.acf.hhs.gov/sites/default/files/documents/opre/final_cna_paper_final_508_compliant_5082.pdf.

- Entering an HPOG 2.0 program in a mid- or high-level occupational training due to prior work or training experience; and
- Completing basic skills training or prerequisite courses and moving on to healthcare training.

As described in Section 4.4 below, participants who complete a single entry-level training are still making important progress in their careers. The career progress metrics reported here help shed light on how participant experiences compare to a key tenet of the career pathways model underlying HPOG 2.0: that offering multiple points of entry for training combined with supports can allow individuals to acquire more skills over time than is possible in traditional job training models.

Collectively, HPOG 2.0 grantees offer training in 88 different healthcare occupations.[37] On average, a grantee offers training in 18 different occupations. Grantees often offer multiple trainings within a single occupational category, sometimes from different providers or in different geographic locations. Altogether, the grantees offer 2,724 different healthcare trainings. As part of PAGES data entry, grantees categorize their healthcare trainings into the career pathway levels described above: *entry-level, mid-level,* or *high-level* training. Training level is based on the average expected wages of completers (Box 3).[38]

Box 3: Examples of Occupations in Career Pathway Levels

Entry-level trainings include occupations such as Certified Nursing Assistant, Home Health Aide, and Medical Assistant.

Mid-level trainings include occupations such as Licensed Practical or Vocational Nurse, Medical or Clinical Laboratory Technologist, Paramedic, and Medical Records or Health Information Technician.

High-level trainings include occupations such as Registered Nurse, Medical and Health Services Manager, Radiologic Technician, and Dental Hygienist.

Source: PAGES *Glossary of Terms*.

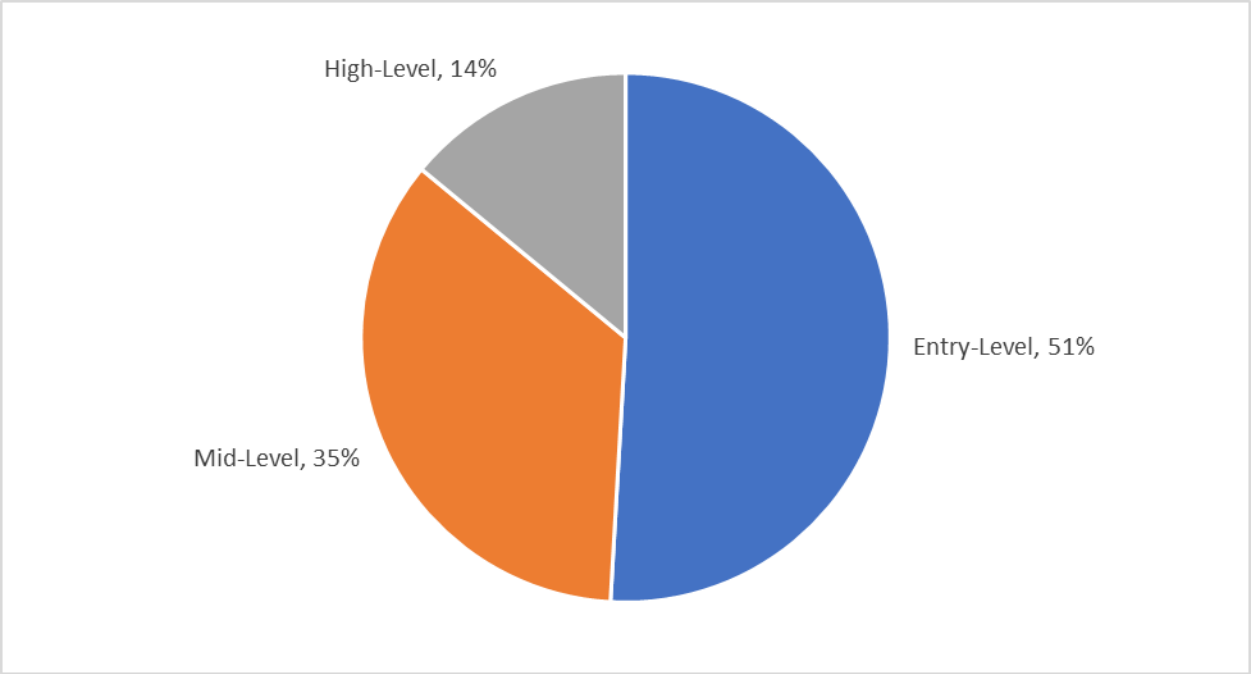
[37] Appendix Exhibit C2 lists all the occupations for which training is offered, how many trainings are offered in each occupation, and how many grantees offer each type of training. The number of occupations offered was revised when the report was reissued in October 2021.

[38] Grantees assigned their trainings career pathway levels with guidance from the HPOG 2.0 National Evaluation team to provide some consistency for analysis. *Entry-level* training is for occupations with average wages less than $15 an hour; *mid-le*vel for occupations with average wages greater than or equal to $15 but less than $25 an hour; and *high-level* for occupations with average wages greater than or equal to $25 an hour. Different HPOG 2.0 programs might categorize the same occupational training into different career pathway levels given variations in wages by geographic location and differences in the specific jobs being trained for within a given occupational category.

- **HPOG 2.0 programs embrace the goal of providing multiple points of entry to training as demonstrated by offering healthcare trainings at all levels.**

Of all the healthcare training programs grantees offer, 51 percent are entry-level, 35 percent mid-level, and 14 percent high-level (Exhibit 10).

Exhibit 10. Distribution of All Healthcare Trainings Offered, by Career Pathway Level

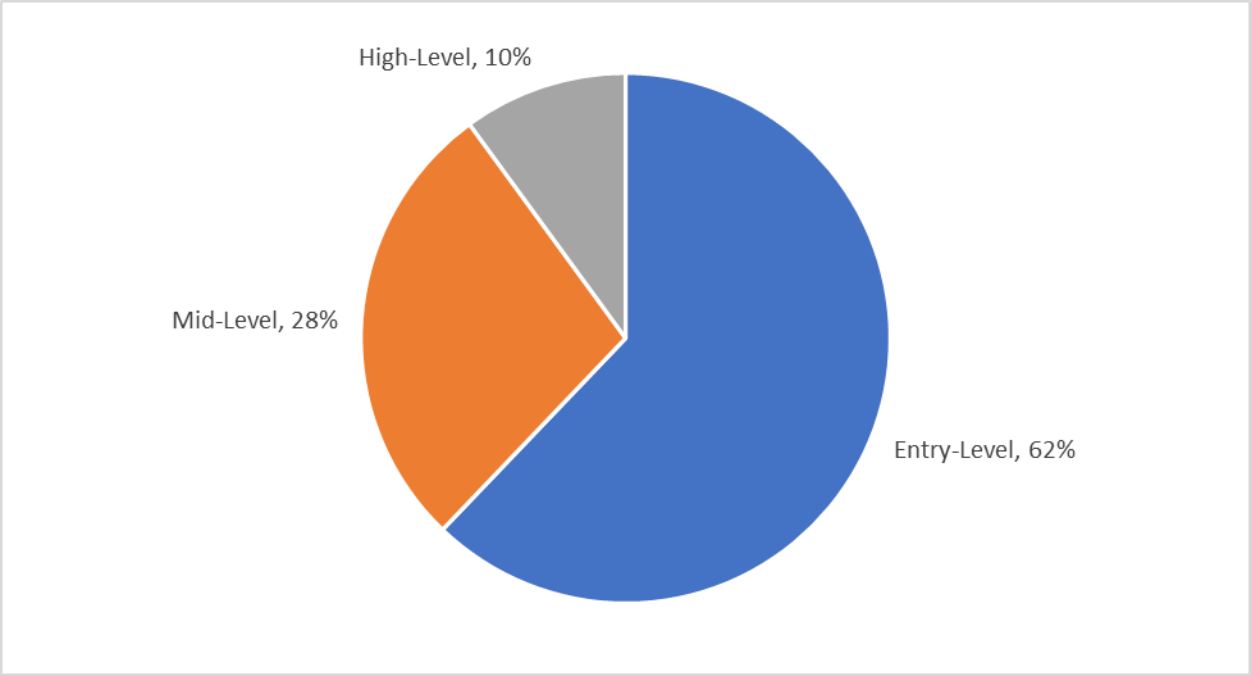


Source: PAGES program-level data.
Note: N=2,724 healthcare trainings.

- **Aligned with the breakdown of healthcare trainings offered, through Year 5 the majority of participants enrolled in entry-level healthcare training; for most, this was their highest level of training attempted. However, more than one third (38 percent) of participants enrolled in a mid- or high-level training, suggesting career progression in training for those participants.**

For 62 percent of participants who enrolled in healthcare training, entry-level was their highest level of training. Another 28 percent enrolled in mid-level, and 10 percent in high-level healthcare training (Exhibit 11) as their highest level of training.[39] Though completing entry-level training is certainly a positive outcome for HPOG 2.0 participants, it is important to note that 38 percent of participants engaged in a higher level of training at some point, a measure of career progress.

Exhibit 11. Enrollment in Healthcare Training, by Highest Career Pathway Level



Source: PAGES.

Note: N=26,651 participants. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. Participants might have engaged in multiple trainings.

[39] Appendix Exhibit C10 reports enrollment for each of the top 20 occupations in which participants trained. Appendix Exhibit C12 reports completion status for each of those occupations.

- **Of participants who enrolled in healthcare training, almost half made career progress in training, beyond completing an entry-level training.**

Exhibit 12 shows career progress of participants in healthcare training using the metrics described above. Altogether, 45 percent of participants enrolled in healthcare training made career progress by one of these metrics.

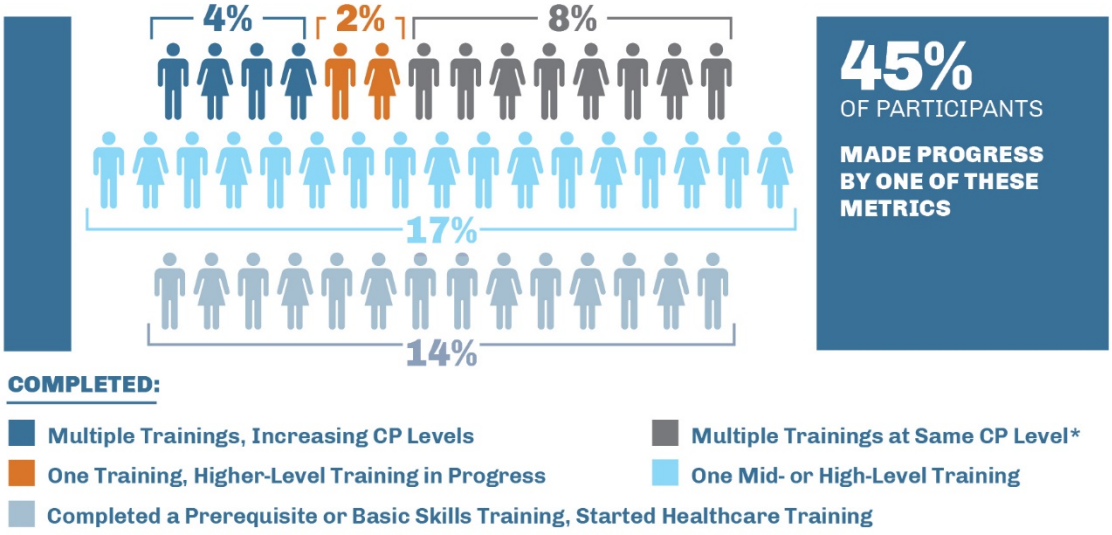
Completing one healthcare training and enrolling in (or completing) another healthcare training at a higher career pathway level is a clear indicator of career progress. This includes, for example, completing a Nursing Assistant training (entry-level) and moving on to a Licensed Practical Nurse training (mid-level). By the end of Year 5, some participants had made this type of progress, with 4 percent completing multiple trainings at increasing career pathway levels and another 2 percent enrolled in a training at a higher career pathway level than one already completed.

Another measure of career progress is having completed more than one training at the same career pathway level. By combining skills from multiple trainings at the same pathway level (e.g., completing Nursing Assistant and Phlebotomist trainings), participants can increase job opportunities and wages. Of participants enrolled in training, 8 percent made this type of progress, mostly with multiple entry-level trainings, by the end of Year 5.

Completing one mid- or high-level career pathway training is itself a measure of career progress, and 17 percent of participants achieved this outcome.

Finally, for those who need to take one or more basic skills training or prerequisite courses, completing this first step and then moving on to healthcare training demonstrates progress in training. An additional 14 percent of participants (not already included in one of the prior categories) made progress by this metric.

Exhibit 12. Career Progress in Healthcare Training of Participants Enrolled in Healthcare Training



Source: PAGES.

Note: Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

N=33,719 participants. CP=Career pathway.

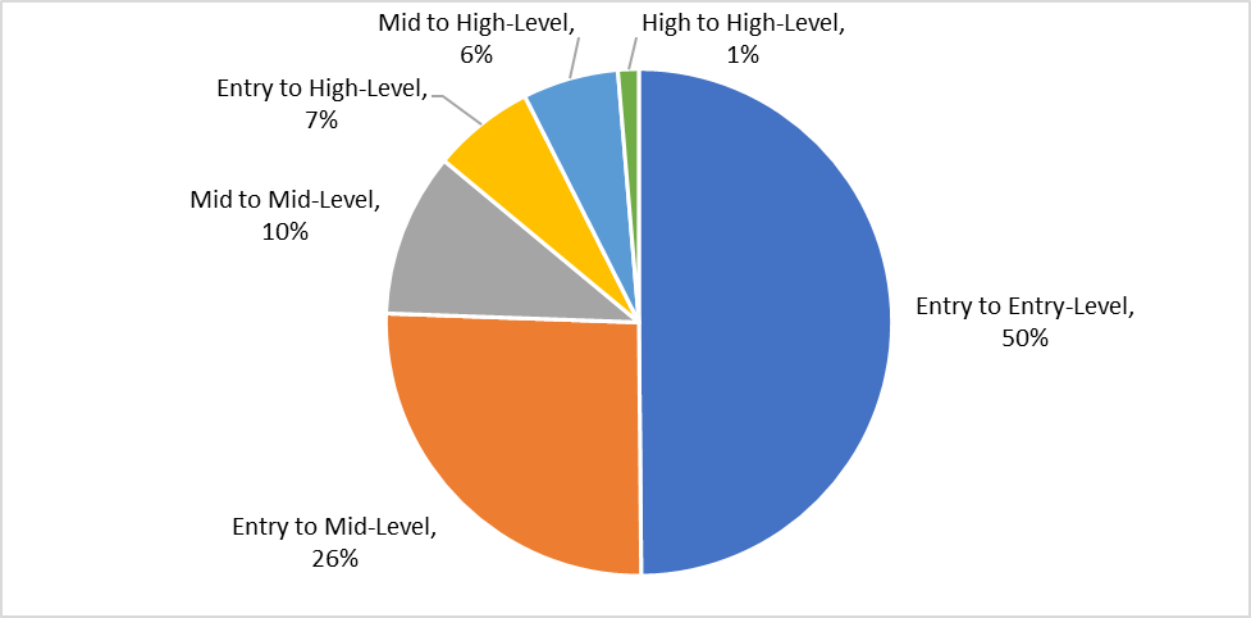
* Includes a small number of participants whose subsequent training was at a lower CP level.

- **Of participants who completed a healthcare training and enrolled in additional training, about half went on to a mid- or high-level training, with the rest taking multiple entry-level trainings.**

About 14 percent of participants who enrolled in healthcare training (3,961 participants)[40] completed it and subsequently completed or were still enrolled in another healthcare training at the end of Year 5 (the top row in Exhibit 12). Exhibit 13 shows the career pathway level progression of participants who enrolled in more than one training.

The most common combination was multiple entry-level trainings, accounting for 50 percent of participants taking multiple trainings. As discussed above, these individuals are making career progress by gaining additional occupational skills. Another 10 percent engaged in multiple mid-level trainings, and 1 percent in multiple high-level trainings. More than a quarter (26 percent) progressed from entry-level to mid-level trainings, 7 percent went from entry-level to high-level trainings, and another 6 percent went from mid-level to high-level trainings.

Exhibit 13. Career Pathway Level Progression among Participants with Multiple Healthcare Trainings



Source: PAGES.

Note: N=3,961 participants who completed one healthcare training and completed or were still engaged in another healthcare training at the end of Year 5. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. For participants engaging in more than two trainings, the exhibit reflects the highest career pathway level completed or still engaged in for the subsequent training.

4.3 Employment Outcomes

A primary goal of HPOG programs is for training to result in well-paying employment in in-demand healthcare occupations. The employment outcomes for HPOG 2.0 in this report include

[40] This number and the corresponding note in Exhibit 13 were revised when the report was reissued in October 2021.

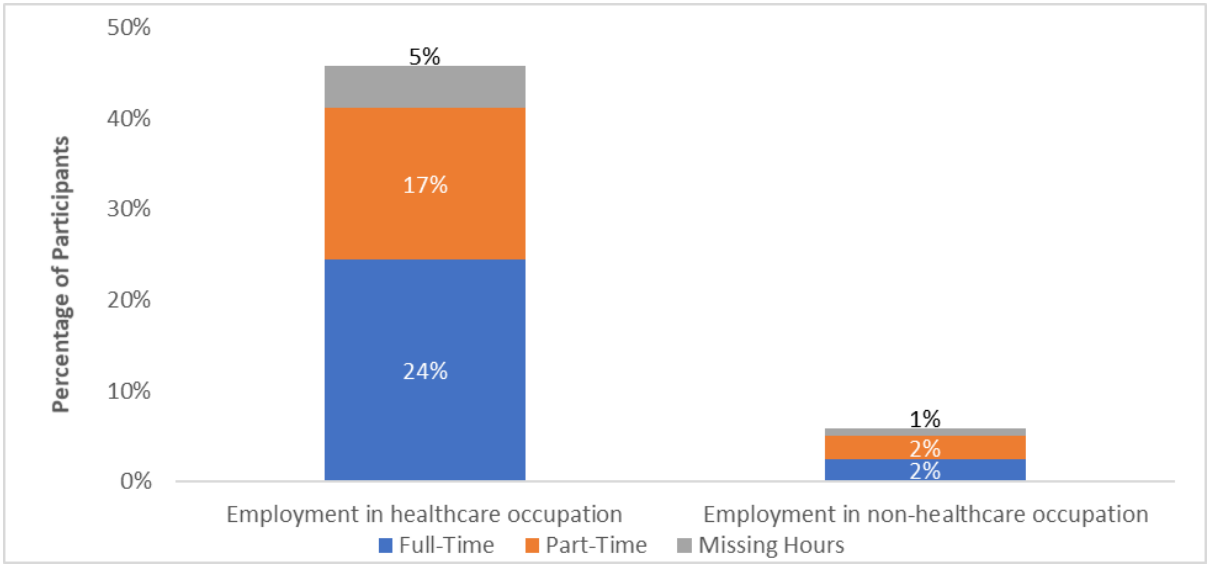
new jobs (in healthcare or not) and promotions on the same job, both obtained *after* enrollment in HPOG 2.0. Thus, employment outcomes likely reflect jobs or promotions obtained with assistance from or as a result of participating in HPOG 2.0 training, although these outcomes cannot be interpreted as causal impacts. Outcomes reported here exclude jobs that participants held at the time they enrolled in HPOG 2.0 that continued as is, without promotion, during HPOG.[41] The employment outcomes measures include participants still in training as well as completers.

- **By the end of Year 5, almost half of HPOG 2.0 participants had started a new healthcare job or were promoted on an existing healthcare job after enrolling in HPOG.**

By the end of Year 5, some 46 percent of all participants had started a job or were promoted on an existing job in a healthcare occupation at some point after enrolling in HPOG 2.0 (Exhibit 14). An additional 6 percent of participants obtained employment or were promoted in non-healthcare jobs. Thus, 52 percent of participants started a job or got promoted, an increase from 48 percent at the end of Year 4.[42]

Exhibit 14 also shows that more than half of participants working in healthcare occupations (24 percent) are full-time. On average, participants in healthcare occupations earned $14.81 per hour and participants in non-healthcare occupations earned $12.55 an hour.[43]

Exhibit 14. Employment (New Jobs or Promotions after HPOG 2.0 Enrollment) at End of Year 5



Source: PAGES.

Note: N=33,719 participants. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. Individual numbers do not sum to total due to rounding.

41 Program staff record only new jobs or promotions on existing jobs obtained by HPOG participants at any time after program enrollment. Grantees have employment-related program performance goals, and staff are encouraged to follow up with participants to track what employment they have gained. However, some participants are difficult to contact, and so program staff could be unaware of some employment. Employment status at program intake is also recorded.

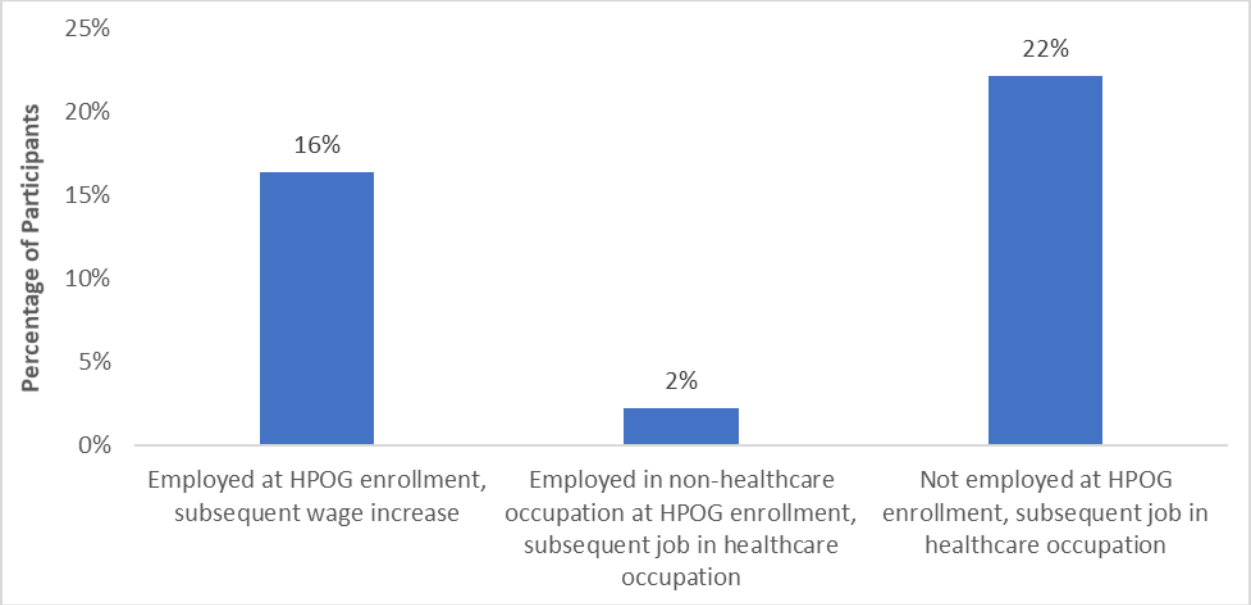
42 Individual numbers do not sum to total due to rounding.

43 Average hourly wages are based on the most recent occupation reported for each participant.

- **Measures of career progress for participants include moving into a higher-paying job or moving into a job in a healthcare occupation from a non-healthcare occupation or unemployment. More than one third of those who started a job or were promoted after enrolling in HPOG 2.0 showed career progress by these measures.**

Many HPOG 2.0 participants experienced career progress by earning higher wages or finding work in a healthcare occupation. Exhibit 15 shows three specific metrics of career progress in employment. First, 16 percent of all participants were employed when they enrolled in HPOG 2.0 and subsequently started a job or received a promotion that paid a higher wage. Another 2 percent of participants were employed in a non-healthcare occupation at enrollment and subsequently started a job in a healthcare occupation. Finally, 22 percent of all participants were not employed at enrollment and subsequently started a job in a healthcare occupation.[44]

Exhibit 15. Participants with Career Progress in Employment and Wages



Source: PAGES.

Note: N=33,719 participants. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. Subsequent wage increase could be in healthcare or non-healthcare job. Categories shown are mutually exclusive.

Of the participants who started a job or were promoted after enrolling in HPOG, more than one third (40 percent, not shown in Exhibit 15) showed career progress by one of these three measures.

4.4 Overall Career Progress Measures

The previous two sections addressed career progress in terms of healthcare training or employment. "Overall" career progress measures reported in this section combine training and

[44] Other participants who started jobs or were promoted on an existing job during HPOG 2.0 are not included here. These include participants not employed at enrollment but started a non-healthcare occupation job, and those working in a healthcare occupation at enrollment and started another healthcare job during HPOG but did not see a wage increase.

employment measures with other ways that participants can make career progress, including preparing for occupational training.[45]

Given the emphasis in HPOG 2.0 on assisting participants who need to improve basic skills, these overall metrics include participation in and completion of basic skills training. The metrics also include engaging in or completing prerequisites without having yet gone on to healthcare training. Although a minority of participants enrolled in prerequisite courses required for training (15 percent),[46] completion of them is an indicator of progress, especially toward mid- or high-level training.

Exhibit 16[47] lists three groups of career progress metrics: "Showing Career Progress," "Activity in Progress," and "Not Yet Showing Career Progress." All participants are uniquely included in one of the nine metrics within these groupings. By these metrics, nearly two thirds of all HPOG 2.0 participants (60 percent) showed career progress by the end of Year 5, an increase from 56 percent at the end of Year 4.

Exhibit 16. Extent of Overall Participant Career Progress

Metric	Number	Percentage
Showing Career Progress		**Total: 60**
Completed basic skills or prerequisites, completed healthcare training, employed in healthcare	3,183	9
No basic skills or prerequisites completed, completed healthcare training, employed in healthcare*	10,381	31
Completed basic skills or prerequisites, completed healthcare training, employed in non-healthcare job	2,176	6
No basic skills or prerequisites completed, completed healthcare training, employed in non-healthcare job	4,600	14
Activity in Progress		**Total: 8**
Completed basic skills or prerequisites, healthcare training in progress	633	2
No basic skills or prerequisites completed, healthcare training in progress	1,426	4
Basic skills or prerequisites in progress, not in healthcare training	540	2
Not Yet Showing Career Progress		**Total: 32**
Completed basic skills or prerequisites, not in healthcare training	3,218	10
No basic skills or prerequisites completed, not in healthcare training	7,562	22
Total	**33,719**	**100**

Source: PAGES.

Note: N=33,719 participants. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

* These participants either didn't need pre-training, were still engaged in pre-training at the end of Year 5 or failed or dropped out.

[45] *Employment* in this section refers to participants who started a job or were promoted on an existing job subsequent to enrolling in the HPOG 2.0 program. As noted in Section 4.3, it is possible that additional participants could be employed—either having remained (without promotion) on the same job they had at enrollment in HPOG or if HPOG 2.0 staff were unaware of new employment and so did not record it in PAGES.

[46] These are any academic course that a participant is required to take prior to starting occupational healthcare training. See Glossary in Appendix B for more information.

[47] In Exhibit 16, the number of participants with no basic skills or prerequisites completed and healthcare training in progress was revised when the report was reissued in October 2021.

The first group of metrics ("Showing Career Progress") includes participants who have completed at least one healthcare training and are employed (in healthcare or not). Overall, 60 percent of HPOG 2.0 participants showed career progress by these metrics. The second group ("Activity in Progress") includes participants who have not yet completed healthcare training. A total of 8 percent of participants were in this group, with most of those (6 percent) active in healthcare training.

The third group ("Not Yet Showing Career Progress") includes participants who are not in healthcare training. These two metrics include some participants who failed or dropped out of a prior healthcare training and others who never started healthcare training. Overall, almost one third (32 percent) of participants were in this group. It is possible, for example, that some were waiting for a healthcare training to start. For this or other reasons, some of these participants may engage in HPOG 2.0 activities and make career progress after the period included in this analysis. It is also possible that some of these individuals left the program because they found employment in healthcare or another sector.

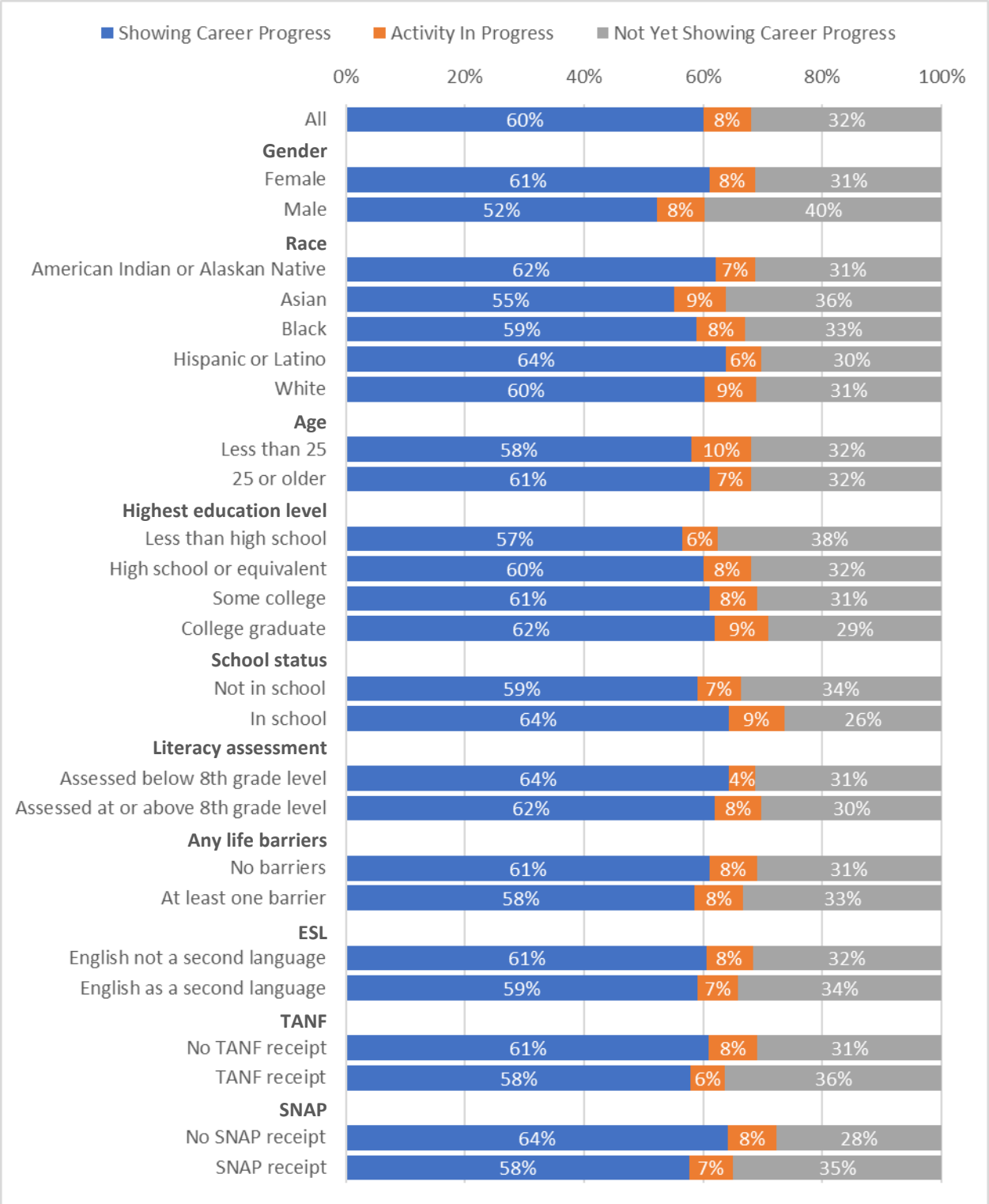
Exhibit 17 shows how participants in the three groupings of career progress differed at program intake. Within all participant subgroups, more participants were showing career progress than were not, but there were differences across groups.

- More female participants were showing career progress than were male participants.
- More American Indian and Alaska Native (62 percent) and Hispanic/Latino (64 percent) participants were showing career progress than were Asian (55 percent), Black non-Hispanic (59 percent), or White non-Hispanic (60 percent) participants.
- Individuals with the following characteristics at intake were showing lower than average rates of career progress: under age 25, had not graduated high school, were not in school, reported facing one or more barriers to work or school,[48] for whom English is a second language, and were receiving TANF or SNAP. Except for those under 25, these groups also had lower than average rates of having an activity in progress.
- Participants whose literacy was assessed as below an eighth-grade level had a higher rate of career progress than did those assessed as above eighth grade. However, a larger percentage of those with the higher literacy level had activities in progress.[49] The results by numeracy level (not shown) were similar.

[48] Barriers include, but are not limited to, transportation, childcare, illnesses or health problems, alcohol or drugs.

[49] There is a group of participants who did not receive any literacy assessment at intake. These participants showed lower career progress (53 percent) than those with literacy assessments at intake, and lower than the program average.

Exhibit 17. Career Progress, by Participant Characteristics at Intake



Source: PAGES.

Note: N=33,719 participants. Percentages do not add to 100 due to rounding. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. The variations in career progress across all displayed participant characteristics are statistically significant ($p<0.05$).

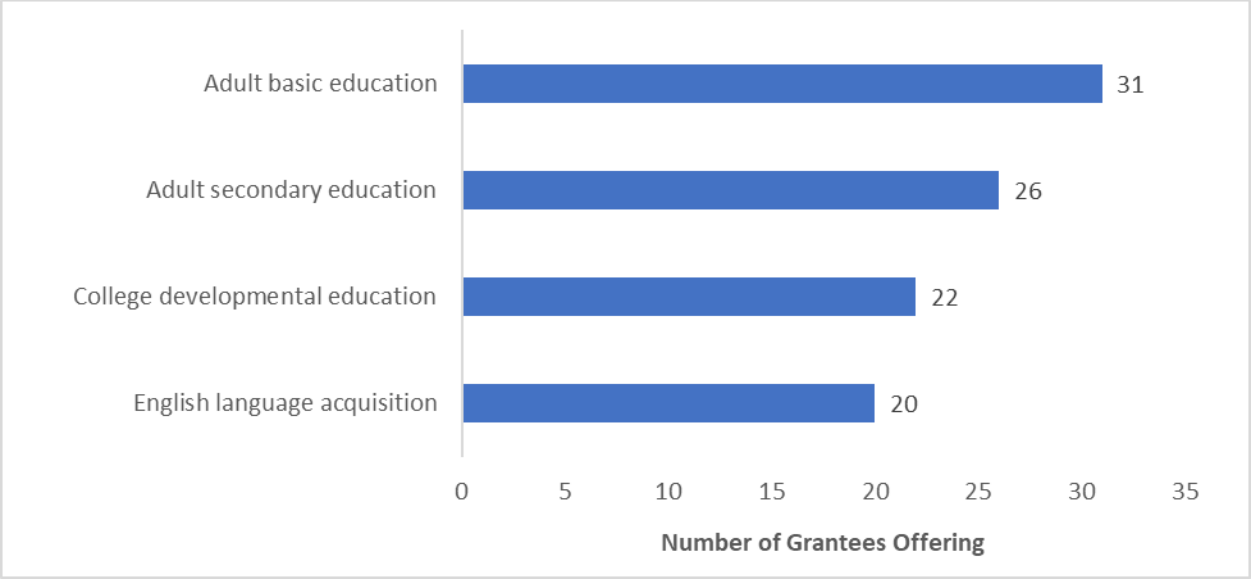
5. Activity Participation and Support Service Receipt

To assist participants in successfully completing healthcare training and obtaining employment, HPOG 2.0 programs provide skill-development and other activities and supports. This chapter discusses the types of activities and supports that grantee programs offered in the first five years of HPOG 2.0 and the extent to which participants took part in them.[50]

5.1 Basic Skills Training and Prerequisites

Typically, some applicants to healthcare training programs need to improve their reading and writing (literacy), math (numeracy), and/or English language skills before they are eligible to enroll. In order to increase access to healthcare training, the HPOG 2.0 Program encouraged grantees to serve participants who had basic skills needs. Grantees offer basic skills training, such as adult basic education, adult secondary education, college developmental education, and English language acquisition (all defined in Appendix B). All grantees offer at least one of these types of basic skills training, and each type is offered by more than half of all grantees (Exhibit 18).

Exhibit 18. Grantees Offering Basic Skills Training through Year 5, by Training Type



Source: PAGES program-level data.
Note: N=32 grantees.

[50] In this chapter, as in Chapter 4, activity participation and support service receipt results are reported for the "all participants" subsample who had been enrolled in HPOG 2.0 for at least six months of Year 5 (*N*=33,719).

Research shows that individuals seeking to gain occupational skills can be derailed by having to take basic skills training before getting to occupational training, due to the additional time and money required and potential loss in motivation.[51] HPOG 2.0 programs adopted different delivery modes to help participants who need to strengthen their basic skills to complete healthcare training.

One mode is *accelerated delivery*, which organizes basic skills instruction and curricula in ways that allow participants to complete the coursework more quickly than in a traditional format. Participants might, for example, attend class for fewer weeks but for more hours per week. More than one third (40 percent) of basic skills trainings offered by HPOG grantees are accelerated. Another mode is *contextualized training*, an instructional approach that explicitly connects teaching basic skills with teaching occupational skills or occupational prerequisites (such as chemistry, anatomy and physiology, etc.). More than one quarter (28 percent) of basic skills trainings offered are contextualized. More than half of programs provide the opportunity for participants to take basic skills training and healthcare training concurrently, instead of having to complete basic skills training first.

Finally, some HPOG 2.0 programs offer healthcare training that *integrates* basic skills instruction into the occupational curricula. About one fifth of all healthcare trainings offered by grantees integrate basic skills with occupational skill content. This approach allows participants to improve their basic skills while working towards an occupational credential.[52]

- **HPOG 2.0 programs enrolled participants with low basic skills. Through Year 5, about one tenth of HPOG 2.0 participants had relatively low basic skills levels.**

At least 9 percent of HPOG 2.0 participants had low literacy levels (below eighth grade), and 13 percent had numeracy skills below that level (Exhibit 19).[53] Many community colleges use an eighth grade-level cutoff for entrance into occupational courses. About one fifth of participants did not have an assessment recorded in PAGES, as some programs do not test participants' skills levels at enrollment.

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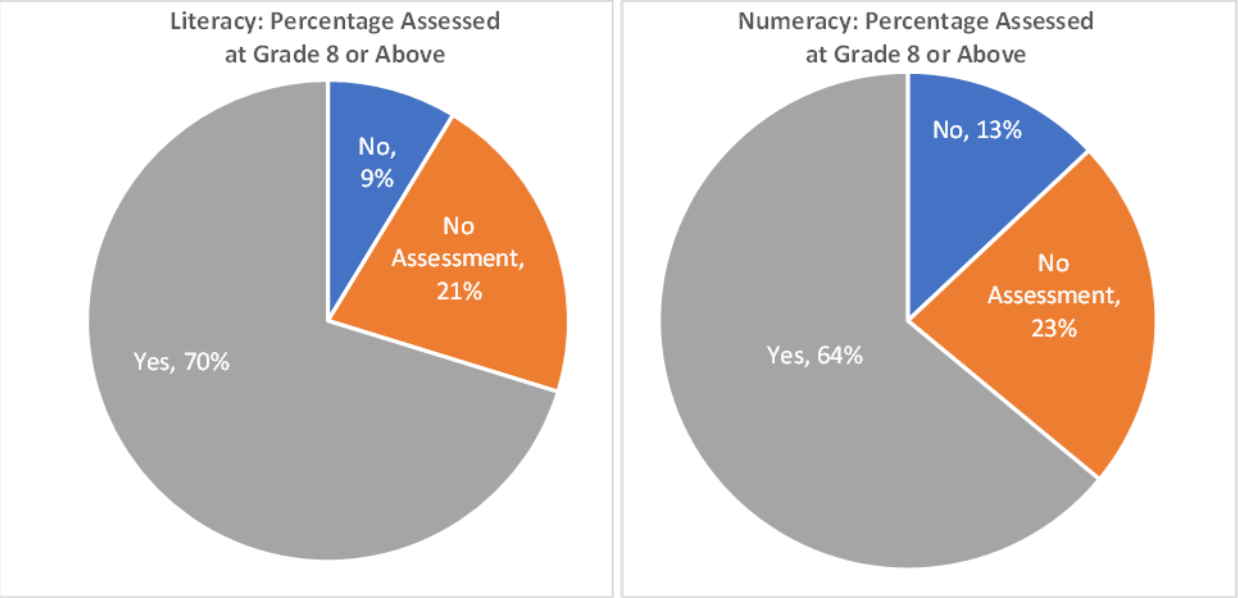
51 Eric Bettinger, Angela Boatman, and Bridget Terry Long, "Student Supports: Developmental Education and Other Academic Programs," *Future of Children: Postsecondary Education in the US* 23, no. 1 (2013): 93-115.

52 Additional details on the extent to which HPOG 2.0 programs are offering basic skills training in these different ways can be found in the *HPOG 2.0 Year One Annual Report.* See Kelly S. Mikelson, Neil Damron, and Pamela Loprest, *Health Profession Opportunity Grants 2.0: Year One Annual Report* (2015–16), OPRE Report 2017-45 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017), https://www.acf.hhs.gov/opre/report/health-profession-opportunity-grants-20-year-one-annual-report-2015-16.

53 Exhibit 19 was revised when the report was reissued in October 2021.

Exhibit 19. Participants' Literacy and Numeracy Assessment Levels through Year 5



Source: PAGES.

Note: For literacy, N=31,995 participants (1,724 missing). For numeracy, N=31,918 participants (1,799 missing). Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

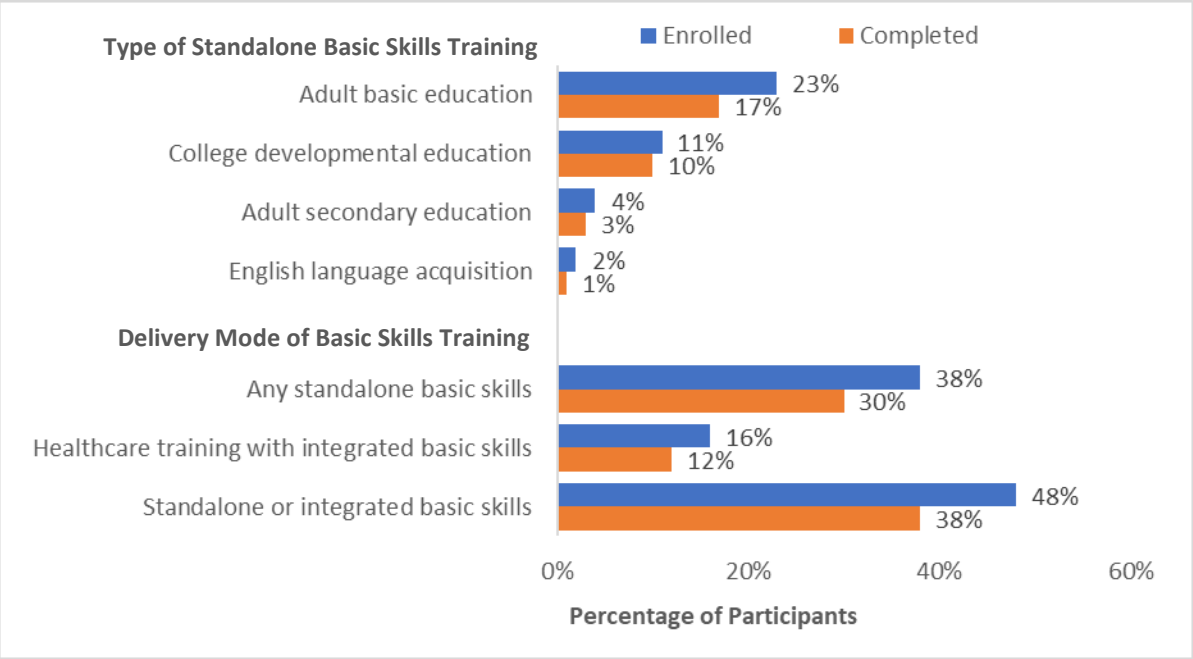
- **Almost half of HPOG 2.0 participants engaged in basic skills activities, either in standalone basic skills courses or through healthcare training that integrated basic skills instruction.**

Exhibit 20 shows the different types of standalone basic skills training (basic skills courses that were separate from healthcare training) that participants enrolled in or completed. The most common type taken was adult basic education (23 percent), followed by college developmental education (11 percent). Altogether, more than one third (38 percent) of participants took standalone basic skills training. This is higher than the roughly 10 percent of participants assessed with low basic skills at enrollment, although there are other factors that could dictate whether a participant takes basic skills courses.[54] Almost one fifth (16 percent) of participants enrolled in a healthcare training where basic skills instruction is integrated into the curriculum. Not all these participants necessarily had low basic skills levels, but they were exposed to a curriculum that integrated basic skills into the healthcare content. Considering both standalone basic skills training and healthcare training integrated with basic skills, 48 percent of HPOG participants were engaged in some basic skills activity.[55]

[54] For example, college developmental courses might require that a participant be assessed at or above an eighth-grade literacy or numeracy level.

[55] Participants might be enrolled in more than one type of basic skills training, or more than one delivery mode, but are counted only once in combined totals, so percentages for individual types and modes do not sum to combined totals.

Exhibit 20. Participation in Basic Skills Training through Year 5, by Training Type and Mode



Source: PAGES.

Note: N=33,719 participants. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. Participants might be enrolled in more than one type of basic skills training, or more than one delivery mode, but are counted only once in combined totals, so percentages for individual types and modes do not sum to combined totals. Standalone basic skills training includes adult basic education, college developmental education, adult secondary education, and English language acquisition.

Exhibit 20 also shows completion of basic skills training. Roughly three quarters (30 percent) of those who enrolled in standalone basic skills training (38 percent) completed this training by the end of Year 5.

In addition to improving their basic skills, some participants must take prerequisites before they can begin specific occupational training. For example, before taking some nursing courses, participants might need to take prerequisite courses in chemistry, biology, or anatomy. Participants in these prerequisite courses are not counted as having started healthcare training but are separately reported as enrolled in prerequisites. Of HPOG 2.0 participants, 16 percent enrolled in at least one prerequisite through Year 5 (not shown).

5.2 Other Skill-Development and Work-Based Learning Activities

HPOG 2.0 programs offer additional activities to help participants develop skills necessary to succeed in training and employment. These include college-readiness training, CPR training, digital literacy training, an Introduction to Healthcare Careers Workshop, and work-readiness training. Programs also offer work-based learning opportunities such as job shadowing, on-the-job training, work experience, and unpaid internships or externships (all defined in Appendix B).

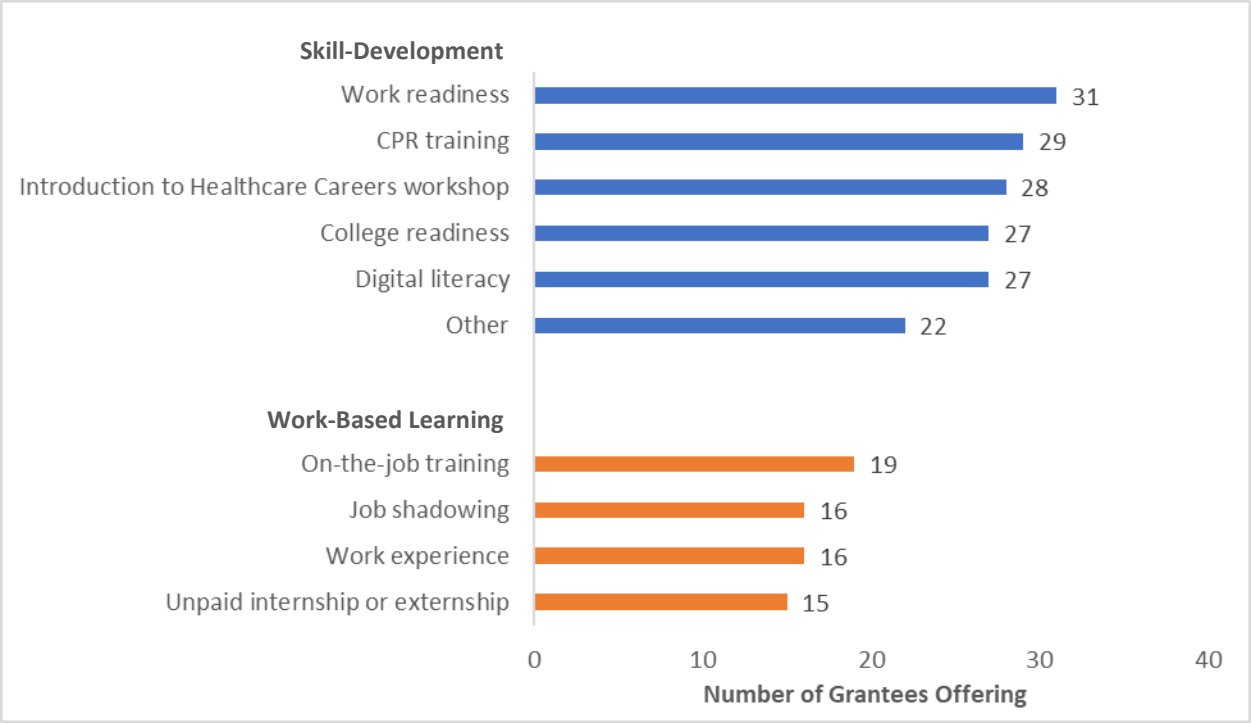
- **Most HPOG 2.0 grantees offer multiple skill-development activities.**

Most grantees offer activities in each of the skill-development categories (Exhibit 21, top panel). Some grantees combine activities into multi-day "boot camps" incorporating an introduction to healthcare careers, sessions on study skills for college, and workshops on teamwork and positive work habits. Other grantees offer standalone workshops, such as a two-hour class on study skills or a one-hour orientation to healthcare careers. CPR training and digital literacy classes seek to provide supplemental skills helpful for specific healthcare careers. The numbers of grantees offering these activities have remained steady over the duration of the HPOG 2.0 Program.

- **Fewer HPOG 2.0 grantees offer work-based learning activities, although still almost half of grantees offer each type.**

Between 15 and 19 of the 32 grantees offer each type of work-based learning activity (Exhibit 21, bottom panel). These activities provide ways for participants to gain experience in a work setting to supplement their healthcare training. Such activities usually require a program to develop strong connections with employers. Opportunities are developed for one or a small set of participants at a time. Clinical placements that are required for some healthcare trainings are excluded, as they would be a normal part of completing those trainings (such as Registered Nurse training). The numbers of grantees offering these activities have remained steady over the duration of the HPOG 2.0 Program.

Exhibit 21. Grantees Offering Skill-Development and Work-Based Learning through Year 5, by Activity Type

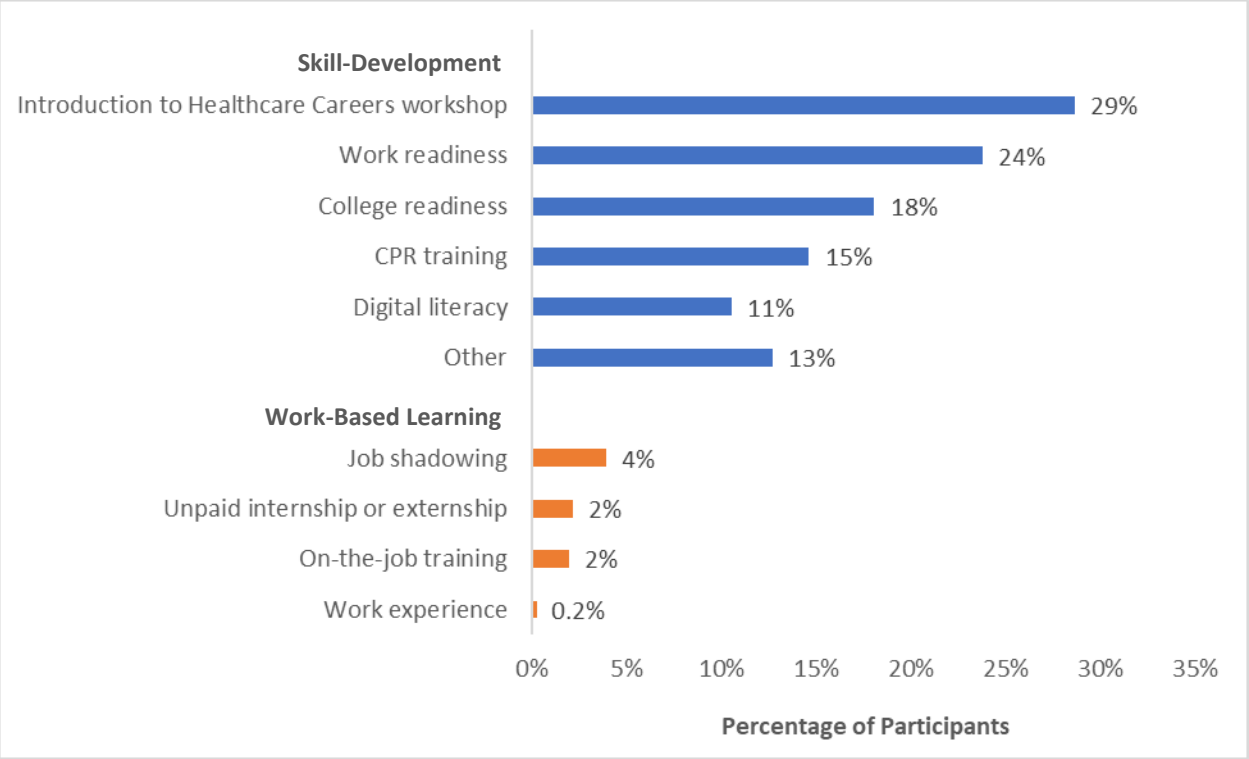


Source: PAGES program-level data.
Note: N=32 grantees.

Skill-development and work-based learning activities are less central elements of the HPOG 2.0 programs than is healthcare training. Still, almost half (46 percent) of HPOG 2.0 participants engaged in at least one skill-development activity by the end of Year 5 (not shown). Despite most grantees offering each activity type, only a minority of participants engaged in each one (Exhibit 22, top panel). The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, attended by about one third and one quarter of participants, respectively.

Fewer than 5 percent of participants engaged in each of the work-based learning activities (Exhibit 22, bottom panel). The most common activity was job shadowing, but only 4 percent of participants engaged in it through the end of Year 5. Some 2 percent of participants were in an unpaid internship or externship or in on-the-job training and fewer than 1 percent in work experience through their HPOG 2.0 program.

Exhibit 22. Participation in Skill-Development and Work-Based Learning through Year 5, by Activity Type



Source: PAGES.

Note: N=33,719 participants. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. Participants might be enrolled in more than one skill-development or work-based learning activity.

5.3 Support Services

An important aspect of the HPOG 2.0 Program is the provision of support services to help participants succeed, following the career pathways model. Chapter 3 presented results on the COVID-related decline in receipt of support services over the course of Year 5. This chapter shows receipt of support services over the five program years combined. For most support services, the percentages of participants receiving them by the end of Year 5 are similar to the percentages of participants receiving the same services by the end of Year 4.

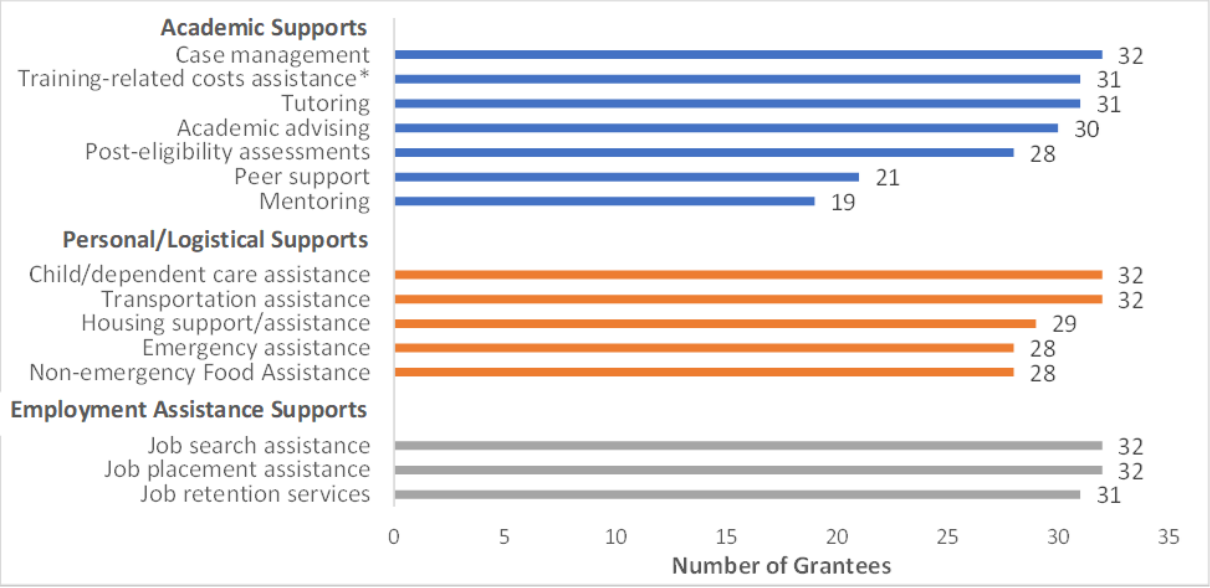
- **A key support HPOG 2.0 provides is funding participants' training tuition.**

By the end of Year 5, HPOG 2.0 funding paid for (in whole or part) the majority (83 percent) of participants' healthcare trainings (not shown, see Appendix Exhibit C11). Sources other than HPOG, such as Pell grants, Workforce Innovation and Opportunity Act (WIOA) funds, and a small number of tuition-payment waivers, funded the remainder of participants' healthcare trainings.

- **HPOG 2.0 grantees offer a wide variety of academic, personal and logistical, and employment-assistance supports.**

HPOG 2.0 programs offer academic supports to help participants prepare for and complete training; personal and logistical supports that help participants meet and overcome life challenges that would interfere with training; and employment assistance to help them find employment before, during, and after training. As shown in Exhibit 23,[56] almost all HPOG 2.0 grantees offer each of the various support services (all are defined in Appendix B).

Exhibit 23. Grantees Offering Support Services through Year 5, by Service Type



Source: PAGES program-level data.

Note: N=32 grantees.

* Does not include tuition assistance.

[56] In Exhibit 23 in the original report, one grantee did not report offering case management services due to a data entry error in PAGES. This number was revised when the report was reissued in October 2021.

Academic supports (Exhibit 23, top panel) include case management, academic advising, and post-eligibility assessments in which HPOG or partner organization staff help participants set, maintain, or adjust their goals and plans. Supports also include tutoring, mentoring, and peer support to help keep students on track academically. In addition, almost all HPOG 2.0 grantees provide assistance with training-related costs such as books, uniforms, or required equipment.

Personal/logistical supports (Exhibit 23, middle panel) are also offered by most HPOG 2.0 programs. Personal/logistical supports include assistance to participants with transportation costs, childcare, and other emergency needs. Programs might pay for some of these supports out of HPOG 2.0 funds or might work closely with partner organizations to make these supports available to participants.

All grantees provide some employment assistance supports (Exhibit 23, bottom panel), including job search, job placement, and job retention services. These supports are not limited to help finding jobs after training is completed. Many programs provide employment assistance before and during training, as well.

- **Participants' receipt of each support varied, with some used by most participants and others used by few participants. Overall, case management and other academic supports were the most commonly used support services.**

Differences in receipt reflect both the extent to which programs offer services and participants' need for them. Receipt is reported regardless of the entity providing or funding the service, whether provided directly or by referral by the HPOG grantee to an HPOG partner organization or to a non-partner in the community. Support could have been received at any time over the first five years of HPOG 2.0.[57]

As shown in Exhibit 24 (top panel), case management was the most common support received by HPOG 2.0 participants through Year 5, with 94 percent of participants receiving it.[58] More than half of participants received academic advising (65 percent) and assistance with training-related costs other than tuition (58 percent). Fewer than one quarter of participants received each of the other academic supports offered.

Fewer participants received personal/logistical support services than academic supports by the end of Year 5 (Exhibit 24, middle panel). Transportation assistance was by far the most commonly received personal/logistical support. Almost half (48 percent) of participants received assistance that enabled them to travel to and from HPOG-related training, employment, or services. Other types of personal/logistical supports were much less commonly received. Only 5 percent or less of participants received the other types of personal/logistical support through HPOG 2.0.

Some HPOG 2.0 participants received employment assistance to help them find and keep jobs (Exhibit 24, bottom panel).

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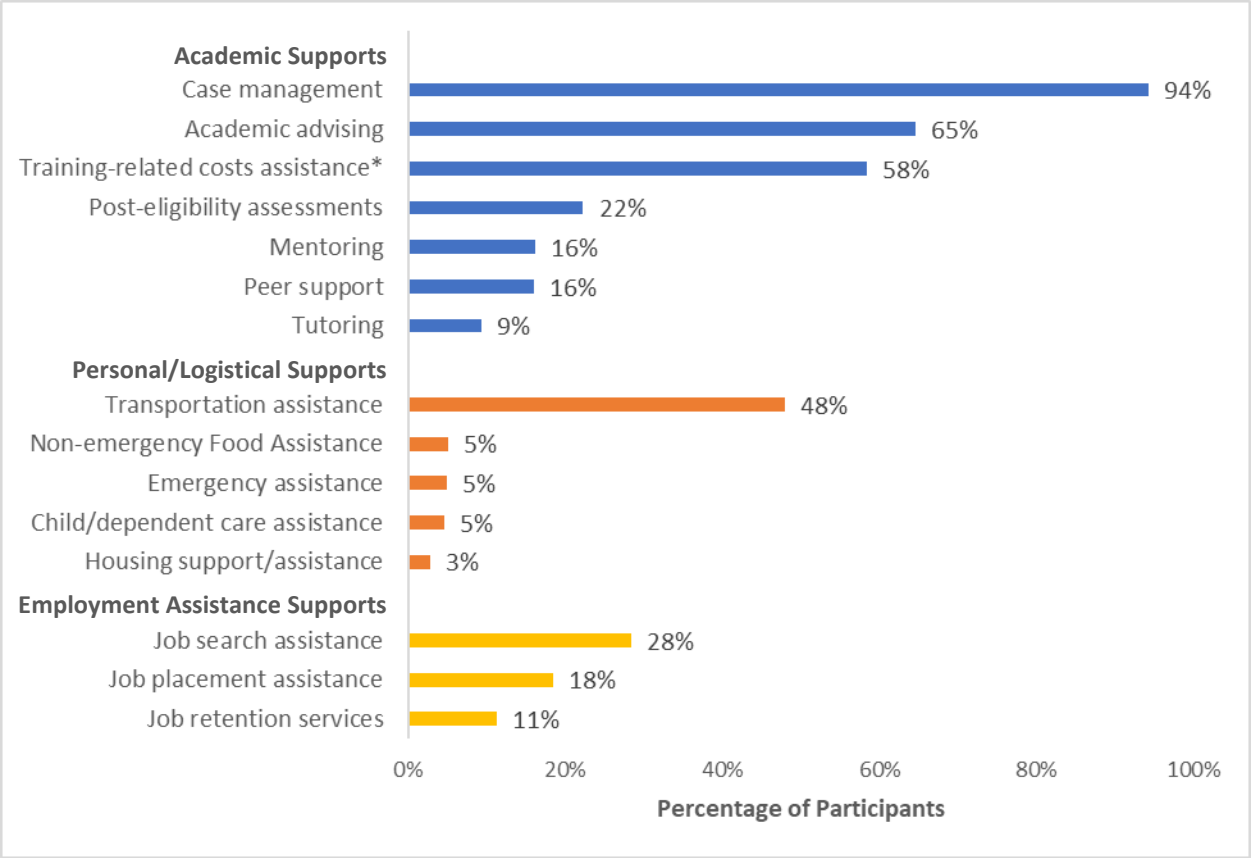
[57] PAGES is designed to include referrals to non-partner organizations if the grantee knows the service was received and adds that entry. However, there is some evidence that grantees have not consistently been following this practice, so service receipt reported here could be understated.

[58] One grantee did not report case management services for some participants due to a data entry error in PAGES, so this figure is an undercount of the actual percentage.

Exhibit 24. Receipt of Support Services through Year 5, by Service Type



Source: PAGES.

Note: N=33,719 participants. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020. Participants might have received more than one support.

* Does not include tuition assistance.

6. Summary

This *Year Five Annual Report* summarizes participant characteristics, training participation, enrollment, and support receipt as well as grantee program offerings and program outcomes from the start of HPOG 2.0 (September 30, 2015) to the end of Year 5 (September 29, 2020).

In order to present results that reflect the experiences of participants who have had some time in HPOG 2.0, the majority of the report presented results excluding those who enrolled in the last six months of Year 5. This means the outcomes and participation in activities and supports reported here are for participants with between 6 and 56 months of time in HPOG 2.0; these individuals enrolled in HPOG 2.0 anytime between September 30, 2015, and March 29, 2020.

The exception is the participant characteristics reported in Chapter 2, which reflect the entire sample enrolled through the end of Year 5. Similar to results for earlier years, participants in HPOG 2.0 are mainly single, female, and have dependent children. Nineteen (19) percent were receiving TANF benefits at enrollment, and the majority had very low incomes (less than $20,000 yearly). More than one third had some college education, already had a professional license or certification, or were in school at the time of enrollment in the program.

During the COVID-19 pandemic, starting in March 2020, enrollment in HPOG 2.0 dropped sharply before rebounding somewhat. Similarly, participation in healthcare occupational training and other program activities and receipt of supports both dropped, likely reflecting reduced grantee operations and capabilities. Despite rebounding somewhat by the end of the year, the levels of program activity remained well below the average of prior years.

Healthcare occupational training is the focus of the HPOG 2.0 Program. In the first five years, 79 percent of participants had enrolled in these trainings. At the end of Year 5, 89 percent[59] of healthcare trainings started by participants were completed or still in progress. Some participants needed to improve their basic skills before enrolling in occupational trainings; more than one third enrolled in standalone basic skills training. Another 16 percent enrolled in healthcare trainings that integrated basic skills instruction into their curriculum. More than two thirds of healthcare training completers received an occupational license or certification (other than a certificate of completion), and 67 percent had started a job or were promoted on an existing job in a healthcare occupation after enrollment in HPOG 2.0.

The results here show that HPOG 2.0 programs embrace the goal of providing multiple points of entry to training, as demonstrated by participants engaging in healthcare trainings at entry-, mid-, and high-level. This report presents a variety of measures of career progress, including multiple trainings and training at higher career pathway levels, moving to higher-paying healthcare jobs or from non-healthcare jobs into healthcare jobs, and combining training completion and employment in healthcare. Across these measures, the results for Year 5 show steady increases compared to Year 4. Under a set of career progress metrics that combine basic skills training or prerequisites completion, healthcare training completion, and employment, 60 percent of HPOG participants showed career progress by the end of Year 5, compared to 56 percent at the end of Year 4.

[59] This percentage was revised when the report was reissued in October 2021.

Next year, ACF will release a final annual report summarizing grantee and participant activities and outcomes through the end of the grant period in September 2021. In future years, the HPOG 2.0 National Evaluation will produce reports on the implementation of HPOG 2.0, the impact the Program has on participant outcomes as compared to a control group that was not offered access to Program services, and the cost-benefit of HPOG 2.0 comparing costs to impacts. Additionally, the HPOG 2.0 Tribal Evaluation report will cover the implementation and participant outcomes of the tribal grantees.

Appendix A. OPRE's HPOG 2.0 Research and Evaluation Strategy

OPRE is using a multi-pronged evaluation strategy to assess the success of the HPOG 2.0 Program. The evaluation strategy aims to provide information on program implementation, systems change, outcomes, cost-benefit, and impact. The components are designed to identify what types of approaches work well in achieving the goals of HPOG 2.0 and in what circumstances and for whom they work, so effective approaches can be replicated in the future.

Though conducted by multiple researchers, the projects are being coordinated to avoid duplication of effort, maximize the usefulness of collected data, reduce burden on grantees participating in the federal evaluation activities, meet performance management requirements, and promote cross-project learning.

Evaluation & System Design for Career Pathways Programs: HPOG 2.0 (2014–2022)

The purpose of this project is to provide recommendations for the design of an evaluation to assess the implementation, outcomes, systems change, and impacts of HPOG 2.0. Additionally, this project built and provides ongoing maintenance and support for the HPOG Participant Accomplishment and Grant Evaluation System (PAGES), a web-based management information system, to track grantee progress for program management and to record grantee and participant data for use in the evaluations.

Abt Associates is conducting this project in collaboration with the Urban Institute and AKA Enterprise Solutions.

HPOG 2.0 National Evaluation (2015–2025)

The National Evaluation is rigorously assessing the HPOG 2.0 programs administered by the 27 non-Tribal grantees. The National Evaluation has three parts: an impact study, a descriptive study, and a cost-benefit study. Data sources for all three include program data, administrative data from the National Directory of New Hires and National Student Clearinghouse, and participant follow-up surveys at approximately 15 and 36 months after random assignment. An additional follow-up survey will be developed and fielded approximately 66 months after random assignment through the HPOG 2.0 National Evaluation Long-term Follow-up Study.

- The *impact study* randomly assigns eligible participants to either a treatment group that has access to HPOG services or a control group that does not have access to HPOG but can receive other services available in the community.
- The *descriptive study* includes implementation, outcomes, and systems change studies and will help interpret findings from the impact study. The descriptive study will also include in-depth qualitative interviews with a small sample of HPOG study participants.
- The *cost-benefit study* will assess the costs and benefits of a standard HPOG 2.0 program.

Abt Associates is conducting this project, in partnership with MEF Policy Associates, Insight Policy Research, and the Urban Institute.

HPOG 2.0 Tribal Evaluation (2015–2021)

The Tribal Evaluation is rigorously assessing the HPOG 2.0 programs administered by the five Tribal grantees, using sound scientific methods and grounded in culturally appropriate approaches. The Tribal Evaluation is using a mixed-methods approach and collecting quantitative and qualitative data from multiple sources. The research questions focus on the Tribal HPOG programs' structure, processes, and outcomes.

NORC at the University of Chicago is conducting this project.

HPOG 2.0 University Partnership Grants (2016–2020)

The HPOG University Partnership Research Grants (HPOGUP) fund university research teams that partner with HPOG program grantees to conduct research and evaluation studies focused on questions relevant to HPOG program goals and objectives and that benefit the broader employment and self-sufficiency research field. In 2016, OPRE awarded a second round of HPOGUP grants (HPOGUP 2.0) to the following universities:

- Brandeis University, Heller School for Social Policy and Management, Institute on Assets and Social Policy (IASP), conducting a study titled *Study of Career Advancement and Quality Jobs in Health Care,* in partnership with the WorkPlace, Inc. in Bridgeport, Connecticut;
- Loyola University of Chicago, conducting a study titled *Evaluation of Goal-Directed Psychological Capital and Employer Coaching in Health Profession Opportunity Development,* in partnership with Chicago State University in Chicago, Illinois; and
- Northwestern University, Institute for Policy Research, conducting a study titled *The Northwestern University Two-Generation Study (NU2Gen) of Parent and Child Human Capital Advancement,* in partnership with the Community Action Project of Tulsa County (CAP Tulsa) in Oklahoma.

Appendix B. Glossary

The following are terms from the PAGES *Glossary of Terms.* That document defines all terms used in grantee reporting in PAGES across all aspects of data entry. Only the terms relevant for this report are presented here.

Basic Skills Training

Adult basic education is a course or instructional program that teaches basic skills such as reading, writing, and mathematics; is provided to adults with skills at or below an eighth-grade level; and does not charge college tuition.

College developmental education is a course or series of courses that is offered by a college and costs tuition and that is designed to raise participants' reading, writing, or math skills to enable them to succeed in college-level work.

Adult secondary education is a course or instructional program that teaches secondary education material to adults with skills between the 9th- and 12th-grade levels and that does not charge college tuition. Such courses typically prepare students for testing to receive a high school equivalency credential such as a general equivalency diploma (GED), the ETS High School Equivalency Test, or the Test for Assessing School Completion.

English language acquisition is a course or instructional program to help adult English language learners improve their English language proficiency.

Prerequisite for Healthcare Training

Prerequisite for healthcare training is any academic course that a participant is required to take prior to starting occupational healthcare training. This *does not* include basic skills courses that a participant is enrolled in to reach a required math/reading/writing/English proficiency skill level. A prerequisite is commonly not specific to a particular occupational training; for example, biology, anatomy, or medical terminology might be a prerequisite for many different occupational training courses. Whether a specific course is considered a prerequisite or part of the training for an occupation can vary by training provider. PAGES offers a place to enter begin/end dates for prerequisites to healthcare training (and includes this information in the semi-annual and annual Performance Progress Reports grantees submit to the Administration for Children and Families) to allow grantees to report on this activity for participants who have not yet entered occupational healthcare training.

Other Skill-Development Activities

College-readiness training is a course or workshop that educates participants about college and being a student, including study skills; stress-, financial-, and time-management skills; teamwork; academic prerequisites; and student responsibilities and expectations. This is distinct from developmental education (e.g., math or reading skills) or tutoring in a specific subject.

CPR training is a class in cardiac pulmonary resuscitation that follows a nationally recognized program, such as that of the American Heart Association or Red Cross and those approved by the Occupational Safety and Health Administration or state license boards for medical professionals.

Digital literacy training is a course or workshop that educates participants on the use of digital technology, communication tools, or networks to locate, evaluate, use, and create information; the ability to understand and use information across many formats and sources when it is presented via computers; how to read and interpret media; and how to evaluate and apply new knowledge gained from digital environments.

Introduction to Healthcare Careers is a workshop or information session that provides information in a group setting about a variety of healthcare careers, including necessary educational and other requirements, day-to-day work activities, and career pathways.

Work-readiness training is a course or workshop that focuses on world-of-work awareness and addresses the interpersonal and intrapersonal skills (or "soft skills") individuals need to be successful in the workplace. It encompasses daily living skills; positive work habits, attitudes, and behaviors; developing motivation and adaptability; obtaining effective coping and problem-solving skills; and acquiring an improved self-image. It can include cultural awareness skills appropriate for healthcare occupations.

Work-Based Learning Activities

Job shadowing is an activity in which participants learn about a particular occupation or profession to see whether it might be suitable for them. A business typically partners with the HPOG 2.0 program to have participants accompany and observe experienced employees as they work.

On-the-job training refers to training by an employer in the public, private nonprofit, or private for-profit sectors that is provided to a paid participant while engaged in productive work in a job that (a) provides knowledge or skills essential to the full and adequate performance of the job; (b) is made available through the HPOG grant or a federally funded program, such as the Workforce Innovation and Opportunity Act or Temporary Assistance for Needy Families, that provides reimbursement to the employer of up to 75 percent of the wage rate of the participant for the extraordinary costs of providing the training and additional supervision related to the training; and (c) is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the work experience of the participant, and the service strategy of the grantee.

Unpaid internship or externship is a temporary, unpaid position in a business with its primary purpose that the participant learns about and trains for an occupation and where there is no expectation of the participant continuing on as an employee. This is not part of an educational training course but rather is a separate experience, and thus excludes clinical placements and work experience.

Work experience is a structured learning experience that takes place in a workplace for a limited period to expose the participant to the occupation. This experience is provided in combination with classroom or other training but is not a requirement for completion of training. In the HPOG Program, this opportunity is unpaid. This does not include clinical placement that is required as part of a specific course of training.

Academic Supports

Case management assesses the need for and coordinates the provision of ongoing support services (including assessment of participants' actual and potential barriers because of circumstances or personal attributes); it also provides personal and financial counseling. Case management can also include career and academic counseling.

Academic advising is the provision of assistance and guidance to participants in planning and executing the selection of majors, programs of study, courses, classes, targeted credentials, and any subsequent matriculations.

Mentoring is advice and counseling based on personal experience provided to a participant by a person (other than a case manager or program staff member) who has already achieved goals that are the same as or similar to the participant's goals. This involves an ongoing relationship that may be formal or informal.

Peer supports include activities that foster social and emotional connections among a consistent cohort or group of participants with the intention of enabling mutual assistance, shared accountability, and commitment to program retention and completion.

Post-eligibility assessments include 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, or workforce readiness; multi-purpose or comprehensive assessments; or any combination of assessments.

Tutoring is one-on-one or group instruction outside of a class to help participants acquire the knowledge or skills they need to successfully complete a course or attain a credential.

Training-related financial assistance (other than tuition) includes financial assistance to help pay training-related costs, as well as direct provision of training-related items by the HPOG Program. Training-related costs include books, license certification fees, exams and exam preparation, computers and technology, work or training supplies or uniforms, and required health exams.

Personal/Logistical Supports

Child and dependent care assistance can include payments or other financial assistance for direct care for children or dependent family members. A care provider must comply with state and local laws regarding child and dependent care.

Transportation assistance can include payments or other assistance that enables the participant to travel to and from training, other HPOG services, or employment; such assistance can be through bus or subway cards, gas vouchers or cards, or van or carpool arrangements.

Emergency assistance is usually a one-time payment for an unexpected and atypical expense for which a participant's current resources are inadequate and if not paid would lead to significant risk of ending program participation or employment. Examples include expenses for rent, utilities, food, or car repairs.

Housing assistance includes payments or other assistance that does not meet the definition of *emergency assistance* but that enables a participant to attain or maintain housing or a

temporary accommodation; examples include a first month's rent, a security deposit, housing during training, and utility payments.

Non-emergency food assistance includes payments or other assistance that provides food for an HPOG participant as part of an HPOG training program or activity on a non-emergency basis.

Employment Assistance Supports

Job search assistance is one-on-one or group assistance in a job search, including information on labor markets, occupational information, and job search techniques (e.g., resumes, interviews, applications, and follow-up letters). The job search itself is self-directed by participants.

Job placement assistance consists of referring individuals to jobs matching their abilities and interests. Staff may interview and assess or test participants to help find good matches between management needs and employee qualifications. This is separate from job search assistance, which leads to a self-directed job search.

Job retention services include practices that help a person maintain employment or change jobs without a period of unemployment. Examples of job retention services include counseling for specific job-related issues, incumbent worker career advancement counseling, and job-specific workplace behavior counseling.

Appendix C. Additional Exhibits

This appendix provides additional information on program offerings, participant characteristics, and participant outcomes. All data are through the end of Year 5 (September 29, 2020).[60]

Outcomes: Except for Exhibit C1, all outcomes shown are for the "all participants" subsample that excludes program participants who enrolled in HPOG 2.0 in the last six months of Year 5. Thus, all outcomes are reported for those participants who enrolled in HPOG 2.0 anytime between the start of the HPOG 2.0 Program (September 30, 2015) and March 29, 2020.

Participant characteristics: Exhibits C3 through C8 reflect all participants who enrolled in HPOG 2.0 through the end of Year 5.

Exhibit C1. Comparison of Key Outcomes for Two Samples: HPOG 2.0 Participants Enrolled through Year 5 (Whole sample) and HPOG 2.0 Participants Enrolled through Year 5 Excluding Those Who Enrolled within Last Six Months (All Participants)

Key outcome	Participants enrolled through Year 5	
	Whole sample	"All participants" subsample (excluding last 6 months)
Percentage enrolled in basic skills	37	38
Number enrolled in basic skills	13,028	12,714
Percentage completed basic skills	78	78
Percentage still enrolled in basic skills	13	13
Percentage dropped out of basic skills	7	7
Percentage did not pass basic skills	1	1
Percentage enrolled in healthcare training	79	79
Number enrolled in healthcare training	27,598	26,651
Percentage completed healthcare training (not currently enrolled)	70	72
Percentage completed healthcare training (currently enrolled in another healthcare training)	4	4
Percentage enrolled in healthcare training (not yet completed any healthcare training)	10	13
Percentage dropped out of healthcare training	12	8
Percentage did not pass healthcare training	3	3
Percentage of those completing basic skills training enrolled in healthcare training	81	81
Percentage of those completing healthcare training started or were promoted on an existing healthcare job	66	67
Percentage of those completing healthcare training awarded license or certification	67	68
Number of participants in sample	**34,853**	**33,719**

Source: PAGES. *Note:* Participants enrolled through Year 5 (whole sample) enrolled in HPOG 2.0 between September 30, 2015, and September 29, 2020. Participants through the end of Year 5 excluding the last six months ("all participants" subsample) enrolled between September 30, 2015, and March 29, 2020; data is through September 29, 2020.

[60] After publication, the team discovered errors in some of the exhibits in Appendix C. As a result, the exhibits in Appendix C were revised, and references to Appendix C in the report text revised and noted, when the report was reissued in October 2021. The revised exhibits are C1, C3, C4, C5, C6, C7, C8, C10, and C14.

Exhibit C2. All Healthcare Occupational Trainings Offered by HPOG 2.0 Grantees

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings offered (*N*=2,724)	Number of grantees offering training (*N*=32)	Percentage of grantees offering training (*N*=32)
Nursing Assistant	415	15.2	32	100
Medical Assistant	187	6.9	29	91
Registered Nurse	293	10.8	27	84
Phlebotomist	177	6.5	26	81
Licensed Practical and Vocational Nurses	207	7.6	24	75
Medical Office Clerk/Secretary/Specialist	74	2.7	21	66
Medical Records and Health Information Technician	115	4.2	21	66
Medical Insurance Coder	58	2.1	20	63
Dental Assistant	76	2.8	18	56
Emergency Medical Technician	113	4.1	18	56
Pharmacy Technician	59	2.2	18	56
Surgical Technologist	42	1.5	18	56
Medical and Clinical Laboratory Technicians, Other	48	1.8	16	50
Paramedic	36	1.3	15	47
Home Health Aide	87	3.2	14	44
Pharmacy Technician	58	2.1	14	44
EKG Technician	39	1.4	13	41
Patient Care Technician	87	3.2	13	41
Community Health Worker	26	1	12	38
Medical Insurance Biller	24	0.9	11	34
Medication Technician/Aide	72	2.6	10	31
Respiratory Therapist	26	1	10	31
Physical Therapist Assistant	20	0.7	9	28
Sterile Processing Technology/Technician	21	0.8	9	28
Dental Hygienist	21	0.8	8	25
Personal Care Aide	27	1	8	25
Radiologic Technologist	25	0.9	8	25
Medical Receptionists and Information Clerks	20	0.7	7	22
Occupational Therapy Assistant	21	0.8	7	22
Social and Human Service Assistants	22	0.8	6	19
Substance Abuse and Behavioral Disorder Counselors	22	0.8	6	19
Medical and Health Services Managers	14	0.5	5	16
Advanced Nursing Assistant	5	0.2	4	13
Health Educator	5	0.2	4	13
Nurse Practitioner	8	0.3	4	13
Nursing Assistants, Geriatric Specialty	4	0.1	4	13

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings offered (*N*=2,724)	Number of grantees offering training (*N*=32)	Percentage of grantees offering training (*N*=32)
Radiologic Technician	5	0.2	4	13
Athletic Training/Trainer	4	0.1	3	9
Contact Tracer	4	0.1	3	9
Direct Support/Service Professional	14	0.5	3	9
Health Aide	9	0.3	3	9
Interpreters and Translators	6	0.2	3	9
Medical and Clinical Laboratory Technologists, Other	18	0.7	3	9
Medical Equipment Preparer	5	0.2	3	9
Adult Health Nurse/Nursing	2	0.1	2	6
Cardiovascular Technologist	11	0.4	2	6
Diagnostic Medical Sonographer	3	0.1	2	6
Massage Therapist	2	0.1	2	6
Medical Transcriptionist	5	0.2	2	6
Occupational Therapist	2	0.1	2	6
Ophthalmic Medical Technician	5	0.2	2	6
Physical Therapist	2	0.1	2	6
Physical Therapist Aide	2	0.1	2	6
Psychiatric Aide	2	0.1	2	6
Renal/Dialysis Technologist/Technician (Hemodialysis Technician)	3	0.1	2	6
Respiratory Therapy Technician	2	0.1	2	6
Anesthesiologist Assistant	1	0	1	3
Biological Technician	1	0	1	3
Clinical Research Coordinator	1	0	1	3
Community Health Services/Liaison/Counseling	17	0.6	1	3
Diagnostic Related Health Technician, Other	1	0	1	3
Diagnostic Related Health Technologist, Other	1	0	1	3
Dietitian	1	0	1	3
Emergency Room Technician	1	0	1	3
First-Line Supervisors of Office and Administrative Support Workers	5	0.2	1	3
Health Unit Coordinator/Ward Clerk	1	0	1	3
Health/Medical Claims Examiner	1	0	1	3
Healthcare Social Worker	8	0.3	1	3
Kinesiotherapy/Kinesiotherapist	3	0.1	1	3
Lactation Consultant	1	0	1	3
Long Term Care Administrator/Manager	1	0	1	3
Magnetic Resonance Imaging Technologist	1	0	1	3
Medical Equipment Repairer	1	0	1	3

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings offered (*N*=2,724)	Number of grantees offering training (*N*=32)	Percentage of grantees offering training (*N*=32)
Medical Office Computer Specialist/Assistant	2	0.1	1	3
Medical Staff Services Technology/Technician	1	0	1	3
Mental Health and Substance Abuse Social Workers	1	0	1	3
Nutritionist	1	0	1	3
Occupational Therapy Aide	1	0	1	3
Orderly	1	0	1	3
Orthotist, Prosthetist	1	0	1	3
Pharmacist	1	0	1	3
Physician Assistant	2	0.1	1	3
Physician, Surgeon	1	0	1	3
Psychiatric Technician	1	0	1	3
Recreational Therapist (including art, music and dance therapy)	1	0	1	3
Speech-Language Pathologist	1	0	1	3
Substance Abuse and Behavioral Disorder Counselors Advanced	2	0.1	1	3
Toxicologist	1	0	1	3
All healthcare trainings	**2,724**	—	**32**	—

Source: PAGES program data.

Note: Number of trainings within each occupation includes all individual trainings that grantees offer for that occupation. For example, one grantee might offer five Nursing Assistant trainings that differ by provider or location; each provides the training necessary to become a Nursing Assistant.

Exhibit C3. Demographic Characteristics of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage
Gender		
Female	31,803	91
Male	3,000	9
Missing	50	NA
Marital status		
Currently married	5,129	15
Living with unmarried partner	1,922	6
Separated or divorced	6,077	18
Widowed	414	1
Never married	20,484	60
Missing	827	NA
Race or ethnicity		
White or Caucasian	8,318	24
Black or African American	14,823	43
Asian	759	2
Native Hawaiian or Pacific Islander	130	0
American Indian or Native Alaskan	1,850	5
Two or more races	1,163	3
Hispanic or Latino of any race	7,542	22
Missing	268	NA
Number of dependent children		
None	10,940	32
One	9,398	27
Two or more	14,199	41
Missing	316	NA
Age		
Below 18	72	0
18 to 24	5,483	16
25 to 29	7,513	22
30 to 34	6,758	19
35 to 39	4,920	14
40 to 44	3,472	10
45 to 49	2,364	7
50 to 54	1,797	5
55 to 59	1,336	4
60+ years	1,120	3
Missing	18	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2020.

Note: N=34,853. Percentages are of participants with data. Percentages might not total 100 because of rounding.

Exhibit C4. Additional Characteristics of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage
Eligible for WIA or WIOA	9,570	28
Has trouble with stable housing	2,263	7
Has a child with special needs	2,096	6
Has a disability	1,850	5
Is homeless	1,220	4
Has limited English proficiency	1,328	4
Was formerly incarcerated	752	2
Is a refugee	708	2
Is a veteran	486	1
Is a foster care youth	107	0
None of the above	19,598	56
Missing	138	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2020.

Note: N=34,853. Participants may be in more than one category. Percentages are of participants with data. WIA= Workforce Investment Act. WIOA= Workforce Innovation and Opportunity Act.

Exhibit C5. Education and Credentials of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage
Highest education attainment		
Less than 12th grade	3,397	10
High school equivalency or GED	3,090	9
High school graduate	10,014	29
Some college, but less than one year	6,423	19
One or more years of college credit, but no degree	6,688	19
Associate degree	2,944	8
Bachelor's degree	1,778	5
Graduate degree	314	1
Missing	205	NA
Licenses and certificates (professional, state, or industry)		
No	22,786	66
Yes	11,703	34
Missing	364	NA
Occupational certificates (upon training course completion)		
No	23,734	69
Yes	10,599	31
Missing	520	NA
In school of training (includes healthcare and non-healthcare training)		
No	26,370	76
Yes	8,152	24
Missing	331	NA
In healthcare training		
No	2,494	31
Yes	5,579	69
Missing	26,780	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2020.

Note: N=34,853. Percentages are of participants with data. Percentages might not total 100 because of rounding.

Exhibit C6. Income of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage
Annual household income		
$0	3,109	9
$1 to $9,999	12,285	36
$10,000 to $19,999	9,487	27
$20,000 to $29,999	5,780	17
$30,000 to $39,999	2,337	7
$40,000 or more	1,603	5
Missing	252	NA
Annual individual income		
$0	6,685	19
$1 to $9,999	14,202	41
$10,000 to $19,999	8,298	24
$20,000 to $29,999	4,107	12
$30,000 or more	1,360	4
Missing	201	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2020.

Note: N=34,853. Percentages are of participants with data. Percentages might not total 100 because of rounding.

Exhibit C7. Receipt of Public Benefits by HPOG 2.0 Participant Households at Enrollment

Program	Number	Percentage
Temporary Assistance for Needy Families		
Yes	6,689	19
No	27,753	81
Missing	411	NA
Supplemental Nutrition Assistance Program		
Yes	20,043	58
No	14,494	42
Missing	316	NA
Medicaid		
Yes	23,236	67
No	11,218	33
Missing	399	NA
Special Supplemental Nutrition Program for Women, Infants, and Children		
Yes	7,376	21
No	26,944	79
Missing	533	NA
Section 8 or Public Housing		
Yes	6,225	18
No	28,168	82
Missing	460	NA
Free and reduced-price school lunch		
Yes	13,755	40
No	20,492	60
Missing	606	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2020.

Note: N=34,853. Percentages are of participants with data.

Exhibit C8. Employment, Wages, and Hours Worked for HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage
Employment		
Yes	15,526	47
No	17,477	53
Missing	1,850	NA
Wages per hour*		
$7.25 or less	616	4
$7.26 - $9.99	2,638	17
$10.00 - $12.49	6,671	43
$12.50 - $14.99	3,154	20
$15.00 or more	2,397	15
Missing	50	NA
Hours worked per week*		
Less than 20 hours	3,091	20
20-34 hours	6,595	43
35 hours or more	5,786	37
Missing	54	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2020.

Note: N=34,853. Percentages are of participants with data. Percentages might not total 100 because of rounding.

* Out of employed participants at enrollment (*N*=15,526).

Exhibit C9. Completion of Accelerated and Contextualized Basic Skills Training

Basic skills training mode and type	Overall number enrolled	Percentage enrolled	Number completed	Percentage completed
Training mode				
Healthcare training with integrated basic skills	5,545	16	3,964	12
Any standalone basic skills course	12,714	38	9,958	30
Any basic skills (standalone or integrated with healthcare training)	16,101	48	12,726	38
Standalone training type				
Adult basic education	7,716	23	5,660	17
College development education	3,843	11	3,435	10
Adult secondary education	1,381	4	965	3
English language acquisition	596	2	440	1

Source: PAGES. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

Note: N=33,719. Participants might be enrolled in more than one basic skills training.

Exhibit C10. Top 20 Most Common Healthcare Occupational Trainings

Occupation	Enrollment	Percentage
Nursing Assistants	9,769	29
Home Health Aides	3,222	10
Licensed Practical and Vocational Nurses	2,992	9
Registered Nurses	2,260	7
Phlebotomists	2,103	6
Medical Assistants	2,096	6
Medication Technician/Aide	1,072	3
Patient Care Technician	1,015	3
Medical Office Clerk/Secretary/Specialist	953	3
Medical Records and Health Information Technicians	809	2
Medical Insurance Coder	769	2
Pharmacy Technicians	701	2
EKG Technicians	649	2
Personal Care Aides	646	2
Emergency Medical Technicians	489	1
Dental Assistants	348	1
Social and Human Service Assistants	315	1
Substance Abuse and Behavioral Disorder Counselors	278	1
Community Health Workers	255	1
Sterile Processing Technology/Technician	213	1

Source: PAGES. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

Note: N=33,719. Participants might be enrolled in more than one healthcare occupational training. All additional trainings (listed in Exhibit C2) were taken by less than 0.5% of participants.

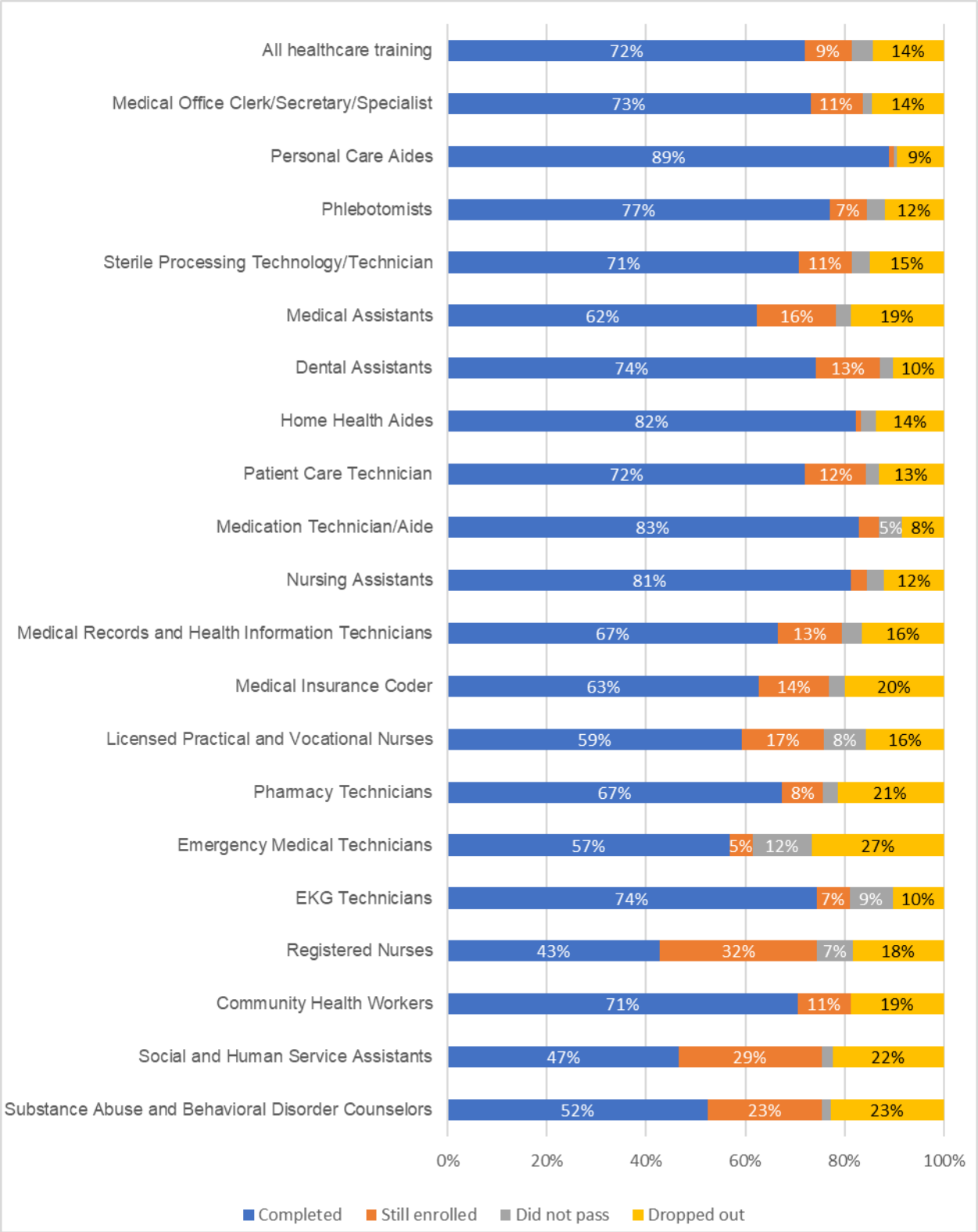
Exhibit C11. Funding Source of All HPOG 2.0 Healthcare Occupational Training Enrollments

Funding source	Enrollment	Percentage of total enrollment
HPOG	26,832	83
Not HPOG	4,657	14
Tuition/Payment waived	672	2
Missing	2,082	NA

Source: PAGES. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

Note: N=34,243 healthcare trainings. NA=not applicable. Percentages are of healthcare trainings with data.

Exhibit C12. Top 20 Healthcare Occupational Trainings, by Completion Outcomes



Source: PAGES. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

Note: N=33,719. Participants might be enrolled in more than one healthcare occupational training. For categories with percentage label not shown, percentages are 4 percent or less. Percentages might not total 100 because of rounding.

Exhibit C13. Receipt of License or Certification for Those Completing Top 20 Healthcare Occupational Trainings

Occupation	Number of total completions	License or certification received	
		Number	Percentage
Substance Abuse and Behavioral Disorder Counselors	150	52	35
Social and Human Service Assistants	156	27	17
Community Health Worker	192	62	32
Registered Nurse	1,014	684	67
EKG Technician	486	111	23
Emergency Medical Technicians	295	196	66
Pharmacy Technicians	477	196	41
Licensed Practical and Vocational Nurses	1,851	1,245	67
Medical Insurance Coder	489	192	39
Medical Records and Health Information Technician	558	197	35
Nursing Assistants	8,368	5,848	70
Medication Technician/Aide	926	685	74
Patient Care Technician	750	352	47
Home Health Aides	2,699	2,500	93
Dental Assistants	272	153	56
Medical Assistants	1,344	973	72
Sterile Processing Technology/Technician	153	93	61
Phlebotomists	1,656	881	53
Personal Care Aides	593	493	83
Medical Office Clerk/Secretary/Specialist	708	311	44
All healthcare training	23,137	15,251	66

Source: PAGES. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

Note: N=33,719. Participants might be enrolled in more than one healthcare occupational training.

Exhibit C14. Wages and Hours Worked for HPOG 2.0 Participants Employed After Enrollment

Characteristic	All employed		Employed in healthcare occupation		Employed in non-healthcare occupation	
	Number	Percentage	Number	Percentage	Number	Percentage
Wages						
$7.25 or less	93	1	34	0	63	3
$7.26 to $9.99	696	4	472	3	253	11
$10.00 to $12.49	4,985	30	4,293	29	896	39
$12.50 to $14.99	4,591	28	4,283	29	509	22
$15.00 or more	6,122	37	5,781	39	590	26
Missing	883	NA	753	NA	166	NA
Hours worked per week						
Less than 20 hours	1,187	8	1,038	7	212	10
20-34 hours	5,275	34	4,668	33	807	38
35 hours or more	9,077	58	8,342	59	1,122	52
Missing	1,831	NA	1,568	NA	336	NA

Source: PAGES. Participants enrolled between September 30, 2015, and March 29, 2020; data through September 29, 2020.

Note: N=17,370 employed, with 15,616 employed in healthcare occupation and 2,477 employed in non-healthcare occupation. NA=not applicable. Percentages are of participants with data.