Bridge to Employment in the Healthcare Industry

Findings from the Implementation and Early Impact Report | May 2019 | OPRE Report #2019-19

**WHAT ISSUES DID BRIDGE TO EMPLOYMENT 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 resource- and skill-related barriers to obtaining needed educational credentials.

**WHAT WAS BRIDGE TO EMPLOYMENT?**

- **Launched** in 2010 by the San Diego Workforce Partnership (SDWP).
- **Funded** by the U.S. Department of Health and Human Services (HHS)* through a five-year Health Profession Opportunity Grant.
- **Operated through a partnership** between SDWP—a local Workforce Investment Board—and three community-based organizations in San Diego County, California.
- **Used** a consumer choice model in which participants could enroll in any healthcare training program of their choice in one of three occupational groups (patient care, technical, or administrative) at an accredited school.
- **Recruited** low-income** residents of San Diego County who were eligible to work, had a high school diploma or GED, and scored above the 6th- to 8th-grade level on basic skills assessments.

**WHAT WAS BRIDGE TO EMPLOYMENT’S APPROACH?**

- **Formal and informal assessments** to determine eligibility for training programs.
- **Navigation and case management services** to help students choose their training and address barriers to participation.
- **Financial assistance** to pay for training through Individual Training Account (ITA) vouchers.
- **Supportive services** for transportation, child care, and other services.
- **Employment services** to help participants find employment after training.

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* Administered by HHS’s Administration for Children and Families.
** Low income = income at or below 200% of the Lower Living Standard Income Level for family size.

Bridge to Employment 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 Bridge to Employment (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 BRIDGE TO EMPLOYMENT STUDY?

For PACE, the program randomly assigned 1,007 study participants, 507 to the treatment group and 500 to the control group. Across treatment and control group members, study participants were older than traditional college students, were economically disadvantaged, and had limited education.

- 25+ years old
- 68% female
- 47% Hispanic
- 60% had at least some college education
- <15K annual income
- 53% made less than $15,000 in the previous year
- 54% reported financial hardship in the previous year
- 48% received SNAP or WIC benefits in the previous year
- Age 25 or older
- 84% female
- 22% black, non-Hispanic
- 60% had at least some college education
- <15K annual income
- 53% made less than $15,000 in the previous year
- 54% reported financial hardship in the previous year
- 48% received SNAP or WIC benefits in the previous year

WHAT TRAINING DID TREATMENT GROUP MEMBERS ENROLL IN AND COMPLETE?

- Of those who enrolled in one occupational training program...
  - Most enrolled in an entry-level, short-term healthcare program.
  - 23% Nursing Assistant
  - 16% Phlebotomist
  - 12% Medical Assistant
  - 9% Medical Records and Health Information Technician
  - Most attended private schools.
  - 75% Private For-Profit School
  - 18% Non-Profit Organization
  - 6% Four-Year College
  - <1% Community College

The average participant received $4,000 for occupational training via ITA vouchers.
WHAT WERE THE IMPACTS OF BRIDGE TO EMPLOYMENT ON EDUCATION AND TRAINING?

Bridge to Employment participants earned more credentials.
The program significantly increased the receipt of credentials within 18 months by 29 percentage points, or 86 percent.

<table>
<thead>
<tr>
<th>EARNED A COLLEGE CREDENTIAL WITHIN 18 MONTHS (%)</th>
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<tbody>
<tr>
<td>Treatment Group: 388</td>
</tr>
<tr>
<td>Control Group: 342</td>
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Sample size

Source: PACE 18-month follow-up survey

Bridge to Employment increased average total hours of occupational training received.
The program increased occupational training by an average of 101 hours per person, or 36 percent.

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<td>Treatment Group: 381</td>
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<td>Control Group: 332</td>
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Sample size

Source: PACE 18-month follow-up survey

WHAT DO WE KNOW ABOUT BRIDGE TO EMPLOYMENT’S NAVIGATION SERVICES?

Navigation services were a core feature of the Bridge to Employment model. Bridge to Employment participants could choose any approved local healthcare training program. Navigator staff were expected to help participants make an informed choice about selecting a program. Navigators helped participants develop a plan describing their education and employment goals, and identify skills and barriers that could help or prevent them from reaching their goals.

By design, navigators provided limited guidance on which training providers participants should research and select. Bridge to Employment used a consumer choice model in which navigators advised but did not direct participant selection of training programs. Most participants had already identified a healthcare training program and provider when they met with a navigator for the first time; in fact, many were referred to Bridge to Employment by a training provider. Most participants selected private, for-profit schools, often citing flexibility in start dates and class schedules, and shorter (more accelerated) programs. Most navigators stated that the consumer choice model limited their ability to help participants choose among programs and providers, including community colleges.

Navigators could provide up to $1,000 per participant in supportive services to cover training-related needs. These included uniforms, certification fees, textbooks, transportation, and child care.

Bridge to Employment began to encourage bundled training. Some participants did not find employment in a healthcare job, even after completing training. Bridge to Employment navigators addressed this by encouraging participants to complete a second training or two training programs at the same time. For example, participants could pursue medical assistant and phlebotomist training.
WHAT DO WE KNOW ABOUT BRIDGE TO EMPLOYMENT’S IMPACTS ON EMPLOYMENT?

More Bridge to Employment participants worked in higher-skilled jobs.
The program increased the likelihood of working in jobs requiring at least mid-level skills by about 10 percentage points, or 62 percent, but the proportions overall were low.

Source: PACE 18-month follow-up survey

Bridge to Employment participants worked in the healthcare field.
The program increased the likelihood of working in a healthcare occupation by 9 percentage points, or 57 percent.

Source: PACE 18-month follow-up survey

Bridge to Employment had no impact on working in well-paying jobs.
The program did not increase the likelihood of working in a job that paid at least $12/hour.

Source: PACE 18-month follow-up survey

Impacts may not equal difference between groups due to rounding
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 Bridge to Employment
The next Bridge to Employment 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 Bridge to Employment 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 Bridge to Employment program.


The Office of Planning, Research, and Evaluation (OPRE) studies Administration for Children and Families (ACF) programs and the populations they serve through rigorous research and evaluation projects. These include evaluations of existing programs, evaluations of innovative approaches to helping low-income children and families, research syntheses, and descriptive and exploratory studies. OPRE also works to improve the analysis of data and coordinate performance management for ACF.

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