Pathways to Healthcare Program

Findings from the Implementation and Early Impact Report | May 2019 | OPRE Report #2019-18

WHAT ISSUES DID PATHWAYS TO HEALTHCARE SEEK TO ADDRESS?



Healthcare is expected to be among the fastest growing occupations over the next decade, creating opportunities to enter skilled career paths.



Almost all jobs in healthcare require some level of postsecondary education or training.



Low-income individuals often face a range of resourceand skill-related barriers to obtaining needed educational credentials.

WHAT WAS PATHWAYS TO HEALTHCARE?



Launched in 2010 by Pima Community College (PCC) in Tucson, Arizona.



Operated through a partnership between PCC and Pima County One Stop (PCOS), the local workforce agency.



Funded by the U.S. Department of Health and Human Services (HHS)* through a five-year Health Profession Opportunity Grant.



Recruited low-income** Pima County (AZ) residents who were interested in careers in healthcare.

- * Administered by HHS's Administration for Children and Families.
- ** Low income = income at or below 70% of the Lower Living Standard Income Level for family size.

WHAT WAS PATHWAYS TO HEALTHCARE'S APPROACH?



Mapped 16 existing training programs to **five career pathways**, which promote career advancement by outlining training "ladders" that show how completing one credential can lead to others.



Proactive staff guidance and advising to help participants overcome barriers to participation, select and complete a training program, and obtain skilled employment.



Scholarships for tuition and books to reduce financial barriers to completing training.



Compressed **basic skills bridge programs** to help students with low basic skills rapidly enter college-level programs.



Employment supports to help program completers enter healthcare careers.



Pathways to Healthcare is one of nine programs included in ACF s Pathways for Advancing Careers and Education (PACE) Evaluation conducted by Abt Associates. The study used an experimental design in which program applicants were assigned at random to a group that could access Pathways to Healthcare (the **treatment group**) or to a group that could not access the program but could enroll in other programs and services in the community (the **control group**).

WHO ENROLLED IN THE PATHWAYS TO HEALTHCARE STUDY?

For PACE, the program randomly assigned 1,217 study participants, 609 to the treatment group and 608 to the control group. Across treatment and control members, the study participants were older than traditional college students, low-income, from disadvantaged groups and had limited education.



79% age 25 or older





Hispanic



had at least some college education



49% made less than \$15,000 in the previous year

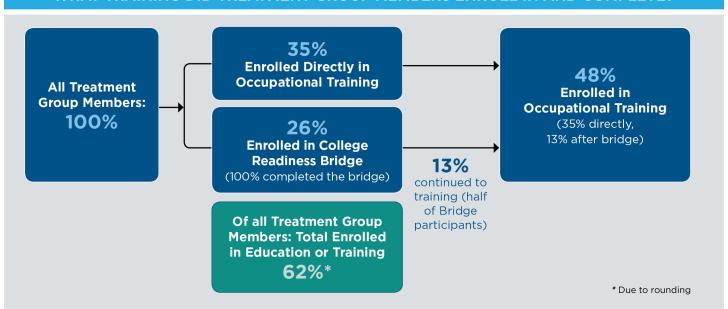


hardship in the previous year

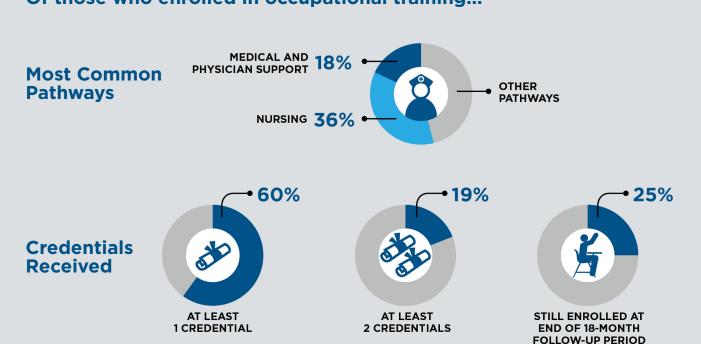


reported financial received SNAP or WIC benefits in the previous year

WHAT TRAINING DID TREATMENT GROUP MEMBERS ENROLL IN AND COMPLETE?



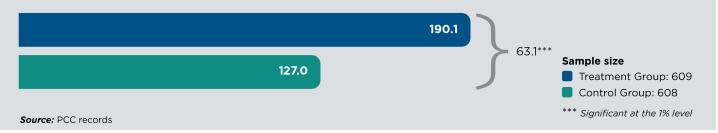




Pathways to Healthcare increased average total hours of college occupational training received.

The program increased training completed by about 63 hours in the 18-month follow-up period, or 50 percent, which translates to about one and a half additional courses.

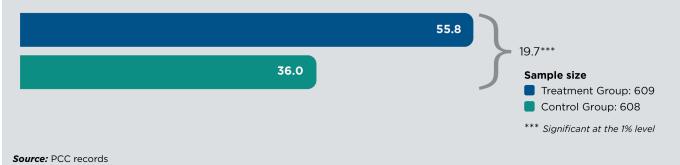
HOURS OF OCCUPATIONAL TRAINING (#)



Pathways to Healthcare increased rates of college enrollment.

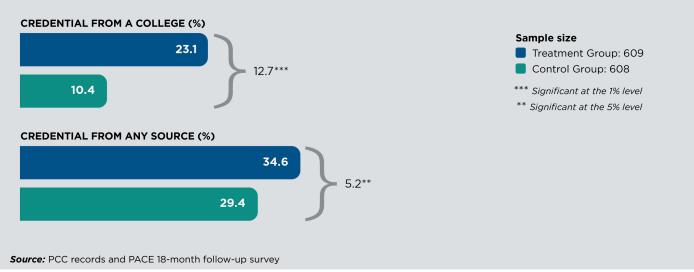
The program increased enrollment in college-level training by about 20 percentage points, or 55 percent.

ENROLLMENT IN COLLEGE (%)



Pathways to Healthcare more than doubled the percentage of participants earning a college credential.

The program also substantially increased the proportion who received a credential from any source. Most non-college credentials were professional, state, or industry certifications or licenses.



Impacts may not equal difference between groups due to rounding

HOW DID PATHWAYS TO HEALTHCARE HELP PARTICIPANTS ENROLL IN AND SUCCESSFULLY COMPLETE TRAINING?



Mapping training programs into career pathways helped participants see how they could follow a sequence of steps to get to future career goals.



Two bridges helped low-skilled students remediate quickly: participants could choose a 10-week college readiness course or a selfpaced open lab.

Both used adult learning techniques,

skills to healthcare occupations and

active learning such as group work

including contextualizing basic

and problem solving.



New advising positions helped participants identify and overcome barriers to progressing along their chosen career pathway:

- At PCOS, a specialist helped participants solve barriers external to the program (e.g., child care, transportation).
- At PCC, advisors helped participants navigate college bureaucracy (e.g., fulfilling pre-enrollment requirements) and provided academic advising.



Scholarships covering both tuition and books made it affordable for participants to enroll in and complete training.

Occupations at Each Level in the Pathways LEVEL 3 Medical Office Pathway •Health Information **LEVEL 2** Technology Medical Office Pathway **Nursing Pathway** LEVEL 1 Medical Records •Licensed Practical Nurse Technician Medical Office Pathway Medical and Physician **PRE-PATHWAY Nursing Pathway** Medical Office Clerk / **Support Pathway** • Patient Care Technician **BRIDGES** Specialist Clinical Research Coordinator **Medical and Physician Nursing Pathway** College Readiness **Support Pathway** Nursing Assistant Class **Emergency Medicine** Medical Assistant (10 weeks) **Pathway Medical and Physician** or •EMT—Paramedicine **Emergency Medicine Support Pathway** College Readiness **Pathway** Phlebotomy Open Lab **Other Pathway** FMT—Basic (< 6 months) Pharmacy Technology **Emergency Medicine** Other Pathway **Pathway** • Surgical Technician None **Other Pathway** • Community Health Advisor Direct Care Professional •Behavioral Health Specialist

WHAT DO WE KNOW ABOUT PATHWAYS TO HEALTHCARE'S IMPACTS ON EMPLOYMENT?



Treatment group members perceive career progress.

The Pathways to Healthcare program positively affected two measures of self-assessed employment progress: perceived career progress and access to career supports in workforce and education settings. Some 57 percent of treatment group members scored higher on the perceived career progress measure than did the average member of the control group. Some 53 percent of treatment group members scored higher on the career supports measure than did the average control group member.



Early results show no program impacts on employment, overall or in healthcare.

Although the program resulted in more treatment group members than control group members enrolling in occupational training, the treatment group was not more likely to be employed at 18 months. Higher levels of college enrollment typically tend to reduce employment rates initially, which might explain why there were no impacts observed.



At least a quarter of treatment group members were still in training, which might explain the lack of employment impacts at 18 months.

Of treatment group members who enrolled directly in training, 25 percent were still enrolled at the end of the 18-month follow-up period. The program has set what appear to be solid foundations for stronger employment outcomes later. Longer-term results will show to what extent the program has had effects on participants' employment outcomes.

HOW DID LEADERSHIP LEARN ABOUT AND REFINE THE PROGRAM DURING THE EVALUATION?

PCC leadership created a Transitions Workgroup to find ways to better help participants successfully navigate challenging transitions. That ongoing improvement effort led to the following enhancements.



To encourage enrollment in occupational training, program staff created the New Student Orientation to clarify the program steps (including pre-training paperwork and other requirements), reiterate the supports available and how to access them, and build a sense of community among Pathways to Healthcare program participants.



To help participants develop a professional network and foster college success skills, program staff created a Student and Alumni

Network that features:

- Study skills workshop.
- Employment-related workshops, such as resume development.
- LinkedIn group to encourage networking.



To encourage persistence in courses, program staff created:

- Instructor-led study groups focused on basic skills and occupational content.
- A Nursing Assistant Readiness class to help students learn study skills prior to starting their program.
- A reading group to help prospective Licensed Practical Nursing students to obtain the necessary reading score on the assessment test.



To aid the transition to employment, the program created three new workshops:

- A Job Offer Academy—featuring coaching for interviewing and job search.
- 123 Work—An "employment transition workshop" focused on goal setting, customizing resumes, and interviewing tips.
- New Employee Transition—An initiative encouraging employers to hire graduates by funding training to help new workers acclimate to professional workplaces.

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What is PACE?

The Pathways for Advancing Careers and Education (PACE) evaluation uses a random assignment methodology to assess the effectiveness of nine career pathways programs targeting low-income, low skilled individuals on credential attainment, employment, and earnings. Key features of career pathways programs include:

- 1. A series of well-defined training steps;
- 2. Promising instructional approaches targeted to adult learners;
- 3. Services to address academic and non-academic barriers to program enrollment and completion; and
- 4. Connections to employment.

This brief summarizes findings from the implementation study and impacts 18 months following study intake. The study is funded by the Administration for Children and Families, U.S. Department of Health and Human Services.

Next steps in the PACE evaluation of Pathways to Healthcare

The next Pathways to Healthcare report will cover a 36-month follow-up period and will examine employment outcomes, such as average rate of employment and average earnings over successive follow-up quarters, and job characteristics, such as occupation, hourly wage, receipt of benefits, and career progress. Thus, it will begin to answer whether the occupational training gains that Pathways to Healthcare achieved after 18 months will translate into economic gains in the workplace in the longer term. It will also include a cost-benefit study. Later, an analysis at 72 months after random assignment will estimate long-term effects of the Pathways to Healthcare program.

This brief summarizes findings from the following report: Gardiner, K., H. Rolston, D. Fein, and S.-W. Cho (2017). *Pima Community College Pathways to Healthcare Program: Implementation and Early Impact Report*, OPRE Report #2017-10. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. This brief, the full report, and other PACE publications are available at: https://www.acf.hhs.gov/opre/research/project/pathways-for-advancing-careers-and-education and https://www.acf.hhs.gov/opre/research/project/pathways-for-advancing-careers-and-educa



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