HPOG Health Profession Opportunity Grants
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Summary Brief: Key Findings from the Final Annual Report of the Health Profession Opportunity Grants (HPOG) Program, 2015-2021

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Contents

This brief highlights key findings from the *Final Annual Report of the Health Profession Opportunity Grants (HPOG) Program, 2015-2021*, the last in a series of six annual reports for the HPOG 2.0 Program. The Final Annual Report updates all past annual reports and includes information on program structure, participants, training, activities, supports, and outcomes.

Introduction

Across two rounds of grants, the Health Profession Opportunity Grants (HPOG) Program aimed to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other adults with low incomes for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.

In 2010, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded a first round of five-year HPOG grants (HPOG 1.0) to 32 organizations in 23 states; 5 were Tribal organizations. In 2015, ACF's Office of Family Assistance awarded a second round of five-year HPOG grants (HPOG 2.0) to 32 organizations across 21 states, including 5 Tribal organizations. The grants were later extended through September 29, 2021.[1] ACF's Office of Planning, Research, and Evaluation (OPRE) is using a multipronged research and evaluation strategy to assess the success of the HPOG 1.0 and HPOG 2.0 Programs.[2]

This brief presents information describing HPOG 2.0 including the training and services received and outcomes obtained by those who participated. The report includes all 32 grantees' and participants' experiences from HPOG 2.0's start on September 30, 2015, to its end on September 29, 2021. The data in this report come from the HPOG 2.0 Participant Accomplishment and Grant Evaluation System (PAGES), a participant tracking and program management information system used by all HPOG 2.0 grantees. All results in this report are descriptive and should not be interpreted as causal impacts.

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).

2 For more information and reports from this portfolio and other OPRE career pathway evaluations see https://acf.hhs.gov/opre/project/career-pathways.

SECTION 1

HPOG 2.0 Grantees and Program Structure

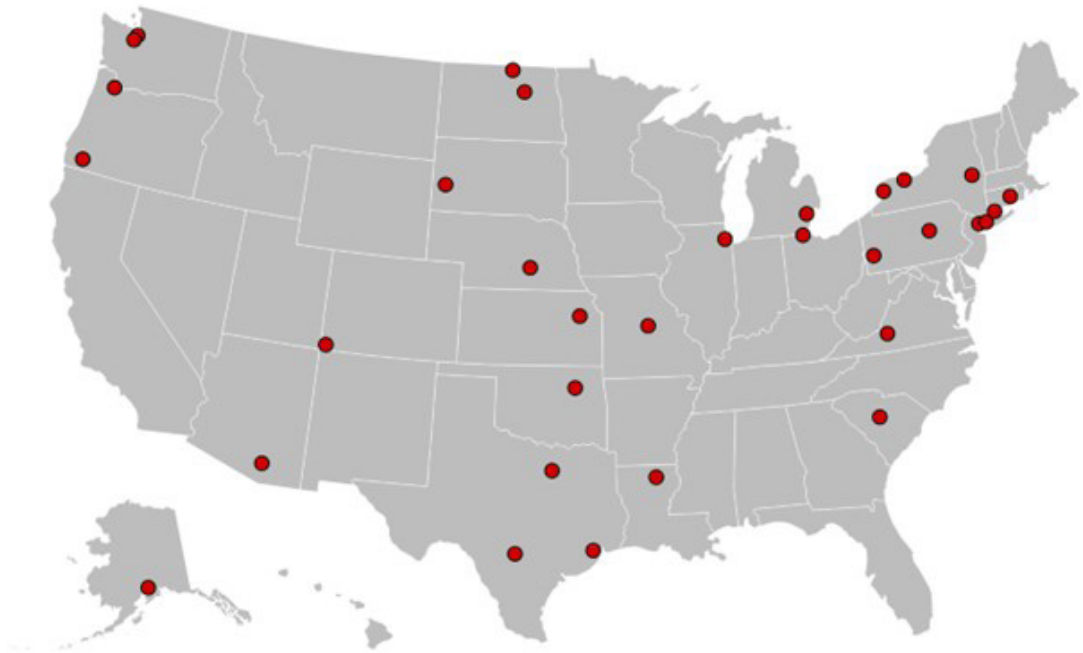
- **HPOG 2.0 grantees varied in grant size, location, and organization type.**
- **While targeting the same overall HPOG 2.0 goals, grantees designed their own programs to meet local population and employer needs.**

HPOG 2.0 grantees were located across the United States (Exhibit 1). HPOG 2.0 grant sizes varied from about $900,000 to $3 million annually. Many types of organizations received HPOG 2.0 grants: 10 were institutions of higher education; 7 grantees were workforce system agencies; 6 were community-based organizations; 4 were state government agencies; and 5 grantees were Tribal entities.

Grantees used HPOG 2.0 funds to provide participants with education, training, and employment assistance as well as support services to help them complete healthcare training and attain employment. Healthcare training occupations included nursing, long-term care, allied health, medical billing, and health information technology, among others.

HPOG 2.0 encouraged grantees to design and implement their programs to include basic skills education and to employ career

Exhibit 1. Locations of HPOG 2.0 Grantees



pathways strategies (see Defining Career Pathways box below). This meant offering basic skills trainings to help participants who have low literacy and numeracy 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.

In the HPOG 2.0 model, grantees first determined individuals' eligibility to participate, including income and other eligibility criteria set by grantees (Exhibit 2). Once participants enrolled in HPOG 2.0,[3] grantee staff worked with them to identify trainings, activities, and supports that matched their goals and circumstances. Upon enrolling in HPOG 2.0, some participants entered basic skills training if they needed to improve their reading and writing (literacy), math (numeracy), and/or English language skills before they were able to start healthcare training. Others took basic skills instruction that was integrated into healthcare training to accelerate their progress. Some participants took healthcare prerequisite classes, such as biology or anatomy, before progressing to healthcare training.

Many participants started healthcare training shortly after enrolling in HPOG 2.0. A *training* could be one course (e.g., for Nursing Assistant) or multiple courses in one or more semesters (e.g., for Registered Nurse). Participants could take more than one healthcare training, usually consecutively. Some earned a license or third-party certification upon completion, which were commonly required or beneficial for their occupation of choice.[4] Finally, many participants entered employment in their chosen field. To help participants succeed, grantees provided a range of supports, supplemental skill-development, and work-based learning activities.

As prescribed by ACF's overall goals for HPOG 2.0, grantees had flexibility to design the specifics of their HPOG 2.0 program to meet the needs of their target populations and local employers. Grantees differed in many ways, including the types of healthcare training offered, the extent to which their participants took basic skills training, and the supports and supplemental activities their participants received.

Exhibit 2. Model of Participants' Movement through HPOG 2.0

3 Enrolled individuals are those who met the HPOG 2.0 eligibility criteria and engaged in at least one substantive activity, such as basic skills or healthcare occupational training, or who received at least one supportive service. This brief refers to those who enrolled in HPOG 2.0 as participants.

4 A license is conferred by a governmental entity and required by law to work in some occupations. A third-party certification is conferred by an organization separate from the training provider usually after a test. A certification may not be required to work in an occupation but can be beneficial by signaling knowledge of competencies in that occupation.

SECTION 2

Enrollment and Participant Characteristics

- **HPOG 2.0 enrolled more than 100 percent of its target goal.**
- **Most HPOG 2.0 participants were women with dependent children and low-incomes.**
- **Many participants had prior college experience or healthcare employment.**

By the end of HPOG 2.0, grantees had collectively enrolled over 40,448 participants, 110 percent of the cumulative enrollment goal. This was despite monthly enrollment (as well as healthcare trainings started and supports received) falling dramatically in response to the early stages of the COVID-19 pandemic starting in March 2020.

HPOG 2.0 grantees served participants of diverse backgrounds. The majority of HPOG participants were women in their 20s and 30s, many of whom (68 percent) had one or more dependent children. Most participants identified as non-Hispanic Black or African American (43 percent) or non-Hispanic White or Caucasian (24 percent). Twenty-two percent of participants identified as Hispanic or Latino and six percent identified as non-Hispanic American Indian or Native Alaskan. Most (71 percent) participants had household incomes of less than $20,000 and 19 percent were receiving TANF at intake, consistent with HPOG 2.0's focus on serving individuals receiving TANF and other adults with low-incomes.

Many participants had prior schooling or healthcare employment that may have helped prepare them for HPOG 2.0. Almost alf (46 percent) of HPOG 2.0 participants had prior healthcare work experience at intake and one-third had some prior college credit or a post-secondary degree. Sixteen percent of participants were in healthcare training at HPOG 2.0 intake, including a subset (5 percent) who were continuing participants from HPOG 1.0.

Exhibit 3. HPOG 2.0 Participant Characteristics at Program Intake

Gender

92% Women

Dependent Children

68% One or more

Race and Ethnicity

43% Black/African-American, non-Hispanic

24% White/Caucasian, non-Hispanic

22% Hispanic/Latino, any race

11% Another race, non-Hispanic

Prior Healthcare Training

16% In healthcare training

Prior Work Experience

46% Worked in healthcare job

Age

28% Less than 25

47% 25 to 34

35% 35 or more

Annual Household Income

71% Less than $20,000

Receipt of TANF

19% Receiving Temporary Assistance for Needy Families

Prior Education

49% High school graduate or less

37% Some college, no degree

14% College degree

SECTION 3

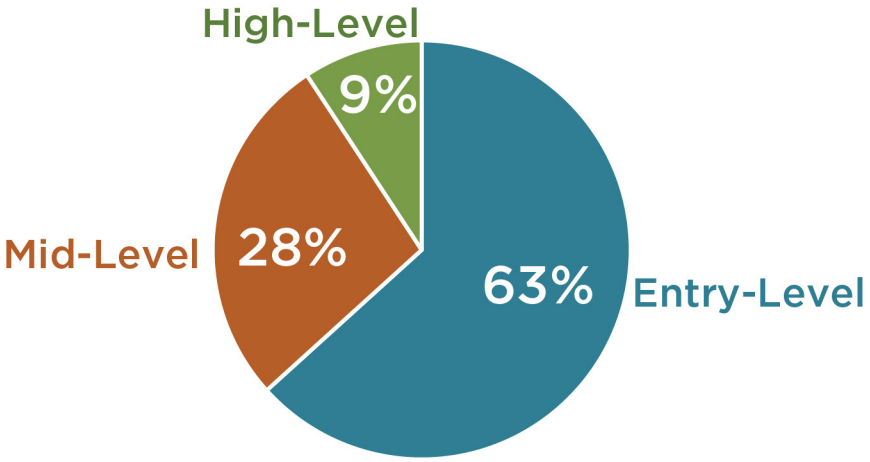
Healthcare Training Offered and Started

- HPOG 2.0 grantees offered a variety of healthcare trainings at multiple career pathway levels.
- Many HPOG 2.0 participants (81%) started healthcare training, and for most, training was at the entry-level and short.

Participants taking and completing healthcare training was the core activity of the HPOG 2.0 Program. Overall, HPOG 2.0 grantees offered 88 different healthcare occupational trainings. On average, each grantee offered healthcare training in 18 different occupations, varying from a low of 7 to a high of 36. This variation in training offerings highlights differences in grantees' program design. They embraced the Program goal of providing multiple entry points to healthcare training by offering trainings at entry-, mid-, and high- career pathway levels.

Entry-level trainings included occupations such as Nursing Assistant, Home Health Aide, and Medical Assistant and were for occupations with average wages less than $15 an hour. Mid-level trainings included occupations such as Licensed Practical and Vocational Nurse, Medical or Clinical Laboratory Technologist, Paramedic, and Medical Records and Health Information Technician and were for occupations with average wages greater than or equal to $15 but less than $25 an hour. High-level trainings included occupations such as Registered Nurse, Medical and Health Services

Exhibit 4. Healthcare Training Participants, by Highest Career Pathway Level Attempted



Source: PAGES.
Note: N = 32,650 participants. Participants from September 30, 2015 to September 29, 2021. Only includes participants who started healthcare training. Participants might have started multiple trainings, but highest level attempted is shown.

Manager, Radiologic Technician, and Dental Hygienist and were for occupations with average wages greater than or equal to $25 an hour.

Across HPOG 2.0, most (81 percent) participants started healthcare occupational training. Among participants who started occupational training, entry-level was the highest level of training attempted for almost two-thirds of participants (63 percent), while the remainder attempted a mid-level or high-level training (Exhibit 4). Almost one-third (30 percent) took entry-level Nursing Assistant training, more than any other type of training. Just 6 percent of participants took a high-level Registered Nurse training, although this training was among the top 10 taken.

SECTION 4

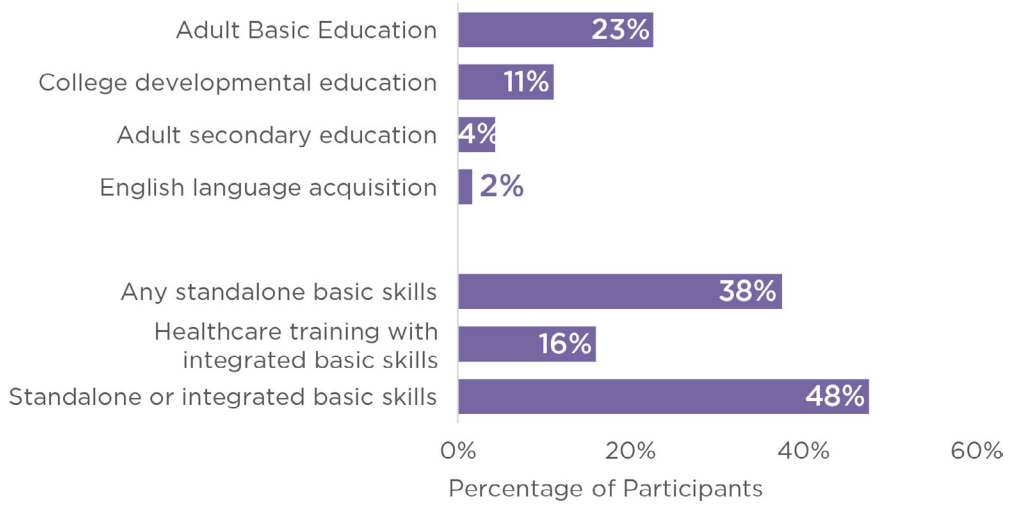
Basic Skills Training and Additional Activities

- **Almost half of HPOG 2.0 participants (48 percent) engaged in basic skills activities.**
- **Participants also engaged in other skill development activities, the most common were introduction to healthcare careers workshops and work-readiness training.**
- **Few participants engaged in work-based learning activities.**

HPOG 2.0 grantees offered activities in addition to healthcare training, usually to assist participants in successfully starting or completing healthcare training and obtaining employment. These activities included basic skills training for literacy, numeracy, or English language skills and healthcare training prerequisite courses.

All grantees offered at least one type of standalone basic skills training, which were separate from healthcare training. One fifth (20 percent) of all healthcare trainings offered by grantees integrated basic skills instruction with regular healthcare training instruction. Participants took a mix of these types of basic skills training, with 48 percent taking either a standalone or integrated basic skills training (Exhibit 5). Of all participants, 13 percent took prerequisite courses.

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



Source: PAGES.

Note: N = 40,448 participants. Participants from September 30, 2015 to September 29, 2021. Participants might have started more than one type of basic skills training, or more than one delivery mode, but are counted only once in combined totals, so percentages for individual types and modes do not sum to combined totals.

HPOG 2.0 grantees also offered other skill-development activities and work-based learning activities. Other skill-development activities included college-readiness training (preparing for a successful college experience), CPR training, digital literacy training, an introduction to healthcare careers workshop, and work-readiness training. Most grantees offered one or more of these skill-development activities and almost half of participants (46 percent) engaged in one or more. The most common activities were introduction to healthcare careers workshops and work-readiness training.

Work-based learning activities included job shadowing, on-the-job training, and unpaid internship or externship opportunities. Few participants (less than 5 percent) engaged in work-based learning activities.

Section 5

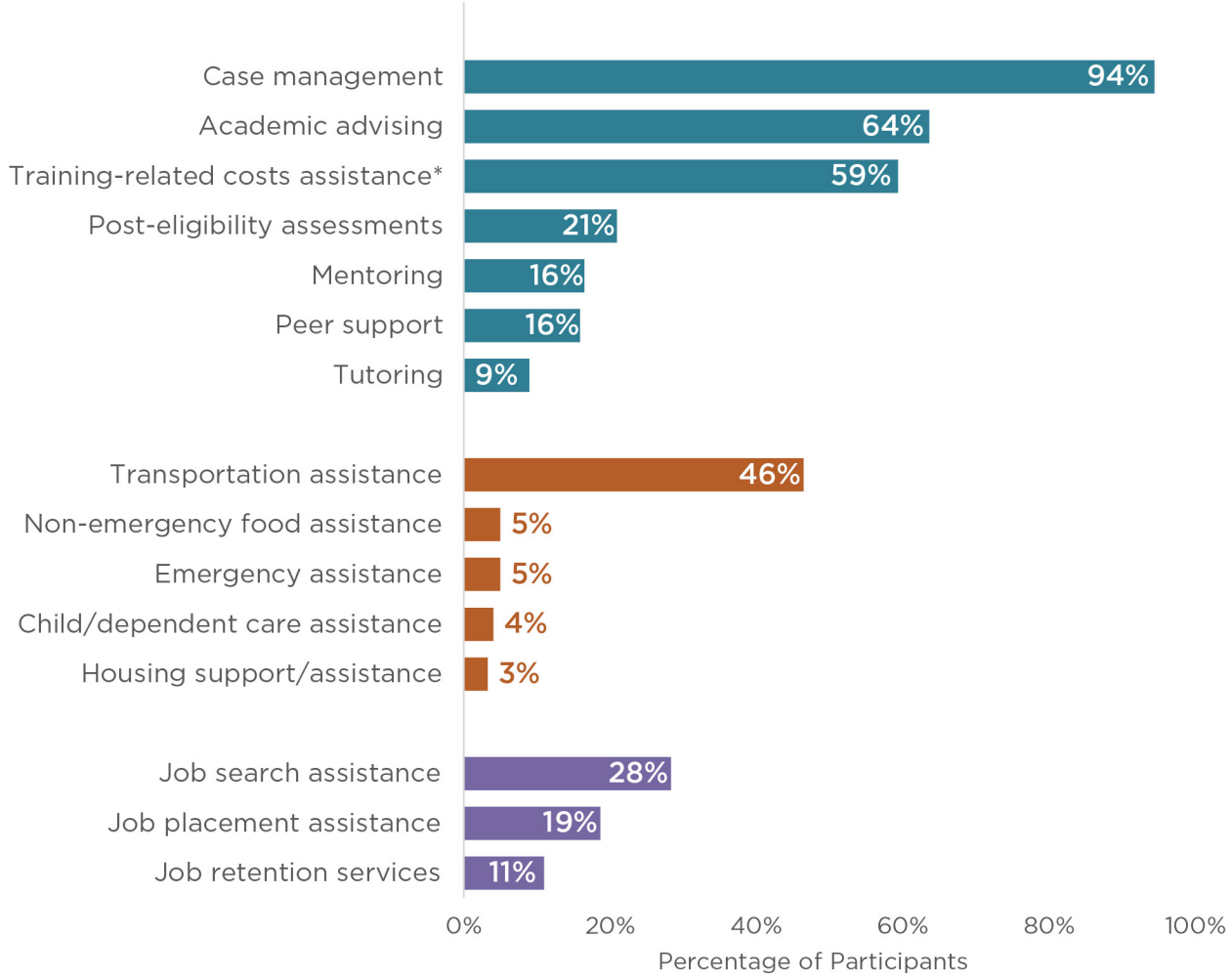
Support Services

- **Most HPOG 2.0 participants (83%) received support for their training tuition.**
- **Almost all participants received academic supports.**
- **About half of participants received personal/logistical supports, and one third received employment assistance supports.**

Grantees offered a variety of support services. HPOG 2.0 paid the training tuition (in whole or in part) for 83 percent of participants, with other sources including Pell Grants funding the remainder of participants' training. Other academic supports helped participants prepare for and complete training. They included case management, academic advising, post-eligibility assessments, peer supports, mentoring, tutoring, and help with training-related costs such as books, uniforms, or required equipment. Almost all participants received academic supports (Exhibit 6, next page).

Personal/logistical supports helped participants meet and overcome life challenges that could interfere with training, and they consisted of assistance with transportation costs, child care, and other emergency needs. Employment assistance helped participants find employment before, during, and after training, and they included job search, job placement, and job retention services. About half of participants received personal/logistical supports, and one third recieved employment assistance supports.

Exhibit 6. Receipt of Support Services, by Service Type



Source: PAGES.
Note: N = 40,448 participants. Participants from September 30, 2015 to September 29, 2021. Participants might have received more than one support.

*Does not include tuition assistance.

Section 6

Training and Employment Outcomes

- **Many HPOG 2.0 participants completed healthcare training, 78 percent of those that started.**
- **Of those that completed, two thirds (68 percent) started a job or were promoted on an existing job in healthcare.**
- **About half of employed participants earned between $10 and $15 an hour and almost half earned $15 an hour or more.**

HPOG 2.0 participants obtained several positive outcomes, such as completing basic skills and healthcare trainings, earning occupational licenses and certificates, and/or finding healthcare employment. Exhibit 7 presents an overview of participant outcomes.

A total of 32,650 participants (81 percent) started a healthcare training. Of those, over three quarters (78 percent) completed at least one healthcare training by the end of HPOG 2.0. A total of 15,180 participants (38 percent) took a standalone basic skills training. Of those, 81 percent completed at least one basic skills training by the end of HPOG 2.0.

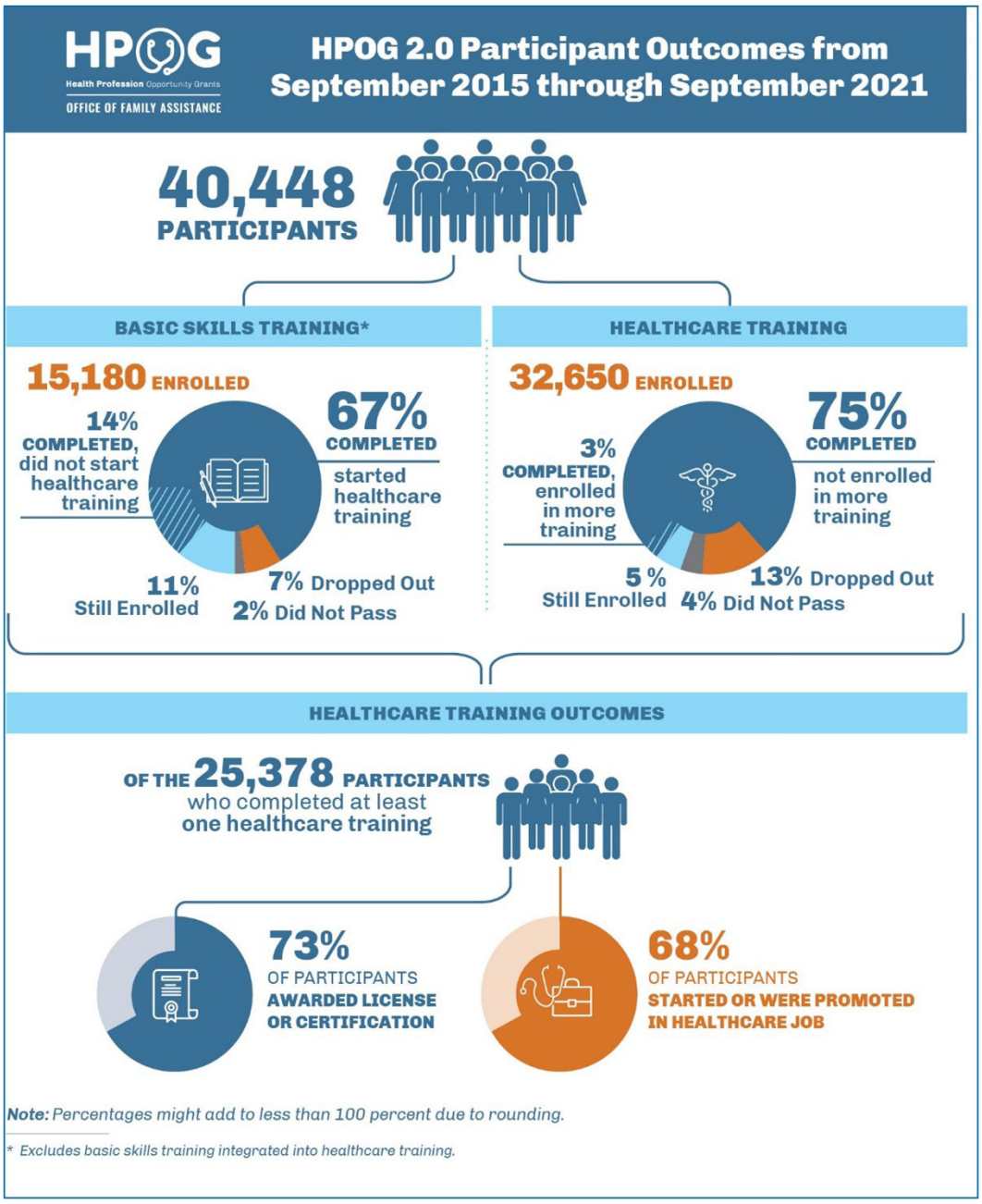
Of participants completing healthcare training, more than two thirds (73 percent) earned a professional license or third-party certification. Of this same group, two thirds (68 percent) started a job or were promoted on an existing job in healthcare.[5]

Healthcare training completion varied by occupation of training due to several factors including the length and difficulty of each type of healthcare training (not shown in Exhibit 7). Many of the trainings with high completion rates were entry-level and relatively short, such as Personal Care Aide training, which had the highest rate of completion at 91 percent. The lowest completion rate was for Registered Nurse training (52 percent), a relatively long and advanced training that also had the highest rate (20 percent) of participants still in training at the end of HPOG 2.0.

Despite the HPOG 2.0 goal for participants to find in-demand and well-paying healthcare jobs, across all participants who obtained healthcare jobs or promotions after enrollment in HPOG 2.0, about half earned between $10 and $15 an hour and almost half earned $15 an hour or more. More than half (61 percent) of participants in healthcare occupations worked full-time.

5 This figure may undercount total healthcare employment after training completion. Some training completers may have remained in jobs they held prior to HPOG 2.0 enrollment, or administrative data may have been missing some jobs if grantee staff were unaware of participant employment.

Exhibit 7. HPOG 2.0 Participant Outcomes



Section 7

Career Pathways Progress

- **Almost two thirds (63 percent) of HPOG 2.0 participants showed career progress during the Program.**
- **Participants' career progress did not differ substantially by characteristics at intake.**

One hallmark of HPOG is that grantees supported a "career pathways" approach. Participants could move up the career ladder through multiple trainings at the same or higher career pathways level and through work experience.[6]

Almost two thirds (63 percent) of HPOG 2.0 participants showed career progress, as measured by attaining at least one or more of the following: successfully preparing for and completing healthcare training; starting and completing healthcare training; or completing a healthcare training and gaining a new job or promotion in healthcare (Exhibit 8). Almost one third of participants (32 percent) were not yet showing career progress by the end of HPOG 2.0, including some who failed or dropped out of healthcare training and others who never started a healthcare training (though they may or may not have completed a basic skills training).

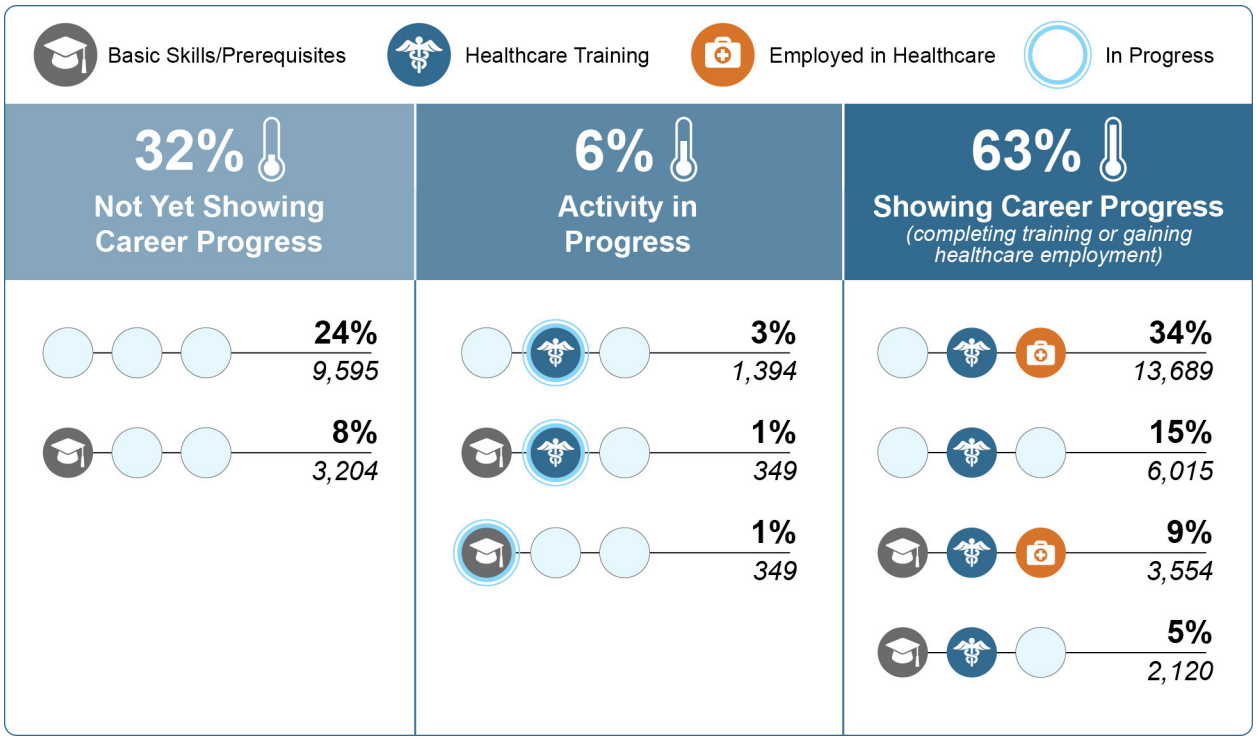
DEFINING CAREER PATHWAYS

Training activities that follow the career pathways approach are:

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

6 For additional information see Fein, David J. (2012). 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: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Exhibit 8. Distribution of Participants Across Three Stages of Career Progress



Source: PAGES.
Note: N = 40,448 participants. Participants from September 30, 2015 to September 29, 2021. Percentages do not add due to rounding

Participants' career progress did not differ substantially by characteristics at intake (not shown), although those who were college graduates, in school at intake, or not receiving Supplemental Nutrition Assistance Program (SNAP) benefits were more likely to have shown career progress. Men, Native Hawaiian or Pacific Islanders, or participants with less than a high school education were less likely to show career progress.

Summary

This brief summarizes key findings from the *Final Annual Report of the Health Profession Opportunity Grants (HPOG) Program, 2015-2021* including enrollment, participant characteristics, training participation, support receipt as well as outcomes from the start of HPOG 2.0 (September 30, 2015) to the end (September 29, 2021). All results in this report are descriptive and should not be interpreted as causal impacts.

The HPOG 2.0 National Evaluation is producing reports for the non-Tribal grantees on the impact the HPOG 2.0 Program had on participant outcomes as compared to a control group that was not offered access to HPOG services but could access other services available in the community. It is also producing reports on the implementation of HPOG 2.0 and the cost-benefit. Additionally, the HPOG 2.0 Tribal Evaluation report covers the implementation and participant outcomes of the Tribal grantees.[7]

7 For additional information and links to all HPOG evaluation research publications, see ACF's "Career Pathways Portfolio" at https://acf.hhs.gov/opre/project/career-pathways.

SUGGESTED CITATION

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