



**The Health Profession Opportunity Grants (HPOG) Program
and Evaluation Portfolio**

Interim Report to Congress



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Office of Family Assistance
Office of Planning, Research and Evaluation**

TABLE OF CONTENTS

List of Exhibits	3
Executive Summary	4
I. Background on HPOG	6
II. The Career Pathways Framework.....	7
III. The HPOG Evaluation Portfolio.....	11
IV. HPOG Training and Technical Assistance Activities	13
V. Characteristics of HPOG Grantees	15
VI. Characteristics of HPOG Participants.....	18
VII. HPOG Program Components	23
A. Pre-Training Activities.....	23
B. Healthcare Training Courses.....	25
C. Support Services	27
D. Employment Development Activities	29
VIII. HPOG Participant Outcomes	30
A. Healthcare Training Course Completion, Overall and by Type.....	31
B. Healthcare Training Completion by Hours	33
C. Healthcare Training Completion by Subgroups.....	34
D. Multiple Healthcare Training Courses: Participation and Completion	35
IX. Employment Outcomes for Participants through Year 3.....	36
X. Employment Outcomes for Participants with 12 Months of Data	39
A. Job Quality	40
B. Employment by Subgroups.....	41
XI. HPOG Outcomes Over Time	43
XII. Interim Findings for the Tribal HPOG Program.....	44
XIII. Looking Forward: What We Will Learn From Evaluating HPOG	46

LIST OF EXHIBITS

Exhibit 2.1: HPOG Career Pathways Framework Logic Model	9
Exhibit 5.1: Map of HPOG Grantees.....	15
Exhibit 5.2: HPOG Grantee Location, Organization Type, Enrollment Goal, and Grant Award	16
Exhibit 6.1: Demographic Characteristics at Intake of HPOG Participants through Year 3	19
Exhibit 6.2: Education and Income of HPOG Participants at Program Entry through Year 3	20
Exhibit 6.3: Receipt of Public Benefit Programs by HPOG Participants through Year 3	21
Exhibit 7.1: Participants Enrolled in HPOG Pre-Training Activities through Year 3	24
Exhibit 7.2: Participation in HPOG Healthcare Training Courses through Year 3	26
Exhibit 7.3: Participants Receiving HPOG Support Services through Year 3.....	28
Exhibit 7.4: Participants in HPOG Employment Development Activities through Year 3	30
Exhibit 8.1: Completion Status at 12 Months by Healthcare Training Course Type, among Participants Who Began Training.....	32
Exhibit 8.2: Completion Status by Length of Training in Hours, among Participants Who Began Training	33
Exhibit 8.3: Completion of Healthcare Training Courses by Subgroup, among Participants Who Began Training	34
Exhibit 8.4: Progress of Enrollees through Multiple Healthcare Training Courses	35
Exhibit 9.1: Employment and Wage Progression.....	37
Exhibit 9.2: Wages of HPOG Participants in the Most Common Occupations through Year 3.....	38
Exhibit 10.1: HPOG Enrollees' Employment at Exit, by Training Completion	39
Exhibit 10.2: Job Characteristics of Employed HPOG Enrollees, by Training Completion	40
Exhibit 10.3: Employment at Exit by Healthcare Training Course Completion and Subgroup (percent).....	42
Exhibit 11.1: HPOG Enrollees' Healthcare Training Course Completion Status over Time.....	43
Exhibit 14.1: Evaluation Reports Released To Date	48

EXECUTIVE SUMMARY

The Health Profession Opportunity Grants (HPOG) Program, established by the Patient Protection and Affordable Care Act (ACA), provides education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the health care 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) of the Department of Health and Human Services awarded 32 five-year HPOG grants to organizations in 23 states, with approximately \$67 million dispersed each year to date. HPOG grantees are post-secondary educational institutions, Workforce Investment Boards, state or local government agencies, and community-based organizations. Five are tribal organizations. Enrollments to date and HPOG grantee projections suggest that the program will serve more than 30,000 individuals between 2010 and 2015.

The ACA requires that an evaluation be undertaken to assess the success of the HPOG Program and that the evaluation be used to inform reports to Congress on the HPOG demonstration projects. The ACF Office of Planning, Research and Evaluation (OPRE) is using a multi-pronged evaluation strategy designed to answer questions about implementation, systems change, outcomes, and impact, and to identify what types of approaches work well, for whom, and in what circumstances.

This report serves as the Interim Report to Congress. It provides a summary of the key activities, outcomes, and accomplishments of the HPOG Program through fiscal year 2013. Information comes from an analysis of performance data on all individuals who participated in HPOG in its first three years; an outcomes study of a sub-set of participants who enrolled in HPOG between September 30, 2010 and October 1, 2012, allowing for 12 months of post-enrollment follow-up; and activities undertaken as part of the evaluation of the tribal HPOG grantees. Key interim findings include:

- In its first three years, the HPOG Program enrolled 24,558 participants. The majority of HPOG participants were single females with one or more dependent children, and most HPOG participants had annual household incomes of less than \$20,000 when starting the program. In addition to having low levels of income, many HPOG participants received public assistance at the time of program entry. The Supplemental Nutrition Assistance Program (SNAP) was the most common assistance received (56 percent of enrollees). TANF recipients made up 17 percent of participants at program entry.
- HPOG grantees offer training in 76 healthcare occupations. Eighty-one percent of HPOG enrollees participated in a healthcare training course. Those not participating in a healthcare training course are in pre-training activities, waiting for a training course to begin, or dropped out before beginning a training course.
- Many HPOG participants experienced positive training and employment outcomes. In the first three years of the HPOG Program, 60 percent of enrollees who began a healthcare training course completed it (and many more were still actively enrolled in it). In total, 11,963 participants completed 15,024 healthcare training courses. Among those who completed one or more healthcare training courses and exited HPOG in the first three years of the program, 68

percent were employed at exit and 56 percent were employed in healthcare jobs or in the healthcare sector.

- Across all HPOG participants who became employed in healthcare, the average wage was \$12.68 per hour, or about \$26,000 per year for a full-time worker.
- All five tribal grantees successfully enrolled students in training programs in the initial years of HPOG and are utilizing local and statewide partnerships to assist students in securing employment in health professions. All of the tribal grantees have implemented processes to provide appropriate supportive services and have used HPOG-specific orientations, mentorship, and academic counseling to create a sense of community among Native American students.

These findings provide insight into the HPOG implementation and outcomes to date, and indicate progress. However, it is important to remember that these are interim findings. The HPOG Program is ongoing. Many individuals are still active in training programs and many more are expected to begin and complete training before the HPOG grants expire in September 2015. Further, the research and evaluation activities are ongoing as well. Future analyses will go beyond the descriptive findings presented here to provide evidence on the impact of the HPOG Program on participant outcomes based on experimental methods, in addition to other analyses. A final report to Congress will provide a more complete description of HPOG activities and outcomes over the five years of HPOG operation.

The Health Profession Opportunity Grants (HPOG) Program and Evaluation Portfolio Interim Report to Congress

I. BACKGROUND ON HPOG

As part of the Patient Protection and Affordable Care Act (ACA), Congress authorized funds “to conduct demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.”¹

The Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS) developed and funded the Health Profession Opportunity Grants (HPOG) Program to prepare, train, and support Temporary Assistance for Needy Families (TANF) program recipients and other low-income individuals for stable, well-paying careers in healthcare. The demonstration projects are intended to address two pervasive problems: the shortfall in the supply of qualified healthcare professionals in the face of expanding demand, and the increasing requirement for a post-secondary education in order to secure a job with a living wage for families.

Increasing Demand in the Healthcare Sector

The need for healthcare workers is predicted to grow over the next several decades as the population ages, medical technology advances, and the number of persons living with chronic medical conditions increases. HHS and the Department of Labor report that by 2050 the nation will need between 5.7 million and 6.5 million long-term care nurses, nursing aides, and home health and personal care workers to meet the needs of the large number of elder baby boomers. In the short term, more individuals are expected to obtain insurance as a result of the ACA, resulting in an increased demand for care. Further, employment in health occupations that do not require a four-year degree—including some nurses, psychiatric and home health aides, and health technologists and technicians (such as pharmacy technicians)—is projected to grow by 21 to 42 percent by 2022, much faster than the average rate projected across all occupations in the economy (11 percent). Median annual wages in healthcare jobs that do not require a four-year degree range from \$20,800 for home health aides to \$65,500 for registered nurses.

Sources: Human Resources and Services Administration. *Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers*. Washington, DC: U.S. DHHS, Spring 2003.

http://www.nachc.org/client/documents/clinical/Clinical_Workforce_Changing_Demographics.pdf; and Richards, Emily and Terkanian, David. “Occupational employment projections to 2022,” *Monthly Labor Review*, December 2013.

The Office of Family Assistance (OFA) within ACF administers HPOG. In September 2010 and each year since, OFA awarded approximately \$67 million in grants to 32 post-secondary educational institutions,

¹ Authority for these demonstrations is included in the 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).

government agencies, Workforce Investment Boards (WIBs), community-based organizations, and tribal entities in 23 states. The five-year grants may be used for training, education, and support services to prepare TANF recipients and other low-income individuals to enter and advance in the healthcare sector in occupations such as nursing, long-term care, allied health, health information technology, and child care health advocate occupations.

The HPOG Program is structured to meet the dual goals of demonstrating new ways to increase the supply of healthcare workers while creating vocational opportunities for low-income, low-skilled adults. This is achievable in part because the healthcare industry has great flexibility. Multiple points of entry exist for low-skilled individuals to find a job after attaining a short-term training credential. They then can move up the career ladder through additional education and work experience. Specifically, the HPOG Program aims to:

- Prepare participants for employment in the healthcare sector in positions that pay well and are expected to either experience labor shortages or be in high demand;
- Target skills and competencies demanded by the healthcare industry;
- Support career pathways, such as an articulated career ladder;
- Result in employer- or industry-recognized, portable educational credentials (e.g., certificates or degrees and professional certifications and licenses, which can include a credential awarded by a Registered Apprenticeship program);
- Combine support services with education and training services to help participants overcome barriers to employment; and
- Provide training services at times and locations that are easily accessible for targeted populations.

This report serves as the Interim Report to Congress. The ACA requires that an evaluation be undertaken to assess the success of the HPOG Program (see Section III). Additionally, it requires that the Secretary “submit interim reports and, based on the evaluation conducted under subparagraph (B), a final report to Congress on the demonstration projects conducted under this subsection.”² A number of evaluation reports have been prepared and released to date (see Section XIII). This report provides a summary of the accomplishments and activities undertaken by the HPOG Program through fiscal year (FY) 2013. This report seeks to provide Congress with information on key activities and outcomes. In the future, a final report to Congress will provide Congress with a complete description of HPOG activities and outcomes over the five years of HPOG operation.

II. THE CAREER PATHWAYS FRAMEWORK

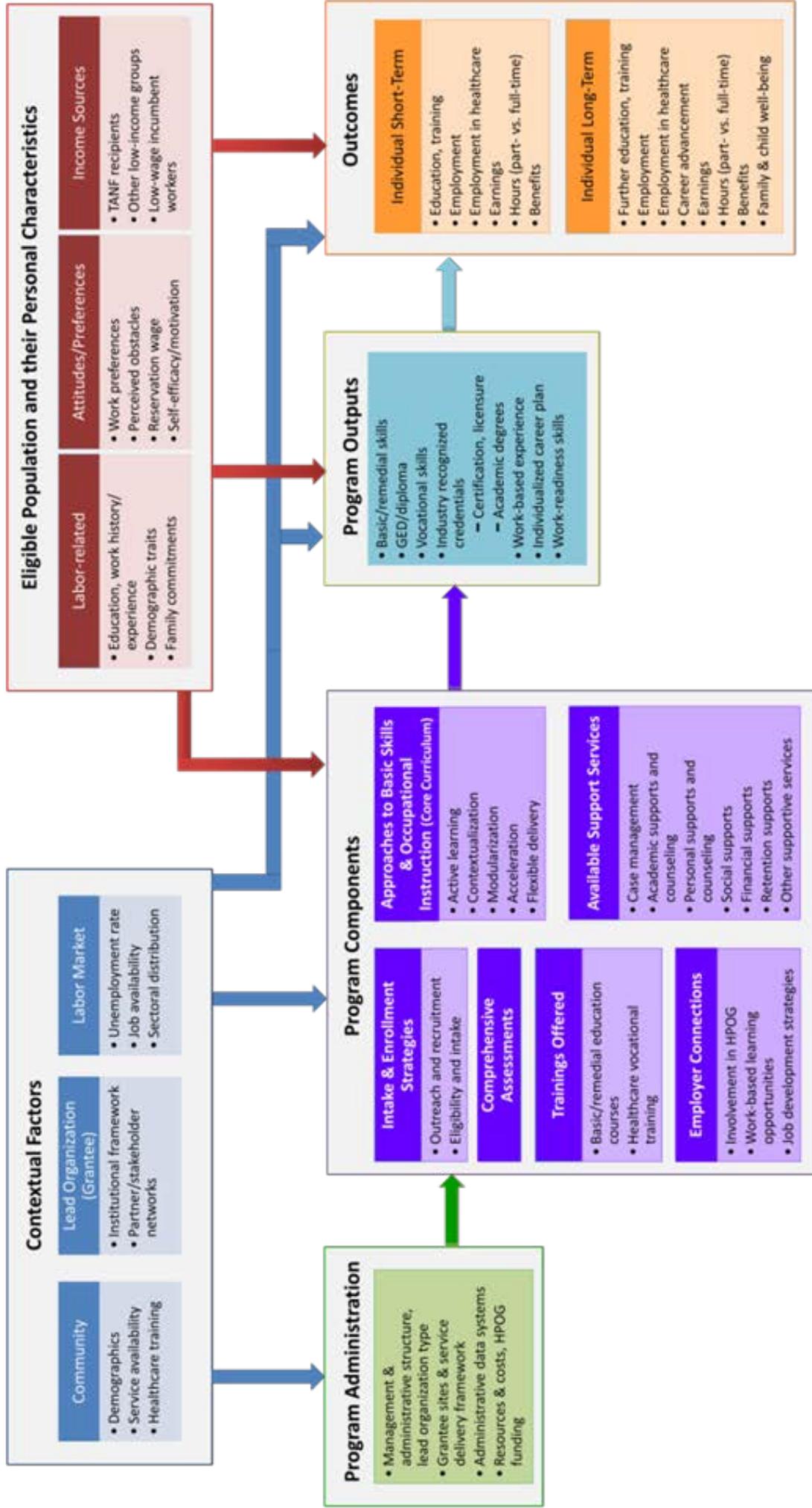
² 42 U.S.C. 1397g (a)(3)(C). The ACA mandates an evaluation of the demonstration projects (42 U.S.C. 1397g(a)(3)(B)). The Act further indicates that the evaluation will be used to inform the final report to Congress (42 U.S.C. 1397g (a)(3)(C)).

The programs that HPOG grantees are implementing are based on the career pathways framework of post-secondary education designed to address the challenge of preparing low-income populations for employment and employment advancement. This framework embodies several core principles. Career pathways programs provide post-secondary education and training as a series of manageable steps leading to successively higher credentials and employment opportunities in growing occupations. Career pathways programs also include contextualized basic skills instruction, academic and non-academic support services, and strategies for connecting participants with employers.³ Each step is designed to prepare students for the next level of employment and education, and also to provide a credential with labor market value. To effectively engage, retain, and facilitate learning for a diverse population, programs integrate assessment, instruction, academic and non-academic supports, and employment experiences and opportunities. HPOG programs vary in their design and implementation of these core principles. Each grantee creates a constellation of services and supports that are appropriate for the given grantee organization, its context, its objectives, and its target population.

Exhibit 2.1 presents a logic model of the career pathways framework as implemented in HPOG and used to conceptualize the HPOG research and evaluation design.

³ David J. Fein. (2012). *Career Pathways as a Framework for Program Design and Evaluation: A Working Paper from the Innovative Strategies for Increasing Self-Sufficiency 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 2.1: HPOG Career Pathways Framework Logic Model



Career pathways is a promising approach gaining the attention of many post-secondary and employment and training providers and funders—including a number of federal agencies. A Federal Career Pathways Interagency Staff Working Group was established in April 2012 and is composed of staff from the Departments of Education (ED), Health and Human Services (HHS) and Labor (DOL). The group built on relationships created by departmental staff during various initiatives sponsored by each agency to support career pathways. The group was established shortly after the issuance of a joint letter⁴ from all three Departments encouraging their state and local stakeholders to adopt a career pathways approach to the delivery of education, training, and employment services. The group's original purpose was to help operationalize the message in the letter through the delivery of joint technical assistance and communication on career pathways.

Collaboration across all three departments and others was further catalyzed by President Obama's call—issued both through his State of the Union Address on January 28, 2014 and in his issuing of a *Presidential Memorandum on Job-Driven Training for Workers*—for an action plan to make America's workforce and training system more job-driven, integrated and effective. As a result, an evaluation report was produced, *What Works in Job Training: A Synthesis of the Evidence*.⁵ This report points to HPOG as one place where career pathways approaches are being rigorously tested. The report also served as the basis for the Job-Driven Checklist, which identifies key elements of successful employment and training programs as part of a review of federal training programs produced by the Office of the Vice President, *Ready to Work: Job-Driven Training and American Opportunity*.⁶ One of the items in the checklist, "Stepping Stones", is a description of career pathways:

Promote a seamless progress from one educational stepping stone to another, and across work-based training and education, so individuals' efforts result in progress. Individuals should have the opportunity to progress in their careers by obtaining new training and credentials. Job-driven training programs should make it easy for individuals to transition from one post-secondary program to another, including registered apprenticeships and occupational training programs, and from basic education programs into post-secondary programs.

The review of federal training programs also describes many of the ways in which agencies are collaborating to support career pathways and other elements of job-driven training.

⁴ See the April 2012 Joint Letter on Career Pathways here: <http://www2.ed.gov/about/offices/list/ovae/ten-attachment.pdf>.

⁵ See the evaluation report here: <http://www.dol.gov/asp/evaluation/jdt/jdt.pdf>.

⁶ See the review of federal training programs here: http://www.whitehouse.gov/sites/default/files/docs/skills_report.pdf.

III. THE HPOG EVALUATION PORTFOLIO

The ACA mandates an evaluation of the HPOG demonstration projects that includes “identification of successful activities for creating opportunities for developing and sustaining, particularly with respect to low-income individuals and other entry-level workers, a health professions workforce that has accessible entry points, that meets high standards for education, training, certification, and professional development, and that provides increased wages and affordable benefits, including healthcare coverage, that are responsive to the workforce’s needs.”⁷ To accomplish this, the ACF Office of Planning, Research and Evaluation is using a multi-pronged evaluation strategy to assess the success of the HPOG Program.

The evaluation includes six related HPOG research and evaluation projects which are designed to answer questions about implementation, systems change, outcomes, and impact, and to identify what types of approaches work well, for whom, and in what circumstances. The various components are being closely coordinated in order to avoid duplicative efforts, maximize the re-use of data and information that is collected, reduce unnecessary burden on grantees related to participating in the federal evaluation activities and meeting performance management requirements, and promote cross-project learning.

(See text box below and <http://www.acf.hhs.gov/programs/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog> for more information).

⁷ 42 U.S.C. 1397g (a)(3)(B). The ACA mandates an evaluation of the demonstration projects (42 U.S.C. 1397g (a)(3)(B)). The Act further indicates that the evaluation will be used to inform the final report to Congress (42 U.S.C. 1397g(a)(3)(C)).

HPOG Research and Evaluation Strategy Core Components

- **HPOG Implementation, Systems, and Outcomes (ISO) Evaluation Design and Performance Reporting.** The HPOG ISO project has two parts. The first developed an evaluation plan for measuring the implementation, systems change, and outcomes of HPOG programs, including enrollment, program retention, training completion, job entry, employment retention and advancement, and earnings. The second built and maintains the HPOG Performance Reporting System (PRS), a management information system, to track grantee progress for program management and to record participant data for use in the evaluation. For more information, see: <http://www.acf.hhs.gov/programs/opre/research/project/health-profession-opportunity-grants-hpog-implementation-systems-and>.
- **HPOG National Implementation Evaluation (NIE).** HPOG NIE is the execution of the study devised in HPOG ISO (above). The NIE includes an in-depth examination of the HPOG grantee program design and implementation, a systems analysis of networks created by HPOG programs (e.g., among grantees, employers, and other partners), and a quantitative descriptive analysis of HPOG program outputs and outcomes. Twenty-seven grantees—excluding the five tribal grantees—are included in this analysis. For more information, see: <http://www.acf.hhs.gov/programs/opre/research/project/national-implementation-evaluation-of-the-health-profession-opportunity>.
- **HPOG Impact Study.** The HPOG Impact Study uses an experimental design to examine the effect of the HPOG Program on participants' educational and economic outcomes. This evaluation aims to identify which components of HPOG programs (e.g., types of support services, program structure, and training areas) contribute to participant success. For some grantees, a multi-arm experimental design is being implemented, creating a control group that will not have access to HPOG, an "HPOG services as usual" treatment group, and an "enhanced HPOG" group that will receive additional supports and services. The 20 grantees that are not part of the Evaluation of Tribal HPOG, University Partnership Research Grants, or PACE (described below) are included in the HPOG Impact Study. For more information, see: <http://www.acf.hhs.gov/programs/opre/research/project/health-profession-opportunity-grants-hpog-impact-studies>.
- **Evaluation of Tribal HPOG.** A separate evaluation has been designed for the five tribal grantees, given the unique contexts in which these programs operate. This evaluation focuses on the implementation and outcomes for the tribal grantees. For more information, see: <http://www.acf.hhs.gov/programs/opre/research/project/evaluation-of-tribal-health-profession-opportunity-grants-ethpog>.
- **Pathways for Advancing Careers and Education (PACE),** formerly called Innovative Strategies for Increasing Self-Sufficiency. The PACE evaluation is a nine-program experimental study of promising career pathway programs by the Office of Planning, Research and Evaluation (OPRE). Three HPOG grantees are included in PACE. For more information, see: <http://www.acf.hhs.gov/programs/opre/research/project/innovative-strategies-for-increasing-self-sufficiency>.
- **University Partnership Research Grants for HPOG.** These studies are being conducted by research partners at universities that have partnered with one or more HPOG programs to answer specific questions about how to improve HPOG services within local contexts. For more information, see: <http://www.acf.hhs.gov/programs/opre/research/project/university-partnership-research-grants-for-the-health-profession>.

Abt Associates, in collaboration with The Urban Institute, is conducting the ISO, NIE, and Impact evaluation projects. NORC at the University of Chicago is conducting the Evaluation of Tribal HPOG, in partnership with Red Star Innovations and the National Indian Health Board. Abt Associates is conducting the PACE project. Five university research institutions are leading the University Partnership Research Grants—the Institute for Policy Research at Northwestern University, the School of Social Work at Temple University, the Institute on Assets and Social Policy at Brandeis University, the School of Social Work at Loyola University Chicago, and North Dakota State University.

IV. HPOG TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES

The HPOG Program provides extensive training and technical assistance options to its grantees. The Program's technical assistance is strategic in supporting the goals of its authorizing legislation, and is responsive in assessing and addressing individual grantee training needs as they develop. The goal of HPOG training and technical assistance is to improve program outcomes, share innovative practices so that they can be replicated by other programs, and create a community of learning among grantees.

The HPOG Program provides strategic technical assistance to its grantees in a variety of ways. Federal staff provides technical assistance to grantees and where more intensive technical assistance is needed, contractors provide additional support. HPOG provides grantees with research, toolkits, reports, and other materials relevant to their programs. Once per month, the HPOG Program provides a webinar or other technology-based approach to address a topical issue. HPOG also has an annual meeting for grantees and a small number of in-person meetings to address their group technical assistance needs. Further, HPOG has pioneered the use of facilitated virtual roundtables within ACF, which allow grantees to meet and interact online, and is transitioning more of its technical assistance into the virtual realm in order to maximize efficiency.

Additionally, to provide a platform to host and facilitate its training and technical assistance, the HPOG Program established the HPOG Community website (<http://hpogcommunity.acf.hhs.gov/>). The HPOG Community website fosters online learning and collaboration between grantees. The website has two parts—a public facing section with information on the HPOG Program and its grantees, and a password-protected social media platform for knowledge sharing open only to grantees and their partner organizations.

Grantees submit to the website innovative and promising practices being implemented by their program, and success stories of student achievement and employment, with full consent from the individual participants to use their names and stories. This allows grantees and the general public to find a wide variety of program models and practices, and read about the real world experiences of HPOG participants. They can be found on the HPOG Community website (<http://hpogcommunity.acf.hhs.gov/Pages/Resources.aspx>).

The HPOG Program provides training and technical assistance that is highly responsive to grantee needs. Each grantee is assigned a technical assistance coach. This coach builds a relationship with and assesses the needs of their grantees, and then tailors the design of training and technical assistance to specific grantees as needed. Grantees also have the option of requesting training or technical assistance directly for their individual needs. In either case, this individualized technical assistance typically takes the form of providing expert assistance, research, documents, on-site training, or assistance connecting to and building partnerships with local employers and other stakeholders.

The training and technical assistance methods detailed above have been used for a wide variety of subject matter areas. Three specific areas of focus for the HPOG Program have been career pathways, building partnerships, and employer engagement.

The career pathways approach is described in Section II. Technical assistance on this subject typically supports grantees in identifying and analyzing pertinent labor market information to identify career pathways that are in demand in their area, and in identifying targeted support services to assist program participants in overcoming their barriers to completion and employment.

HPOG training and technical assistance also assists grantees in coordination with their mandatory partners⁸—the state TANF program, the local Workforce Investment Board, the state Workforce Investment Board, and the state apprenticeship agency. HPOG has been particularly active in assisting grantees in building their TANF partnerships. This has typically taken the form of convening pertinent TANF representatives to have a dialogue with HPOG programs, assisting in improving referral processes, and providing grantees with training on how to better serve TANF clients and help them meet the TANF work participation rate requirements. HPOG also assists grantees in building other strategic partnerships in their community that help them accomplish their goals.

Critical strategic partners⁹ include local healthcare employers. The HPOG Program has provided extensive training and technical assistance related to employer engagement. HPOG programs can work with employers to meet their long term needs, so that the types of healthcare occupations offered and the number of people in the pipeline to be trained match the individual demands of local employers. In this way, working with HPOG programs can lower employers' marketing and recruitment costs. Employers can also work with HPOG programs so that the curriculum, technology, procedures, and skills taught to students better match each employer's needs, which can reduce employers' internal training time and costs. The HPOG Program has provided training and strategies to HPOG job developers to assist with outreach to their employers, convening employers, and, when appropriate, has featured healthcare employers in technical assistance events.

⁸ The HPOG authorizing statute mandates that entities applying for a grant engage in consultation and coordination with a number of organizations (42 U.S.C. 1397g(a)(2)(B)). Specifically it stipulates they, “shall demonstrate in the application that the entity has consulted with the State agency responsible for administering the State TANF program, the local workforce investment board in the area in which the project is to be conducted (unless the applicant is such board), the State workforce investment board established under section 111 of the Workforce Investment Act of 1998, and the State Apprenticeship Agency recognized under the Act of August 16, 1937 (commonly known as the ‘National Apprenticeship Act’) (or if no agency has been recognized in the State, the Office of Apprenticeship of the Department of Labor) and that the project will be carried out in coordination with such entities.”

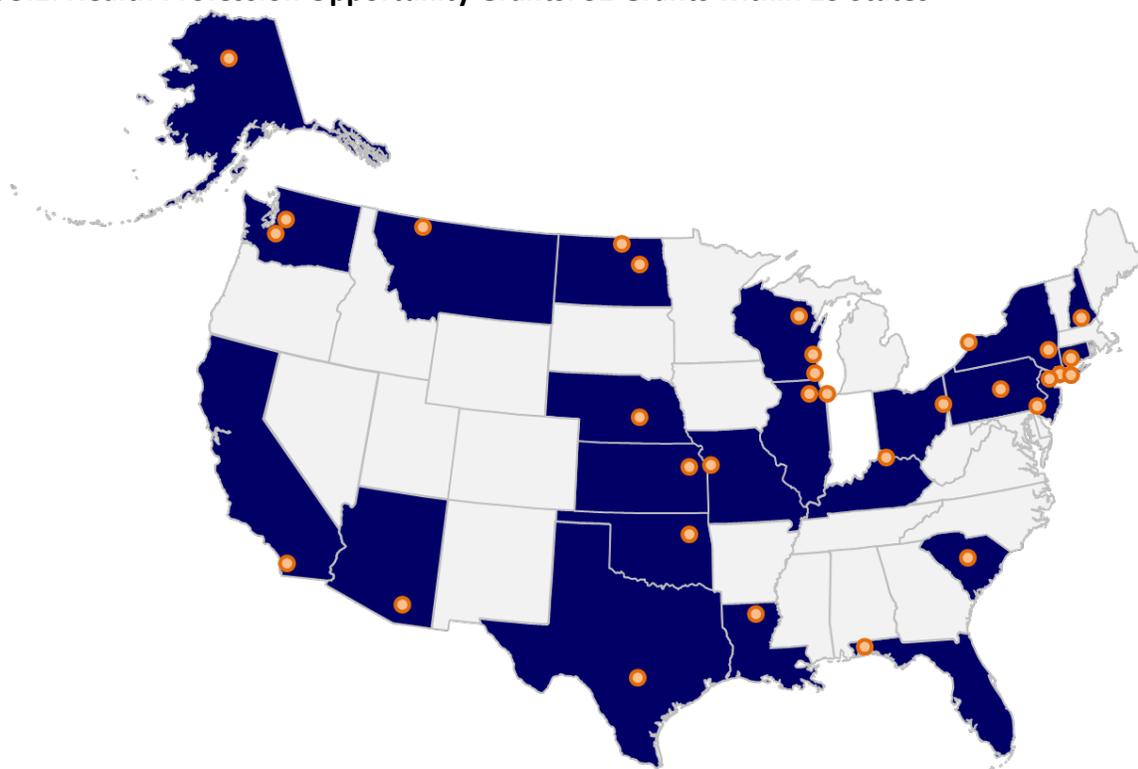
⁹ ACF also encouraged a number of strategic partnerships in the Grant Funding Opportunity Announcements (FOA) (Grants were awarded through two FOAs – one for TANF and low-income individuals; see: <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OFA-FX-0126>); and one limited to Indian tribes and tribal organizations, see: <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OFA-FY-0124>). In the FOAs, applicants were strongly encouraged to include other partners that could provide resources or expertise to the project (e.g., public and private employers, such as healthcare providers when appropriate, and industry-related organizations; the education and training community; etc.).

Providing technical assistance is an inherently dynamic process; the topics described here are just a few of those addressed. Other topics include recruitment, assessment, supportive services, case management, instructor engagement, and the future of healthcare. The Office of Family Assistance regularly explores emerging issues relevant to grantees and new methods of delivering training and technical assistance. The training and technical assistance provided by the HPOG Program embraces this, and continues to grow and change according to the needs of its grantees.

V. CHARACTERISTICS OF HPOG GRANTEES

The 32 HPOG grantees, representing a range of organizations in diverse communities, are implementing a variety of approaches to education and training activities and support services. Within the required HPOG framework and goals described previously, grantees have flexibility in how they design specific program components to meet the needs of their target populations and local employers. This section¹⁰ describes key characteristics of the HPOG grantees and grants.

Exhibit 5.1: Health Profession Opportunity Grants: 32 Grants within 23 States



¹⁰ Data presented in this section comes from the following evaluation report: Nathan Dietz, Nathan Sick, Pamela Loprest, and Alan Werner. (2014). *Health Profession Opportunity Grants: Year Three Annual Report (2012–2013)*. OPRE Report # 2014-48. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services: Abt Associates and the Urban Institute.

There is significant variation among the 32 HPOG grantees in their location, program size, and organizational characteristics. Grantees are located across the country; nine are in the Northeast, four in the Southeast, nine in the Midwest, and ten in the West (Exhibit 5.1). Half of the grantee organizations are institutions of higher education (mainly community colleges), and about 30 percent are Workforce Investment Boards (WIBs), regional organizations responsible for implementing the federal Workforce Investment Act (WIA). The remaining grantees are local or state government agencies (13 percent) or community-based organizations (CBOs) (9 percent). Five of the HPOG grants are tribal organizations, four of which are tribal higher educational institutions and one of which is a CBO.

Grantees vary in the number of participants they intend to serve. About one-third of the grantees (10) have five-year enrollment goals of less than 500. Another nine have goals of between 500 and 999, and nine have goals between 1,000 and 1,999. Four grantees have enrollment goals of 2,000 or more. In part because of these different enrollment goals, the amount of funding for HPOG grants also varies. Yearly HPOG program grants ranged between \$1 million and \$5 million, with most grantees (18) receiving awards between \$1 million and \$2 million. Another nine were awarded between \$2 and \$3 million, and five have grants between \$3 and \$5 million (Exhibit 5.2).

Exhibit 5.2: HPOG Grantee Location, Organization Type, Enrollment Goal, and Grant Award

State (City)	Grantee Name	Organization Type	Five-Year Enrollment Goal	Initial Grant Award
AZ (Tucson)	Pima County Community College District	Higher Education Institution	1,000–1,999	\$3,218,517
CA (San Diego)	San Diego Workforce Partnership	WIB	2,000+	\$5,000,000
CT (Bridgeport)	The WorkPlace, Inc. ^a	WIB	500–999	\$4,854,400
FL (Pensacola)	Pensacola State College	Higher Education Institution	1,000–1,999	\$1,671,193
IL (Chicago Heights)	Southland Health Care Forum, Inc.	CBO	Less than 500	\$1,508,501
IL (Joliet)	Workforce Investment Board of Will County	WIB	500–999	\$1,080,000
KS (Topeka)	Kansas Department of Commerce	Government Agency	2,000+	\$2,796,046
KY (Florence)	Gateway Community and Technical College	Higher Education Institution	500–999	\$1,776,607
LA (Monroe)	Workforce Development Board (SDA-83)	WIB	1,000–1,999	\$2,982,000
MO (Kansas City)	Full Employment Council	WIB	500–999	\$1,000,000
NE (Grand Island)	Central Community College	Higher Education Institution	1,000–1,999	\$1,552,650
NH (Concord)	New Hampshire Department of Health and Human Services, Office of Minority Health	Government Agency	1,000–1,999	\$2,380,059
NJ (Hackensack)	Bergen Community College	Higher Education Institution	2,000+	\$4,675,543

State (City)	Grantee Name	Organization Type	Five-Year Enrollment Goal	Initial Grant Award
NY (Buffalo)	Buffalo and Erie County Workforce Development Consortium, Inc.	WIB	1,000–1,999	\$1,323,067
NY (Bronx)	Research Foundation of the City University of New York	Higher Education Institution	500–999	\$1,480,000
NY (Schenectady)	Schenectady County Community College	Higher Education Institution	1,000–1,999	\$2,257,885
NY (Suffolk)	Suffolk County Department of Labor/Suffolk County WIB	WIB	1,000–1,999	\$1,002,021
OH (Steubenville)	Eastern Gateway Community College	Higher Education Institution	2,000+	\$2,991,125
OK (Tulsa)	Community Action Project of Tulsa County, Inc.	CBO	Less than 500	\$1,998,851
PA (Lewisburg)	Central Susquehanna Intermediate Unit	Government Agency	Less than 500	\$1,821,052
PA (Philadelphia)	Temple University of the Commonwealth System of Higher Education	Higher Education Institution	Less than 500	\$1,603,160
SC (Columbia)	South Carolina Department of Social Services	Government Agency	500–999	\$2,197,236
TX (San Antonio)	Alamo Community College District and University	Higher Education Institution	Less than 500	\$1,031,005
WA (Lynnwood)	Edmonds Community College	Higher Education Institution	500–999	\$1,426,985
WA (Seattle)	Workforce Development Council of Seattle-King County	WIB	500–999	\$2,262,918
WI (Kenosha)	Gateway Technical College	Higher Education Institution	Less than 500	\$1,828,442
WI (Milwaukee)	Milwaukee Area Workforce Investment Board	WIB	1,000–1,999	\$3,401,260
AK (Alaskan Natives) ^b	Cook Inlet Tribal Council, Anchorage	CBO	Less than 500	\$1,463,627
MT (Browning, Blackfeet Reservation) ^b	Blackfeet Community College	Higher Education Institution	500–999	\$2,693,236
ND (Fort Totten, Spirit Lake Dakota Nation) ^b	Cankdeska Cikana Community College	Higher Education Institution	Less than 500	\$1,683,553
ND (Turtle Mountain Band of Chippewa Indians) ^b	Turtle Mountain Community College, Belcourt	Higher Education Institution	Less than 500	\$1,654,008
WI (Keshena) ^b	College of Menominee Nation	Higher Education Institution	Less than 500	\$2,067,926

^a This grantee was awarded funding in FY 2011.

^b HPOG tribal grantee.

Source: HPOG initial grant applications and HHS/OFA.

Grantees also differ in participant eligibility criteria and target populations. HPOG targets TANF recipients (TANF cash beneficiaries are automatically income-eligible for HPOG) and other low-income individuals. Grantees define “low-income” as appropriate for their communities.¹¹ Twenty-five grantees define “low-income” based on the HHS federal poverty line,¹² with 200 percent of poverty most common (adopted by 14 grantees). Five grantees have different income standards for HPOG participants employed at intake (called “incumbent workers”) than for those who are not employed, allowing those with jobs to be eligible at higher income levels. Other grantees determine income eligibility based on participants’ qualifications relative to the WIA eligibility standards, TANF eligibility standards, or median state income.

Target populations differ among grantees. Often reflective of the communities they serve, grantees target their program outreach to specific populations, such as youth aging out of foster care, veterans, single mothers, those with barriers to education and/or employment, incumbent low-income workers, or members of certain ethnic groups (such as Native populations in the tribal grantee programs).

VI. CHARACTERISTICS OF HPOG PARTICIPANTS

Review of the characteristics of HPOG enrollees indicates the program is reaching its target population of TANF and low-income individuals. This section¹³ presents the demographic, income and benefit receipt, and education and employment characteristics of enrollees at program intake.

HPOG Participant Profile: LaDasia

LaDasia, a young single mother with two sons under the age of two, wanted to find training that would help her to end her reliance on TANF cash assistance and become financially independent. She enrolled in a certified nursing assistant program at the Albany Community Action Partnership (ACAP), a partner to an HPOG grantee. ACAP has provided intensive case management throughout her participation in the program. During the training, LaDasia’s mother was arrested and incarcerated and LaDasia needed emotional support and practical support with child care and transportation. After completing training, ACAP helped her obtain her driver’s license and secure full-time employment. LaDasia reached her six-month job retention milestone, but it was not easy. A few months in, her 2-year-old was diagnosed with autism and she had to juggle the demands of his therapy with her job. LaDasia has persisted and has been invited back by the program to share her experiences with new students, encouraging them to press on even when the going gets tough.

¹¹ HPOG authorizing statute (42 U.S.C. 1397g (a)(4)(B)) defines eligible individuals as an “individual receiving assistance under the state TANF program” or “other low-income individuals described by the eligible entity in its application for a grant under this section.”

¹² HHS federal poverty guidelines for 2013 can be found at Federal Register Volume 78, Number 16, pp. 5182-5183 (Jan. 24, 2013). According to these guidelines, the poverty line for a family of three was income of \$19,530 and for a family of four was income of \$23,550 in 2013.

¹³ Data presented in this section comes from the following evaluation report: Nathan Dietz, Nathan Sick, Pamela Loprest, and Alan Werner. (2014). *Health Profession Opportunity Grants: Year Three Annual Report (2012–2013)*. OPRE Report # 2014-48. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

The HPOG Program has enrolled 24,558 participants through Year 3. Exhibit 6.1 shows the demographic characteristics of program enrollees: 89 percent were female, 62 percent were never married, and 66 percent had one or more dependent children. About 38 percent were non-Hispanic white, and 35 percent were non-Hispanic black. Sixteen percent identified as Hispanic or Latino. Nearly half of HPOG participants were less than 30 years old, and about 10 percent were age 50 or older.

Exhibit 6.1: Demographic Characteristics at Intake of HPOG Participants through Year 3

Characteristic	Number	Percentage of Participants (%)
Sex		
Female	21,782	89
Male	2,776	11
Marital Status		
Married	3,744	17
Separated or Divorced	4,166	19
Widowed	237	1
Never Married	13,308	62
Missing Response	3,103	
Number of Dependent Children		
None	7,566	34
One or More	14,523	66
Missing Response	2,469	
Race/Ethnicity		
Non-Hispanic White/Caucasian	9,108	38
Non-Hispanic Black/African-American	8,434	35
Hispanic/Latino of Any Race	3,929	16
Asian, Native Hawaiian, or Pacific Islander	679	3
American Indian or Native Alaskan	1,118	5
Two or More Races	654	3
Missing Response	636	
Age		
Less than 20 Years	649	3
20 to 29 Years	11,048	45
30 to 39 Years	6,625	27
40 to 49 Years	3,710	15
50 + Years	2,429	10
Missing Response	97	

Table includes all PRS enrollees from September 30, 2010 to September 30, 2013 (N = 24,558). Percentages are of participants without missing data. Categories may not sum to 100 percent due to rounding.

Exhibit 6.2 shows participants' highest educational attainment as well as household and individual income at program entry. The majority of participants (almost 60 percent) had no prior college experience, with more than half having completed only high school (40 percent) or its equivalent (13 percent), and 6 percent not having graduated high school. More than one-third (35 percent) had at least one year of college or technical school, while 6 percent had four or more years of college.

Exhibit 6.2: Education and Income of HPOG Participants at Program Entry through Year 3

Characteristic	Number	Percentage of Participants (%)
Highest Educational Attainment		
Less than 12th Grade	1,370	6
High School Equivalency/GED	3,009	13
High School Graduate	9,319	40
1–3 Years of College/Technical School	8,085	35
4 Years or More of College	1,432	6
Missing Response	1,343	
Household Income		
\$9,999 or Less	9,487	49
\$10,000 to \$19,999	5,253	27
\$20,000 to \$29,999	2,736	14
\$30,000 to \$39,999	1,016	5
\$40,000 or More	819	4
Missing Response	5,247	
Individual Income		
\$0	5,676	28
\$1 to \$9,999	8,004	39
\$10,000 to \$19,999	4,512	22
\$20,000 to \$29,999	1,785	9
\$30,000 or Over	536	3
Missing Response	4,045	

Table includes all PRS enrollees from September 30, 2010 to September 30, 2013 (N = 24,558). Percentages are of participants without missing data. Categories may not sum to 100 percent due to rounding.

By design, HPOG targets individuals with limited household income. To put the income figures in Exhibit 6.2 in context, in 2013 the federal poverty level for a one-person household was \$11,490 and for a one-adult and two-child household was \$19,530.¹⁴

¹⁴ Statistics are based on the HHS federal poverty guidelines for 2013. See Federal Register Volume 78, Number 16, pp. 5182-5183.

In addition to having low levels of income, many HPOG participants received public assistance at the time of program entry (Exhibit 6.3). The Supplemental Nutrition Assistance Program (SNAP) was the most common assistance received (56 percent of enrollees). TANF recipients, a target recruitment population for HPOG grantees, made up 17 percent of participants at program entry.

Exhibit 6.3: Receipt of Public Benefit Programs by HPOG Participants through Year 3

Program	Number	Percentage of Participants (%)
Temporary Assistance for Needy Families (TANF)		
Yes	3,711	17
No	18,356	83
Missing Response	2,491	
Supplemental Nutrition Assistance Program (SNAP)		
Yes	12,465	56
No	9,891	44
Missing Response	2,202	
Medicaid		
Yes	7,649	38
No	12,221	62
Missing Response	4,688	
Supplemental Security Income (SSI)		
Yes	747	4
No	20,541	96
Missing Response	3,270	
Social Security Disability Insurance (SSDI)		
Yes	429	2
No	20,664	98
Missing Response	3,465	
Unemployment Insurance (UI)		
Claimant	2,950	13
Exhaustee	829	4
Not Claimant or Exhaustee	18,378	83
Missing Response	2,401	

Table includes all PRS enrollees from September 30, 2010 to September 30, 2013 (N = 24,558). Percentages are of participants without missing data. Categories may not sum to 100 percent due to rounding.

HPOG programs focus on serving the most in-need individuals, including TANF recipients. There are a number of factors that can affect the number of TANF recipients within an HPOG program's service area and the effectiveness of TANF partnerships.

Many states and localities have adopted "work first" TANF strategies, which focus on engaging participants in TANF work activities immediately and transitioning recipients off TANF and into employment as quickly as possible. These TANF programs are often less likely to engage their recipients in longer-term training programs. In addition, many low-income adults do not qualify for TANF due to eligibility rules (e.g., they do not have dependent children or do not meet state or local income eligibility thresholds). As a result of these factors, many HPOG grantees recruit participants from communities with a relatively small number of TANF recipients.

There are also logistical challenges to partnering with TANF programs. TANF programs can vary significantly in their administration, procedures, and program strategies. Some TANF programs are state administered, and others are county administered. In addition, there are 70 tribal TANF programs across the country. And many TANF-funded services are carried out through contracts. The diversity of administrative structures and service delivery models requires HPOG programs to build partnerships with multiple stakeholders, and be responsive to their particular needs. What works well in one place may not work well in all places.

To better engage TANF participants, HPOG programs have adopted a variety of strategies for connecting with and maintaining strong partnerships with TANF agencies. All HPOG grantees are required to set annual TANF enrollment goals based on their program's capacity, local TANF policies, and TANF caseloads. All HPOG grantees are required to obtain formal memoranda of understanding with the agency that administers their state TANF program, and these memoranda are reviewed and updated on an annual basis. HPOG programs are also strongly encouraged to develop memoranda of understanding with relevant county and tribal TANF programs. These agreements can cover issues of recruitment, referrals, eligibility determination, information sharing, aligning services, and other processes.

A particularly important process is aligning HPOG program activities with TANF work participation activities, so that a TANF recipient can retain benefits while pursuing training through the HPOG program. To maintain a seamless identification and referral process, most HPOG programs meet regularly with their local TANF agencies to coordinate services and assure a regular pipeline of referrals in both directions. Some HPOG programs have co-located services with TANF programs, which can help foster stronger relationships between program staff and make it easier for participants to apply for multiple services at the same time. Some HPOG programs strengthen their TANF partnership by celebrating successes and sharing stories with frontline referral staff, in marketing materials, in board meetings, and on social media. In addition, all HPOG programs provide some kind of case management and work readiness services to their participants; and many HPOG programs provide intensive services, which assist TANF recipients and other low-skilled individuals in overcoming barriers to completing training and obtaining employment. Many of these strategies and lessons learned are

synthesized in a report, [Health Profession Opportunity Grants and TANF Partnerships: Lessons Learned in Engaging TANF Participants](#).

VII. HPOG PROGRAM COMPONENTS

Key HPOG program components include *pre-training activities* such as study skill workshops and basic academic skills classes; *healthcare training courses* defined as one or more classes that prepare an individual for a specific healthcare occupation; *support services* that provide academic and personal assistance to ensure that participants successfully complete training; and *employment development activities* to help participants enter employment. These components align with a career pathways framework. In HPOG, grantees are adapting principles of the career pathways framework to implement education and training activities and support services that meet the needs of TANF recipients and low-income individuals with varying levels of educational background. These activities and services are provided by the grantee or through its network of partners.

Through Year 3, HPOG participants engaged in these key program components. Of all HPOG enrollees, 90 percent (21,994 people) participated in a pre-training activity or healthcare training course. Ninety-six percent (23,530) received academic and personal support services and 58 percent (14,261) engaged in employment development activities. The following subsections describe HPOG enrollee activities in more detail.¹⁵

A. PRE-TRAINING ACTIVITIES

Grantees offer a mix of pre-training activities to help participants prepare to enter healthcare training courses, ranging from basic skills courses to occupational prerequisite courses, college success courses, or orientations to the healthcare industry.

Grantees use different assessment tools or pre-screening processes to determine pre-training activity needs based on skill levels, aptitude, and preference for a particular occupation. Some grantees require most or all of their HPOG participants to enroll in career exploration or orientation classes. For example, several grantees require participants to enroll in a “boot camp” (an intensive preparation for training that usually takes place over a relatively short period of time) prior to occupational training to help prepare them to succeed in school and in future employment. Others provide or require workshops that help participants develop skills necessary to take college courses. For grantees that offer them, pre-training activities such as basic skills education courses are generally assigned to participants based on an assessment of limited basic skills and identified academic needs.

¹⁵ Data presented in this section comes from the following evaluation report: Nathan Dietz, Nathan Sick, Pamela Loprest, and Alan Werner. (2014). *Health Profession Opportunity Grants: Year Three Annual Report (2012–2013)*. OPRE Report # 2014-48. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Through the first three years of the HPOG Program, all 32 grantees offered pre-training activities. The use of these services varied, with nine grantees enrolling fewer than 20 percent of participants and ten enrolling more than 80 percent. Overall, 43 percent of HPOG enrollees (10,661 people) participated in at least one pre-training activity, and over one-third of them participated in multiple pre-training activities.

Exhibit 7.1 presents the number of enrollees that participated in each type of pre-training activity as a percentage of all enrollees. The most common pre-training activity was orientation to healthcare (25 percent of participants). Twelve percent enrolled in prerequisite classes for occupational training. Smaller percentages took college skills workshops (5 percent) and basic skills education classes including adult basic education (3 percent), pre-GED/GED classes (1 percent), and English as a Second Language education (ESL, 1 percent).

Fourteen percent of participants were involved in “other” pre-training activities, the most common of which were CPR/first aid, financial training, placement testing, and foundational pre-requisite courses that did not fall into pre-defined categories. Some of these activities were designed specifically for the HPOG Program.

Exhibit 7.1: Participants Enrolled in HPOG Pre-Training Activities through Year 3

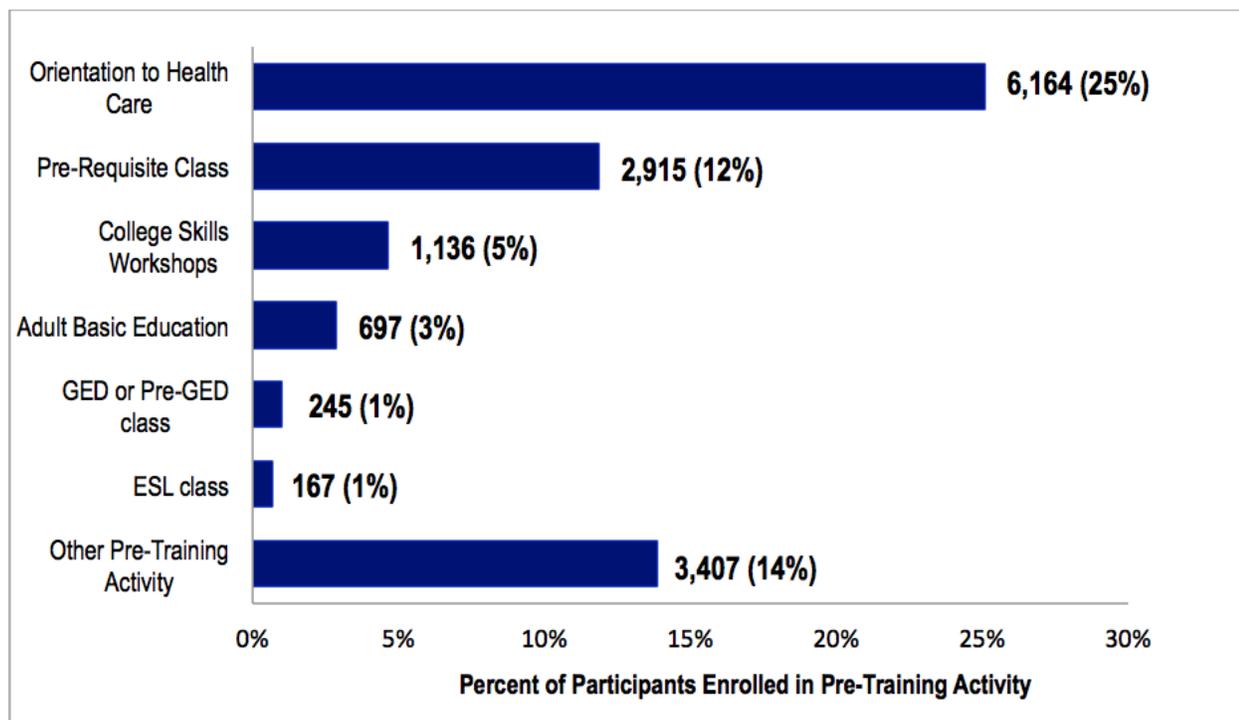


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558).

Participants who enrolled in multiple pre-training activities may be represented in more than one category, but only once within each category.

B. HEALTHCARE TRAINING COURSES

Providing healthcare training is central to the HPOG Program’s goal to prepare participants for high-demand healthcare occupations. HPOG healthcare training is intended to lead to skills and credentials that are in demand by employers. Training providers include community or technical colleges, four-year colleges, non-profit or community-based organizations, and private for-profit training providers.

Through Year 3, 81 percent of HPOG enrollees (19,776) participated in a healthcare training course. Of these, 19 percent (3,838) engaged in more than one healthcare training course. Exhibit 7.2 lists the healthcare training courses in which HPOG participants enrolled.

Exhibit 7.2: Participation in HPOG Healthcare Training Courses through Year 3

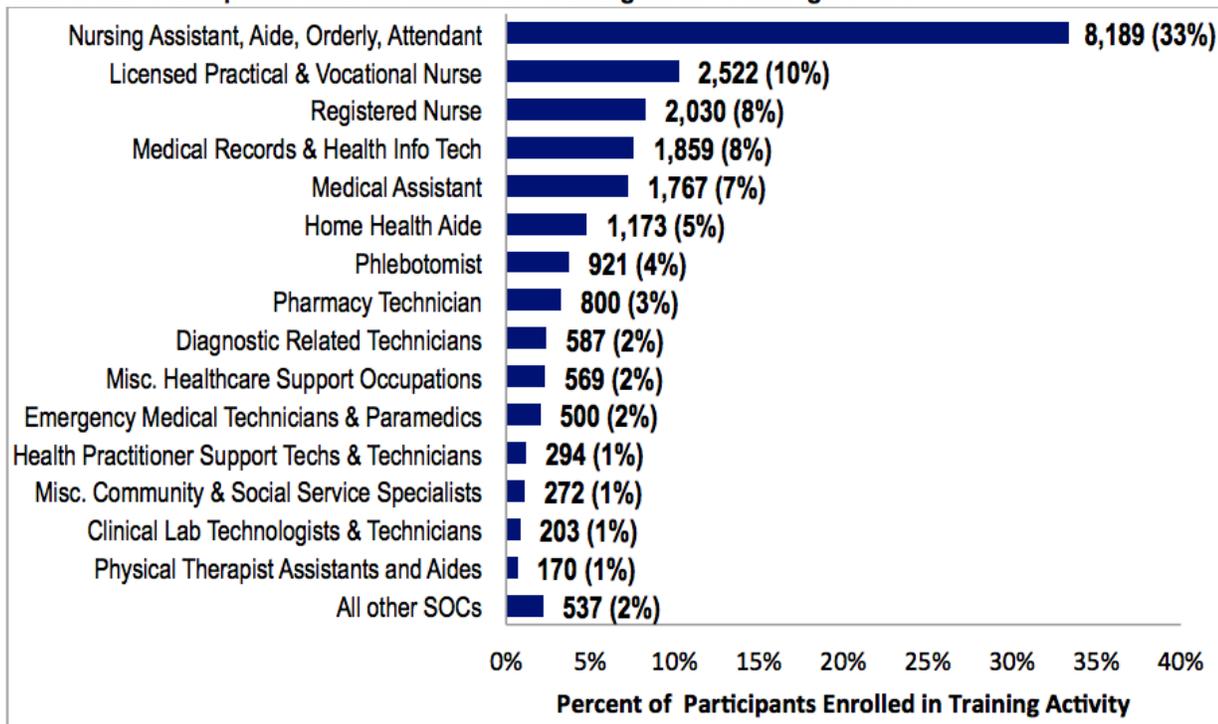


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558). Participants who enrolled in multiple healthcare training courses may be represented in more than one category, but only once within each category. The “All other SOCs” category includes healthcare training courses in which fewer than 1 percent of HPOG participants have enrolled.

HPOG grantees offer training in 76 occupations, as defined by the Bureau of Labor Statistics’ (BLS) Standardized Occupational Classifications (SOCs). Over half of the grantees offer training for the occupations of registered nurse (RN), licensed practical and licensed vocational nurse (LPN/LVN), medical records and health information technician, nursing assistant/aide/orderly/attendant, medical assistant, and phlebotomist. Depending on the occupation, a training course may last a relatively short period of time (for example, less than eight weeks for nursing assistants) and result in a certificate of completion or may take several years to complete (for example, for an associate degree).

Training for an entry-level position in an occupation may also be “stacked” with progressively higher-skill training courses to build a career pathway for participants. Some occupations have established career pathways. A participant interested in nursing, for example, can start at a certified nursing assistant (CNA) certificate, progress to an LPN or LVN, and eventually train as an RN (generally an associate or bachelor degree program). Some grantees developed new programs in response to emerging market demand. Other HPOG programs offer a “menu” of training courses that represent a range of occupations and skill levels from which participants may choose. Grantee staff often work with participants to assess their career interests and aptitude and counsel them about the training courses for which they may qualify.

The “nursing assistant, aide, orderly, attendant” occupational category (which includes CNA training) was the most common healthcare training course, with 33 percent of HPOG enrollees participating or 8,189 enrollees across all grantees. This is generally a short course of training lasting about eight weeks. Other similarly short courses with high participation include medical assistant and home health aide. Training courses to become an LPN/LVN and RN, the next steps in a career pathway after becoming a nursing assistant, were also taken by a relatively large group of enrollees (10 and 8 percent, respectively). The most common non-patient care training course was for medical records and health information technicians. This occupation, responsible for compiling and maintaining medical records, typically does not involve direct patient care.

Nursing Career Pathways Program: College of Menominee Nation

The College of Menominee Nation in Wisconsin is a tribal grantee implementing a nursing career pathways program. The career pathway starts with a thorough assessment process, where the student and program staff work together to create an individualized success plan. After assessment, students enter an intensive “boot camp” to address academic readiness issues, such as basic education, time management, test-taking, study skills, critical thinking, and financial literacy. Students are also provided with targeted support services, such as child care or transportation assistance, to help them overcome barriers to completing their education or moving into employment. Students then take a short-term training (120 classroom hours) as a Certified Nursing Assistant (CNA), and receive assistance with finding employment.

Maintaining employment in the nursing field is a requirement of continuing in Menominee’s program, which helps students achieve the first steps in becoming self-sufficient while also giving them critical on-the-job experience. They can then take additional classes at the college to progress to a Licensed Practical Nurse (LPN), with the option of continuing their education to an associate degree in nursing to become a Registered Nurse (RN). This career pathway can move a student from unemployment, to an average starting salary of \$11.75 an hour as a CNA, to \$17.60 an hour as an LPN, and up to \$25.15 an hour as an RN.

C. SUPPORT SERVICES

An integral part of HPOG is the provision of support services to facilitate participants' success in their primary training or employment activities. The original funding opportunity announcements¹⁶ require grantees to provide support services to participants and to leverage key support resources through a range of partners. Services offered aim to promote academic success (e.g., assessments and counseling), help with training and work-related expenses, and identify and remove barriers to program participation and completion through social services. HPOG program services can be grouped into the following categories:

- Pre-enrollment/intake assessment services
- Training and work-related resources (e.g., books, license fees, tools, uniforms)
- Case management
- Counseling services (e.g., mentoring, peer support, academic advising, tutoring)
- Social and family services (e.g., short-term emergency assistance)
- Social support resources (e.g., connecting to child care, transportation, legal assistance)
- Housing support services
- Cultural programming (e.g., participant workshops on history or cultural sensitivity)
- Other support services (e.g., help obtaining government benefits, assistance with fees)

Comprehensive Support Service Provision: Edmonds Community College

For over six years, Denise has been a working single mom to three girls. While working as an employment specialist she was diagnosed with breast cancer and had to quit her job to recover. After her treatments, she returned to work, this time supporting adults with disabilities. But due to budget cuts at her employer, Denise lost her job and was unemployed for several months, unable to find work in a lagging economy.

Through a friend, Denise found the HPOG program at Edmonds Community College. Denise's major barriers to success were access to child care and reliable transportation. Through a partnership with the Basic Food and Employment Training program, the HPOG program connected Denise to child care services for her daughters. HPOG also assisted with bus passes and gas cards to help Denise get to externship locations. To help assure Denise's financial stability, HPOG staff helped her get a part-time job with student services on campus. At one point during her education, Denise received an eviction notice when her rental unit was sold to a new owner. She was able to find a new smaller apartment, and with her part-time job she could cover some of the costs. When she was short the first month's rent, the HPOG program partnered with another community agency to jointly cover it, so that she and her children would not become homeless at a critical juncture in her education. Since then, Denise has completed her certificates and found full-time employment. She continues to pursue advancement in her education and career, but could not have achieved these successes without the supportive services of the HPOG program.

¹⁶ To access the original funding opportunity announcements, see: <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OFA-FX-0126> and <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OFA-FY-0124>

Services provided to participants varied by grantee. Some delivered support services in-house, using grantee resources and staff to dispense a range of services “under one roof.” Other grantees made referrals to a network of providers in the community. All grantees offered case management, training and work-related resources, and social and family services and resources. Almost all provided pre-enrollment/intake assessments and counseling. In addition to these support services, all grantees directly paid all or part of tuition for training and education for some or all of their participants.

Exhibit 7.3 shows participant receipt of support services by category. The three most commonly received support services were case management, pre-enrollment and assessment, and counseling. More than two-thirds of participants (68 percent) received training and work-related resources.

Exhibit 7.3: Participants Receiving HPOG Support Services through Year 3

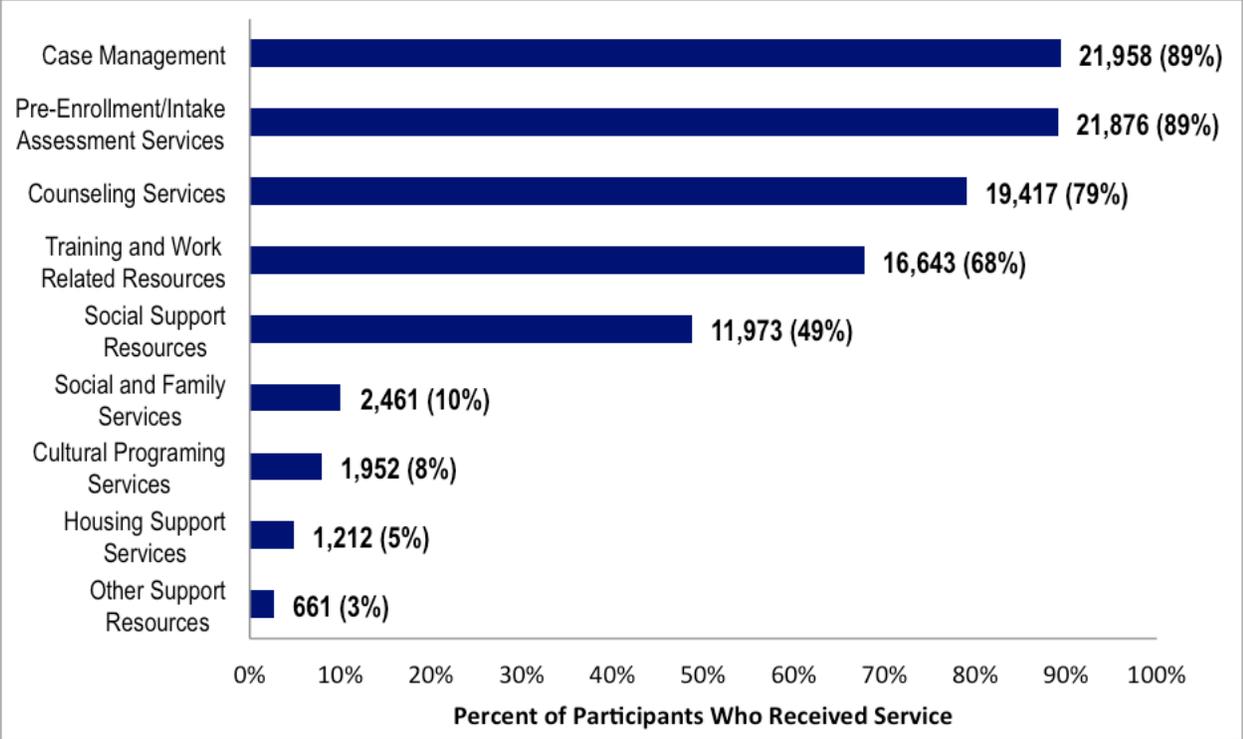


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558). Participants who received more than one type of support service may be represented in more than one category, but only once within each category.

The categories “social support resources” and “social and family services” include assistance that supports participants’ continuation in the program but is not specifically related to academic, training, or employment needs. Supports in these categories include assistance with social service needs (sometimes through partner agencies) such as child care and transportation assistance, or short-term assistance with car repair, utilities, or emergency food and shelter needs. Almost half of all participants received social support resources. Cultural programming and housing support services were provided less frequently than other types of support services.

D. EMPLOYMENT DEVELOPMENT ACTIVITIES

All grantees offered services to prepare HPOG participants for employment. Grantee employment development activities are designed to help participants gain employability skills and work experience, and to help find healthcare jobs. The services offered recognize that employers often search for candidates who have not only technical skills, but the social and workplace skills needed to thrive in a healthcare setting, and practical experience working in a healthcare environment. Examples of employment development activities include:

- Employment assistance: Job search and job retention assistance, including assistance from a career coach (sometimes called a career navigator or job coach) who helps participants build job search skills, apply for jobs, network, interview, and develop resumes and cover letters.
- Other skills/life skills training: Training to develop employer-sought personal behaviors including responsibility, punctuality, self-confidence, ability to get along with others, and ability to work well in a group or team.
- Job-readiness workshops: Workshops that address soft/life skills needed in the workplace (see above) and occupation- and job-specific issues, including job search skills.
- Work experience: Non-paid work assignments that primarily provide orientation and general exposure to the workplace.
- On-the-job training: Formal agreement where employers can be reimbursed for the costs associated with employee training if they hire and provide training to participants while they are engaged in productive work.
- Job shadowing: Short-term scheduled activity (e.g., a day or a week) in which individuals, usually trainees, follow a worker engaged in an occupation to learn about that occupation and experience what the job is like.

Exhibit 7.4 shows the number and percentage of enrollees participating in each employment development activity through Year 3. The most common activity was employment assistance.

Exhibit 7.4: Participants in HPOG Employment Development Activities through Year 3

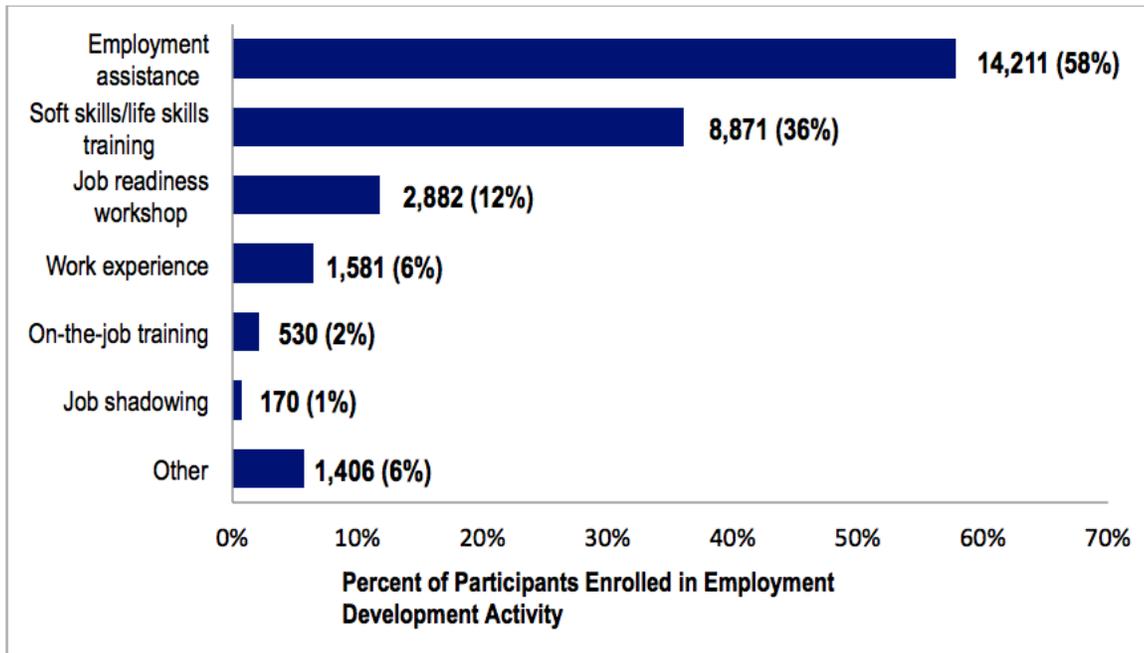


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558).

Participants who engaged in more than one type of activity may be represented in more than one category, but only once within each category.

VIII. HPOG PARTICIPANT OUTCOMES

Up to this point, this report has presented performance data on all individuals who participated in HPOG in its first three years.¹⁷ The HPOG evaluation also included an outcomes study of a sub-set of participants to better understand program outcomes. This study relied on administrative data from the HPOG Performance Reporting System (PRS) on the first 12 months of HPOG participation for 8,634 individuals who enrolled in HPOG between September 30, 2010 and October 1, 2012, allowing for 12 months of post-enrollment follow-up. The participant outcomes data to follow come from this study.¹⁸

¹⁷ Nathan Dietz, Nathan Sick, Pamela Loprest, and Alan Werner. (2014). *Health Profession Opportunity Grants: Year Three Annual Report (2012–2013)*. OPRE Report # 2014-48. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

¹⁸ Pamela Loprest (with Allison Stolte) (2014). *Interim Outcome Study Report: National Implementation Evaluation of the Health Profession Opportunity Grants (HPOG) to Serve TANF Recipients and Other Low-Income Individuals*, OPRE Report #2014-53. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

The goal of the HPOG Program is to help participants complete healthcare training courses and obtain related employment. As noted earlier, many enrollees were still in the program at the end of Year 3 and will continue services into Year 4. For this reason, the outcomes described below are a partial picture of HPOG enrollee outcomes.¹⁹

A. HEALTHCARE TRAINING COURSE COMPLETION, OVERALL AND BY TYPE

Data from the outcomes study found that within 12 months of enrollment, 59 percent of HPOG enrollees who started a healthcare training course completed that training. Another 28 percent were still participating in a healthcare training course one year after enrollment.²⁰ This is not surprising since some training activities are longer and some enrollees require basic skills education or prerequisites before starting a healthcare training course. About 13 percent of those who began training did not complete it. With more than one-quarter of HPOG enrollees still in training one year after enrollment, the completion rate for any cohort of participants will likely increase over time.²¹ These results are discussed in more detail below.

Exhibit 8.1 shows 12-month completion rates for those who began a healthcare training course by training type. A number of training courses have higher completion rates than the HPOG-wide average of 59 percent. These include community and social service specialists (92 percent); nursing, psychiatric, and home health aides (85 percent); nursing aides, orderlies, and attendants (83 percent); phlebotomists (72 percent); pharmacy technicians (61 percent); and diagnostic-related technologists and technicians (60 percent). Healthcare training courses with the highest rates of non-completion are emergency medical technicians and paramedics (37 percent) and clinical laboratory technologists and technicians (22 percent).

Low completion rates are to be expected for some courses after just one year (e.g., registered nurse training, where only 12 percent of those who began had completed one year after enrollment). Registered nurse programs lead to associate or bachelor degrees, which are not generally completed in

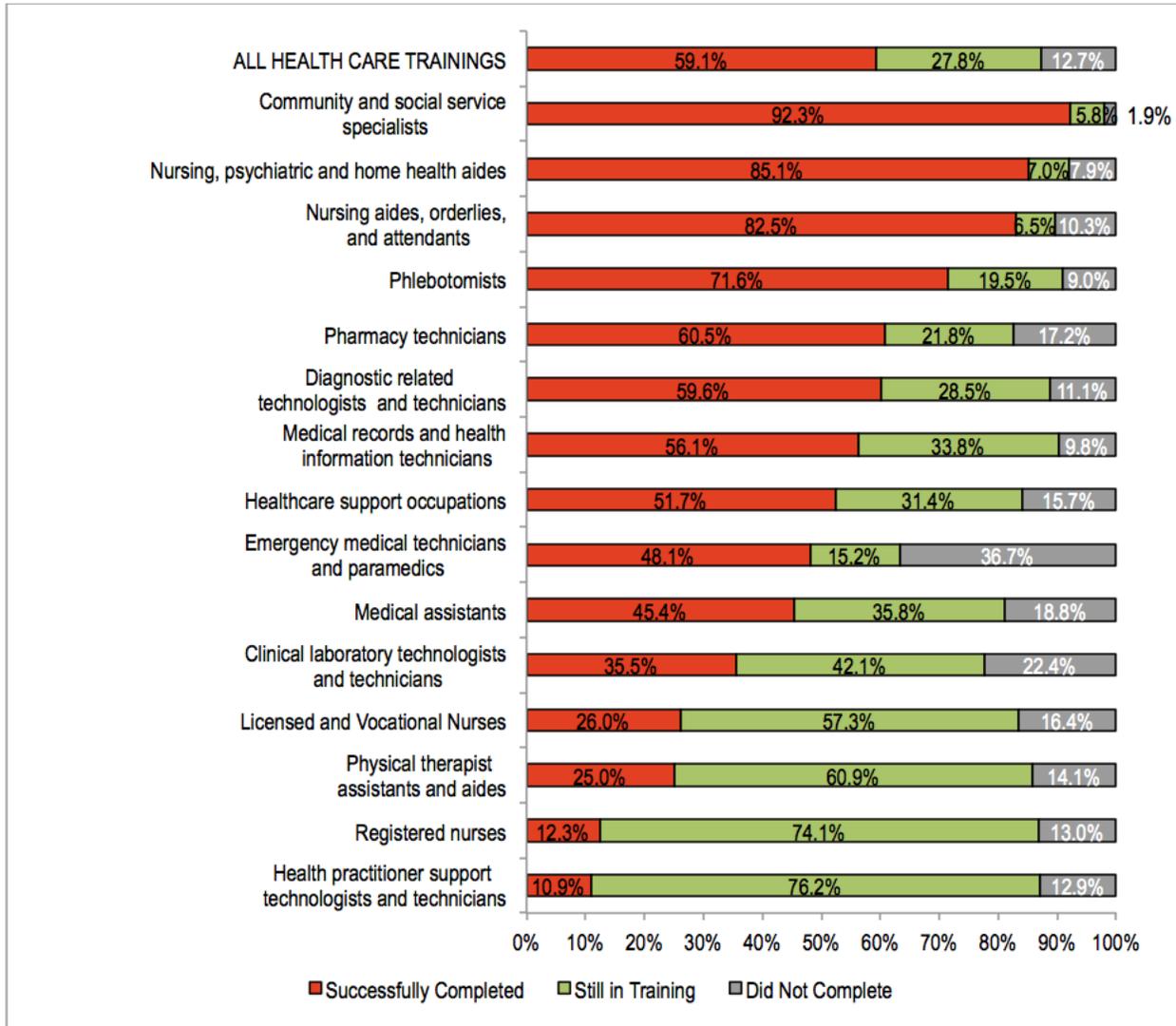
¹⁹ See Section XIII for a discussion and timeline of future reports.

²⁰ This percentage reflects those who have not yet completed a healthcare training and are participating in training one year after enrollment. Because some enrollees begin multiple courses within the first year of enrollment (that is, complete one training and go on to another), the actual percentage of all enrollees in training one year after enrollment (regardless of prior training completion) is higher, 35 percent.

²¹ A limitation of these data is that some enrollees who still appear to be in training may have dropped out without informing the program. Over time, as training courses end and grantees update their records, some of those recorded as still in training may change status to “did not complete.” See Section XI of this report for preliminary results on training completion for 18 months after enrollment.

one year. In cases such as this, it is important to note the percentage who were still in training after 12 months (in the case of registered nurse, almost three-quarters of participants).

Exhibit 8.1: Completion Status at 12 Months by Healthcare Training Course Type, among Participants Who Began Training

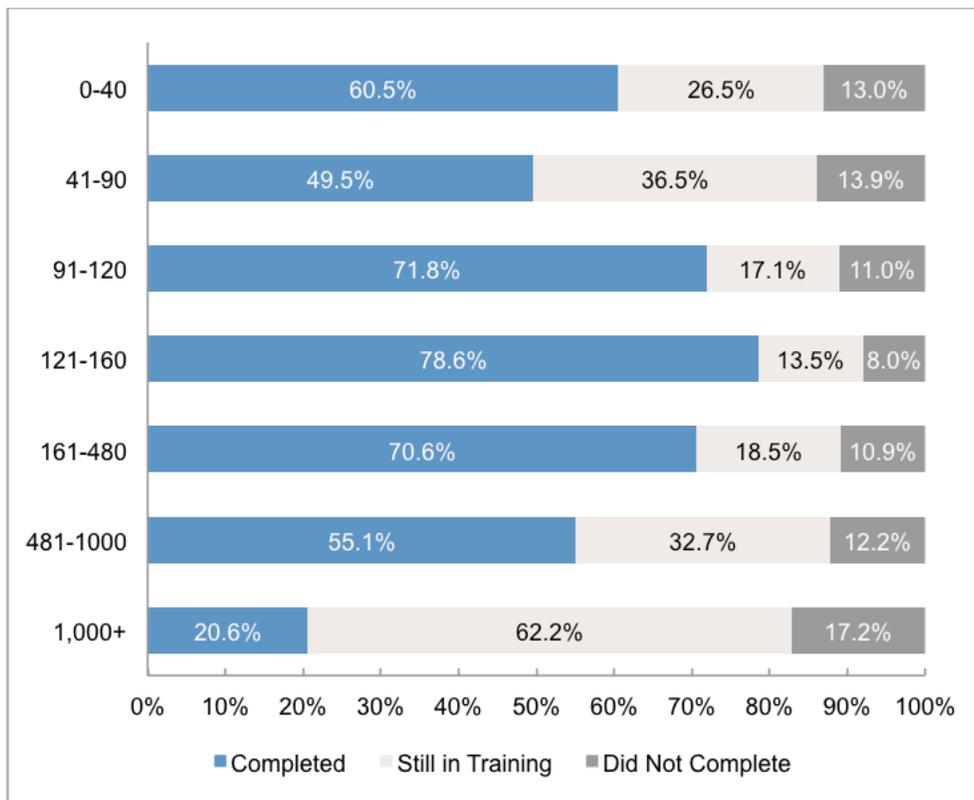


Sample is 7,240 enrollees with 12 months post-enrollment data who began a healthcare training course. Enrollees who participated in more than one type of training course are included in multiple rows. Each bar shows percentages out of those who began the corresponding training course. Percentages are of participants with known completion status. Less than 1 percent of participants are missing completion status. Only healthcare training courses with more than 50 participants are shown.

B. HEALTHCARE TRAINING COMPLETION BY HOURS

Exhibit 8.2 shows 12-month completion rates by the length of the training in class hours. The longest healthcare training courses tend to have lower 12-month completion rates. For example, only 21 percent of participants completed courses of more than 1,000 hours within 12 months. This is expected, given that longer programs may span more than one year. Many enrollees (62 percent) that began a training course of more than 1,000 hours were still in courses at the end of the first year. However, the shortest training courses do not necessarily have the highest completion rates. Healthcare training courses of 90 hours or less have lower completion rates at one year than courses between 91 and 480 hours long.

Exhibit 8.2: Completion Status by Length of Training in Hours, among Participants Who Began Training

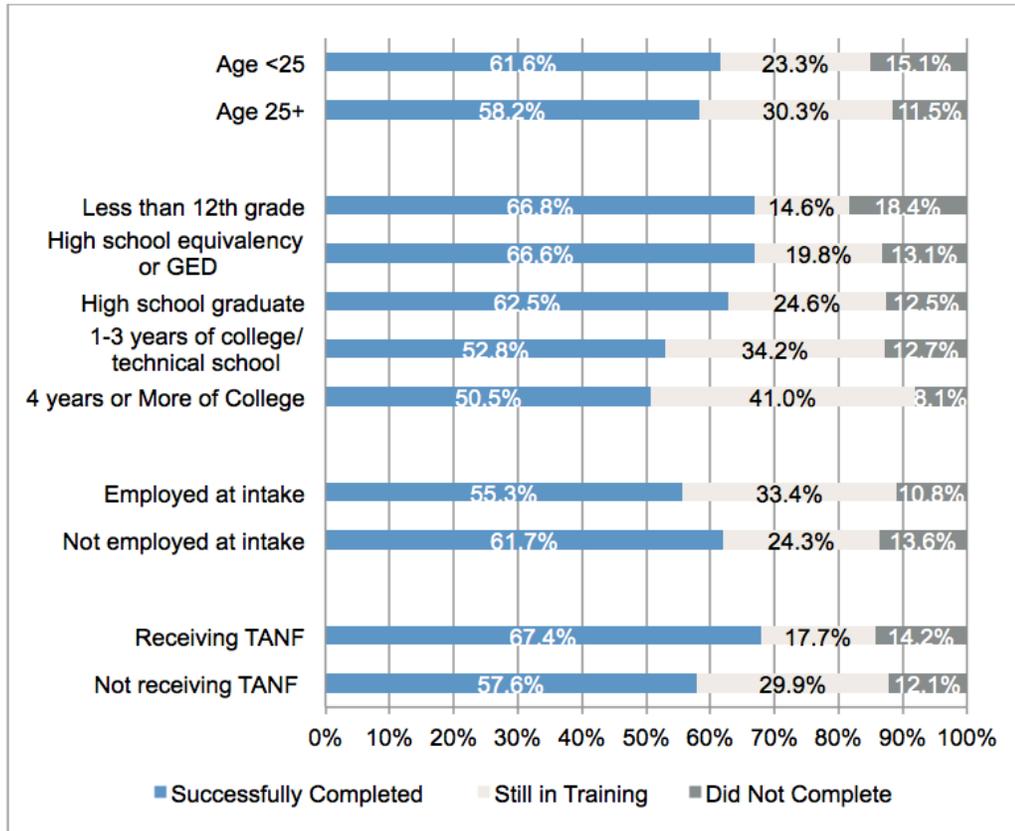


Sample is 7,240 enrollees with 12 months post-enrollment data who began a healthcare training course. Enrollees who participated in more than one training course of different lengths are included in multiple rows. Each bar shows percentages out of those who began a training course of corresponding length. Percentages are of participants with known training course hours. Twenty-three percent of training course enrollments are missing hours.

C. HEALTHCARE TRAINING COMPLETION BY SUBGROUPS

Completion of training varies by subgroup (Exhibit 8.3).²² For example, healthcare training course completion rates are higher for those with lower education levels at program entry. Sixty-seven percent of training enrollees with less than a high school education completed their training, while 51 percent of those with four or more years of college completed courses. Additionally, 12-month healthcare training course completion rates are higher for TANF recipients (67 percent) than those not receiving TANF at program entry (58 percent); however, TANF recipients have a slightly higher dropout rate. Individuals who did not receive TANF benefits at intake are more likely to still be in training 12 months after enrollment than TANF beneficiaries (30 percent vs. 18 percent). Completion rates by age and employment status at intake do not vary substantially. It is important to note that completion rates and training length are associated (as was shown in Exhibit 8.2), so higher completion rates for a subgroup could just be signaling that individuals in that group are more likely to take shorter training courses.²³

Exhibit 8.3: Completion of Healthcare Training Courses by Subgroup, among Participants Who Began Training



Sample is 7,240 enrollees with 12 months post-enrollment data who began a healthcare training course.

²² The subgroups presented here were chosen because of the potential for differences in outcomes along these dimensions.

²³ Future reports will address this question.

D. MULTIPLE HEALTHCARE TRAINING COURSES: PARTICIPATION AND COMPLETION

One goal of a career pathways program is providing post-secondary training as a series of manageable and well-articulated steps so program participants can advance through successively higher levels of education and training, leading to employment. HPOG grantees have flexibility to develop or help participants enroll in a sequence of courses that help a student advance toward a specific goal, such as a degree or occupational license. Six of 27 non-tribal grantees reported that more than half of their participants enrolled in multiple healthcare training courses within 12 months. A quarter of all HPOG enrollees participated in more than one healthcare training course in their first year.

Exhibit 8.4 shows the share of participants who enrolled in and completed multiple healthcare training courses in 12 months. Each row represents a different stage in the healthcare training process. The table is read as the percentage of enrollees in the row status category who have achieved the column heading category. For example, row 1, column 2 shows that 48 percent of enrollees completed a first training course. Row 2, column 2 shows that 57 percent of those who entered a first training course, completed it.²⁴ Of those who completed a first training course, 33 percent started a second healthcare training course (row 3, column 3). Of those who started a second course, 63 percent completed that course (row 4, column 4)—a rate higher than the average completion rate for all training courses. This is surprising given that the percentage still in training among those who began a second training is also higher. Among all enrollees, 10 percent completed multiple healthcare training courses within 12 months of enrollment (row 1, column 4).

Exhibit 8.4: Progress of Enrollees through Multiple Healthcare Training Courses

HPOG program status	Percentages of Row Status			
	Entered first training course N = 7,240	Completed first training course N = 4,128	Entered second training course N = 1,374	Completed second training course N = 864
Enrolled N = 8,634	83.9	47.8	15.9	10.0
Entered first training course N = 7,240		57.0	19.0	11.9
Completed first training course N = 4,128			33.3	20.9
Entered second training course N = 1,374				62.9

Sample is 8,634 HPOG enrollees with 12 months post-enrollment data.

²⁴ This percentage is slightly lower than the healthcare training completion rate reported in Section VIII, A. That rate includes all enrollees who completed at least one healthcare training course. A number of enrollees who began more than one healthcare training activity are missing completion status for the first training. These enrollees are not included as completing a first training in this exhibit.

IX. EMPLOYMENT OUTCOMES FOR PARTICIPANTS THROUGH YEAR 3

Participant employment in the healthcare industry is the ultimate goal of the HPOG Program. Many HPOG grantees help participants find healthcare employment during participation in the program, as a way of gaining occupational experience and improving employment prospects post-training, as well as upon completion of the program. Additionally, some HPOG grantees work with incumbent workers to provide pathways to promotions and associated wage increases. Many HPOG grantees regularly follow up with their former participants, even those who find employment in healthcare, to give them continued career support. This section presents several different measures of employment outcomes.^{25,26}

One outcome measure is whether a participant is employed at program exit after completing one or more healthcare training courses.²⁷ Among those who completed one or more healthcare training courses and exited HPOG in the first three years of the program, 68 percent were employed at exit and 56 percent were employed in healthcare jobs or in the healthcare sector.²⁸

Market-Sensitive, Customized Training Approach to Facilitate Job Placement

The Full Employment Council (FEC) is a business-led, private nonprofit organization that provides skills training and employment services to the unemployed and underemployed residents of the Greater Kansas City area. The program is focused on using real-time information from local employers, in concert with labor market information, to help participants make informed choices about choosing education and training programs.

FEC calls its training strategy the “Just-In-Time” approach, referring to how the training is customized to meet an employer’s immediate workforce need. FEC uses labor market information and real-time workforce intelligence drawn from surveys of local employers to delineate the most appropriate training courses to enroll clients in or develop. A panel of employers then determines a menu of training options that are most likely to meet real time job openings. This training menu covers a wide variety of healthcare occupations by utilizing all local community colleges, vocational schools, and four-year institutions in the area. Programs on the menu have lengths ranging from six weeks to 24 months and lead to a variety of credentials. The strategy is designed to be as market sensitive as possible to ensure high rates of rapid successful job placements.

²⁵ These results are an incomplete picture of employment outcomes for HPOG participants because many were still engaged in substantive training activities in Year 3 and may not have actively searched yet for healthcare employment.

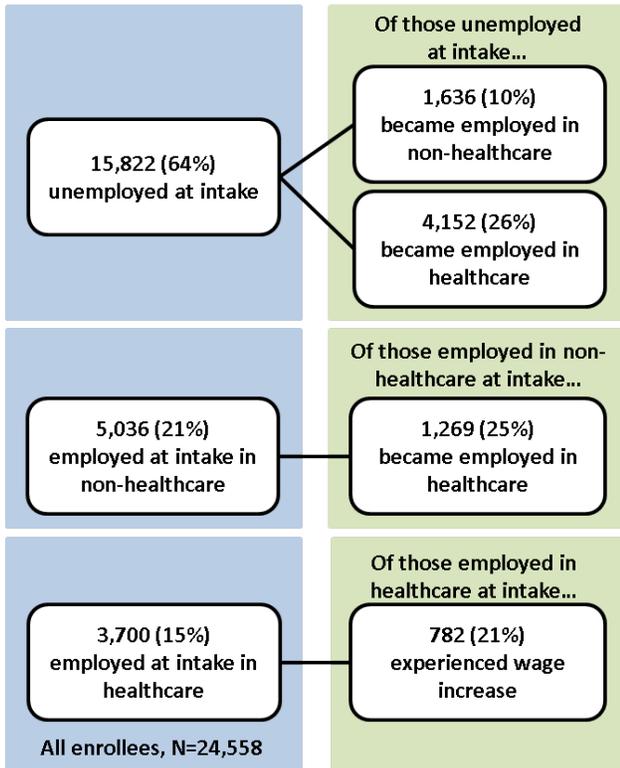
²⁶ Data presented in this section comes from the following evaluation report: Nathan Dietz, Nathan Sick, Pamela Loprest, and Alan Werner. (2014). *Health Profession Opportunity Grants: Year Three Annual Report (2012–2013)*. OPRE Report # 2014-48. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

²⁷ A total of 5,904 participants exited HPOG after completing one or more healthcare training courses.

²⁸ These percentages are calculated out of those with known employment status at exit. Of those who completed one or more healthcare training courses and exited HPOG, 20 percent are missing employment status data at exit in the PRS.

Another way to measure employment is the change in employment status subsequent to HPOG enrollment (Exhibit 9.1). This includes measures of those who were not employed at program intake but became employed while participating in the program or at exit, and those who were employed in non-healthcare jobs at intake but became employed in healthcare during the program or at exit.

Exhibit 9.1: Employment and Wage Progression



Sample includes all participants who enrolled in the first three years of HPOG (N=24, 558). Source: HPOG PRS

Almost two-thirds of all HPOG participants (15,822) did not have a job at program intake. While many of these participants are still enrolled in the program, more than one-third experienced employment gains during the program or at exit. Of those who were unemployed at intake, 26 percent (4,152 participants) became employed in healthcare, and an additional 10 percent (1,636) became employed in a non-healthcare job. Of the 5,036 participants who were employed at intake in a non-healthcare job, 25 percent (1,269) found employment in the healthcare sector during the program or at exit.

Some HPOG entrants already had healthcare jobs at intake, but in less-skilled, lower-paying positions. For these participants, HPOG’s goal is to provide training that will advance their careers, including better paying jobs. Of the 3,700 participants who entered HPOG with a job in a healthcare occupation or industry, 21 percent (782) experienced a wage increase. The

average wage increase was 44 percent, from \$10.50 to \$15.17 per hour. This includes those with wage increases during program participation as well as at exit.

The level of wages received by employed HPOG participants is an important employment outcome. Across all HPOG participants who became employed in healthcare, the average wage was \$12.68 per hour, or about \$26,000 per year for a full-time worker.

Exhibit 9.2 shows hourly and annual full-time equivalent earnings for the most common occupations of HPOG participants. Overall, RN was the highest-paid occupation at \$22.81 per hour.²⁹ Home health aide was the lowest paid at \$10.46 per hour. An HPOG participant with a family of three working full time as a home health aide would earn a salary that exceeds the federal poverty line.

Exhibit 9.2: Wages of HPOG Participants in the Most Common Occupations through Year 3

Occupation	Number Employed	Average Hourly Wage	Annual Full-Time Equivalent Earnings
Registered Nurse	287	\$22.81	\$47,436
Licensed Practical and Licensed Vocational Nurse	575	\$16.93	\$35,216
Health Practitioner Support Technologists and Technicians	74	\$15.09	\$31,389
Clinical Laboratory Technologists and Technicians	87	\$14.23	\$29,595
Medical Records and Health Information Technician	509	\$13.73	\$28,554
Miscellaneous Community and Social Service Specialists	120	\$13.48	\$28,042
Phlebotomist	109	\$13.36	\$27,783
Emergency Medical Technicians and Paramedics	81	\$13.10	\$27,255
Medical Assistant	352	\$12.91	\$26,846
Miscellaneous Healthcare Support Occupations	408	\$11.90	\$24,761
Pharmacy Technician	140	\$11.23	\$23,358
Nursing Assistant, Aide, Orderly, and Attendant	3,557	\$10.96	\$22,791
Home Health Aide	618	\$10.46	\$21,757

Source: HPOG PRS

²⁹ Average wages for each occupation are calculated for all those finding employment during the program or at program exit, and who have wage data recorded in the PRS.

X. EMPLOYMENT OUTCOMES FOR PARTICIPANTS WITH 12 MONTHS OF DATA

In addition to using performance data to look at employment outcomes for all HPOG enrollees through the end of Year 3, the evaluation also captured employment outcomes at the time of program exit³⁰ for a subset of enrollees who had been in the program for at least 12 months at the time of the analysis (participants who enrolled between September 30, 2010 and October 1, 2012). Thirty-three percent of those HPOG enrollees had exited the program, and this section examines those students³¹. This allows for an understanding of how participants fare over time, and allows for a comparison between completers and non-completers.

Exhibit 10.1 shows employment status separately for those who exited HPOG after completing at least one healthcare training course and for those who exited the program without completing any healthcare training course.

Exhibit 10.1: HPOG Enrollees' Employment at Exit, by Training Completion

	Exited, Completed Healthcare Training		Exited, Did Not Complete Healthcare Training	
	Number	Percent	Number	Percent
Employed	842	65.7	261	33.2
Employed in healthcare	699	54.6	118	15.0
Missing response	357		418	

Samples are 1,638 enrollees who left HPOG in the 12 months after enrollment after completing healthcare training and 1,203 enrollees who left HPOG in the 12 months after enrollment after not completing healthcare training. Percentages are of non-missing responses.

Of those who completed one or more training courses before exit, about two-thirds (66 percent) were employed; more than half (55 percent) were employed in a healthcare occupation or the healthcare sector. Employment was lower among those who exited without completing training—33 percent were employed and only 15 percent were employed in healthcare. It is important to note that these are descriptive findings; they cannot be interpreted as healthcare training completion caused higher employment rates since they do not control for other potential reasons for these differences.

³⁰ Employment is measured in the PRS at program exit. In the PRS, an exit indicates a participant is no longer enrolled in HPOG. The exit date is either (1) the date a participant is determined by the grantee to have completed the HPOG Program, according to the grantee's program requirements and structures; or (2) for participants who drop out or exit the program early (before completion), the date on which a participant received his or her last service funded by the program or a partner program.

³¹ Data in this section comes from the following evaluation report: Pamela Loprest (with Allison Stolte) (2014). Interim Outcome Study Report: National Implementation Evaluation of the Health Profession Opportunity Grants (HPOG) to Serve TANF Recipients and Other Low-Income Individuals. OPRE Report #2014-53. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

A. JOB QUALITY

Another goal of HPOG is for its participants to secure high-quality jobs as measured by average hourly wage, full-time hours, and availability of employer health insurance. According to the data, those who completed training are in higher-quality jobs than those who did not complete training. Exhibit 10.2 shows job characteristics by training completion and by job type.³² Those who completed training had somewhat higher hourly wages at program exit, were more likely to work full time, and were much more likely to have health insurance benefits from their employer than those who did not complete training.

For both completers and non-completers, healthcare jobs appear to be higher-quality than non-healthcare jobs. Among completers, hourly wages and the share working full time were slightly higher for those employed in healthcare (\$11.68 and 40 percent). Forty-six percent of this group had employer health insurance coverage compared with 40 percent of completers in any sector. Among non-completers, healthcare hourly wages were about a dollar higher (\$11.90) than those working in any sector and more had employer health insurance coverage (26 percent versus 19 percent). In addition, those exiting after healthcare training course completion were more likely to work full time than those who did not complete.

Exhibit 10.2: Job Characteristics of Employed HPOG Enrollees, by Training Completion

	Exited, Completed Healthcare Training		Exited, Did Not Complete Healthcare Training	
	All jobs	Healthcare jobs	All jobs	Healthcare jobs
Average hourly wage	\$11.37	\$11.68	\$10.64	\$11.90
Full-time (35+ hours/week)	38.5%	40.2%	26.8%	27.1%
Health insurance coverage	40.0%	45.9%	18.8%	26.3%

Sample is enrollees with 12 months post-enrollment data who left their program employed, after completing or not completing healthcare training. See exhibit 10.1 for sample size for each column. Average hourly wage is among those reporting wages.

³² These findings must be interpreted with caution given the large amount of missing employment status data at exit. Future reports on HPOG outcomes will include more complete information on employment from both additional data entered into the PRS and matched administrative records on employment and earnings. For example, preliminary analyses of additional PRS data have been conducted for the forthcoming *Descriptive Implementation and Outcome Report*. These analyses indicate that, for a sample of enrollees with 18 months post-enrollment data, those who completed training and were employed in healthcare had an average hourly wage of \$12.42; those enrollees who did not complete training and were employed in healthcare had an average hourly wage of \$11.43.

B. EMPLOYMENT BY SUBGROUPS

Employment rates for those exiting HPOG differ by characteristics at program intake and training completion. Exhibit 10.3 shows employment at exit by subgroup separately by whether an enrollee completed at least one healthcare training course. Across all subgroups, employment at exit for those not completing a healthcare training course was lower than employment for those who completed a healthcare training course. For example, of those younger than 25 years old who exited and completed training, 65 percent were employed, compared with 30 percent employed of those in this age group who exited and did not complete training.

For healthcare training course completers, employment at exit was higher among participants who had higher education levels, were employed at intake, and were not in school at program intake. For example, among training completers with a high school degree, 67 percent were employed, compared with 46 percent employed among those with less than a 12th-grade education. There were not large differences in employment rates by participant age, age of youngest child, or TANF receipt for those who completed a healthcare training course. These patterns across subgroups are similar for employment in healthcare, with the exception that training completers receiving TANF at intake were somewhat less likely to be employed in healthcare.

Exhibit 10.3: Employment at Exit by Healthcare Training Course Completion and Subgroup (percent)

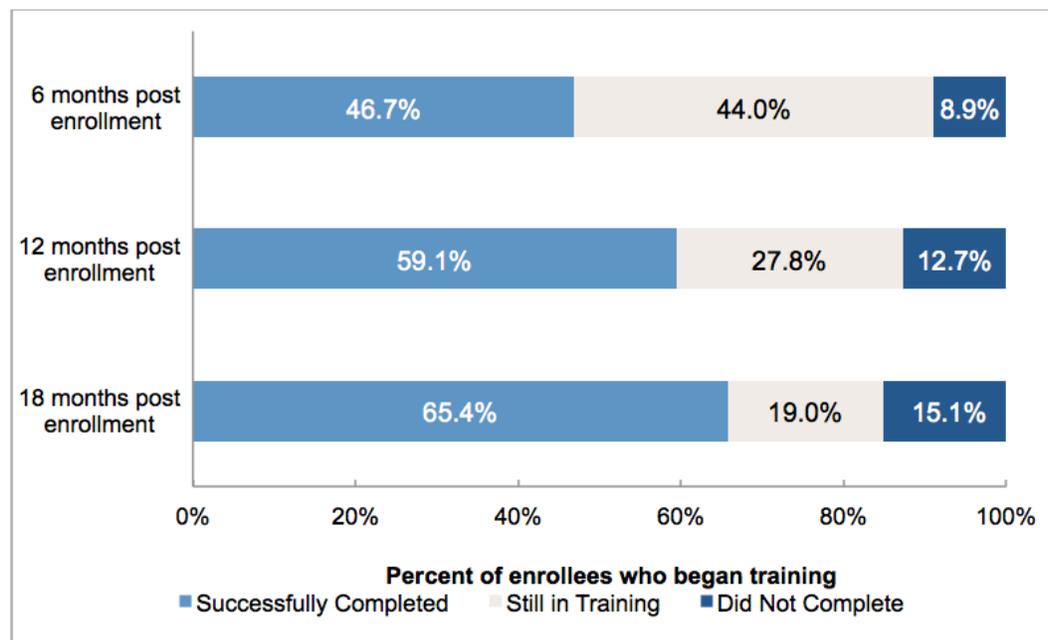
Subgroup	Exited, Completed Healthcare Training		Exited, Did Not Complete Healthcare Training	
	Employed	Employed in healthcare	Employed	Employed in healthcare
Age at enrollment				
< 25	65.4	52.4	29.5	10.3
25+	65.7	54.9	35.7	17.4
Education				
Less than 12th grade	45.8	34.4	22.7	7.6
High school graduate	66.8	53.9	34.1	13.5
High school equivalency or GED	62.1	55.3	29.0	10.8
1–3 years of college/technical school	67.5	56.8	34.6	18.3
4 or more years of college	69.9	55.4	45.5	24.2
Employment at intake				
Yes	77.0	60.5	52.5	25.0
No	59.9	50.8	25.0	10.1
In school at intake				
Yes	62.9	53.4	28.7	13.2
No	66.0	53.9	35.6	15.1
Age of youngest child				
0–5	64.5	52.6	33.2	14.8
6–26	63.9	52.0	30.3	13.2
Receiving TANF at intake				
Yes	64.2	50.9	29.1	11.8
No	65.8	55.2	34.5	15.4

Sample is enrollees with 12 months post-enrollment data who exited and completed healthcare training or did not complete healthcare training. Percentages are of participants in subgroup who exited, completed healthcare training (or did not complete healthcare training), and were employed (or employed in healthcare).

XI. HPOG OUTCOMES OVER TIME

Up to this point the report has focused on participation patterns and outcomes of all HPOG enrollees and of HPOG enrollees at 12 months after enrollment. This section reviews how HPOG status and outcomes change over time.³³ Exhibit 11.1 shows healthcare training course completion results, comparing HPOG enrollees at 6, 12, and 18 months after enrollment.³⁴ As expected, the share of enrollees who completed training increased steadily across these periods, from 47 percent completing at the six-month mark to 65 percent completing at the 18-month mark. The percentage that did not complete a healthcare training course also increased, from 9 percent to 15 percent. These results suggest that many participants continue in and complete the program over 12 to 18 months.³⁵

Exhibit 11.1: HPOG Enrollees' Healthcare Training Course Completion Status over Time



Samples are enrollees with 6 months (N = 9,779), 12 months (N = 7,240), and 18 months (N = 3,768) post-enrollment data who began healthcare training.

³³ Data in this section comes from the following evaluation report: Pamela Loprest (with Allison Stolte) (2014). *Interim Outcome Study Report: National Implementation Evaluation of the Health Profession Opportunity Grants (HPOG) to Serve TANF Recipients and Other Low-Income Individuals*. OPRE Report #2014-53. Washington, DC.

³⁴ These are three separate but overlapping samples: all those for whom there is post-enrollment information for at least 6, at least 12, and at least 18 months. The 18-month sample is limited to those enrolled at an earlier point in the program (through April 2012), so it may not represent later enrollees' experience at 18 months.

³⁵ The "still in training" status includes some participants who dropped out of training but have not yet come to the attention of program staff or not yet been recorded as such in the PRS.

XII. INTERIM FINDINGS FOR THE TRIBAL HPOG PROGRAM

A separate evaluation is being conducted for the five tribal HPOG grantees, given the unique contexts in which these programs operate. For example, all of the tribal HPOG programs (except for Cook Inlet Tribal Council located in Anchorage), are being implemented in rural areas. This type of setting presents a unique set of challenges as well as specific needs for supportive services. One significant barrier reported across the rural grantees is limited technology infrastructure, specifically internet access. Additionally, many tribal HPOG students live far away from their college campus and potential employers, resulting in long and costly commutes.

Tribal HPOG Grantees
Blackfeet Community College <ul style="list-style-type: none">▪ Location: Browning, MT (Glacier County)▪ Project: <i>Issksiniip Project: Meeting the Holistic Health and Education Needs of the Niitsitapi</i>
Cankdeska Cikana Community College <ul style="list-style-type: none">▪ Location: Fort Totten, ND (Benson County)▪ Project: <i>Next Steps: An Empowerment Model for Native People Entering the Health Professions</i>
College of Menominee Nation <ul style="list-style-type: none">▪ Location: Keshena, WI (Menominee County)▪ Project: <i>College of Menominee's CNA to RN Career Ladder Program</i>
Cook Inlet Tribal Council, Inc. <ul style="list-style-type: none">▪ Location: Anchorage, AK (Anchorage County)▪ Project: <i>Cook Inlet Tribal Council Health Professions Opportunity Program</i>
Turtle Mountain Community College <ul style="list-style-type: none">▪ Location: Belcourt, ND (Rolette County)▪ Project: <i>Project CHOICE: Choosing Health Opportunities for Indian Career Enhancement</i>

The tribal grantees' programs are distinct from those of non-tribal grantees in that they aim to integrate health professions training programs with culturally-informed models of learning and practice, such as cooperative learning and mentoring, to nurture and educate low-income individuals from American Indian/Alaska Native (AI/AN) populations into healthcare careers. The tribal HPOG programs are designed to benefit underserved members of tribal communities who are eligible for or receive TANF or have low incomes. They specifically recruit prospective students who reside on or near tribal reservations, with the goal of meeting local healthcare demands by increasing the number of well-trained, culturally competent health professionals in tribal communities.

The tribal HPOG evaluation, which is focusing on program implementation and outcomes for the tribal grantees, has reported several key interim findings:³⁶

- All five grantees successfully enrolled students in training programs in the initial years of HPOG. Each grantee offered at least three training programs, and total enrollment at grantee sites ranged from 36 to 208 total students. Students most frequently enrolled in certified nursing assistant (CNA), licensed practical nurse, and registered nurse training programs. Four out of the five grantee sites reported program completers in the first year of the HPOG Program.
- Grantees are using strategies to leverage their own resources, along with support from host sites and local partners, to implement their programs and ensure comprehensive supportive services delivery. Two grantees carried out multi-site implementation models to reach more students, offer a greater range of academic programs, and increase student opportunities for employment.
- Additionally, all of the grantees have implemented processes to provide appropriate supportive services to HPOG students, and a variety of services were provided to assist students with common educational needs (e.g., financial aid, textbooks, tutoring). The grantees have used HPOG-specific orientations, mentorship, and academic counseling to create a sense of community among students.
- Some of the tribal HPOG programs have adjusted their curricula to be more culturally sensitive and aligned with the specific needs of their student population. For example, Cankdeska Cikana Community College's Qualified Service Professional program includes the Native Elder Care Curriculum, which was developed in collaboration with the National Resource Center on Native American Aging. The program prepares students to work as home health aides for Native elders. Some grantees have incorporated the Family Education Model (FEM), a tribal model for student engagement that focuses on the importance of creating an extended family structure that welcomes and honors familial involvement and support in the college experience. Evidence from tribal colleges that have implemented the FEM suggests that engaging extended family members in social and cultural activities within the college creates a nurturing environment that provides social supports to AI/AN students, and encourages retention.³⁷
- Employment outcomes differed for each site during the first program year. The four grantees that reported program completers reported a range of employment outcomes, from 25 percent of program completers obtaining employment to 41 percent of

³⁶ Note that the outcomes reported (educational attainment/program completion and employment attainment) are derived from Year 1 and Year 2 data only. See Meit, M., Hafford, C., Meyer, K., Knudson, A., Levintow, S., Gilbert, T., Langerman, H., Alfaro, J. (2014). *Tribal HPOG Interim Report*. OPRE Report 2014-04, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

³⁷ HeavyRunner, I. and Richard DeCelles. (2002). Family Education Model: Meeting the Student Retention Challenge. *Journal of American Indian Education*, 41 (2).

completers obtaining employment. Most program completers obtained employment as CNAs. However, instead of seeking employment upon completion of their HPOG training programs, many students chose to continue their education and pursue the next phase on a career ladder. This occurred frequently among CNA completers, who often sought LPN and/or RN degrees.

These preliminary findings suggest that the tribal HPOG grantees have had a strong start in developing and implementing their programs, and providing services to participants. Evaluation activities will continue through the five years of HPOG operation to provide a fuller description of the structures, processes, and outcomes of the tribal HPOG programs.

XIII. LOOKING FORWARD: WHAT WILL BE LEARNED FROM EVALUATING HPOG

This report describes results for participants in the initial years of the HPOG Program and provides insight into the HPOG Program's early performance. It is important to remember that the findings presented in this report are descriptive—they cannot be used to draw conclusions about the impact of the HPOG Program. Future reports will provide evidence on the impact of the HPOG Program on participant outcomes based on experimental methods, in addition to other analyses (see below). Nevertheless, the interim findings indicate progress. The interim training completion and employment findings are consistent with outcomes published for similar programs such as career pathways programs, sectoral training programs in healthcare and other industries, and employment and training programs focused on TANF recipients and other disadvantaged, low-income individuals.³⁸

The literature on promising and innovative post-secondary training programs, especially in healthcare, is limited. While there are a number of relevant descriptive studies, as mentioned above, to date there are no completed rigorous, experimental impact studies of a comprehensive career pathways program. Thus the HPOG research and evaluation portfolio will help fill a void in the sectoral training literature. The portfolio will answer questions about overall HPOG program effectiveness and about the effectiveness of specific programs and program components. It will provide information on how program design and implementation relate to participant outcomes, as well as how programs are implemented in different contexts and to serve different populations. Lastly, the portfolio will explore the extent to which the

³⁸ A review of some of these studies can be found in: Alan Werner, Catherine Dun Rappaport, Jennifer Bagnell Stuart, and Jennifer Lewis. (2013). *Literature Review: Career Pathways Programs*. OPRE Report # 2013-24. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; and Gayle Hamilton and Susan Scrivener, "Facilitating Postsecondary Education and Training for TANF Recipients," Temporary Assistance for Needy Families Program Research Synthesis Brief 7 (Washington, DC: Urban Institute, 2012).

program has incited systems changes, at the local and wider levels. In this way, the portfolio will provide rigorous information to move the research field forward, to inform practitioners as they implement similar programs, and to guide policymakers as they decide how best to allocate resources for education and training programs serving low-income individuals.

Each component of the HPOG research and evaluation portfolio contributes uniquely to the overall learning that will be gained. Specifically:

- HPOG NIE will provide a comprehensive description of each HPOG grantee as well as of the HPOG initiative overall. It will assess systems' interactions and changes that happen within and around the HPOG grantee programs (e.g., changes in grantees' partnership and organizational network structures), as well as whether wider and more fundamental systems changes have occurred (e.g., whether HPOG created or improved accessible entry points into the health professions workforce for the target population). NIE will also analyze the relationship of program outputs and outcomes to program design and implementation strategies.
- The HPOG Impact Study will answer questions about overall HPOG Program effectiveness and explore to what extent the impacts vary across selected subpopulations. The analysis will also assess how variations in program services affect program impacts, including identifying which elements of career pathways programs contribute most to advancing the labor market success of participants.
- The Evaluation of Tribal HPOG will provide a description of the structures, processes and outcomes of the tribal HPOG programs. Specifically, the evaluation will document the frameworks and relationships the tribal HPOG grantees created to implement training and service delivery, the delivery of training and supportive services, and the outcomes achieved by program participants. The evaluation will also explore whether the healthcare workforce capacity was enhanced in the participating tribal communities.
- Pathways for Advancing Careers and Education (PACE), will yield information about the impact of each of the nine participating career pathways programs (three of which are HPOG programs) on educational attainment, employment and earnings, and other key outcomes. PACE will also describe how each site is implementing key program components, and will conduct a cost-benefit study to describe monetized benefits and costs from varying perspectives (social, participant, and taxpayer).

A number of evaluation reports have been prepared and released to date. Exhibit 14.1 presents a list of the released reports by evaluation project.

Exhibit 14.1: Evaluation Reports Released To Date

Evaluation Project	Report Title
<p style="text-align: center;">HPOG National Implementation Evaluation</p>	<p>Introduction to the Health Profession Opportunity Grants (HPOG) Program and First Year Implementation and Outcomes http://www.acf.hhs.gov/sites/default/files/opre/opre_report.pdf</p> <p>Health Profession Opportunity Grants: Year Two Annual Report (2011–2012) http://www.acf.hhs.gov/sites/default/files/opre/hpog_second_annual_report.pdf</p> <p>Health Profession Opportunity Grants: Year Three Annual Report (2012–2013) http://www.acf.hhs.gov/sites/default/files/opre/year_three_annual_report_final_7114.pdf</p> <p>Interim Outcome Study Report http://www.acf.hhs.gov/programs/opre/resource/interim-outcome-study-report-national-implementation-evaluation-of-the-health-profession-opportunity-grants-hpog</p> <p>Literature Review: Career Pathways Program http://www.acf.hhs.gov/sites/default/files/opre/cp_lit_review_final_62613_edits.pdf</p> <p>Literature Review: Analyzing Implementation and Systems Change—Implications for Evaluating HPOG http://www.acf.hhs.gov/sites/default/files/opre/hpog_implementation_analysis_lit_review_final_10312013_ver2.pdf</p> <p>Literature Review: Healthcare Occupational Training and Support Programs under the ACA—Background and Implications for Evaluating HPOG http://www.acf.hhs.gov/sites/default/files/opre/hpog_litreviewessay_policybackground_final.pdf</p>
<p style="text-align: center;">Evaluation of Tribal HPOG</p>	<p>An Introduction to the Tribal Health Profession Opportunity Grants (HPOG) and Evaluation http://www.acf.hhs.gov/sites/default/files/opre/tribal_health.pdf</p> <p>Overview of Tribal Health Profession Opportunity Grants (HPOG) Supportive Services http://www.acf.hhs.gov/sites/default/files/opre/hpog_practice_brief_supportive_services_june_2013_0.pdf</p> <p>Tribal Health Profession Opportunity Grants (HPOG) Program Implementation & Evolution http://www.acf.hhs.gov/sites/default/files/opre/hpog_practice_brief_program_implementation_feb_2014.pdf</p> <p>Tribal Health Profession Opportunity Grants (HPOG) Program Evaluation: Interim Report http://www.acf.hhs.gov/sites/default/files/opre/tribal_hpog_interim_report_clean_version_formatted_full_reportv2.pdf</p>
<p style="text-align: center;">Pathways for Advancing Careers and Education (PACE)</p>	<p>Innovative Strategies for Increasing Self-Sufficiency Study: Stakeholder Views from Early Outreach http://www.acf.hhs.gov/sites/default/files/opre/isis_stakeholder_summary.pdf</p> <p>Career Pathways as a Framework for Program Design and Evaluation: A Working Paper from The Innovative Strategies for Increasing Self-Sufficiency Project http://www.acf.hhs.gov/sites/default/files/opre/inno_strategies.pdf</p>

	<p><i>Improving the Economic Prospects of Low-Income Individuals through Career Pathways Programs: The Innovative Strategies For Increasing Self-Sufficiency Evaluation</i> http://www.acf.hhs.gov/sites/default/files/opre/isis_policy_brief_3_21_14_001.pdf</p> <p><i>Innovative Strategies for Increasing Self-Sufficiency Study</i> http://www.acf.hhs.gov/sites/default/files/opre/tif_pdf_isis_evaluation_summary_3_24_14_master.pdf</p>
	<p style="text-align: center;"><i>PACE Career Pathways Program Profiles:</i></p> <p><i>San Diego Workforce Partnership's Bridge to Employment in the Healthcare Industry Program</i> http://www.acf.hhs.gov/sites/default/files/opre/isis_final_report_san_diego_for_electronic_use.pdf</p> <p><i>Pima Community College Pathways to Healthcare HPOG Program</i> http://www.acf.hhs.gov/sites/default/files/opre/isis_final_report_pcc_site_10_4_2013.pdf</p> <p><i>Instituto del Progreso Latino, Carreras en Salud</i> http://www.acf.hhs.gov/sites/default/files/opre/instituto_profile_3_19_2014_001.pdf</p> <p><i>Workforce Development Council of Seattle-King County Health Careers for All Program</i> http://www.acf.hhs.gov/sites/default/files/opre/seattle_king_health_careers_for_all_profile_3_19_2014.pdf</p>

Future reports from the HPOG research and evaluation portfolio include additional annual reports that will continue to document participant progress in key HPOG program milestones; a more detailed and comprehensive look at HPOG outcomes; an in-depth study of how grantees implemented HPOG programs; a report on the broader HPOG systems, including the role of partnerships and future sustainability; an analysis of the impact of HPOG Program features on outcomes using experimental methods; and a final report on the implementation of and outcomes from the tribal HPOG programs. Additional detail about the content and expected timeline for release of these reports is below.

- ***HPOG Final Impact Evaluation Report*** (approximate release date: Spring 2017) – Using 15-month follow-up data, this report will focus on program experiences and the treatment-control contrast, early program impacts on outcomes such as credential attainment, and impacts on intermediate outcomes such as employment and earnings as well as job quality. It will describe whether and to what extent outcomes for HPOG enrollees represent better results than would have happened in the absence of HPOG.
- ***Pathways for Advancing Careers and Education (PACE) Site-Specific 15-Month Interim Impact Reports*** (approximate release dates: December 2015 – July 2016) – These reports will describe the program impact on key indicators including career pathways-relevant education and training, skill development, and earnings and career-track employment. Three reports will focus on the HPOG programs participating in PACE.
- ***National Implementation Evaluation Reports:***
 - ***Descriptive Implementation and Outcome Report*** (approximate release date: Summer 2015) – This report will provide a comprehensive description of the HPOG initiative overall, as well as a profile of each grantee and site of the HPOG

Program. It will use administrative employment and earnings data from the National Directory of New Hires.

- ***Systems Change and Network Analysis Report*** (approximate release date: May 2015) – This report will include findings from the systems change analysis, including HPOG grantees’ partnership and organizational network structures and if and how they have changed under HPOG.
- ***Outcome Analysis Report*** (approximate release date: May 2015) – This report will provide statistical analysis of the relationship between program factors and individual participant outcomes.
- ***National Implementation Evaluation Final Report*** (approximate release date: April 2017) – This report will combine the results from all the prior reports with the most recently available data.
- ***Tribal HPOG Evaluation Final Report*** (approximate release date: May 2015) – This report will detail the final findings with regard to how grantee sites have implemented health professions training programs for tribal populations and any available outcomes of the programs. The final report will also discuss the adaptation of training programs so that they are culturally-relevant and appropriate for tribal populations.