**WHAT ISSUES DID HCA 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**.

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**WHAT WAS HCA?**

- **Launched** in 2010 by the Workforce Development Council of Seattle-King County (WDC).

- **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 the WDC and TRAC Associates, a for-profit, community-based organization.

- **Used** a consumer choice model in which participants could enroll in any healthcare training program of their choice at an accredited school. HCA supported three levels of training: foundational, entry-level, advanced-level.

- **Recruited** Temporary Assistance for Needy Families (TANF) recipients; low-income** individuals; and those with a barrier to training and employment, such as low basic skills or disabilities.

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**WHAT WAS HCA'S APPROACH?**

- **Formal and informal assessments** to determine eligibility for training programs.

- **Navigation and case management services** to help participants select a training program, and to identify and address barriers to participation.

- **Tuition-free occupational training** through Individual Training Account (ITA) vouchers or prepaid “cohorts” at community or technical colleges.

- **Supportive services to address barriers** to program completion or employment, such as transportation.

- **Employment services**, such as individual job search assistance and group-based job clubs, to help participants find and retain healthcare jobs.

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* Administered by HHS’s Administration for Children and Families.

** Low income = family income less than 175% of the Federal Poverty Level for family size.

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Health Careers for All 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 Health Careers for All (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 HCA STUDY?

For PACE, the program randomly assigned 654 study participants, 328 to the treatment group and 326 to the control group. Across treatment and control group members, study participants were older than traditional college students and economically disadvantaged.

- 25% age 25 or older
- 78% female
- 85% black non-hispanic
- 51% had at least some college education
- 57% made less than $15,000/year in the previous year
- 64% reported financial hardship in the previous year
- 61% received SNAP or WIC benefits in the previous year
- 80% female

ENGAGING RECIPIENTS OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

HCA aimed to make healthcare training accessible to current TANF recipients. The program aimed for one third of study participants to be TANF recipients and exceeded this recruitment goal: more than 40 percent were TANF recipients. TANF recipients in the treatment group enrolled in and completed training at a similar rate as participants not on public assistance.

TO RECRUIT TANF RECIPIENTS, WDC:

- Designed the program to align with TANF rules and requirements. HCA engaged participants quickly in a short-term education or training activity that met TANF work requirements.
- Leveraged strong, pre-existing relationships with regional TANF offices. Through these connections, HCA staff emphasized the benefit of the program for TANF recipients, including sector-specific training and navigational support. TANF administrators helped arrange meetings for HCA staff to present to frontline staff in local TANF offices. Along with fact sheets and talking points, these presentations helped increase awareness of the program among TANF staff.
- Co-located navigators in TANF offices. This helped navigators build trust with TANF case managers.

TRAINING PARTICIPATION BY PUBLIC ASSISTANCE RECEIPT

<table>
<thead>
<tr>
<th></th>
<th>HOUSEHOLD RECEIVING PUBLIC ASSISTANCE OR WELFARE AT TIME OF ENROLLMENT</th>
<th>HOUSEHOLD NOT RECEIVING PUBLIC ASSISTANCE OR WELFARE AT TIME OF ENROLLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participated in Any Training</td>
<td>82%</td>
<td>84%</td>
</tr>
<tr>
<td>Enrolled in Nursing Assistant as First Training</td>
<td>50%*</td>
<td>40%</td>
</tr>
<tr>
<td>Completed At Least One Healthcare Training</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>Length of Stay in Training</td>
<td>4.4 months**</td>
<td>6.0 months</td>
</tr>
</tbody>
</table>

**Significant at the 5% level
*Significant at the 10% level
WHAT TRAINING DID TREATMENT GROUP MEMBERS ENROLL IN AND COMPLETE?

All Treatment Group Members: 100%

Participated in Any Education or Training: 82%

Enrolled Directly in Occupational Training: 38%

Participated in Prerequisite Course: 45%

Continued to Occupational Training: 26%

Participated in At Least One Healthcare Training Program: 64%

Percentages are of all treatment group members

Of those who enrolled in at least one occupational training...

Most Common Training Programs

- Nursing Assistant: 69%
- Licensed Practical Nurse: 9%
- Medical Assistant: 5%

Type of Institution Attended

- Private, For-Profit School: 53%
- Community or Technical College: 42%
- 4-Year College: 5%

Source: HPOG Performance Reporting System
WHAT WERE THE IMPACTS OF HCA ON EDUCATION AND TRAINING?

HCA increased enrollment in healthcare education and training.

HCA increased self-reported receipt of healthcare-related training in the 18-month follow-up period by 11 percentage points, or 22 percent.

<table>
<thead>
<tr>
<th>ENROLLED IN HEALTHCARE EDUCATION AND TRAINING (%)</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Group: 246</td>
<td>61.2</td>
</tr>
<tr>
<td>Control Group: 220</td>
<td>49.9</td>
</tr>
</tbody>
</table>

11.3**

**Significant at the 5% level

Source: PACE 18-month follow-up survey

Early results show no program impacts on credentials earned.

Although HCA resulted in more treatment group members than control group members enrolling in healthcare-related education and training, it did not increase the percentage of treatment group members earning a credential from any source (a college, other training institution, or licensing authority). About 49 percent of treatment group members earned a credential from any source, compared with 45 percent of control group members, a statistically insignificant impact of about 4 percentage points. The local service area was resource rich and control group members were able to obtain credentials at a similar rate.

WHAT DO WE KNOW ABOUT HCA’S IMPACTS ON EMPLOYMENT?

Treatment group members perceive career progress. HCA positively affected two measures of self-assessed employment progress: perceived career progress and access to career supports in workforce and education settings. Some 63 percent of treatment group members scored higher on the perceived career progress measure than did the average member of the control group. Some 60 percent of treatment group members scored higher on the career supports measure than did the average control group member.

Treatment group members were more likely to be employed in healthcare. HCA positively affected employment in healthcare. Treatment group members were 9 percentage points more likely than control group members to report working in a healthcare occupation at 18 months (45 percent versus 36 percent; significant at the 5 percent level).

Early results show no program impacts on employment. HCA did not increase the proportion of treatment group members who worked in a job paying at least $13 per hour or requiring mid-level skills versus the control group.
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 Health Careers for All

The next HCA 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 services provided by HCA translate into economic gains in the workplace in the longer term. Later, an analysis at 72 months after random assignment will estimate long-term effects of the HCA 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.

Abt Associates is a mission-driven, global leader in research, evaluation, and program implementation in the fields of health, social and environmental policy, and international development.