HEALTH PROFESSION OPPORTUNITY GRANTS 2.0:

Year Three Annual Report (2017–2018)

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HPOG

Health Profession Opportunity Grants

OFFICE OF FAMILY ASSISTANCE

Health Profession Opportunity Grants 2.0: Year Three Annual Report (2017–18)

OPRE Report No. 2019-64

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Overview

This Year 3 Annual Report describes results through the third 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 individuals 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) of the U.S. Department of Health and Human Services awarded the first round of five-year HPOG grants in 2010.

This current, second round of five-year grants ("HPOG 2.0") was awarded 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 3 (September 30, 2015 to September 29, 2018), grantees enrolled 23,215 participants.

Primary Research Questions

1. What entities operate HPOG 2.0 programs, and what trainings, activities, and services do the programs provide?

2. Who participated in HPOG 2.0 in the first three years, and what trainings have they engaged in and completed?

3. What skill-development and work-based learning opportunities and what support services have HPOG 2.0 participants received?

4. What are HPOG 2.0 participants' employment outcomes at the end of Year 3?

Purpose

The purpose of this Year 3 Annual Report is to summarize the status of the HPOG 2.0 Program participants' activities, outcomes, and characteristics. This report builds on two prior annual reports. This report includes new information on participants' career pathway progress.

Key Findings and Highlights

Key findings from the HPOG 2.0 Year 3 Annual Report include:

- Of the 14,293 participants who began healthcare training in the first three years of HPOG 2.0, 88 percent completed or were still in progress by the end of Year 3. Two thirds (67 percent) of participants who completed healthcare training went on to earn a professional license or certification and three fifths started a job or were promoted on an existing job in healthcare.
- About one third (36 percent) of all participants engaged in standalone basic skills training (not combined with occupational training); of those, 92 percent completed or were still engaged in it at the end of Year 3. Of those who completed, most (76 percent) moved on to enroll in healthcare training.
- Of participants who began healthcare training in the first three years of HPOG 2.0, more than a quarter 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; or completing a mid- or high-level career pathway healthcare training.

- Under a set of overall career progress metrics that combine multiple ways individuals can make progress (including basic skills or prerequisites completion, healthcare training completion, and employment), 52 percent of HPOG participants showed **overall career progress** by the end of Year 3, and another 16 percent were engaged in activities toward career progress.
- Similar to results for earlier years, participants in HPOG 2.0 are mainly single, female, and have dependent children. Twenty percent were receiving TANF benefits at enrollment. 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.
- HPOG 2.0 participants engage in a variety of activities and receive a variety of supportive services. For example, almost half (47 percent) engaged in skill-development activities and almost half received transportation assistance. HPOG 2.0 funded tuition in whole or in part for the majority (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 (PPR) 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 2015, ACF awarded a second round of HPOG five-year awards (**HPOG 2.0**) to 32 organizations across 21 states, including five Tribal organizations.[1] 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.

HPOG 2.0 builds upon HPOG 1.0, with the same target population and main goals. HPOG 2.0 even 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 third in a series of annual reports providing

- information on what **activities and services** grantees are offering in their HPOG 2.0 programs;
- the **characteristics of participants** enrolled in those programs; and
- participant training, employment, and career progress **outcomes**.

The report includes participants' experiences in HPOG 2.0 from its start on September 30, 2015, to the end of Year 3 (September 29, 2018). By this time, some participants had been in the HPOG 2.0 Program for as many as 32 months, whereas others had only just begun to participate.

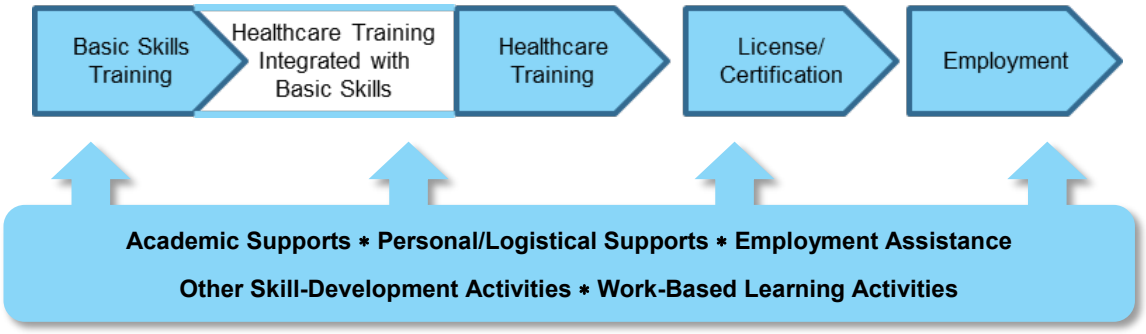
Outcomes such as training completion can require some time in the program before being realized. For this reason, outcome results presented in this report exclude participants who enrolled in HPOG 2.0 in the last six months of Year 3. Thus, **all outcomes are reported for participants who enrolled any time between the start of the HPOG 2.0 Program (September 30, 2015) and March 30, 2018**. This subsample includes 18,781 participants. The data is through September 29, 2018. The outcomes described here represent a snapshot of these participants' progress to date at the end of Year 3.

[1] HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), "Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs," adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a), and extended by the Bipartisan Budget Act of 2018, Pub. L. 115-123, through fiscal year 2019.

Participant Progression through the HPOG Program

Once participants enroll in HPOG 2.0, grantee programs work to help them determine the specific activities and supports that are right for them. Exhibit E1 shows a generalized example of how participants move through HPOG 2.0. Participants enter basic skills training (if needed), progress to healthcare training, earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment in their chosen field.[2] 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-building activities to help participants succeed.

Exhibit E1. Example of Participant Movement through HPOG 2.0



Overview of Outcomes

From its start through the end of Year 3, HPOG 2.0 grantee programs enrolled 23,215 participants.[3] Exhibit E2 below presents some of the key findings on participant outcomes for that period for the 18,781 participants who had been enrolled for at least six months.

- **Some 14,293 participants began healthcare training in the first three years of HPOG 2.0, and 88 percent of them completed healthcare training or were still in progress by the end of Year 3.**

More than two thirds of participants in healthcare training (70 percent or 9,948 participants) completed it by the end of Year 3, including 6 percent who completed one training and enrolled in additional training and 64 percent who completed just one training. Another 18 percent of participants in healthcare training were still enrolled and had not yet completed it. Only 13 percent had not successfully completed a training by the end of Year 3; 10 percent dropped out and 3 percent did not pass.[4]

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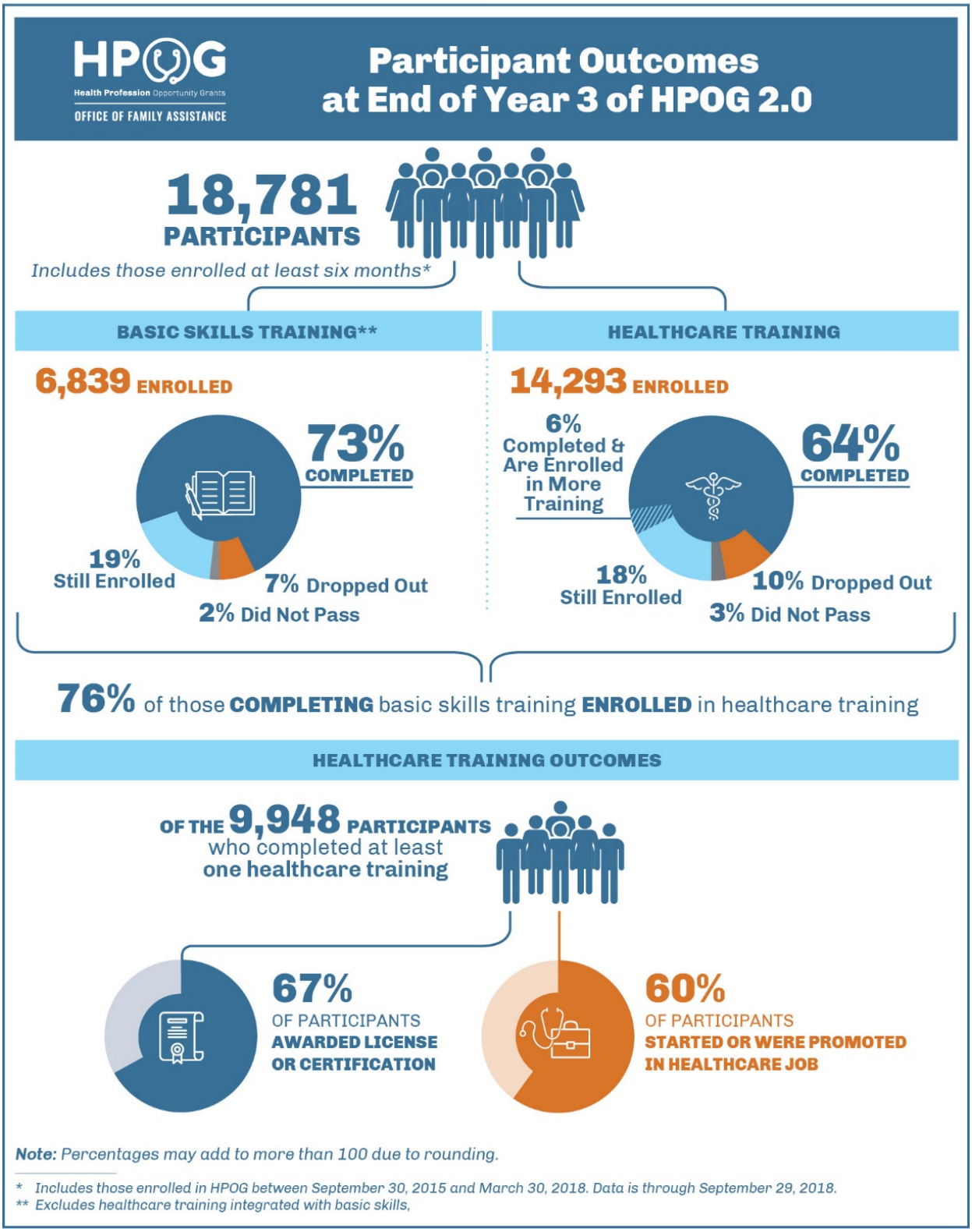
2 Some participants also need to complete prerequisite classes (such as biology or anatomy) before they can begin healthcare training. Prerequisites do not include basic skills training and are typically not specific to a particular occupational training. Not all occupational trainings have prerequisite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

3 *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.

4 Percentages do not add to 100 due to rounding.

Exhibit E2. Participant Outcomes at End of Year 3



- **About one third (36 percent) of all participants engaged in "standalone" basic skills training; of those, 92 percent completed or were still engaged in it at the end of Year 3. Of those who completed, most (76 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 (19 percent).[5] Of the 6,839 participants in "standalone" basic skills training, almost three quarters completed it (73 percent) and another 19 percent were still in progress at the end of Year 3. This means only 9 percent of those who started were unsuccessful (7 percent dropped out and 2 percent did not pass). Of those who completed basic skills training, 76 percent continued on to enroll in healthcare training.

- **Two thirds (67 percent) of participants who completed healthcare training went on to earn a professional license or certification.**

In addition to completed training, some occupations also require certificates or licenses. Certificates and licenses are usually earned from a state agency or third-party industry organization and usually require 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 participants completing healthcare training in the first three years of HPOG 2.0, three fifths started a job or were promoted on an existing job in healthcare.**

Some 60 percent of participants who completed healthcare training in the first three 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 enrolling in healthcare training in the first three years of HPOG 2.0, more than a quarter 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 3, some participants had made this type of progress, with 3 percent *completing* multiple trainings at higher career pathway levels and another 3 percent *enrolled* in a training at a career pathway level higher than one already completed.

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[5] 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 4 for more details.

Another 7 percent had 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 15 percent of participants achieved this outcome.

- **Overall career progress measures combine multiple ways individuals can make progress, including preparing for occupational training, engaging in and completing occupational training, and employment. More than half (52 percent) of HPOG 2.0 participants showed career progress on these measures through the end of Year 3.**

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. Overall, 52 percent of HPOG 2.0 participants showed career progress by these combined measures. See the report for a full accounting of all detailed measures.

Participant Characteristics

By the end of Year 3, HPOG 2.0 was on track to meet its five-year cumulative enrollment goal, its grantees together having enrolled 23,215 participants, 60 percent of that goal.

- **Participants were typically low-income women in their 20s and 30s, many of whom have dependent children.**

A majority of HPOG 2.0 participants at enrollment were female (91 percent), had never married (59 percent), and had one or more dependent child (69 percent). To be eligible for HPOG 2.0, participants had to have low incomes. Nearly three quarters (73 percent) reported an annual household income of less than $20,000, lower than the 2018 poverty line for a family of three. At enrollment, many participants were receiving public benefits. The most common benefit received was Medicaid (67 percent), followed by the Supplemental Nutrition Assistance Program/SNAP (59 percent) and Temporary Assistance for Needy Families/TANF (20 percent).

- **Many participants already had some education, credentials, and work experience before enrolling in HPOG 2.0.**

At the time of enrollment, the majority of participants had at least some college experience (54 percent); 15 percent had at least an associate degree. One third had an occupational certificate or license (in any occupation) at the time of enrollment, and one third had previously completed an occupational training course. Some 25 percent were already enrolled in a training program when they entered HPOG 2.0. Note that a subset of all HPOG 2.0 participants (9 percent) were continuing participants from HPOG 1.0.

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.[6]

- **Almost half (47 percent) of HPOG 2.0 participants engaged in at least one skill-development activity by the end of Year 3.**

Despite most grantees offering each activity type, only a minority of participants engaged in each. The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, each attended by about one quarter of participants. Fewer than 5 percent of participants engaged in each of the work-based learning activities offered.

- **By the end of Year 3, 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 succeed, following the career pathways model. A key support HPOG 2.0 provides is *funding participants' training tuition*. Sources other than HPOG such as Pell grants and a small number of training-cost waivers funded the remainder of participants' trainings.

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 these other supports varied substantially, with some services used by most participants and other services used by only a small number of participants.

Case management was the most common support, received by 93 percent of HPOG 2.0 participants through Year 3. More than half of participants received academic advising (61 percent) and assistance with training-related costs other than tuition (55 percent). Fewer participants received personal/logistical support services. Almost half (49 percent) of participants received transportation assistance that enabled them to travel to and from HPOG-related training, employment, or services. Only 5 or less percent 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-five percent received assistance with job search, 17 percent with job placement, and 10 percent with retaining employment. Differences in receipt reflect both the extent to which programs offer services and participants' need for them.[7]

For most support services, participants received them by the end of Year 3 at a rate similar to that at the end of Year 2. The exception is a large increase in those receiving job search and job retention services, which increased from 10 to 25 percent and 3 to 10 percent, respectively, from Year 2 to Year 3. This increase in job-related assistance could reflect that more participants had time to complete healthcare training by the end of Year 3 than did by the end of Year 2.

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6 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).

7 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.

Summary

These results highlight that through the end of Year 3, the HPOG 2.0 Program was successful in enrolling participants in healthcare training. The vast majority of those participants had completed or were still in training at the end of Year 3. HPOG 2.0 was working to meet participants' basic skill needs, with about one third of participants engaged in standalone basic skills training and almost three quarters of those engaged completing this training. In addition, almost a quarter 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-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, 52 percent of HPOG participants have shown career progress at the end of Year 3.

ACF will continue to release annual reports summarizing HPOG 2.0 grantee and participant activities for the next two years. In future years, the *National and Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants* will produce reports on the **implementation** of HPOG 2.0 and the **impact** the Program has on participant outcomes as compared to a control group that did not receive Program services.

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 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.[8] ACF also funded a portfolio of evaluation studies.[9]

In 2015, ACF awarded a second round of five-year HPOG grants (**HPOG 2.0**) to 32 organizations across 21 states, including five Tribal organizations. Again, ACF funded a set of evaluation studies of the Program. In the first three years of HPOG 2.0, grantees enrolled 23,215 participants in 43 distinct programs (38 non-Tribal programs and five Tribal programs).

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.

[8] HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), "Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs," adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a), and extended by the Bipartisan Budget Act of 2018, Pub. L. 115-123, through fiscal year 2019.

[9] Reports of findings from evaluation studies of HPOG 1.0 can be found on its 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 final implementation, outcome, and short-term (15-month) impact findings are available. Reports on intermediate (36-month) and longer-term (72-month) impacts are forthcoming.

Box 1 presents the primary goals of the HPOG 2.0 Program as described in its Funding Opportunity Announcements.[10]

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, the strategy consists of an experimental impact study, a descriptive study (to include program implementation, participant outcomes, and systems change), and a cost-benefit analysis—collectively called the "National Evaluation." For the five Tribal grantees, the strategy consists of an implementation and outcomes evaluation—the "Tribal Evaluation."

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 may 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 and connections to employment; and,
- Combined with work-based learning opportunities, such as internships, externships, and clinical placements.

As part of the career pathways approach, HPOG programs offer multiple points of entry for training and related employment. Depending on participants' initial skill level, they can train for

[10] 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.

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.[11] 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 third 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, 2018, the end of grant Year 3.[12] 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 two prior annual reports.[13] 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. Because there has been limited change in program offerings and participant characteristics since Year 1, this third report provides limited updates on these areas. The second annual report provided information on a variety of HPOG participant outcomes. This third report provides updates of these outcomes and results for new outcome measures of career progress that include both healthcare training and employment measures.

Like the two prior reports, 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

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[11] 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).

[12] 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. Thus, findings in this report are based on 30 to 32 months of participant data.

[13] See 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/resource/health-profession-opportunity-grants-20-year-two-annual-report-201617; 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/resource/health-profession-opportunity-grants-20-year-one-annual-report-201516.

are also used for this annual report.[14] PAGES links users to a *Glossary of Terms* document that defines the terms used in PAGES; Box 2 provides selected definitions used in this report from that glossary document.[15]

This third annual report on HPOG 2.0 provides information for the first three years of the Program on the training, career progress, and employment outcomes of program participants (**Chapter 2**); characteristics of participants (**Chapter 3**); and activities and services offered by HPOG 2.0 grantee programs and the extent to which participants engaged in them (**Chapter 4**).[16]

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 may offer one or more programs. In HPOG 2.0, the 32 grantees are operating 43 distinct programs (38 non-Tribal programs and five Tribal programs). **HPOG 2.0 Program** refers to the set of 32 grantees' programs.

HPOG partners are organizations with which the grantee has formal or informal agreements to participate in HPOG 2.0. **Non-HPOG partners** are other organizations in the community that do not have an agreement with the grantee to participate in the HPOG Program, but that provide services in the community. Trainings and services can be provided by the grantee, 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 course of one or more classes 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 class (as is often the case for Nursing Assistants) or many classes spanning several semesters (as is the case for Registered Nurses).

Source: Glossary of Terms, HPOG 2.0 PAGES.

[14] 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 3 by October 31, 2018, in order to submit their Year 3 PPR. All results in this report are based on data extracted on November 1, 2018.

[15] In addition to creating the PAGES *Glossary of Terms,* the evaluation 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.

[16] Appendix C provides exhibits on additional participant outcomes and characteristics not included in the body of the report.

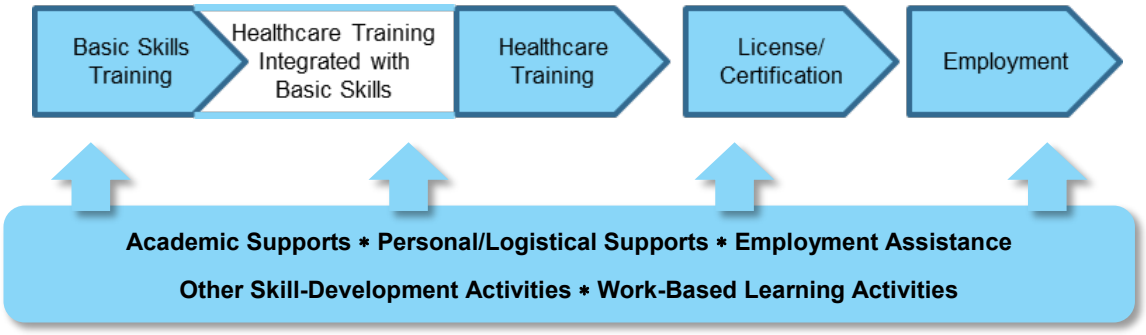
2. HPOG 2.0 Program Outcomes

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 3.

2.1 Participant Progression through HPOG Program

Once participants enroll in a local HPOG 2.0 program, its staff works with them to help determine the specific program activities and supports that are right for them. Exhibit 1 shows a generalized example of how participants move through HPOG 2.0. Participants enter basic skills training (if needed), progress to healthcare training[17], earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment in their chosen field. Some programs integrate basic skills instruction into occupational training to accelerate the process. Along the way, programs provide supports and supplemental skill-building and work-based learning activities to help participants succeed.

Exhibit 1. Example of Participant Movement through HPOG 2.0



2.2 Overview of Outcomes

Through Year 3, HPOG 2.0 grantee programs enrolled 23,215 participants. Over that time, the enrollees participated in activities, engaged in and completed trainings, and found a new job or were promoted on an existing job.[18]

By the end of Year 3 in September 2018, some participants had been in HPOG 2.0 for up to 32 months, whereas others had only just begun to participate. Outcomes such as training completion can require some time in the program before being realized. For this reason, outcome results exclude participants who enrolled in HPOG 2.0 in the last six months of Year 3. Thus, **all outcomes are reported for those participants who enrolled in HPOG 2.0 any time**

[17] 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.

[18] *Enrollment* 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.

between the start of the Program (September 30, 2015) and March 30, 2018. This subsample (referred to in the report as "all participants") includes 18,781 participants, whose outcomes represent their progress as of the end of Year 3.[19] The data is through September 29, 2018. Exhibit 2 (on page 14) presents some of the key findings on participant outcomes through Year 3.

- **Programs were successful in enrolling participants in healthcare training and having them progress toward completion. Of all participants who enrolled in healthcare training, 88 percent completed it or were still in progress by the end of Year 3.**

Exhibit 2 shows that 14,293 participants (76 percent of all participants) began healthcare training in the first three years of HPOG 2.0. Of participants enrolling in healthcare training, more than two thirds completed it (70 percent), including 6 percent who completed a training and enrolled in additional training by the end of Year 3 and 64 percent who completed just one training. An additional 18 percent were still enrolled and had not yet completed any training. Only 13 percent of training participants did not successfully complete a healthcare training (10 percent dropped out and 3 percent did not pass).[20]

- **About one third of all participants enrolled in basic skills training; of those, 92 percent completed or were still in progress at the end of Year 3. Of those who completed basic skills training, most (76 percent) moved on to healthcare training.**

Of the 6,839 participants in basic skills training, almost three quarters completed it (73 percent) and another 19 percent were still enrolled in it at the end of Year 3. The remaining 9 percent of participants in basic skills training were unsuccessful (7 percent dropped out and 2 percent did not pass). Of those who completed basic skills training, 76 percent continued on to enroll in healthcare training.

As shown in Exhibit 1, 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 2. Of all HPOG 2.0 participants, 19 percent enrolled in healthcare training that integrated basic skills into the curriculum.[21]

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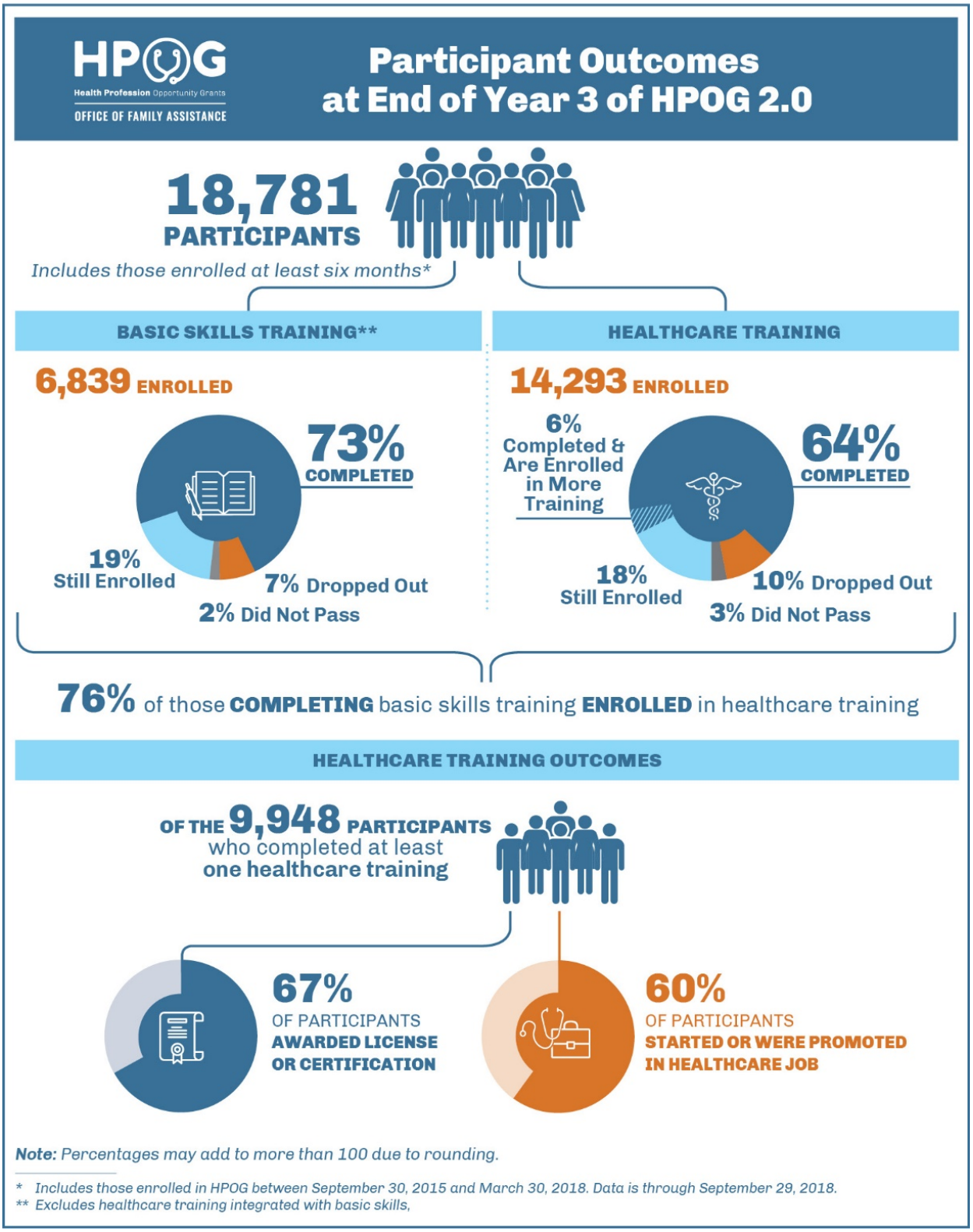
[19] Throughout this report, we present results for this subsample with one exception. In Chapter 3, we present the characteristics of all 23,215 participants through the end of Year 3, as participant characteristics are not influenced by time in program. Appendix Exhibit C1 includes key outcomes for both the entire sample and the subsample for comparison.

[20] Unlike past annual reports, these numbers reflect the number of *participants* in healthcare training, not the number of individual trainings. The report presents information on multiple trainings later in this section.

[21] 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 4 for more details.

Exhibit 2. Participant Outcomes at End of Year 3



- **More than two thirds (67 percent) of participants who completed healthcare training went on to earn a professional license or certification.**

In addition to completed training, some occupations require certificates or licenses. Certificates and licenses are usually earned from a state agency or third-party industry organization and usually require 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 in the first three years of HPOG 2.0, three fifths started a job or were promoted on an existing job in healthcare.**

Three fifths of participants (60 percent) who completed healthcare training in the first three years of HPOG 2.0 started a healthcare job or were promoted on an existing healthcare job. 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.

2.3 Career Progress in Healthcare Training

The outcomes described above provide a picture of healthcare training enrollment and completion. However, HPOG 2.0 is also interested in the career progress of participants. Career progress can be measured in terms of healthcare training, employment, or combined measures. This section presents career progress measures based on healthcare training. The next two sections present career progress measures based on employment and then combined measures. 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. Career progress in healthcare training in this report includes:

- Participants who are able to enter an HPOG 2.0 program in a mid- or high-level occupational training, due to prior work or training experience;
- Participants who take multiple trainings, starting at entry-level and moving to higher levels of training as part of HPOG 2.0; and
- Participants who take multiple trainings at the same level (typically entry-level) to gain additional skills that may open up more job opportunities than does a single training.[22]

[22] Combining multiple entry-level trainings with Nursing Assistant training is discussed here: 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/opre/final_cna_paper_final_508_compliant_5082.pdf.

Of course, participants who complete only a single entry-level training are still making important progress in their careers, as discussed in Section 2.5. The report presents additional metrics about career progress in healthcare training here to 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 may allow individuals to acquire more skills over time than is possible in traditional job training models.

Across HPOG 2.0, grantees offer training in 66 different healthcare occupations.[23] On average, grantees offer training in 18 different occupations. Grantees often offer multiple trainings within a single occupational category, sometimes from different vendors or in different geographic locations. Altogether, the grantees offer 2,350 different healthcare trainings. As part of PAGES data entry, grantees categorize their healthcare trainings into "career pathway levels" of *entry-level, mid-level,* and *high-level* occupations based on the average expected wages of completers (Box 3).[24]

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*.

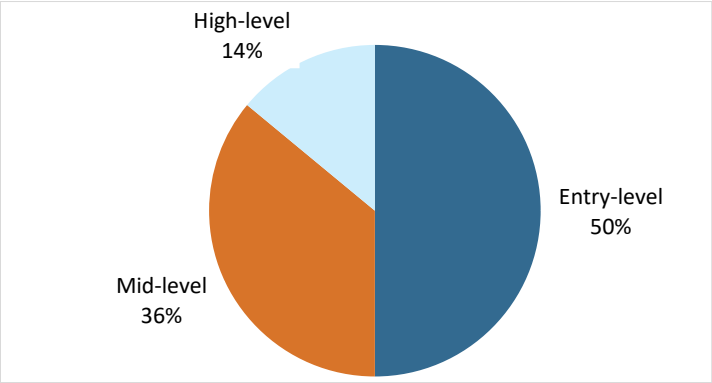
[23] Appendix Exhibit C2 lists all the occupations for which training is offered, how many trainings are offered in each occupation, and how many grantees offer each type of training.

[24] 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, 50 percent are entry-level, 36 percent mid-level, and 14 percent high-level (Exhibit 3).

Exhibit 3. Percentage of All Healthcare Trainings Offered, by Career Pathway Level

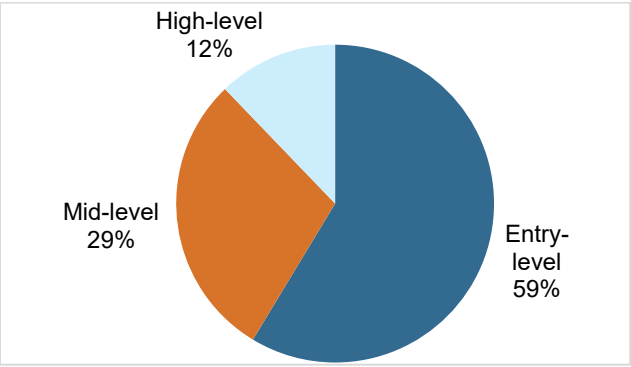


Source: PAGES program-level data.
Note: N=2,350 healthcare trainings.

- **In the first three years of HPOG 2.0, the majority of participants enrolled in entry-level healthcare training. For more than half of all participants, this was their highest-level of training. However, more than two fifths of participants enrolled in a mid- or high-level training, suggesting career progression in training for those participants.**

Considering training enrollments through Year 3, some 59 percent of participants had enrolled in entry-level as their highest level of training. Another 29 percent enrolled in mid-level, and 12 percent in high-level healthcare training (Exhibit 4).[25] Though completing entry-level training is certainly a positive outcome for HPOG 2.0 participants, it is important to note that 41 percent of participants engaged in a higher-level training at some point, a measure of career progress.

Exhibit 4. Enrollment in Healthcare Training, by Highest Career Pathway Level



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=14,293 participants. Participants may have engaged in multiple trainings.

[25] Appendix Exhibit C10 provides enrollment data for each of the top 20 occupations in which participants trained. Exhibit C12 provides completion status data for each of the top 20 occupations in which participants trained.

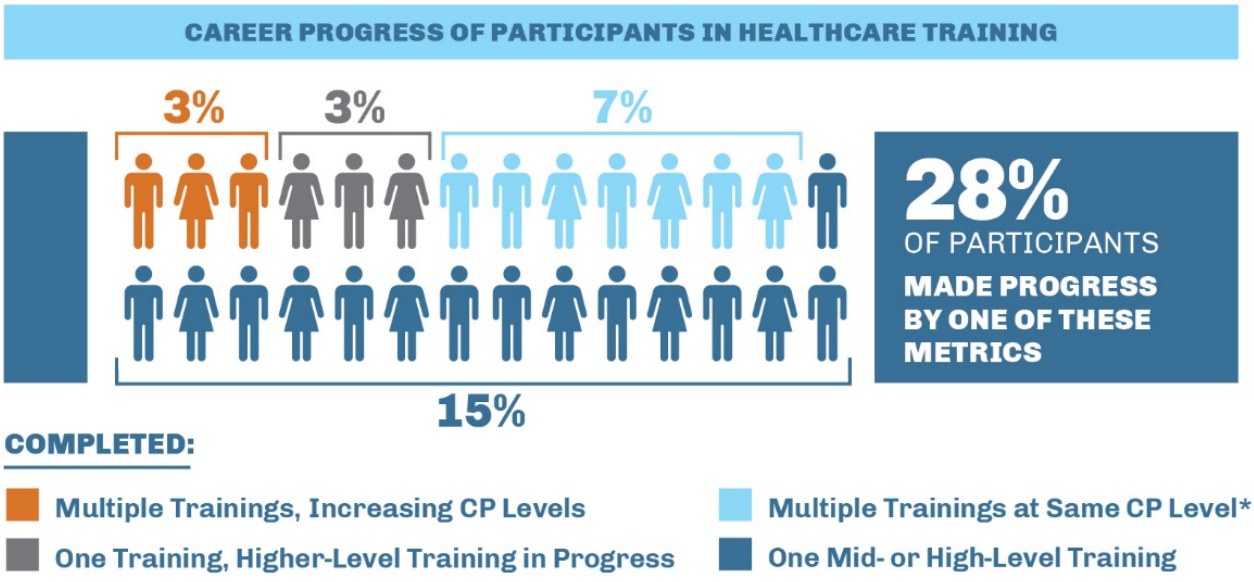
- **Of participants who enrolled in healthcare training, more than a quarter made career progress in training, beyond completing an entry-level training.**

Exhibit 5 shows career progress of participants in healthcare training using a variety of metrics that focus only on healthcare training. Altogether, 28 percent of participants (the full bar in Exhibit 5) enrolled in healthcare training made progress by one of these metrics. Completing a 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 3, some participants had made this type of progress, with 3 percent completing multiple trainings at increasing career pathway levels and another 3 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, even if at the same pathway level, participants can increase job opportunities and wages. Of participants enrolled in training, 7 percent made this type of progress, mostly with multiple entry-level trainings by the end of Year 3.

Completing one mid- or high-level career pathway training is itself a measure of career progress, and 15 percent of participants achieved this outcome.

Exhibit 5. Career Progress in Healthcare Training of Participants Enrolled in Training



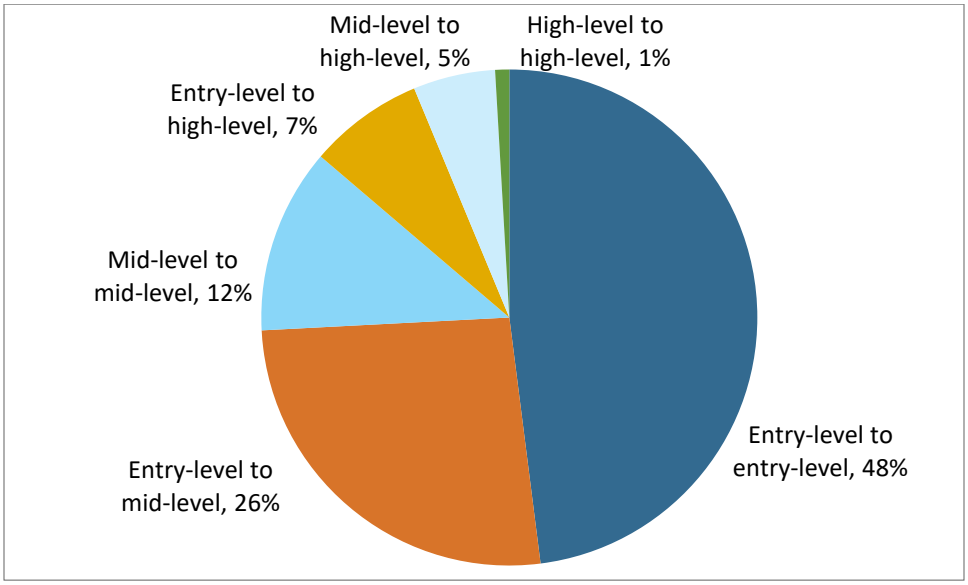
Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=14,293 participants. CP=Career pathway.
* Includes a small number of participants whose subsequent training was in a lower CP level.

- **Among participants who enrolled in a healthcare training, more than one in ten completed it and went on to additional training. Of those participants, more than 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 (1,963 participants) completed it and either had completed or were still enrolled in another healthcare training at the end of Year 3. The number of participants engaging in multiple trainings increased since the end of Year 2, as more participants have been enrolled in HPOG for longer periods. Exhibit 6 shows the career pathway level progression of participants who took multiple trainings.

The most common combination was multiple entry-level trainings, accounting for 48 percent of participants in multiple trainings. As discussed above, these individuals are making career progress by gaining additional occupational skills. Another 12 percent engaged in multiple trainings at the mid-level career pathway and 1 percent at the high-level. More than a quarter (26 percent) progressed from entry-level to mid-level trainings, and another 5 percent went from mid-level to high-level trainings.

Exhibit 6. Career Pathway Level Progression among Participants with Multiple Healthcare Trainings



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=1,963 participants who completed one healthcare training and completed or were still engaged in another healthcare training at the end of Year 3. 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. Percentages do not add to 100 due to rounding.

2.4 Employment Outcomes

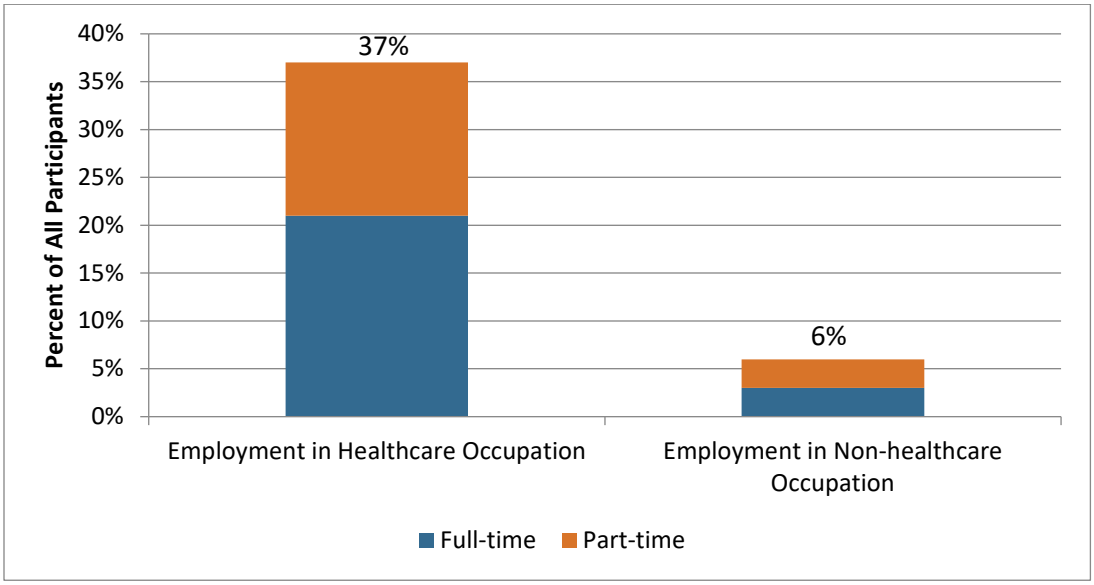
A primary goal of HPOG is to enable participants to find well-paying employment in in-demand healthcare occupations. The employment outcomes for HPOG 2.0 in this report include jobs and promotions that were obtained *after* enrollment in HPOG 2.0. Employment outcomes defined this way and included in PAGES data likely reflect jobs or promotions obtained with assistance from or as a result of participating in HPOG 2.0 training. This means employment outcomes reported here

exclude jobs already held by participants at the time of enrollment in HPOG 2.0 that continued as is, without promotion, during HPOG.[26] These employment outcomes include those who are still in training as well as those who completed training. This section also discusses some measures of career progress based on employment changes since enrolling in HPOG 2.0.

- **By the end of Year 3, about one-third of all participants in HPOG 2.0 had started a job or were promoted on an existing job (subsequent to enrolling in HPOG) in a healthcare occupation.**

By the end of Year 3, some 37 percent of all participants started or were promoted on an existing job in a healthcare occupation at some point after enrolling in HPOG 2.0 (Exhibit 7). An additional 6 percent of participants obtained employment in non-healthcare jobs. This is an increase in total employment (in healthcare or non-healthcare occupations) from 27 percent at the end of Year 2. Exhibit 7 also shows that a little more than half (57 percent) of participants working in healthcare occupations are working full-time. Those working part-time include individuals who are in training and who may prefer part-time hours. On average, participants in healthcare occupations were earning $13.46 per hour and participants in non-healthcare occupations were earning $11.79 an hour. [27]

Exhibit 7. Employment (New Jobs or Promotions after HPOG 2.0 Enrollment) at End of Year 3



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=18,781 participants.

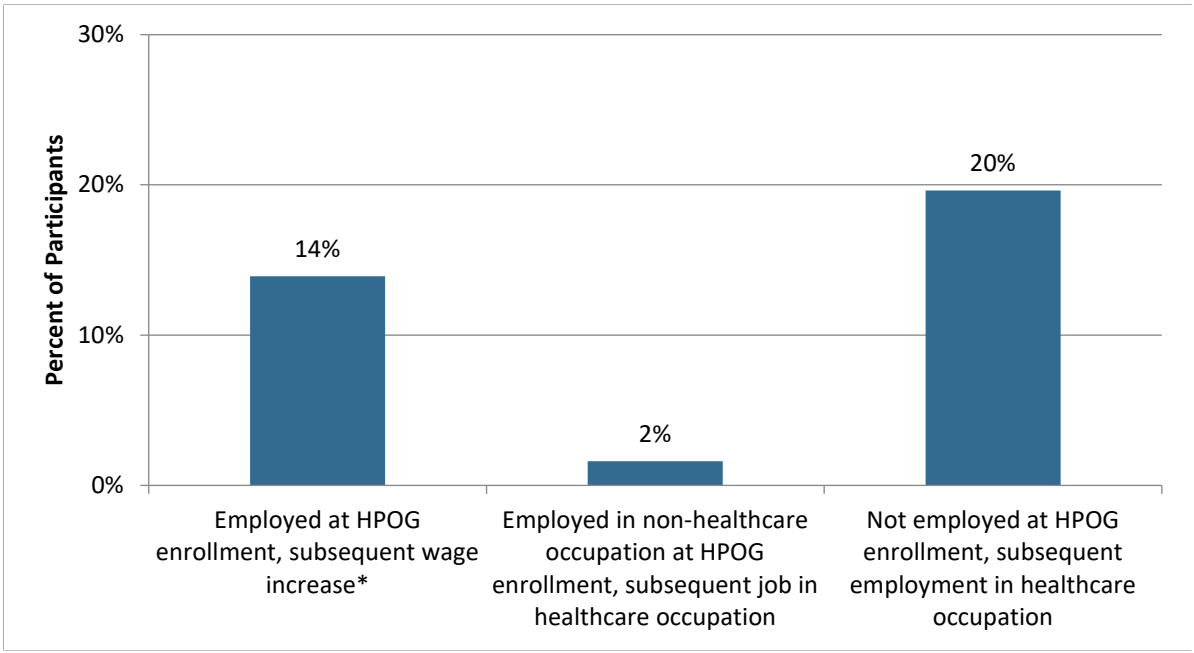
[26] Program staff record only new jobs or promotions on existing jobs obtained by HPOG participants at any time after program enrollment. Grantees have employment-related program performance goals, and staff are encouraged to follow up with participants to track what employment they have gained. However,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

[27] 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 three quarters 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 8 shows three specific metrics of career progress in employment. First, 14 percent of all participants were employed when they enrolled in HPOG 2.0 and subsequently started a job or were promoted to a job 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, 20 percent of all participants were not employed at enrollment and subsequently started a job in a healthcare occupation.[28] Considering only those who started a job or were promoted on an existing job subsequent to enrolling in HPOG, more than three quarters (82 percent) showed career progress by one of these three measures.

Exhibit 8. Participants with Career Progress in Employment and Wages



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=18,781 participants.
*Subsequent job with higher wages could be in healthcare or non-healthcare occupation. Categories shown are mutually exclusive.

[28] 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.

2.5 Overall Career Progress Measures

Previous sections addressed career progress focusing exclusively on healthcare training or employment, respectively. Overall career progress measures combine multiple ways individuals can make progress, including preparing for occupational training, engaging in and completing occupational training, and employment. This section presents different metrics that reflect overall career progress. They include HPOG 2.0 participants' progress in activities preparatory to healthcare training, healthcare training, and employment.[29] Given the emphasis on HPOG 2.0 in assisting individuals who need to improve basic skills, these metrics include participation in and completion of basic skills training. The metrics also include participants engaged in or completing prerequisites who have not yet gone on to healthcare training. Although prerequisite classes for training are taken only by a minority of participants (12 percent), this activity can be seen as an indicator of progress. Exhibit 9 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, more than half of all HPOG 2.0 participants (52 percent) showed career progress by the end of Year 3.

Exhibit 9. Extent of Overall Participant Career Progress

Metric	N	Percentage
Showing Career Progress		**52**
Completed basic skills or prerequisites, completed healthcare training, employed in healthcare	1,161	6
No basic skills or prerequisites completed, completed healthcare training, employed in healthcare	4,777	25
Completed basic skills or prerequisites, completed healthcare training, employed in non-healthcare job	1,115	6
No basic skills or prerequisites completed, completed healthcare training, employed in non-healthcare job	2,895	15
Activity in Progress		**16**
Completed basic skills or prerequisites, healthcare training in progress	856	5
No basic skills or prerequisites completed, healthcare training in progress	1,561	8
Basic skills or prerequisites in progress, not in healthcare training	601	3
Not Yet Showing Career Progress		**31**
Completed basic skills or prerequisites, not in healthcare training	1,690	9
No basic skills or prerequisites completed, not in healthcare training	4,125	22
Total	**18,781**	**99**

Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=18,781 participants. Percentages do not add to 100 due to rounding.

[29] *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 2.4 (**Employment Outcomes**), it is possible the additional participants could be employed—either having remained on the same job (without promotion) they had at enrollment in HPOG or if HPOG 2.0 staff were unaware of new employment and it was not recorded in PAGES.

The first group of metrics ("Showing Career Progress") includes participants who have completed at least one healthcare training. The first metric shows that 6 percent of all participants completed basic skills or prerequisites, at least one healthcare training, and are employed in a healthcare job. Another 25 percent did not complete any basic skills training or prerequisites[30] but completed healthcare training and are employed in healthcare. Two remaining metrics are similar to the first two metrics, but include those who were employed in non-healthcare job (6 percent and 15 percent, respectively). Overall, 52 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. As HPOG 2.0 is an ongoing program, these individuals are engaging in activities that can lead to career progress, including healthcare training, basic skills training, or perquisites. A total of 16 percent of participants are in this group, with most of those (13 percent) active in healthcare training.

The third group ("Not Yet Showing Career Progress") includes participants who are not in healthcare training, basic skills training, or prerequisites and have not completed a healthcare training. These metrics include some participants who have failed or dropped out of a prior healthcare training and others who may never have started a healthcare training. Almost one third (31 percent) of participants are in this group. It is possible, for example, that some are waiting for a healthcare training to start. For this or other reasons, some of these participants later may go on to engage in HPOG 2.0 activities that lead to career progress in Year 4 or Year 5.

[30] These participants either didn't need pre-training, were still engaged in these activities at the end of Year 3, or failed or dropped out.

3. HPOG 2.0 Participants

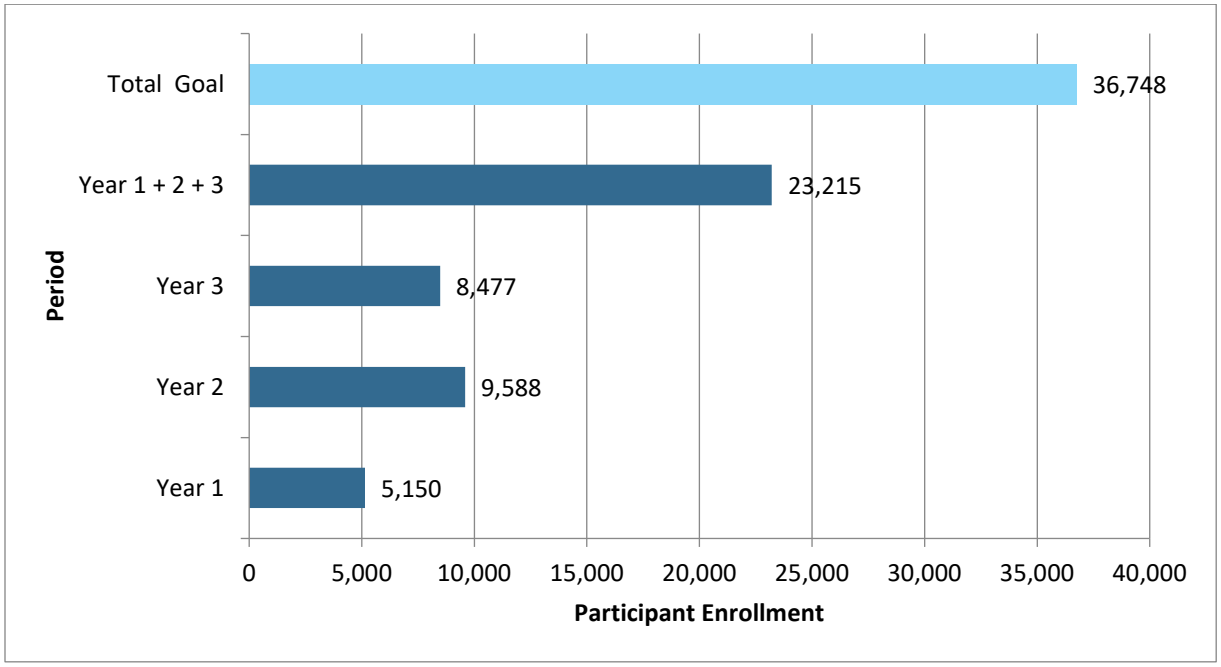
This chapter describes the number of participants enrolled in the first three years of HPOG 2.0 and how this compares to overall enrollment goals. In addition, it provides a review of participant characteristics at the time of enrollment.[31]

3.1 Enrollment and Goals

- **By the end of Year 3, HPOG 2.0 was on track to meet its five-year cumulative enrollment goal, its grantees together having enrolled 60 percent of that goal.**

During the third year of the HPOG 2.0 Program, grantees enrolled 8,477 participants. Cumulative enrollment for the first three years of HPOG 2.0 was 23,215. The total five-year enrollment goal across all grantees combined is 36,748 participants (Exhibit 10).

Exhibit 10. Cumulative Enrollment Goal and Actual, by Program Year



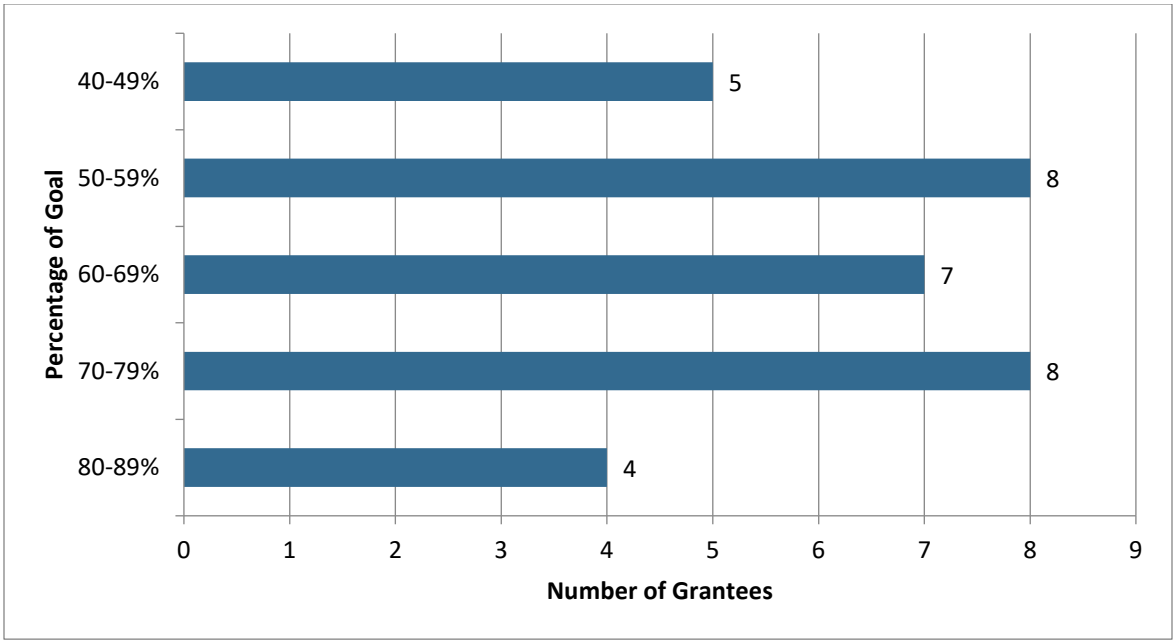
Source: PAGES. Participants enrolled between September 30, 3015, and September 29, 2018, and five-year grantee enrollment goals as reported in PAGES.

Note: N=32 grantees

[31] Chapter 2 presented outcome results for the subsample of participants who had been enrolled in HPOG 2.0 for at least six months of Year 3. As participant characteristics are not influenced by time in program, in Chapter 3 we present the characteristics of all 23,215 participants enrolled through the end of Year 3.

HPOG 2.0 grantees varied in their progress toward their individual five-year enrollment goals. These goals had been set by grantees, in discussion with ACF, when grants were awarded in 2015. Exhibit 11 shows grantees' progress. In the first three years of HPOG 2.0—that is, 60 percent through the five-year grant period—more than half of grantees (19 of 32) had already enrolled 60 percent or more of their total enrollment goal. This is especially significant given that programs hadn't begun enrolling participants until February–April 2016, or about halfway through the first grant year, once their implementation planning was complete. By contrast, five grantees reported reaching less than 50 percent of their five-year goal by the end of Year 3.

Exhibit 11. Number of HPOG 2.0 Grantees, by Percentage of Five-Year Enrollment Goal Attained by End of Year 3



Source: PAGES. Participants enrolled between September 30, 3015, and September 29, 2018, and five-year grantee enrollment goals as reported in PAGES.

Note: N=32 grantees.

3.2 HPOG 2.0 Participant Characteristics

HPOG 2.0 grantees serve participants of diverse backgrounds and life experience. On average, at the time of their enrollment into HPOG 2.0, the characteristics of participants who enrolled in Year 3 were similar to prior years.[32]

- **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 (59 percent), and had one or more dependent children (69 percent). Most participants identified as Black or African-American (43 percent) or White (25 percent). About one quarter were younger than age 25, and about 10 percent were age 50 or older.

To be eligible for HPOG 2.0, participants had to have low incomes. Nearly three quarters (73 percent) reported an annual household income of less than $20,000, less than the 2018 poverty line for a family of three. Nearly two thirds (61 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 (59 percent) and Temporary Assistance for Needy Families/TANF (20 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 (54 percent); 15 percent had at least an associate degree.

One third had an occupational certificate or license (in any occupation) at the time of enrollment, and one third had previously completed an occupational training course. Some 25 percent were already enrolled in a training program when they entered HPOG 2.0. Note that a subset of all HPOG 2.0 participants (9 percent) were continuing participants from HPOG 1.0.

Almost all HPOG 2.0 participants enrolled with some prior work experience, with half reporting they had previously worked in a healthcare occupation. Somewhat fewer than half of participants (48 percent) were already employed when they enrolled in the program, with nearly one quarter of these participants employed in healthcare.

[32] An update of the complete set of characteristics presented in the *HPOG 2.0 Year One Annual Report* can be found in Appendix C.

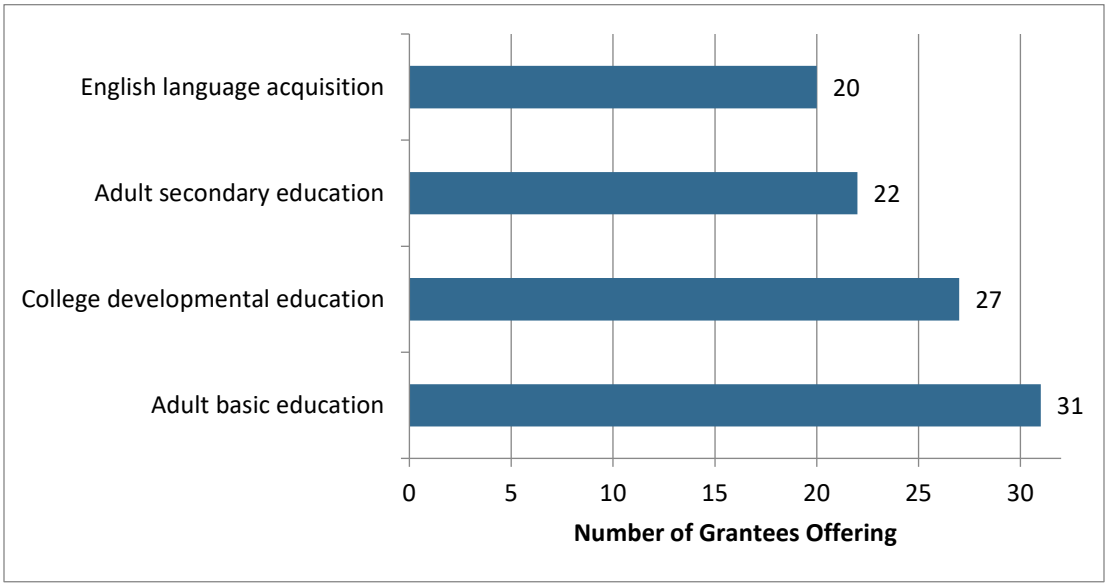
4. HPOG 2.0 Activities and Participation

To assist participants in successfully completing healthcare training and obtaining employment, HPOG 2.0 programs provide a number of skill-development and other activities and supports. This chapter discusses the types of activities and supports that grantee programs offered in the first three years of HPOG 2.0 and the extent to which participants took part in them.[33]

4.1 Basic Skills Training

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 Funding Opportunity Announcements encouraged grantees to serve participants who had basic skills needs. Grantees offer basic skills training, such as adult basic education, college developmental education, adult secondary 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 12).

Exhibit 12. Grantees Offering Basic Skills Training, by Training Type



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

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.[34] Some HPOG 2.0 programs have adopted

[33] In this Chapter 4, outcome results are reported for the subsample of participants who had been enrolled in HPOG 2.0 for at least six months of Year 3 (*N*=18,781), as in Chapter 2.

[34] 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.

delivery modes that will help participants who need to strengthen their basic skills to complete healthcare training.

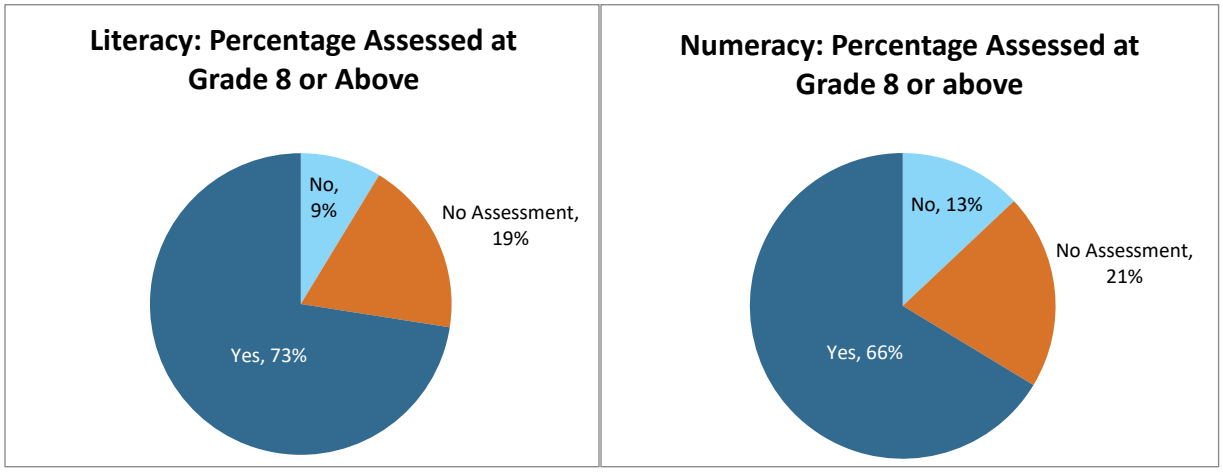
One mode is *accelerated delivery*, which organizes basic skills instruction and curricula in ways that allow participants to complete the coursework more quickly than in a traditional format. Participants might, for example, attend class for fewer weeks but for more hours per week. Almost half (42 percent) 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. Some 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 20 percent 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.[35]

- **HPOG 2.0 programs enrolled participants with low basic skills. Through Year 3, 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 13). Many community colleges use an eighth-grade level cutoff for entrance into occupational courses. About one fifth of participants do not have an assessment recorded in PAGES, as some programs do not test participants' skill levels at enrollment.

Exhibit 13. Participants' Literacy and Numeracy Assessment Levels through Year 3



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=18,781 participants (1,145 missing). Percentages add to more than 100 percent due to rounding.

[35] 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.*

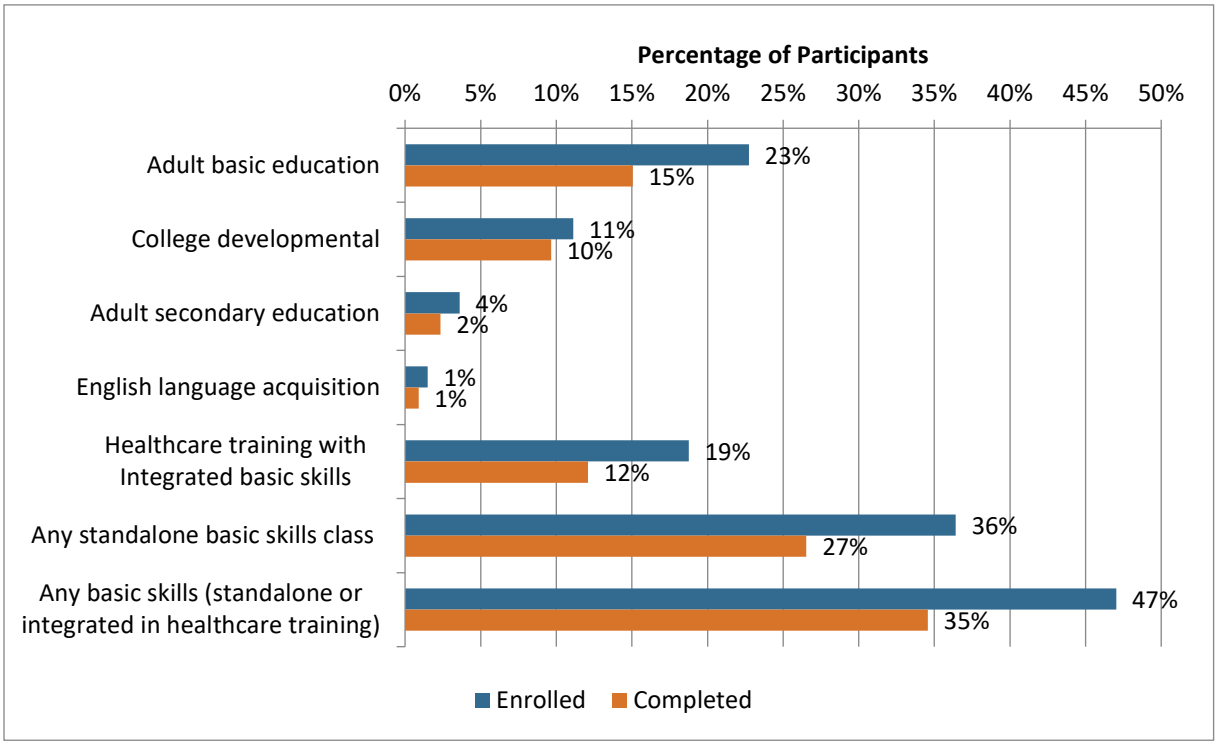
- **Almost half of HPOG 2.0 participants engaged in basic skills activities, either in standalone basic skills classes or through healthcare training that integrated basic skills instruction.**

About one third (36 percent) of participants took basic skills classes, separate from healthcare training ("standalone" basic skills) (Exhibit 14). This is higher than the roughly 10 percent of participants assessed with low basic skills at enrollment. Of the different types of basic skills training, the most common taken was adult basic education (23 percent), followed by college developmental classes (11 percent).

Almost one fifth (19 percent) of participants enrolled in a healthcare training where basic skills instruction is integrated into the curriculum. Not all of these participants may have 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, 47 percent of HPOG participants were engaged in some basic skills activity.[36]

Exhibit 14 also shows that roughly three quarters of those who enrolled in standalone basic skills training completed this training by the end of Year 3.

Exhibit 14. Participation in Basic Skills Training through Year 3, by Training Type



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=18,781 participants. Participants may be enrolled in more than one type of basic skills training. "Standalone" basic skills training includes adult basic education, college developmental, adult secondary education, and English language acquisition.

[36] Some participants enrolled in both standalone basic skills training and healthcare training integrated with basic skills; these individuals are counted only once.

In addition to improving their basic skills, some participants must take prerequisites before they can begin specific occupational training. For example, before taking nursing classes, they may need to take prerequisite courses in biology or anatomy. Participants in these prerequisite courses are not counted as having started healthcare occupational training, but are separately reported as enrolled in prerequisites. Of HPOG 2.0 participants, 12 percent enrolled in at least one prerequisite through Year 3.

4.2 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, and unpaid internships or externships (all defined in Appendix B).

- **Most HPOG 2.0 grantees offer multiple skill-development activities in addition to offering basic skills and healthcare trainings.**

The majority of grantees offer activities in each of the skill-development categories (Exhibit 15, top panel). Activities within a given category vary across grantees. For example, some grantees offer 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.

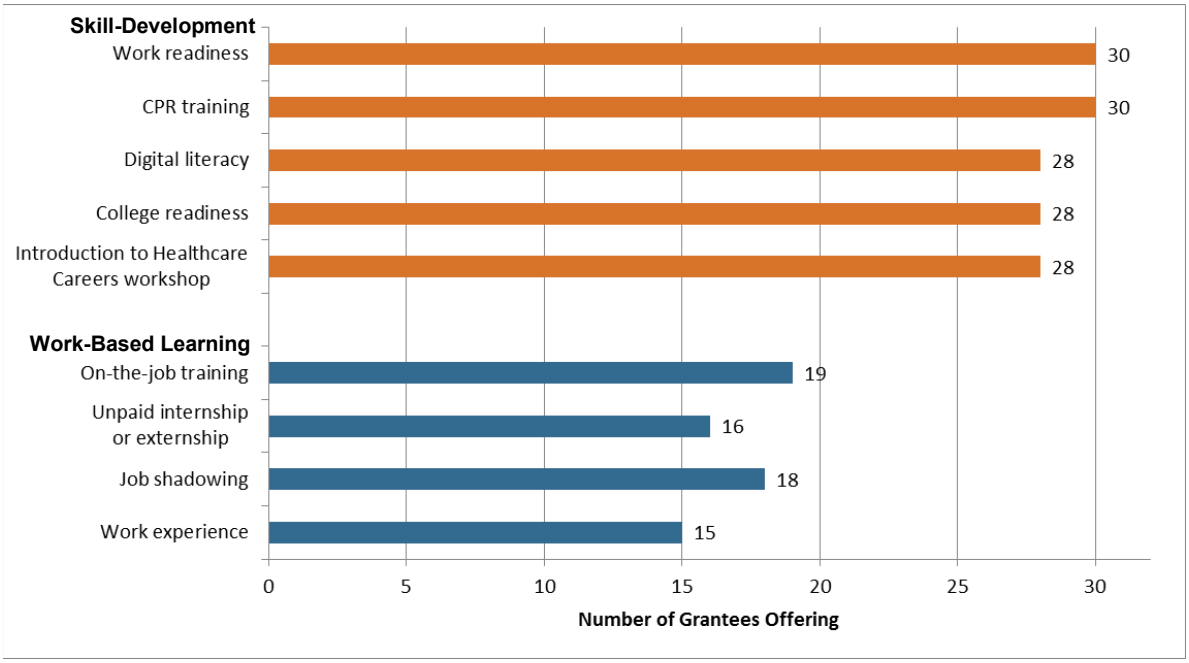
The numbers of grantees offering these classes are mostly the same as at the end of Year 2. One additional grantee offered each of these activities in Year 3, except for work-readiness training, which remained the same.

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

Nineteen (19) or fewer grantees offer each type of work-based learning activity (Exhibit 15, 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, and 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 programs offering these activities are mostly the same as at the end of Year 2, except two more grantees offered job shadowing in Year 3.

Exhibit 15. Grantees Offering Skill-Development and Work-Based Learning, by Activity Type



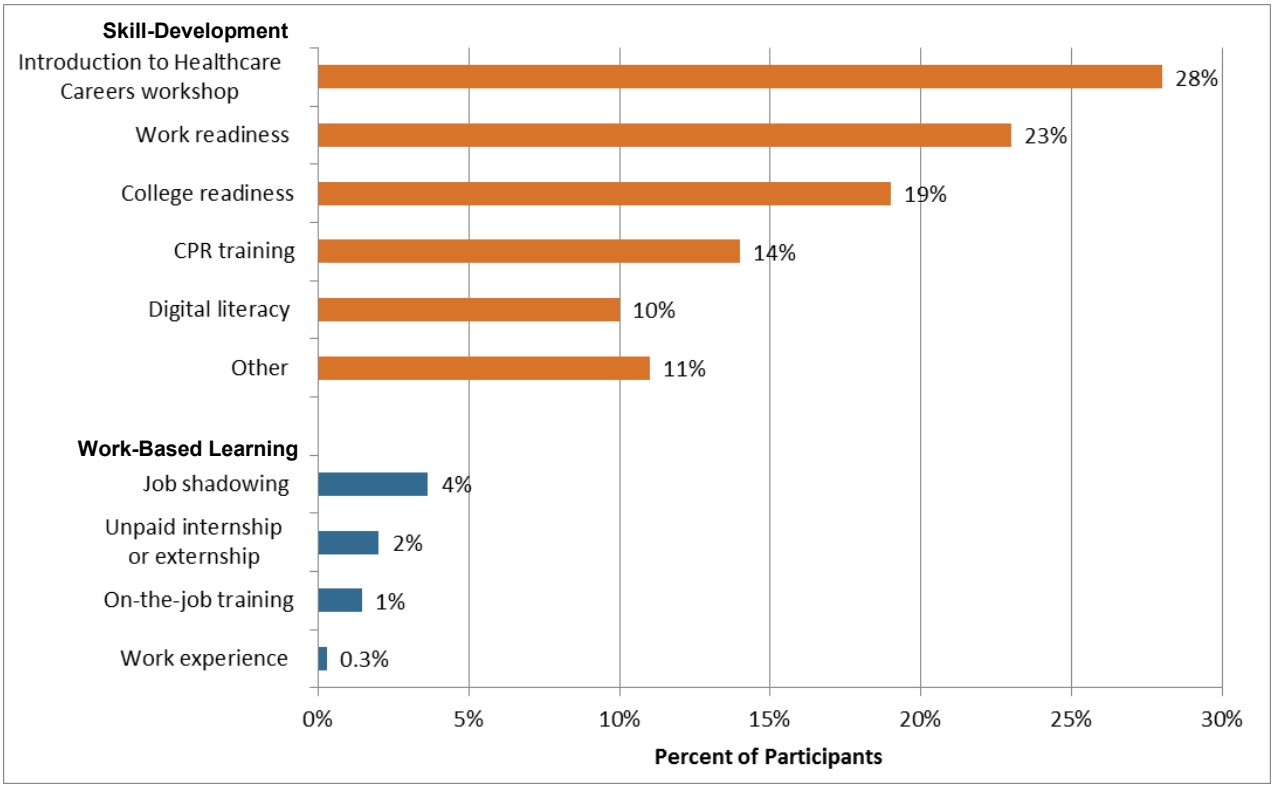
Source: PAGES program-level data.
Note: N=32 grantees.

Skill-development and work-based learning activities are less central elements of the HPOG 2.0 programs than is healthcare training; still, almost half of participants engaged in at least one of them.

Almost half (47 percent) of HPOG 2.0 participants engaged in at least one skill-development activity by the end of Year 3. Despite most grantees offering each activity type, only a minority of participants engaged in each one (Exhibit 16, top panel). The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, each attended by about one quarter of participants.

Fewer than 5 percent of participants engaged in each of the work-based learning activities (Exhibit 16, bottom panel). The most common activity was job shadowing, but only 4 percent of participants engaged in it through the end of Year 3. Some 2 percent of participants were in an unpaid internship or externship, and 1 percent or fewer engaged in on-the-job training or work experience through their HPOG 2.0 program.

Exhibit 16. Participation in Skill-Development and Work-Based Learning, by Activity Type



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=18,781 participants. Participants may be enrolled in more than one skill-development or work-based learning activity.

4.3 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.

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

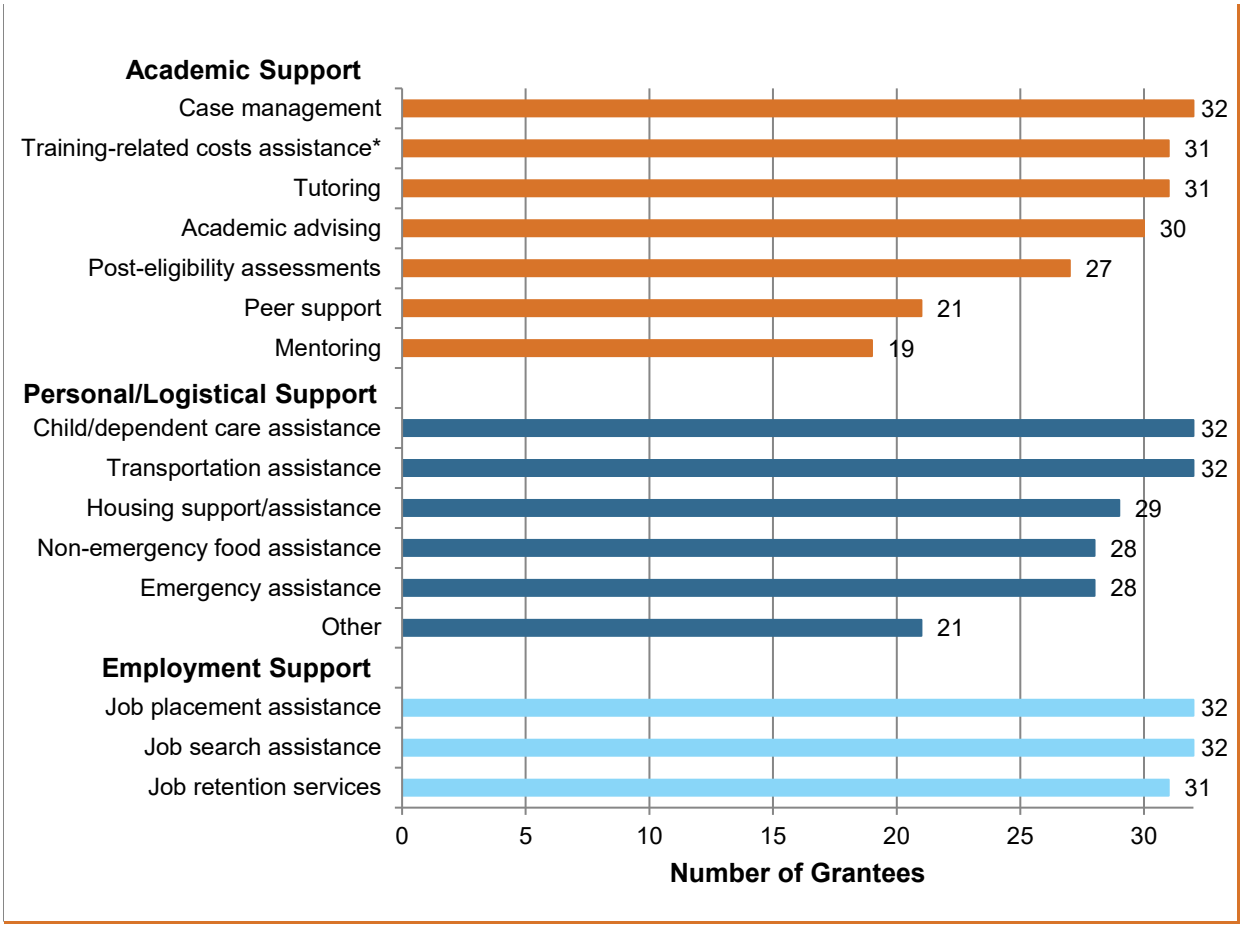
By the end of Year 3, HPOG 2.0 funding paid for (in whole or part) the majority (83 percent) of participants' healthcare trainings. Sources other than HPOG, such as Pell grants and a small number of training-cost waivers, funded the remainder of participants' healthcare trainings.

- **Beyond funding tuition, HPOG 2.0 programs offer a wide variety of academic, personal and logistical, and employment-related 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 17, almost all HPOG 2.0 grantees offer each of the various support services (all are defined in Appendix B). There was no change in the number of grantees offering these supports in Year 3.

Exhibit 17. Grantees Offering Support Services, by Service Type



Source: PAGES program-level data.

Note: N=32 grantees.

* Does not include tuition assistance.

Academic supports (Exhibit 17, 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. They 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 17, middle panel) are also offered by most HPOG 2.0 programs. Personal/logistical supports include assistance for participants with transportation costs, child care, and other emergency needs. Programs may pay for some of these supports out of HPOG 2.0 funds or may work closely with partner organizations to make these supports available to participants.

All grantees provide some employment assistance supports (Exhibit 17, 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.

- **Across the variety of support services offered, participants' receipt of each support varied substantially, 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, an HPOG partner organization, or a non-HPOG partner in the community. Support could have been received at any time over the first three years of HPOG 2.0.[37]

As shown in Exhibit 18 (top panel), case management was the most common support received by HPOG 2.0 participants through Year 3, with 93 percent of participants receiving it. More than half of participants received academic advising (63 percent) and assistance with training-related costs other than tuition (56 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 3 (Exhibit 18, middle panel). Transportation assistance was by far the most commonly received personal/logistical support. Almost half (49 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 or less percent 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 (Exhibit 18, bottom panel). Some 25 percent received assistance with job search, 17 percent with job placement, and 10 percent with retaining employment.

For most support services, the percentages of participants receiving them by the end of Year 3 are similar to the percentages of participants receiving the same services at the end of Year 2. The exception is a large increase in those receiving job search and job retention services, which increased from 10 to 25 percent and 3 to 10 percent, respectively, from Year 2 to Year 3. This increase in job-related assistance could reflect that more participants had time to complete healthcare training by the end of Year 3.[38]

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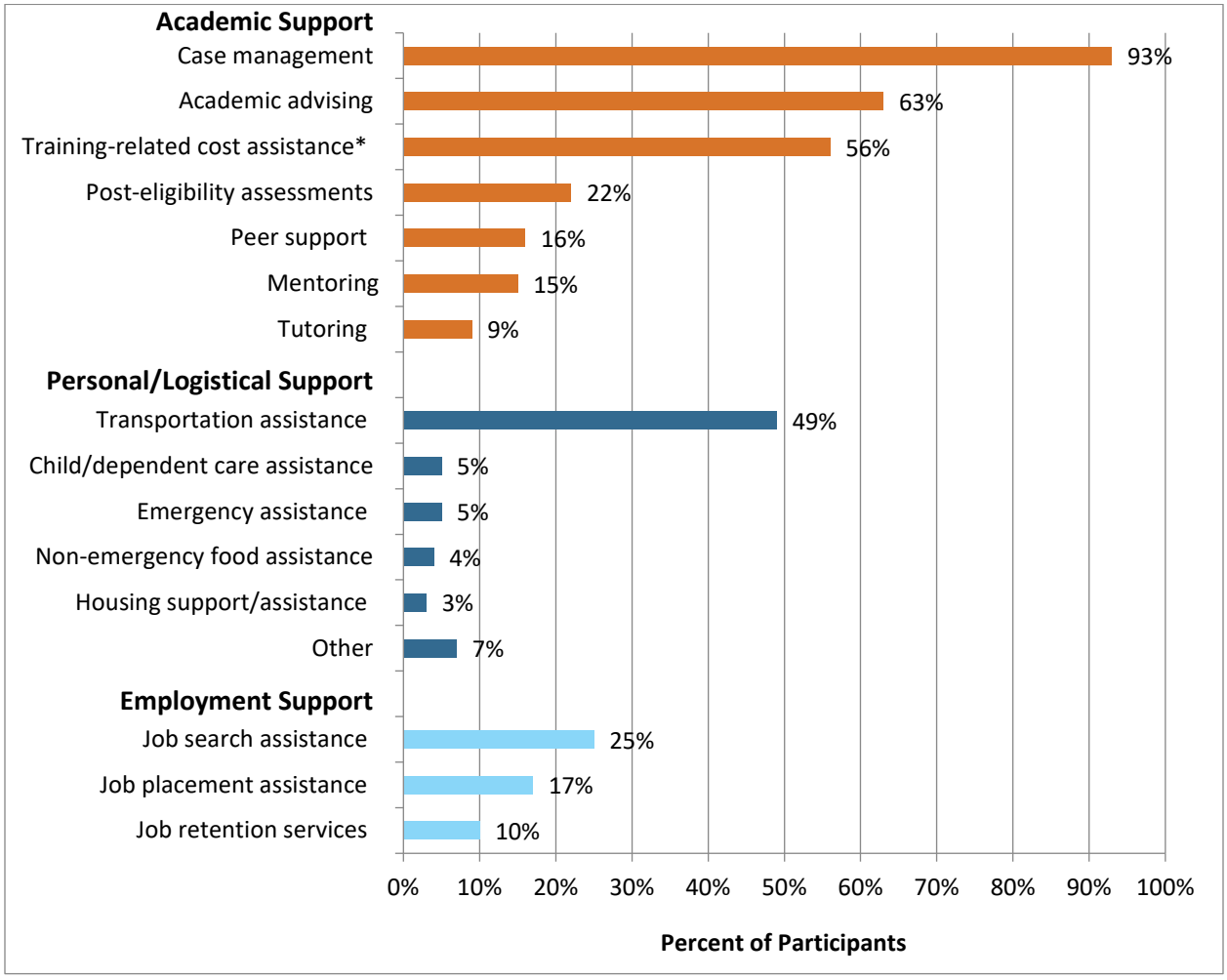
[37] Grantees could also refer participants to other organizations to obtain services. PAGES is designed to include these referrals as service receipt if the grantee knows the service was received. However, there is some evidence that grantees have not consistently been following this practice, so service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

[38] This increase partly reflects the exclusion in the Year 3 numbers reported here of participants who enrolled in HPOG 2.0 only in the past six months (the *N*=18,781 subsample). However, the results are similar if they are included; for the entire *N*=23,215 sample, receipt of job search and job retention services increased from 10 to 23 percent and 3 to 8 percent, respectively, between Year 2 and Year 3.

Exhibit 18. Receipt of Support Services through Year 3, by Service Type



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=18,781 participants. Participants may have received more than one support.
* Does not include tuition assistance.

5. Summary

This *Year Three Annual Report* summarizes grantee program offerings, participant characteristics, training participation, support receipt, and outcomes from the start of HPOG 2.0 (September 30, 2015) to the end of Year 3 (September 29, 2018). HPOG 2.0 grantees began enrolling participants between February and April 2016, after three to six months of initial planning, and continued to enroll participants throughout the grant period.

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 presents results excluding those who enrolled in the last six months of Year 3. This means the outcomes and participation in activities reported here are for participants with between six and 32 months of time in HPOG 2.0; these individuals enrolled in HPOG 2.0 any time between the start of the Program (September 30, 2015) and March 30, 2018. Reporting on participant characteristics in Chapter 3 are for the entire sample enrolled through the end of Year 3. In both cases the data is through September 29, 2018.

HPOG 2.0 builds upon HPOG 1.0, which operated from 2010 to 2015. HPOG 2.0 has the same target population and main goals. HPOG 2.0 even more strongly encourages grantees to design and implement their local programs to include basic skills education and to employ career pathways strategies. This means offering trainings to help participants who have low basic skills; 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.

Healthcare occupational training is the focus of the HPOG 2.0 Program. In the first three years, 76 percent of participants had enrolled in these trainings. By the end of Year 3, some 88 percent 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; about one third enrolled in standalone basic skills training. Another 19 percent enrolled in healthcare trainings that integrated basic skills instruction into the curriculum. More than two thirds of healthcare training completers had received an occupational license or certification, and 60 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. Under a set of career progress metrics that combine basic skills or prerequisites completion, healthcare training completion, and employment, 52 percent of HPOG participants showed career progress by the end of Year 3, and another 16 percent were engaged in activities toward career progress.

Similar to results for earlier years, participants in HPOG 2.0 are mainly single, female, and have dependent children. Twenty percent were receiving TANF benefits at enrollment, and the majority had low incomes. 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.

ACF will continue to release annual reports summarizing grantee and participant activities in each of the next two years. In future years, the *National and Tribal Evaluation of the 2nd Generation of*

Health Profession Opportunity Grants will produce reports on the implementation of HPOG 2.0 and the impact the Program has on participant outcomes.

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

OPRE is utilizing 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 (2014–2019)

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 evaluation.

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 evaluation, 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.

- 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 is allowed to 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 class 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 class or series of classes 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 class or instructional program that teaches secondary education material to adults with skills between the ninth- and 12th-grade levels and that does not charge college tuition. Such classes 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 class 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 classes 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 prerequisites for many different occupation training courses. Whether a specific class is considered a prerequisite or part of the course of training for an occupation may vary by training provider. PAGES offers a place to enter begin/end dates for prerequisites to healthcare training (and includes this information in the PPR) 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 course of instruction 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 if 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 learn about and train 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 may 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 may include payments or other assistance that enables the participant to travel to and from training, other HPOG services, or employment; such assistance may 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.

Nonemergency 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 nonemergency 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 3. Except for Exhibit C1, all outcomes shown are for the subsample excluding program participants who enrolled in HPOG 2.0 in the last six months of Year 3. Thus, all outcomes are reported for those participants who enrolled in HPOG 2.0 any time between the start of the Program (September 30, 2015) and March 30, 2018. The data is through September 29, 2018. Participant characteristics shown in Exhibits C3 through C8 reflect all participants who enrolled in HPOG 2.0 through the end of Year 3.

Exhibit C1. Comparison of Key Outcomes for Two Samples: Participants Enrolled through Year 3 and Participants Enrolled through Year 3 (excluding those who enrolled within last six months)

Key outcome	Participants through end of Year 3	Participants through end of Year 3, excluding last 6 months
Percentage enrolled in basic skills	36	36
Number enrolled in basic skills	8,416	6,839
Percentage completed basic skills	71	73
Percentage still enrolled in basic skills	21	19
Percentage dropped out of basic skills	6	7
Percentage did not pass basic skills	2	2
Percentage enrolled in healthcare training	74	76
Number enrolled in healthcare training	17,231	14,293
Percentage completed healthcare training (not currently enrolled)	58	64
Percentage completed healthcare training (currently enrolled in another healthcare training)	5	6
Percentage enrolled in healthcare training (not yet completed any healthcare training)	25	18
Percentage dropped out of healthcare training	9	10
Percentage did not pass healthcare training	2	3
Percentage of those completing basic skills training enrolled in healthcare training	74	76
Percentage started or were promoted on an existing healthcare job	58	60
Percentage awarded license or certification	67	67
Number of participants in sample	**23,215**	**18,781**

Source: PAGES. Participants through end of Year 3 enrolled in HPOG 2.0 between September 30, 2015, and September 29, 2018. Participants through the end of Year 3 excluding the last six months enrolled between September 30, 2015 and March 30, 2018; data is through September 29, 2018.

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

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings offered (*N*=2,448)	Number of grantees offering training	Percentage of grantees offering training (*N*=32)
Nursing Assistant	388	15.8	32	100
Medical Assistant	164	6.7	29	91
Registered Nurse	251	10.3	26	81
Phlebotomist	159	6.5	25	78
Licensed Practical and Vocational Nurse	194	7.9	24	75
Pharmacy Technician	116	4.7	24	75
Medical Records and Health Information Technician	110	4.5	22	69
Medical Office Clerk/Secretary/Specialist	69	2.8	20	63
Medical Insurance Coder	55	2.2	19	59
Dental Assistant	67	2.7	18	56
Emergency Medical Technician	103	4.2	18	56
Medical and Clinical Laboratory Technicians, Other	50	2.0	16	50
Surgical Technologist	39	1.6	16	50
Paramedic	34	1.4	14	44
Home Health Aide	78	3.2	13	41
Patient Care Technician	77	3.1	11	34
Community Health Worker	18	0.7	10	31
EKG Technician	34	1.4	10	31
Respiratory Therapist	27	1.1	10	31
Medical Insurance Biller	18	0.7	9	28
Medication Technician/Aide	67	2.7	9	28
Dental Hygienist	18	0.7	8	25
Physical Therapist Assistant	19	0.8	8	25
Radiologic Technologist	23	0.9	8	25
Sterile Processing Technology/Technician	17	0.7	8	25
Medical Receptionists and Information Clerk	16	0.7	7	22
Occupational Therapy Assistant	21	0.9	7	22
Social and Human Service Assistant	16	0.7	6	19
Advanced Nursing Assistant	7	0.3	5	16
Medical and Health Services Manager	7	0.3	5	16
Personal Care Aide	21	0.9	5	16
Substance Abuse and Behavioral Disorder Counselor	18	0.7	5	16
Radiologic Technician	5	0.2	4	13
Athletic Training/Trainer	3	0.1	3	9
Health Educator	4	0.2	3	9

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings offered (*N*=2,448)	Number of grantees offering training	Percentage of grantees offering training (*N*=32)
Medical and Clinical Laboratory Technologists, Other	18	0.7	3	9
Medical Equipment Preparer	3	0.1	3	9
Nurse Practitioner	7	0.3	3	9
Renal/Dialysis Technologist/Technician (Hemodialysis Technician)	5	0.2	3	9
Direct Support/Service Professional	8	0.3	2	6
Health Aide	5	0.2	2	6
Interpreters and Translator	2	0.1	2	6
Magnetic Resonance Imaging Technologist	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
Biological Technician	1	0.0	1	3
Cardiovascular Technologist	10	0.4	1	3
Clinical Research Coordinator	1	0.0	1	3
Community Health Services/Liaison/Counseling	17	0.7	1	3
Diagnostic Medical Sonographer	1	0.0	1	3
Diagnostic Related Health Technician, Other	1	0.0	1	3
Dietitian	1	0.0	1	3
Emergency Room Technician	1	0.0	1	3
First-Line Supervisors of Office and Administrative Support Worker	5	0.2	1	3
Health Unit Coordinator/Ward Clerk	1	0.0	1	3
Health/Medical Claims Examiner	1	0.0	1	3
Healthcare Social Worker	6	0.2	1	3
Kinesiotherapy/Kinesiotherapist	3	0.1	1	3
Massage Therapist	1	0.0	1	3
Medical Equipment Repairer	3	0.1	1	3
Medical Office Computer Specialist/Assistant	2	0.1	1	3
Nursing Assistants, Geriatric Specialty	1	0.0	1	3
Nutritionist	1	0.0	1	3
Occupational Therapy Aide	1	0.0	1	3
Orderlies	1	0.0	1	3

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings offered (*N*=2,448)	Number of grantees offering training	Percentage of grantees offering training (*N*=32)
Pharmacist	1	0.0	1	3
Physician Assistant	1	0.0	1	3
Physicians and Surgeon	1	0.0	1	3
Psychiatric Technician	1	0.0	1	3
Recreational Therapist (including art, music and dance therapy)	1	0.0	1	3
Respiratory Therapy Technician	1	0.0	1	3
Speech-Language Pathologist	1	0.0	1	3
Toxicologist	1	0.0	1	3
All healthcare trainings	**2,448**	**–**	**32**	**–**

Source: PAGES program data.

Note: Number of trainings within each occupation type includes all individual trainings that grantees offer for that occupation. For example, one grantee may 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	21,111	91
Male	2,075	9
Missing	29	NA
Marital Status		
Currently married	3,529	16
Living with unmarried partner	1,300	6
Separated or divorced	4,142	18
Widowed	280	1
Never married	13,388	59
Missing	576	NA
Race or Ethnicity		
White or Caucasian	5,669	25
Black or African-American	9,831	43
Asian	487	2
Native Hawaiian or Pacific Islander	79	0.3
American Indian or Native Alaskan	1,275	6
Two or more races	801	4
Hispanic or Latino of any race	4,876	21
Missing	197	NA
Number of Dependent Children		
None	7,200	31
One	6,246	27
Two or more	9,536	42
Missing	233	NA
Age		
Below 18	60	0.3
18 to 24	4,845	21
25 to 29	5,109	22
30 to 34	4,202	18
35 to 39	2,976	13
40 to 44	2,043	9
45 to 49	1,492	6
50 to 54	1,089	5
55 to 59	831	4
60+ years	548	2
Missing	20	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2018.

Note: N=23,215. NA=not applicable. Percentages are of participants with data. Percentages may 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	6,431	50
Has trouble with stable housing	1,591	12
Has a child with special needs	1,415	11
Has a disability	1,233	9
Has limited English proficiency	891	7
Is homeless	861	7
Is a refugee	496	4
Was formerly incarcerated	494	4
Is a veteran	358	3
Is a foster care youth	69	<1
None of the above	12,981	56
Missing	108	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2018.
Note: N=23,215. NA=not applicable. Percentages are of participants with data.

Exhibit C5. Education and Credentials of HPOG Participants at Enrollment

Characteristic	Number	Percentage
Highest Education Attainment		
Less than 12th grade	2,247	10
High school equivalency or GED	2,048	9
High school graduate	6,303	27
Some college, but less than one year	4,375	19
One or more years of college credit, but no degree	4,704	20
Associate degree	1,974	9
Bachelor's degree	1,192	5
Graduate degree	212	1
Missing	160	NA
Licenses and Certificates		
Holds professional, state, or industry certification or license	7,980	35
Missing	277	NA
Occupational Certificates		
Received an occupational certificate or diploma (upon training course completion)	7,314	32
Missing	389	NA
In School or Training (includes healthcare and non-healthcare training)		
In school or training	5,738	25
Missing	244	NA
In Healthcare Training		
In healthcare occupation training	4,031	17
Missing	47	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2018.

Note: N=23,215. NA=not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

Exhibit C6. Income of HPOG Participants at Enrollment

Characteristic	Number	Percentage
Annual Household Income		
$0	2,021	9
$1 to $9,999	8,278	36
$10,000 to $19,999	6,338	28
$20,000 to $29,999	3,801	17
$30,000 to 39,999	1,532	7
$40,000 or more	1,057	5
Missing	188	NA
Annual Individual Income		
$0	4,437	19
$1 to $9,999	9,575	42
$10,000 to $19,999	5,587	24
$20,000 to $29,999	2,624	11
$30,000 or more	844	4
Missing	148	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2018.

Note: N=23,215. NA=not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

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

Program	Number	Percentage
Temporary Assistance for Needy Families		
Yes	4,616	20
No	18,300	80
Missing	299	NA
Supplemental Nutrition Assistance Program		
Yes	13,490	59
No	9,503	41
Missing	222	NA
Medicaid		
Yes	15,344	67
No	7,602	33
Missing	269	NA
Special Supplemental Nutrition Program for Women, Infants, and Children		
Yes	4,997	22
No	17,837	78
Missing	381	NA
Section 8 or Public Housing		
Yes	4,189	18
No	18,716	82
Missing	310	NA
Free and Reduced-Price School Lunch		
Yes	9,151	40
No	13,617	60
Missing	447	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2018.
Note: N=23,215. NA=not applicable. Percentages are of participants with data.

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

Characteristic	Number	Percentage
Employment		
Yes	10,492	48
No	11,479	52
Missing	1,244	NA
Wages per Hour*		
$7.25 or less	454	4
$7.26 – $9.99	2,058	20
$10.00 – $12.49	4,700	45
$12.50 – $14.99	1,913	18
$15.00 or more	1,332	13
Missing	35	NA
Hours Worked per Week*		
Less than 20 hours	2,069	20
20–34 hours	4,523	43
35 hours or above	3,861	37
Missing	39	NA

Source: PAGES. Participants enrolled between September 30, 2015, and September 29, 2018.

Note: N=23,215. NA=not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

* Out of employed participants at enrollment (*N*=10,492).

Exhibit C9. Completion of Accelerated and Contextualized Basic Skills Training

Basic skills training type	Overall number enrolled	Percentage enrolled	Number completed	Percentage completed
Adult basic education	4,270	23	2,828	15
Adult secondary education	2,087	11	1,814	10
College developmental education	678	4	441	2
English language acquisition	281	1	169	1
Healthcare training with Integrated basic skills	3,524	19	2,272	12
Any standalone basic skills class	6,839	36	4,984	27
Any basic skills (standalone or integrated with healthcare training)	8,831	47	6,493	35

Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.

Note: N=18,781. Participants may be enrolled in more than one basic skills training type.

Exhibit C10. Top 20 Most Common Healthcare Occupational Trainings

Occupation	Enrollment	Percentage
Nursing Assistant	5,572	31
Licensed Practical and Vocational Nurse	1,884	10
Home Health Aide	1,694	9
Registered Nurse	1,458	8
Medical Assistant	1,052	6
Phlebotomist	1,015	6
Medication Technician/Aide	590	3
Patient Care Technician	518	3
Medical Records and Health Information Technician	477	3
Medical Office Clerk/Secretary/Specialist	406	2
Pharmacy Technician	405	2
Medical Insurance Coder	358	2
Personal Care Aide	290	2
Emergency Medical Technician	275	2
EKG Technician	269	1
Community Health Workers	179	1
Dental Assistant	163	1
Substance Abuse and Behavioral Disorder Counselor	153	1
Medical and Clinical Laboratory Technician, Other	130	1
Social and Human Service Assistant	114	1

Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.

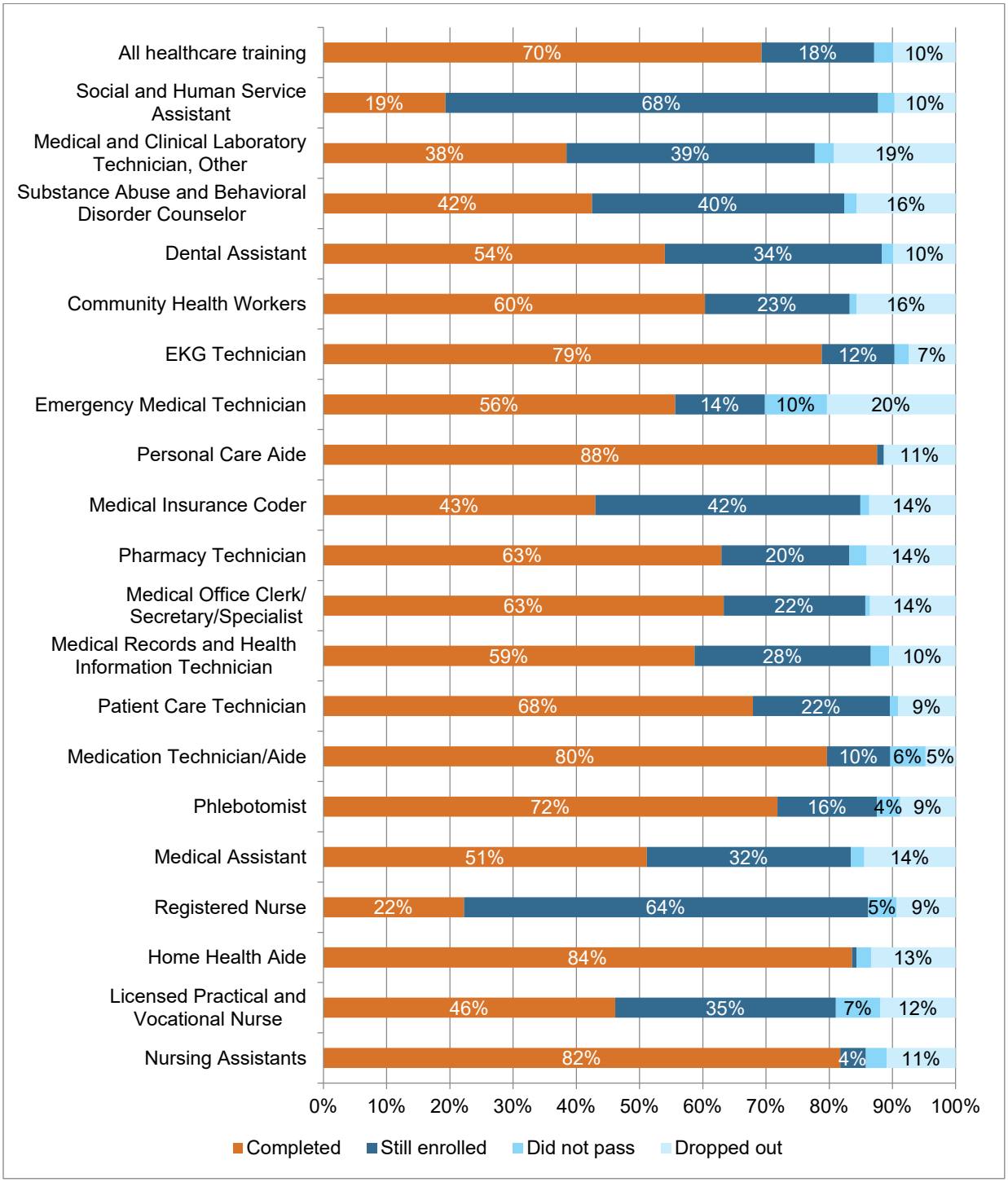
Note: N=18,781. Participants may be enrolled in more than one healthcare occupation training. All additional occupations (listed in Exhibit C2) were taken by less than 0.5% of participants.

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

Funding source	Enrollment	Percentage of total enrollment
HPOG	13,993	83
Not HPOG	2,466	15
Tuition payment waived	358	2
Missing	1,123	NA

Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.
Note: N=17,940 healthcare trainings. Percentages are of healthcare trainings with data. NA=not applicable.

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



Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.

Note: N=14,293. Participants may be enrolled in more than one healthcare occupation training. For categories with percentage label not shown, percentages are 3 percent or less.

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
Nursing Assistant	4,555	2,981	65
Licensed Practical and Vocational Nurse	870	573	66
Home Health Aide	1,416	1,304	92
Registered Nurse	324	240	74
Medical Assistant	538	367	68
Phlebotomist	729	398	55
Medication Technician/Aide	470	284	60
Patient Care Technician	352	152	43
Medical Records and Health Information Technician	280	76	27
Medical Office Clerk/Secretary/Specialist	257	123	48
Pharmacy Technician	255	100	39
Medical Insurance Coder	154	78	51
Personal Care Aide	254	213	84
Emergency Medical Technician	153	103	67
EKG Technician	212	47	22
Community Health Worker	108	24	22
Dental Assistant	88	41	47
Substance Abuse and Behavioral Disorder Counselor	65	31	48
Medical and Clinical Laboratory Technician, Other	50	14	28
Social and Human Service Assistant	22	2	9
All healthcare training	**9,948**	**6,665**	**67**

Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.

Note: N=9,948. Participants may be enrolled in more than one healthcare occupation training.

Exhibit C14. Wages and Hours Worked for Those 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	71	1	17	0	54	5
$7.26 – $9.99	476	6	305	5	171	17
$10.00 – $12.49	3,282	42	2,797	41	485	48
$12.50 – $14.99	1,935	25	1,801	27	134	13
$15.00 or more	1,994	26	1,822	27	172	17
Missing	308	-	249	-	59	-
Hours Worked per Week						
Less than 20 hours	652	9	551	9	101	11
20–34 hours	2,543	35	2,152	34	391	42
35 hours or more	4,075	56	3,641	57	434	47
Missing	796	-	647	-	149	-

Source: PAGES. Participants enrolled between September 30, 2015, and March 30, 2018; data through September 29, 2018.

Note: N=8,066 employed, with 6,991 employed in healthcare occupation and 1,075 employed in non-healthcare occupation. Percentages are of participants with data.