



Health Profession Opportunity Grants

Year Four Annual Report
2013–2014

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Health Profession Opportunity Grants Year Four Annual Report (2013–2014)

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Overview

The Health Profession Opportunity Grants (HPOG) Program, established by the Patient Protection and Affordable Care Act of 2010 (ACA), funds training in high-demand healthcare professions, targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. In 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) awarded five-year grants, disbursed annually, to 32 HPOG grantees in 23 states. In each of the first four years of the program, ACF provided approximately \$68 million to these grantees. To date, the HPOG program has served more than 32,000 individuals.

This Year 4 Annual Report summarizes program operations and participant activity and outcomes from the program's inception through the fourth year of grantee activities (September 2014). Data for this report are drawn primarily from the HPOG Performance Reporting System (PRS) and grantees' Year 4 Performance Progress Reports (PPRs) submitted to ACF. Key findings of the report include:

- The HPOG Program has enrolled 32,123 participants through Year 4. The majority of HPOG participants were single females with one or more dependent children and most had annual household incomes of less than \$20,000 at program enrollment, with almost half of participants (48 percent) below an annual household income of \$10,000.
 - Most HPOG enrollees (82 percent) participated in a healthcare training course (one or more classes preparing enrollees for a specific healthcare occupation). The most common training course to date is for the occupation "nursing assistant, aide, orderly or patient care attendant" (35 percent). Other common occupations for which participants are trained include licensed and vocational nurse (10 percent), registered nurse (8 percent), medical records and health information technician (8 percent), and medical assistant (8 percent). Eighteen percent of enrollees have participated in more than one healthcare training course. HPOG enrollees who are 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. Sixty-five percent of participants who began a healthcare training course completed the course. Many of those who had not completed a training course were actively engaged in one at the end of Year 4 (32 percent). Of those who completed a healthcare training course and exited HPOG, 73 percent were employed at program exit and 62 percent were employed in healthcare at exit.
 - Forty-six percent of HPOG participants engaged in pre-training activities, including orientations to healthcare careers and seminars in college study skills, as well as basic skills education and pre-requisite courses. In addition, 96 percent of participants received academic or personal support services to help them succeed, including case management and counseling services; financial assistance with tuition, books, and fees; assistance with transportation or child care; and employment placement and retention assistance.
 - At the end of Year 4, less than half (42 percent) of all participants remained in the program, preparing for and participating in training or accessing post-training services. Twenty-five percent of participants exited the program without completing a healthcare training course.
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Table of Contents

Overview	2
1. Introduction	4
Characteristics of HPOG Grantees	5
Overview of HPOG Participation Patterns	7
2. Who Participated in HPOG in the First Four Years?	9
3. What Types of Activities Have HPOG Participants Undertaken?	13
Pre-Training Activities	14
Healthcare Training Courses	15
Support Services	17
Employment Development Activities	18
4. What Outcomes Have HPOG Participants Achieved So Far?	20
Healthcare Training Course Completion	20
Employment Outcomes	21
5. Summary	24
Appendix A: OPRE’s HPOG Research and Evaluation Strategy	26
Appendix B. Data Sources and Limitations	28
Appendix C: Healthcare Training Courses Offered by HPOG Program	29

1. Introduction

As part of the Patient Protection and Affordable Care Act of 2010 (ACA), Congress authorized the Health Profession Opportunity Grants (HPOG) Program “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 HPOG Program funds training in high-demand healthcare professions for Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. In 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) awarded five-year grants to 32 HPOG grantees in 23 states, including five tribal organizations.

The goals of the HPOG Program are to:²

- 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.
- Provide training services at times and locations that are easily accessible to targeted populations.

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 individuals with health insurance increases.³ HPOG 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

¹ Authority for these demonstrations is included in ACA, Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a).

² See the original Funding Opportunity Announcement for the Health Profession Opportunity Grants to Serve TANF and Other Low-Income Individuals at <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OFA-FX-0126>.

³ Human Resources and Services Administration. *Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers*. Washington, DC: U.S. Department of Health and Human Services, Spring 2003. <ftp://ftp.hrsa.gov/bhpr/nationalcenter/changedemo.pdf>. Congressional Budget Office, “Updated Estimates for the Insurance Coverage Provisions of the Affordable Care Act,” March 2012.

ladder through additional education and work experience. HPOG grants may be used to provide TANF recipients and other low-income individuals with education, training and employment activities, as well as general support services, in order to help them enter and advance in a variety of healthcare occupational sectors, including nursing, long-term care, allied health, health information technology, and child care health advocate.

In the fourth program year, ACF provided approximately \$68 million to grantees. Through the first four program years, HPOG has served more than 32,000 individuals.

Congress, ACF, and other stakeholders are interested in determining whether the HPOG Program improves the training and employment outcomes of participants. ACF's Office of Planning, Research and Evaluation (OPRE) is using a multipronged research and evaluation strategy to assess the success of the HPOG Program. The strategy includes examining program implementation, systems change resulting from HPOG programs, and outcomes and impacts for participants.⁴

This fourth annual report contains cumulative data and data trends from the inception of the HPOG Program through September 30, 2014, the end of Year 4. The data come from two sources. The first is the HPOG Performance Reporting System (PRS),⁵ a participant-tracking and management system that provides data on participant characteristics, engagement in activities and services, and training and employment outcomes. The PRS also tracks the education and training activities offered by grantees. The second source is the grantees' Year 4 Performance Progress Reports (PPRs), semi-annual reports submitted to ACF that include documentation of their progress toward goals and narrative summaries of grant implementation.⁶

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, grantees have flexibility in how they design specific program components to meet the needs of their target populations and local employers.

⁴ Details on the HPOG research portfolio are provided in Appendix A.

⁵ The PRS is a live data system, meaning grantees continue to enter new data. Grantees have the ability to revise or update past data that were incorrect, missing, or had not yet been entered. All results in this report are based on data extracted December 2 2014, and thus are subject to revision.

⁶ Details about the data used for this report are provided in Appendix B. In addition, ACF's 2012 report *Health Profession Opportunity Grants Compendium of Promising Practices* provides information on the diverse approaches used by grantees to serve participants and local healthcare employers. The full report, developed by JBS, can be found at https://www.acf.hhs.gov/sites/default/files/ofa/hpog_promisingpractices2013.pdf.

There is significant variation among the 32 HPOG grantees in their location, program size, and organizational characteristics. Grantees are located across the country.⁷ Nine are in the Northeast, four in the Southeast, nine in the Midwest, and ten in the West. Half of the grantee organizations are institutions of higher education (mainly community colleges), and nine are Workforce Investment Boards (WIBs), regional organizations responsible for implementing the federal Workforce Investment Act (WIA), recently superseded by the Workforce Innovation and Opportunity Act (WIOA). The remaining grantees are local or state government agencies or community-based organizations (CBOs). Five of the HPOG grantees are tribal organizations, four of which are higher education institutions and one of which is a CBO.

Grantees also 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 size of HPOG grants per grantee also varies between \$1 million and \$5 million annually.

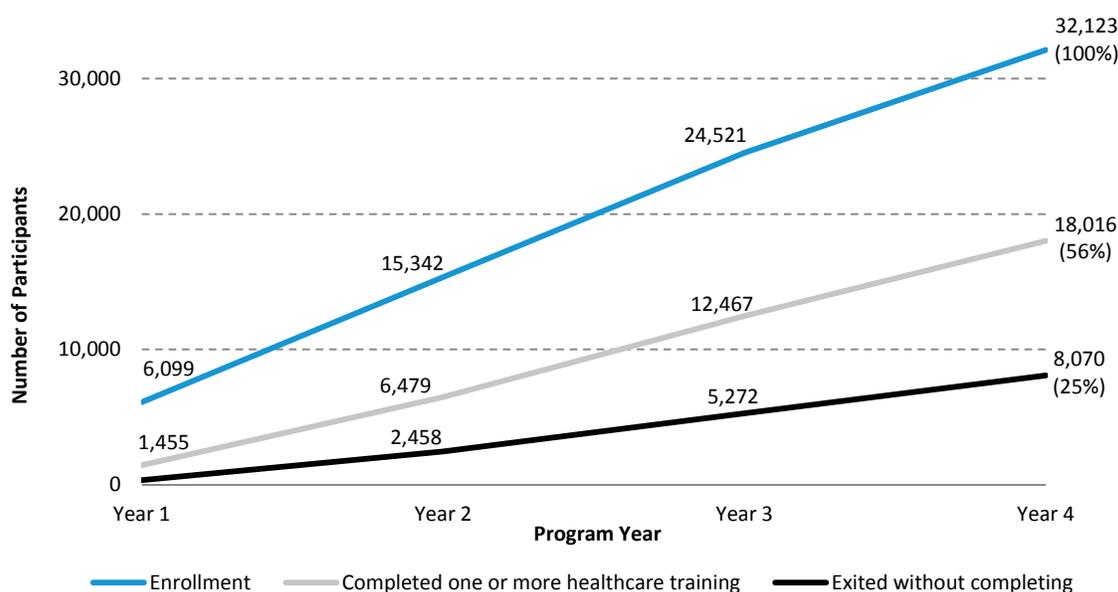
Grantees also differ in participant eligibility criteria and target populations. HPOG targets TANF recipients (TANF cash beneficiaries are automatically income-eligible for HPOG) and other low-income individuals. Grantee definitions of “low-income” are community specific and target populations reflect the communities they serve. In addition to TANF recipients, target populations include youth aging out of foster care, veterans, single mothers, those with barriers to education and/or employment, incumbent low-income workers, and members of certain ethnic groups (such as Native American populations in the tribal grantee programs).

⁷ A listing of all grantees, their location, organization type, and enrollment goal can be found in Theresa Anderson, Pamela Loprest, Teresa Derrick-Mills, Lauren Eyster, Elaine Morley, and Alan Werner. (2014). *Health Profession Opportunity Grants: Year Two Annual Report (2011–2012)*. OPRE 2014-03. 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. The report can be accessed at <http://www.acf.hhs.gov/programs/opre/resource/health-profession-opportunity-grants-year-two-annual-report-20112012>.

Overview of HPOG Participation Patterns

PRS data show participation patterns over the course of the HPOG Program for enrollment,⁸ completion of healthcare training courses, and exiting the program without completing a training course.⁹ While enrollees participate in a variety of activities, the main HPOG Program focus is completion of one or more healthcare training courses. Exhibit 1.1 shows cumulative numbers of participants for these three measures for each year of the HPOG Program.

Exhibit 1.1: Cumulative HPOG Program Participation through Year 4



Source: PRS.

Note: Participants can complete a training course and continue to be enrolled in the HPOG Program. N = 32,123.

During the first four years of HPOG, 32,123 participants enrolled. This exceeds the HPOG five-year target enrollment of 30,000 enrollees across all grantees, meaning the overall program enrollment target has been met one year early.¹⁰ Four-year enrollment varied widely across grantees, with the smallest grantee programs enrolling as few as 203 participants and the largest enrolling nearly 3,000. Through Year 4, 15 of 32 grantees had already met their individual five-year target enrollment goals, and 10 had enrolled over 80 percent of their target.

⁸ Enrollment is defined as meeting the program eligibility criteria and receiving a substantive program service, specifically, a support service, pre-training, or training activity. The PRS was implemented at the beginning of Year 2 of the program. An additional 211 individuals were reported as enrolled in Year 1, before the PRS started, but were never entered into the PRS. They are not included in this report.

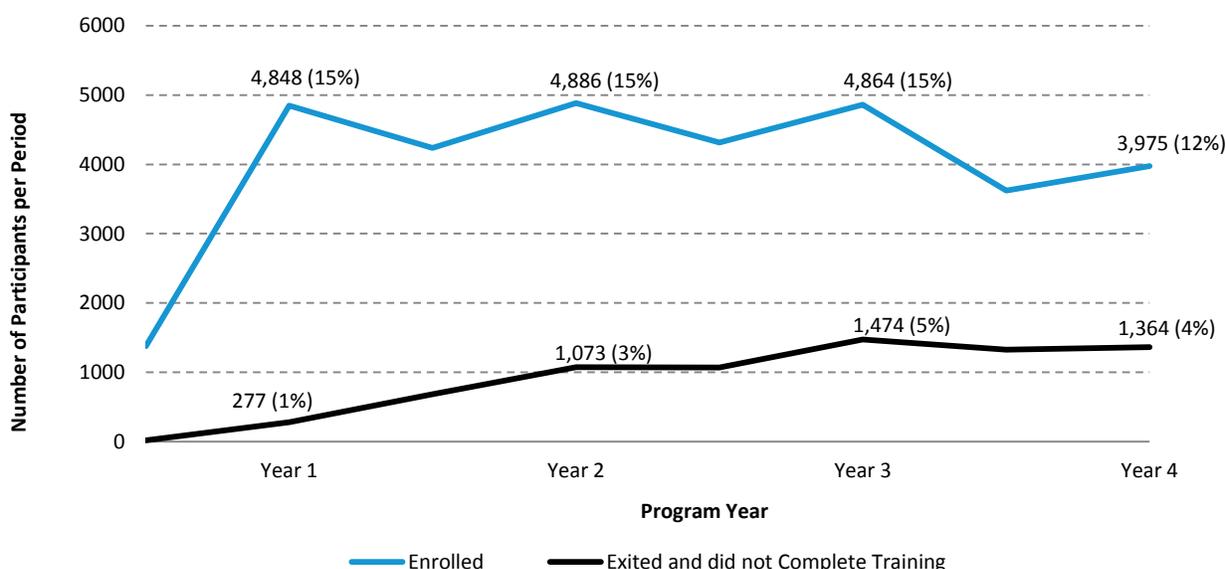
⁹ Program exit is defined by each grantee, but generally indicates the participant is no longer receiving HPOG services.

¹⁰ Target grantee enrollments are from HHS, ACF.

As of Year 4, more than half of HPOG enrollees (56 percent) had completed one or more healthcare training courses. One fourth of enrollees (25 percent) left the program without completing a healthcare training course. The cumulative percentage of HPOG enrollees completing at least one healthcare training course increased steadily over the four program years. The cumulative percentage of enrollees exiting without completing training also increased annually, but at a slower rate.

Exhibit 1.2 shows the number of new enrollees and those exiting without completing training for each year of the HPOG Program. New enrollments increased dramatically after the first half of Year 1, reflecting time needed for program start-up and implementation.¹¹ The number of new enrollments remained steady from the second half of Year 1 through Year 3. In Year 4, enrollments began to drop, likely due in part to many grantees approaching their five-year enrollment targets.¹²

Exhibit 1.2: HPOG Enrollment and Exit without Completion through Year 4



Source: PRS.
N = 32,123.

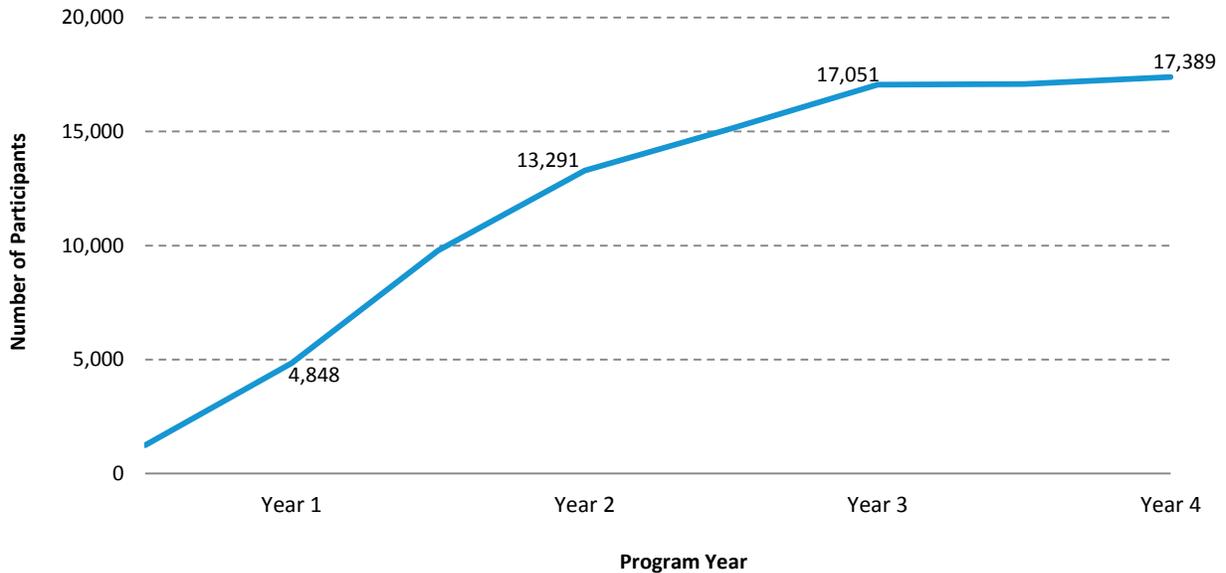
While new enrollments were relatively level or declining after the first half of Year 1, Exhibit 1.3 shows that the number of participants active in the program (defined as those receiving program services or engaged in training) increased substantially across all program years, from 4,848 in Year 1 to 17,389 in Year 4. Fifty-four percent of all HPOG participants ever enrolled were active during Year 4. The increase

¹¹ See the Year Two Annual Report for additional detail on this topic (cited earlier).

¹² Approaching five-year enrollment targets could lead to reduced enrollments through two factors. The first is that only limited time remains to accomplish many longer-term training activities, reducing the number of options available to potential enrollees. The second is that the funding needed to continue to support active enrollees might limit resources available to support additional enrollees beyond participation goals.

in active participants reflects the fact that a high proportion of enrollees remain active from one year to the next. Some are enrolled in training courses that span multiple program years, while others completed pre-training activities such as basic skills classes or college pre-requisites before beginning a healthcare training course. Additionally, some participants are involved in post-training program activities, such as employment assistance. Over time, as more participants finish their training courses and exit HPOG, the rate of increase in active enrollees between Years 3 and 4 slows.

Exhibit 1.3: Enrollees Active in HPOG Program by Program Year



Source: PRS.

Note: Active participants are engaged in an HPOG service or training. N = 32,123.

2. Who Participated in HPOG in the First Four Years?

HPOG grantees serve a diverse group of low-income participants. As shown in Exhibit 2.1, the majority of participants were female (89 percent), never married (62 percent), and had one or more dependent children (64 percent). About 37 percent were non-Hispanic white, and 35 percent were non-Hispanic black. Eighteen percent identified as Hispanic or Latino, 5 percent were American Indian or Native Alaskan, 3 percent were Asian, Native Hawaiian, or Pacific Islander, and 3 percent identified as two or more races. Nearly half of HPOG participants were less than 30 years old, and 11 percent were age 50 or older.

Exhibit 2.1: Demographic Characteristics at Intake of HPOG Participants through Year 4

Characteristic	Number	Percentage of Participants (%)
Gender		
Female	28,465	89
Male	3,655	11
Missing	3	
Marital Status		
Married	4,949	17
Separated or Divorced	5,607	19
Widowed	312	1
Never Married	18,016	62
Missing	3,239	
Number of Dependent Children		
None	10,623	36
One or More	19,048	64
Missing	2,452	
Race/Ethnicity		
Non-Hispanic White/Caucasian	11,617	37
Non-Hispanic Black/African-American	10,931	35
Hispanic/Latino of Any Race	5,537	18
Asian, Native Hawaiian, or Pacific Islander	942	3
American Indian or Native Alaskan	1,522	5
Two or More Races	895	3
Missing	679	
Age		
Less than 20 Years	576	2
20 to 29 Years	14,070	44
30 to 39 Years	8,946	28
40 to 49 Years	4,973	16
50 + Years	3,460	11
Missing	98	

Table includes all PRS enrollees from September 30, 2010 to September 30, 2014 (N = 32,123). Percentages are of participants with data. Categories may not sum to 100 percent due to rounding.

Exhibit 2.2 shows participants' highest educational attainment as well as household and individual income at program entry. The majority of participants (57 percent) had no prior college experience: of those, 38 percent completed high school, 13 percent completed high school equivalency, and 6 percent did not graduate from high school. More than one-third (36 percent) had at least one year of college or technical school, while seven percent had four or more years of college.

Exhibit 2.2: Education and Income of HPOG Participants at Program Entry through Year 4

Characteristic	Number	Percentage of Participants (%)
Highest Educational Attainment		
Less than 12th Grade	1,836	6
High School Equivalency/GED	4,005	13
High School Graduate	11,695	38
1–3 Years of College/Technical School	11,192	36
4 Years or More of College	2,021	7
Missing	1,374	
Annual Household Income		
\$9,999 or Less	12,545	48
\$10,000 to \$19,999	7,215	28
\$20,000 to \$29,999	3,828	15
\$30,000 to \$39,999	1,429	5
\$40,000 or More	1,163	4
Missing	5,943	
Annual Individual Income		
\$0	7,330	26
\$1 to \$9,999	11,025	40
\$10,000 to \$19,999	6,212	22
\$20,000 to \$29,999	2,501	9
\$30,000 or Over	737	3
Missing	4,318	

Table includes all PRS enrollees from September 30, 2010 to September 30, 2014 (N = 32,123). 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. At the time of program enrollment, almost half were in households with annual incomes below \$10,000 and another 28 percent were in households with incomes between \$10,000 and \$19,999. To put the Exhibit 2.2 figures in context, the poverty level in 2014 was \$15,730 for a one-adult and one-child household and \$19,790 for a one-adult and two-child household.¹³

¹³ Statistics are based on the HHS federal poverty guidelines for 2014. See Federal Register Volume 79, Number 14, pp. 3593-3594.

Exhibit 2.3: Participation in Public Benefit Programs by HPOG Participants through Year 4

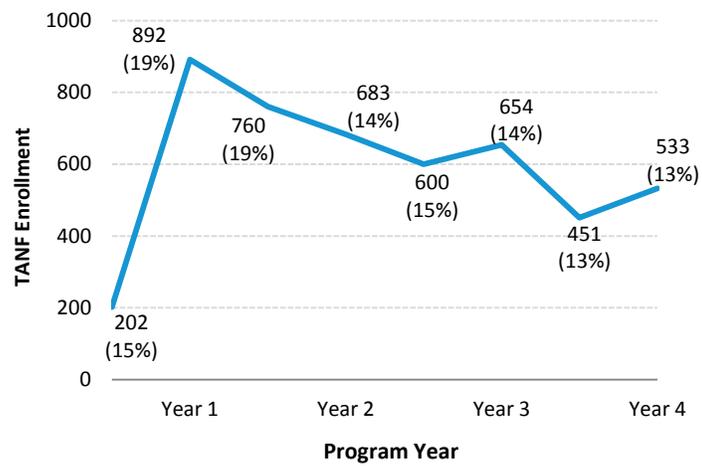
Program	Number	Percentage of Participants (%)
Temporary Assistance for Needy Families (TANF)		
Yes	4,775	16
No	24,760	84
Missing	2,588	
Supplemental Nutrition Assistance Program (SNAP)		
Yes	16,329	55
No	13,534	45
Missing	2,260	
Medicaid		
Yes	10,752	39
No	16,629	61
Missing	4,742	
Supplemental Security Income (SSI)		
Yes	1,041	4
No	27,667	96
Missing	3,415	
Social Security Disability Insurance (SSDI)		
Yes	588	2
No	27,929	98
Missing	3,606	
Unemployment Insurance (UI)		
Claimant	3,657	12
Exhaustee	1,248	4
Not Claimant or Exhaustee	24,761	83
Missing	2,457	

Table includes all PRS enrollees from September 30, 2010 to September 30, 2014 (N = 32,123). Percentages are of participants without missing data. Categories may not sum to 100 percent due to rounding.

In addition to having limited income, many HPOG participants received public assistance at the time of program entry (Exhibit 2.3). The Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) was the most common assistance received (55 percent of enrollees).

Although a target recruitment population for HPOG grantees, only 16 percent of enrollees were TANF recipients. TANF status of enrollees varied greatly by grantee, from a high of 40 percent to a low of 4 percent. Exhibit 2.4 shows the trend of the number of TANF participants enrolling in HPOG over the course of the Program. Enrollment of TANF participants increased during the first year of the program, but decreased over time.

Exhibit 2.4: New TANF Participants by Program Year – Number and as Percentage of All New Participants



Source: PRS. Percentages are of all new enrollees in each period without missing TANF data. N = 32,123.

3. What Types of Activities Have HPOG Participants Undertaken?

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;¹⁴ *support services* that provide academic and personal assistance to ensure that participants successfully complete training; and *employment development activities* to help participants enter employment during or after training. These components align with a career pathways framework. A career pathway provides instruction in a series of manageable and well-articulated steps leading to successively higher credentials and employment, while simultaneously addressing the learning and life challenges of adult students.¹⁵ In HPOG, grantees are adapting these principles to implement education and training activities and support services that meet the needs of TANF recipients and other 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 4, 90 percent (28,945 individuals) of all HPOG enrollees participated in a pre-training activity or healthcare training course. Ninety-eight percent (31,500) received academic and personal

¹⁴ For example, many HPOG programs offer a registered nurse training course which includes multiple classes.

¹⁵ See Fein, David J. (2012). *Career Pathways as a Framework for Program Design and Evaluation: A Working Paper from the Innovative Strategies for Increasing Self-Sufficiency*. 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. <https://www.acf.hhs.gov/programs/opre/resource/career-pathways-as-a-framework-for-program-design-and-evaluation-a-working>.

support services and 65 percent (20,761) engaged in employment development activities. The following subsections describe HPOG enrollee activities in more detail.

Pre-Training Activities

Grantees offer a mix of pre-training activities to help participants prepare to enter healthcare training courses, including basic skills courses, occupational pre-requisite courses, college success courses, and 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 preparatory “boot camp” 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 academic skills necessary to take college courses. For grantees that offer them, these pre-training activities, including basic skills education courses, are generally required of participants based on the outcomes of academic and skills assessments.

Through the first four years of the HPOG Program, all 32 grantees offered pre-training activities. The use of these varied, with seven grantees enrolling fewer than 20 percent of participants and ten enrolling more than 80 percent. Overall, 46 percent of HPOG enrollees (14,820 individuals) participated in at least one pre-training activity, and of that group over one-third participated in multiple pre-training activities.

Exhibit 3.1 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 (29 percent of enrollees), while the second most common activity was pre-requisite classes for occupational training (13 percent). Smaller percentages took college skills workshops (5 percent), basic skills education classes (3 percent), pre-GED/GED classes (1 percent), and English as a Second Language education (ESL, 1 percent).

Thirteen percent of participants were involved in “other” pre-training activities. The most common activities in this category were CPR/first aid training, financial training, placement testing, and foundational pre-requisite courses that did not fall into the pre-defined categories listed in Exhibit 3.1. Some of these activities were designed specifically for the HPOG Program.

Exhibit 3.1: Participants Enrolled in HPOG Pre-Training Activities through Year 4

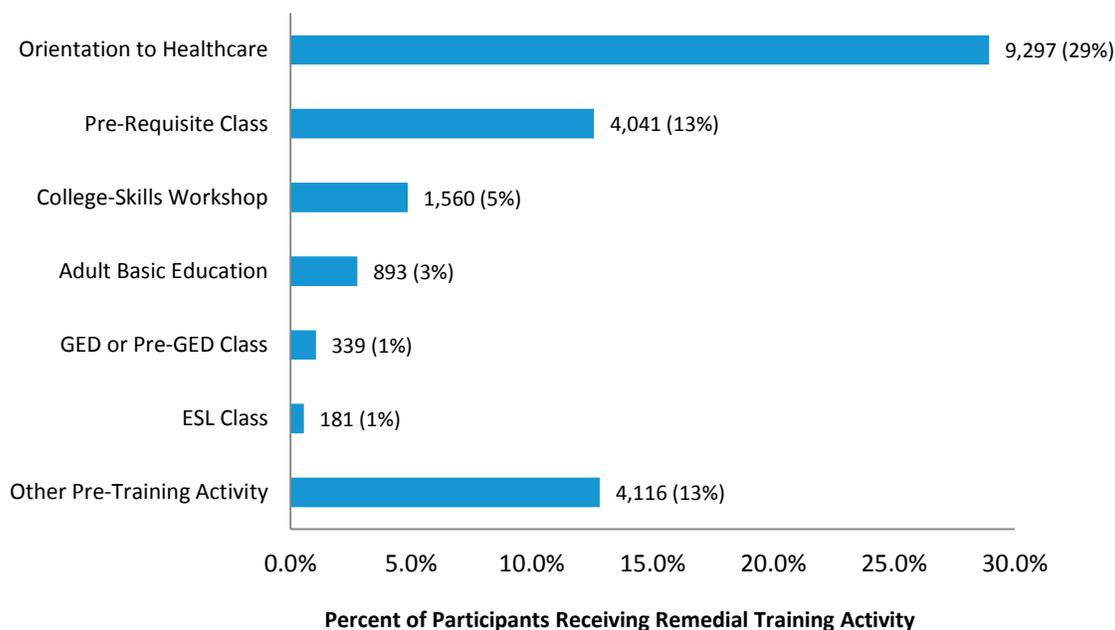


Exhibit includes all enrollees in the PRS through September 30, 2014 (N = 32,123). Participants who enrolled in multiple pre-training activities may be represented in more than one category, but only once within each category.

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.

HPOG grantees offer training in 76 occupations, as defined by the Bureau of Labor Statistics’ (BLS) Standardized Occupational Classifications (SOCs).¹⁶ Over half of the grantees offer training for the occupations of registered nurse (RN), licensed practical or 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 a home health aide) and result in a certificate of completion or may take longer to complete (for example, one to two years for an emergency medical technician and paramedic) and can lead to an Associate’s degree.

Training for an entry-level position in an occupation may also be connected with progressively higher-skill training courses to build a career pathway for participants. Some occupations have established career ladders. 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. Some grantees developed new

¹⁶ See Appendix C for a detailed listing of the occupations and BLS SOCs for which HPOG grantees have offered training.

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.

Through Year 4, 82 percent of HPOG enrollees (26,340) participated in a healthcare training course. Exhibit 3.2 lists the healthcare training courses in which HPOG participants enrolled.

The “nursing assistant, aide, orderly, attendant” occupational category (which includes CNA training) was the most common healthcare training course, with 35 percent of HPOG enrollees (11,284) participating. This is generally a short course lasting about eight weeks. Training courses to become an LPN/LVN and RN, the next steps in a career pathway after becoming a nursing assistant, were taken by a relatively large group of enrollees (10 and 8 percent, respectively). Other direct patient care training courses with relatively high HPOG participation included “medical assistants” (8 percent), “nursing, psychiatric & home health aides” (5 percent), and “phlebotomists” (4 percent) and these, like CNA, are generally of short duration.

The most common non-patient care training course was for medical records and health information technicians (8 percent).

Exhibit 3.2: Participation in HPOG Healthcare Training Courses through Year 4

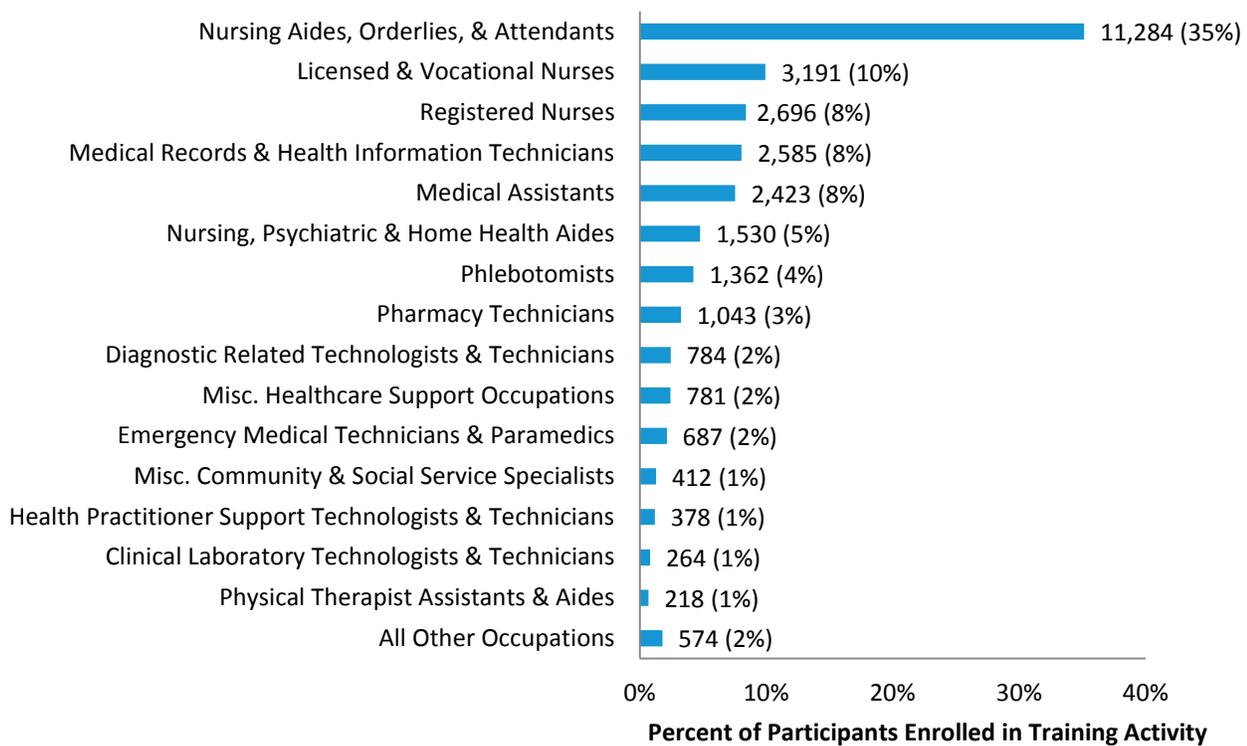


Exhibit includes all enrollees in the PRS through September 30, 2014 (N = 32,123). Participants who enrolled in multiple healthcare training courses may be represented in more than one category, but only once within each category. The “All Other Occupations” category includes healthcare training courses in which fewer than one percent of HPOG participants have enrolled.

Support Services

An integral part of the HPOG Program is the provision of support services to facilitate participants' success in their primary training and employment activities. The original Funding Opportunity Announcement for the HPOG Program requires 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 support services can be grouped into the following categories:

- Pre-enrollment/intake assessments
- 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
- Other support services (e.g., help obtaining government benefits, assistance with certification fees, non-cash incentives for performance milestones)

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.¹⁷ 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 3.3 shows participant receipt of support services by category. The three most commonly received support services were pre-enrollment and intake assessments (92 percent of participants), which are part of the process of determining program eligibility for most participants; case management (92 percent); and counseling (82 percent). Additionally, more than two-thirds of participants received training and work-related supports.

¹⁷ HPOG services reported here only include direct provision by a grantee (by HPOG program staff) or by a key HPOG program partner. In cases where a participant is provided a support service by a key partner, the receipt of the service must be known, monitored, and followed up by HPOG program staff to be included here. Referrals to services in the community, with minimal or no follow-up by HPOG staff, are not included.

Exhibit 3.3: Participants Receiving HPOG Support Services through Year 4

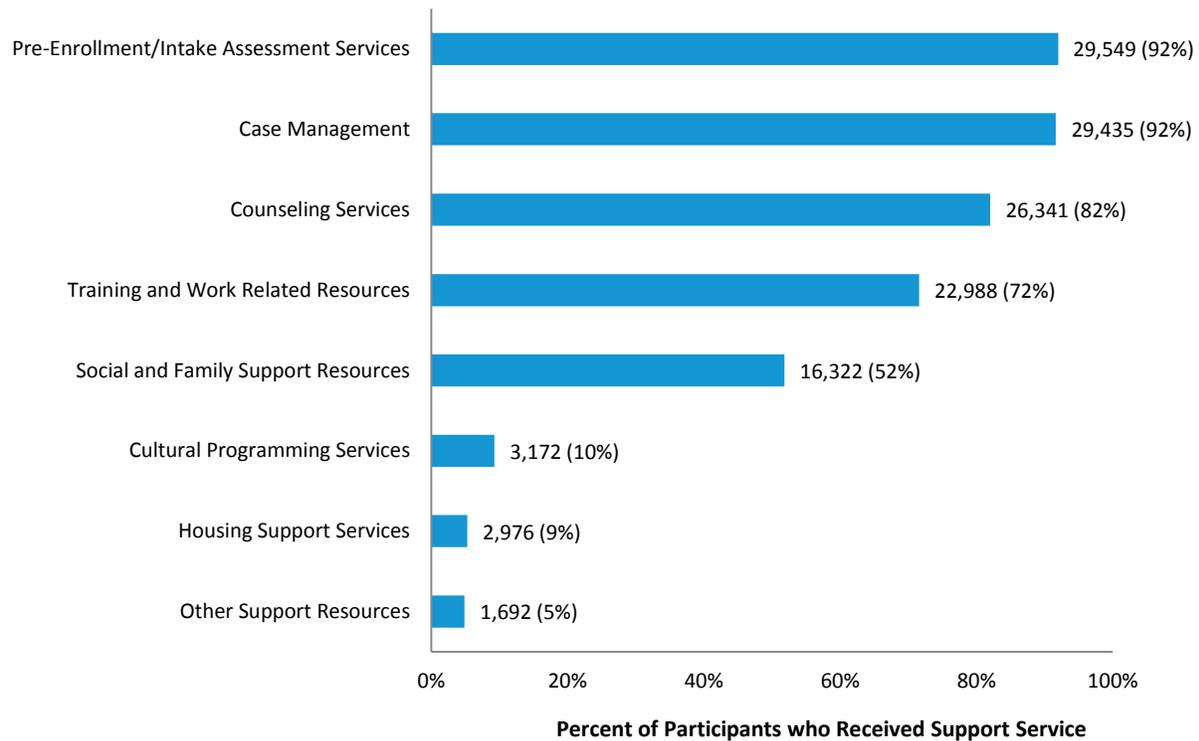


Exhibit includes all enrollees in the PRS through September 30, 2014 (N = 32,123).

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 category “social and family support resources” includes assistance that supports participants’ continuation in the program but is not specifically related to academic, training, or employment needs. Supports in this category include assistance with services (sometimes through partner agencies) such as child care and transportation and short-term emergency assistance with car repair, utilities, or emergency food and shelter. More than half of all participants (51 percent) received social support resources at some point during the program. The two most common supports received in this category were transportation (46 percent) and child care (8 percent).

Cultural programming and housing support services were provided less frequently than other types of support services. Cultural programming services aim to integrate cultural practices into healthcare training courses, or to train enrollees on culturally appropriate delivery of health services. These services were most commonly provided by tribal grantees, which accounted for 33 percent of cultural programming services compared to 6 percent of all HPOG participants. Housing support services were received by 9 percent of HPOG participants and a variety of “other” supports that did not fit pre-defined categories were each received by 5 percent of HPOG participants.

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 them 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 3.4 shows the number and percentage of enrollees participating in each employment development activity through Year 4. The most common activity was employment assistance (76 percent).

Exhibit 3.4: Participants Enrolled in HPOG Employment Development Activities through Year 4

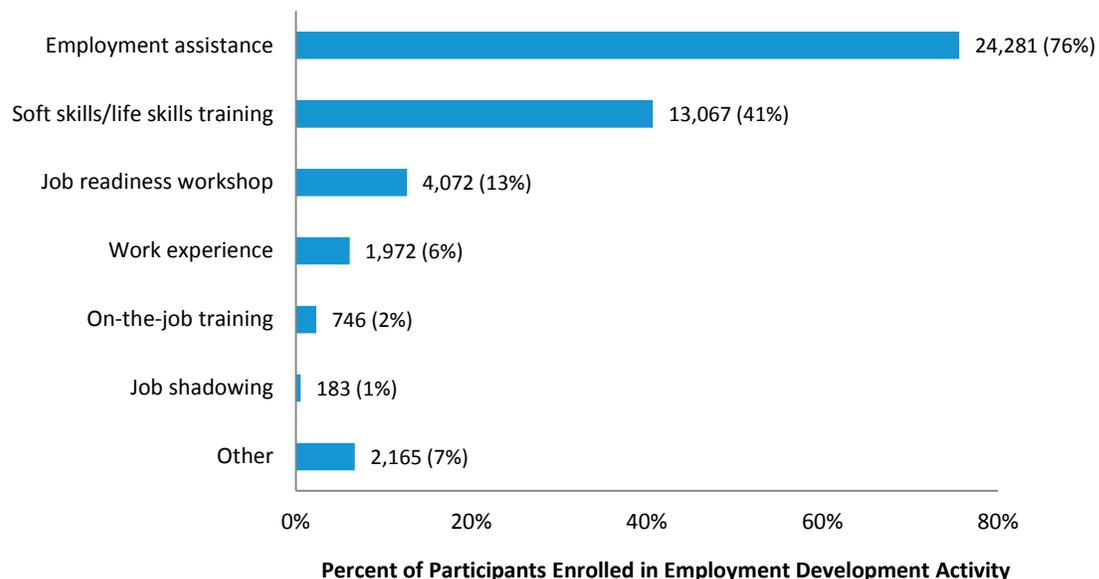


Exhibit includes all enrollees in the PRS through September 30, 2014 (N = 32,123).

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

4. What Outcomes Have HPOG Participants Achieved So Far?

The goal of the HPOG Program is to help participants complete healthcare training courses and obtain related employment. More than half of all enrollees (54 percent) were active (receiving services or in training) at some point during Year 4, and 42 percent were still active at the end of Year 4. Because such a large proportion of participants are still in training, the outcomes described below are a partial picture of eventual HPOG enrollee outcomes.

Healthcare Training Course Completion

In the first four years of the HPOG Program, 65 percent of enrollees who began a healthcare training course completed it. In total, 18,016 participants completed 22,851 healthcare training courses. Exhibit 4.1 shows healthcare training courses that have had the highest number of participants completing among participants who completed at least one training.

A total of 5,838 participants (18 percent of all enrollees) began a second training activity. This means that almost one-third (32 percent) of those completing a first training began a second training. Of those who started a second training, 68 percent (3,982 individuals) completed it. This is a higher completion rate than the rate for healthcare training activities in general. A key HPOG principle is the opportunity to complete additional training, particularly those along a career pathway.

The most frequently completed healthcare training course was “nursing assistant, aide, orderly, and attendant”. Of HPOG enrollees who have completed at least one training to date, 51 percent (9,231 individuals) have completed this training course. The number of completions was higher for this training course than for others because it is the most common course taken and is relatively brief. The second highest number of completions was medical records and health information technician, followed closely by LPN or LVN programs. Medical assistant training and home health aide courses are also of short duration and had the next highest number of completions (8 percent and 7 percent, respectively) among participants completing at least one training.

Only 5 percent of all participants completing training completed RN courses, although this had the third highest training enrollment. This is because RN programs are generally at least two-year Associate’s or four-year Bachelor’s programs, so many participants who began this training course in earlier years were still enrolled at the end of Year 4.

Exhibit 4.1: HPOG Participants Completing Training Courses through Year 4

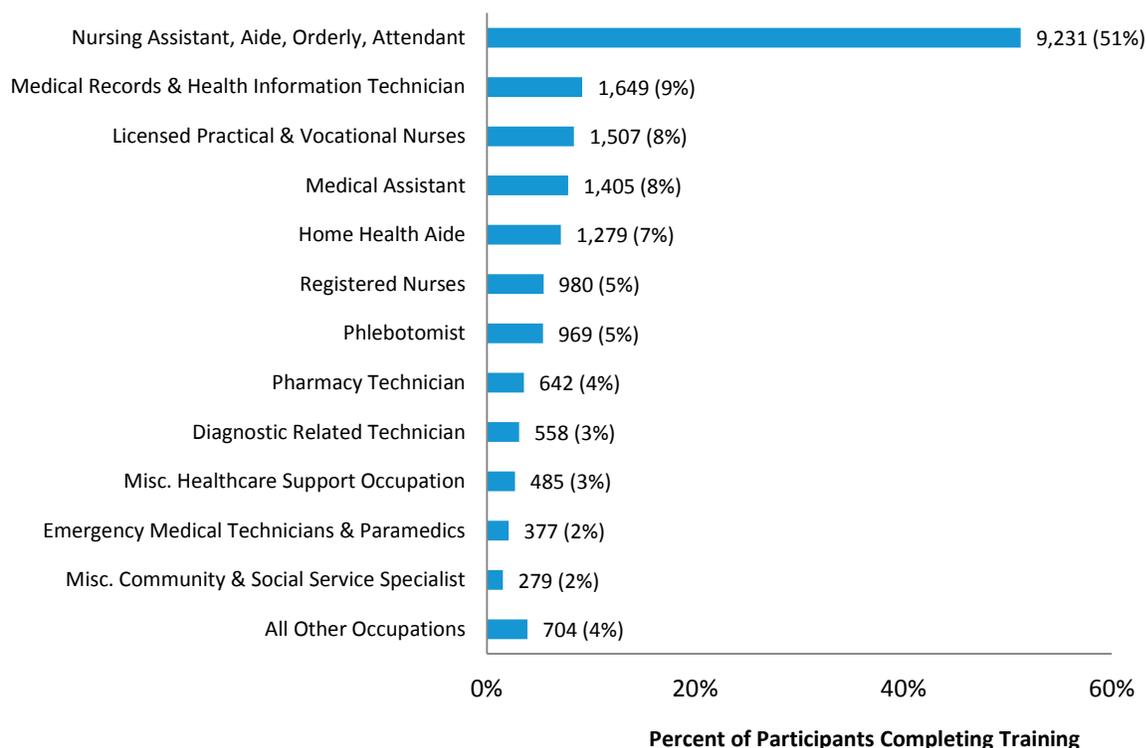


Exhibit includes all enrollees in the PRS who completed at least one healthcare training program through September 30, 2014 (N = 18,016).

Participants who completed multiple training courses may be represented in more than one category, but only once within each category. The “All Other Occupations” category includes healthcare training courses which fewer than one percent of HPOG participants have completed.

Employment Outcomes¹⁸

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. 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 offer them continued career support.

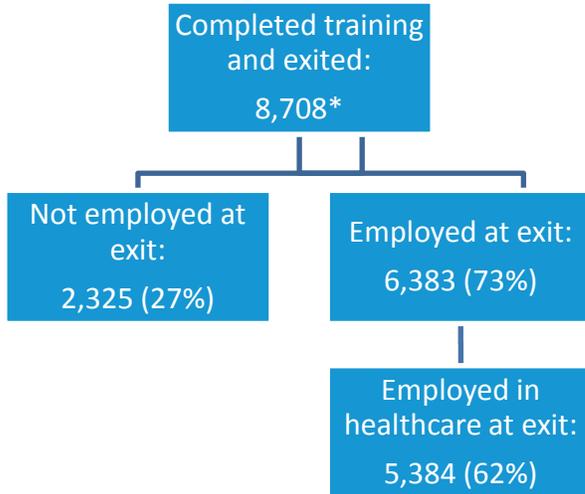
This section presents several different measures of employment outcomes.¹⁹ One outcome measure is whether a participant is employed at program exit after completing one or more healthcare training

¹⁸ The outcomes reported in this section are descriptive and should not be considered as estimates of program impact.

¹⁹ These results are an incomplete picture of employment outcomes for HPOG participants because many were still engaged in training or other activities in Year 4 and may not have actively searched yet for healthcare employment.

courses.²⁰ Among those who completed one or more healthcare training courses and exited HPOG in the first four years of the program, 73 percent were employed at exit and 62 percent were employed in healthcare jobs or in the healthcare sector (Exhibit 4.2).²¹

Exhibit 4.2 Employment at Exit



*Totals only include those with known employment status at exit.
Source: PRS

Another measure of employment is the change in employment status subsequent to HPOG enrollment. 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 a healthcare-related job during the program or at exit.

Almost two-thirds (63 percent) of all HPOG participants (20,172) did not have a job at program intake. Another 21 percent were employed at intake but not in healthcare. Finally, 16 percent

were employed in healthcare at intake.

Many participants experienced employment gains over the course of the program or at exit. Exhibit 4.3 shows gains for enrollees by employment status at intake. Of those who were unemployed, 34 percent (6,943 participants) became employed in healthcare, and an additional 10 percent (2,088) became employed in a non-healthcare job. Of the 6,837 participants who were employed at intake in a non-healthcare job, 35 percent (2,379) found employment in the healthcare sector during the program or at exit.

Some HPOG entrants already had healthcare jobs at intake. For these participants, HPOG’s goal is to provide training that will advance their careers, including better paying jobs. Of the 5,114 participants who entered HPOG with a job in a healthcare occupation or industry, 32 percent (1,637) experienced a wage increase. The average wage increase was 45 percent, from \$10.64 to \$15.44 per hour. This includes those with wage increases during program participation as well as at exit. The size of the average wage increase was due to some participants transitioning into high wage jobs, such as registered nurse, who experienced average increases in hourly wage of as much as 157%.

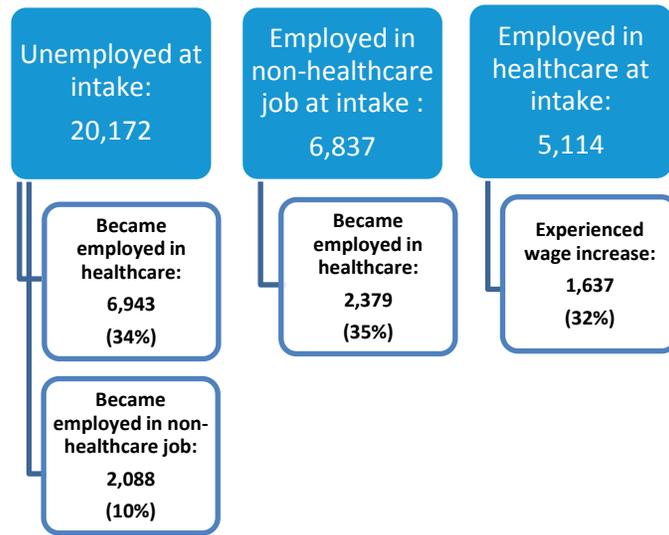
²⁰ A total of 10,995 participants exited HPOG after completing one or more healthcare training courses.

²¹ These percentages are calculated out of those with known exit status and known employment status at exit. Of those who completed one or more healthcare training courses and exited HPOG, 21 percent are missing employment status data at exit in the PRS.

The wage level of employed HPOG participants is an important employment outcome. Across all HPOG participants who became employed in healthcare, the average wage was \$12.57 per hour or about \$26,000 per year for a full-time worker. Earning this annual income would be enough to bring a family of three above the federal poverty line with full-time employment.²²

Exhibit 4.4 shows the average hourly wages by occupation reported by HPOG participants and the annual full-time equivalent earnings. Overall, RN was the highest-paid occupation at \$22.46 per hour.²³ Home health aide was the lowest paid at \$10.58 per hour. To put these wages in context, even this lowest wage is 46 percent higher than the \$7.25 federal minimum wage. 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 level.

Exhibit 4.3 Employment and Wage Progression



Source: PRS
 Exhibit includes all enrollees in the PRS through September 30, 2014 (N = 32,123).

²² This calculation is based on the HHS federal poverty guideline for 2014.

²³ 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.

Exhibit 4.4: Wages of HPOG Participants in the Most Common Occupations through Year 4

Occupation	Number Employed	Average Hourly Wage	Annual Full-Time Equivalent Earnings
Registered Nurse	618	\$22.46	\$46,716
Licensed Practical and Licensed Vocational Nurse	1,026	\$17.09	\$35,549
Health Practitioner Support Technologists and Technicians	135	\$15.26	\$31,734
Clinical Laboratory Technologists and Technicians	119	\$14.46	\$30,076
Medical Records and Health Information Technician	872	\$13.69	\$28,466
Miscellaneous Community and Social Service Specialists	204	\$13.43	\$27,937
Phlebotomist	207	\$13.30	\$27,672
Emergency Medical Technicians and Paramedics	179	\$12.93	\$26,885
Medical Assistant	639	\$12.66	\$26,332
Miscellaneous Healthcare Support Occupations	608	\$11.93	\$24,823
Pharmacy Technician	251	\$11.12	\$23,137
Nursing Assistant, Aide, Orderly, and Attendant	5,629	\$11.05	\$22,975
Home Health Aide	957	\$10.58	\$22,002

Source: PRS

5. Summary

Since it began in 2010, the HPOG Program has continued to grow. From its inception through Year 4, grantees enrolled 32,123 participants. The majority of HPOG participants were single females with one or more dependent children and most had annual household income of less than \$20,000 when starting the program, with almost half of participants (48 percent) below an annual household income of \$10,000.

Most HPOG participants (82 percent) participated in a healthcare training course. The most common training courses to date are nursing assistant, aide, orderly, or attendant--short training courses that prepare individuals for occupations that are the first step on a longer career pathway. Other common training courses include licensed and vocational nurse, registered nurse, and medical assistant. Eighteen percent of enrollees participated in multiple healthcare training courses.

Many HPOG participants experienced positive training and employment outcomes. Sixty-five percent of participants who began a healthcare training course completed it. Seventy-three percent of those completing a healthcare training course and exiting HPOG were employed at exit, and sixty-two percent were employed in healthcare at exit.

Forty-six percent of HPOG participants engaged in pre-training activities, including orientations to healthcare careers and workshops in college study skills, as well as basic skills education and pre-requisite courses. In addition, 96 percent of participants received support services to help them succeed in HPOG and beyond, including case management and counseling services; financial assistance with tuition,

books, and fees; assistance with transportation or child care; and employment placement and retention assistance.

HPOG strives to provide training opportunities that cultivate career ladders or pathways for individuals. The programs provide a variety of career options allowing participants to start at the appropriate level, whether in pre-training or more advanced healthcare training courses. Once a credential is earned, participants can move on to another training course to progress in their careers.

The results in this report are an illustration of the progress that the HPOG Program has made over its first four years. Each year the number of active participants increased, leveling off by the end of Year 4, and nearly half of the grantees (15 of 32) have met their five-year enrollment targets. Thus, many participants continue to train and the number completing training and becoming employed will increase.

This is the final annual report. However, other reports from the HPOG research and evaluation portfolio will be published in the future. These reports include 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; and an analysis of the impact of the HPOG Program overall and of program features on program outcomes using experimental methods.

Appendix A: OPRE's HPOG Research and Evaluation Strategy

The seven related HPOG research and evaluation projects are designed to identify what types of approaches work well in achieving the goals of HPOG and in what circumstances and for whom they work, so they can be replicated in the future. The projects are as follows:

- **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 accountability and to record participant data for use in the evaluation.
- **HPOG National Implementation Evaluation (NIE).** The HPOG NIE is the execution of the study devised in the ISO evaluation plan (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 organizations—are included in this analysis.
- **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, the Impact Study is implementing a multi-arm experimental design, creating a control group that will not have access to HPOG, an "HPOG service as usual" treatment group, and an "enhanced HPOG" group that is receiving additional supports and services. The 20 grantees that are not part of the tribal evaluation, University Partnership Research Grants, or PACE evaluation are included in the HPOG Impact Study.
- **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.
- **Pathways for Advancing Careers and Education (PACE) Project.** The PACE evaluation is a nine-program experimental study of promising career pathway programs. Three HPOG grantees are included in the PACE study.
- **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.
- **Career Pathways Intermediate Outcomes (CPIO) Study.** CPIO is analyzing the outcomes at 36 months after intake of participants in the HPOG Impact Study and the PACE Project. CPIO extends by almost two years the period in which participants can complete education and training activities and make progress in their careers and includes analysis of the intermediate steps (measured at 15 months) on participant outcomes and the effects of program participation on participants' children.

These research components are being coordinated to avoid duplication of effort, maximize the usefulness of collected data, reduce burden on grantees participating in the federal evaluation activities, meet performance management requirements, and promote cross-project learning.

Abt Associates, in collaboration with the Urban Institute, is conducting the ISO, NIE, Impact, and CPIO 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, including 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.

Appendix B. Data Sources and Limitations

The statistics presented in this report are based on data from the Performance Reporting System (PRS), the HPOG participant-tracking management information system, and grantees' Performance Progress Reports (PPRs). Participant data are entered by each grantee into the PRS and are regularly checked for quality (e.g. missing data, consistency across elements, etc.) by Abt Associates and the Urban Institute. The PRS is specific in defining data items to ensure consistency across grantees. These data are the basis of the PPR measures. Each grantee submitted a PPR in October 2014 that contained information on Year 4 of HPOG. The Urban Institute extracted individual-level data on all enrollees and their activities from the PRS on December 2, 2014 for this report.

Although the data in this report covers the entire history of the HPOG Program, starting in September 2010, the PRS was implemented at the beginning of Year 2 of the HPOG Program (September 30, 2011). In Year 1, grantees' PPRs were submitted on paper. At the start of Year 2, data entry was required only for those participants who were still enrolled when the PRS came online. As a result, the PRS does not have individual-level data for all Year 1 participants – the total enrollment reported in the Year 1 PPRs is 211 individuals higher than in the PRS.

In addition, the PRS is a “live” data system, meaning grantees are continually entering new data. Grantees also have the ability to revise or update data that were incorrect, missing, or had not yet been entered for past recipients. For this reason, single-year results based on data extracted at a point in time are subject to change.

The specific grantee examples in this report come from the narrative portions of the grantees' PPRs. Not all grantees completed the PPRs at comparable levels of detail, and several items are not specifically requested in the PPR, most notably an account of accomplishments (although this was included by some grantees). General information on grantees' enrollment goals and funding levels come from administrative documents provided by ACF.

Appendix C: Healthcare Training Courses Offered by HPOG Program

Standard Occupational Code (SOC)	Number of Grantees Offering Training
Counselors	
21-1010 Counselors	2
21-1011 Substance Abuse and Behavioral Disorder Counselors	6
21-1014 Mental Health Counselors	1
Community and Social Service Specialists	
21-1090 Miscellaneous Community and Social Service Specialists	6
21-1091 Health Educators	2
21-1094 Community Health Workers	7
21-1798 Social and Human Service Assistants	2
29-1031 Nutritionists	3
31-9011 Childcare Workers	1
31-9999 Child Care Advocate	1
Registered Nurse	
29-1140 Registered Nurse	25
Healthcare Diagnosing and Treating Practitioners	
29-1190 Miscellaneous Health Diagnosing and Treating Practitioners	2
29-1199 Health Diagnosing and Treating Practitioners, All Others	4
29-1125 Recreational Therapist	1
29-1126 Respiratory Therapist	6
29-1127 Speech Pathology	3
29-1128 Kinesiotherapist	3
19-1042 Toxicologist	3
29-2021 Dental Hygienists	6
Emergency Medical Technicians and Paramedics	
29-2040 Emergency Medical Technicians and Paramedics	6
29-2041 Emergency Medical Technicians	19
29-2042 Paramedics	12
Health Practitioner Support Technologist and Technicians	
29-2050 Health Practitioner Support Technologist and Technicians	8
29-2051 Dietetic Technician	5
29-2052 Pharmacy Technician	26
29-2053 Psychiatric Technicians	3
29-2054 Respiratory Therapy Technicians	10
29-2055 Surgical Technologists	16
29-1050 Pharmacist	3

Standard Occupational Code (SOC)	Number of Grantees Offering Training
Licensed Practical and Licensed Vocational Nurses	
29-2060 Licensed Practical and Licensed Vocational Nurses	29
Medical Records and Health Information	
29-2070 Medical Records and Health Information Technicians	24
29-2071 Medical Records and Health Information Technicians	13
27-3091 Interpreters and Translators	6
43-4171 Receptionists and Information Clerks	5
43-6013 Medical Office Clerk / Secretary / Specialists	16
11-9111 Medical and Health Services Managers	6
Miscellaneous Health Technologist and Technicians	
29-2090 Miscellaneous Health Technologists and Technicians	5
29-2099 Health Technologists and Technicians, All Other	9
Psychiatric and Home Health Aides	
31-1010 Psychiatric and Home Health Aides	7
31-1011 Home Health Aides	12
Nursing Aides, Orderlies, and Attendants	
31-1012 Nursing Aides, Orderlies, and Attendants	15
31-1014 Nursing Assistants	24
31-1015 Orderlies	4
31-1016 Patient Care Technician	11
Clinical Laboratory Technologists and Technicians	
29-2010 Clinical Laboratory Technologists and Technicians	6
29-2011 Medical and Clinical Laboratory Technologists	6
29-2012 Medical and Clinical Laboratory Technicians	11
11-9121 Clinical Research Coordinator	1
51-9081 Dental Lab Technician / Dental Hygienists	1
Diagnostic Related Technologists and Technicians	
29-2030 Diagnostic Related Technologists and Technicians	3
29-2031 Cardiovascular Technologists and Technicians	14
29-2032 Diagnostic Medical Sonographers	5
29-2034 Radiologic Technologists	14
Occupational Therapy Assistants and Aides	
31-2010 Occupational Therapy Assistants and Aides	2
31-2011 Occupational Therapy Assistants	8
31-2012 Occupational Therapy Aides	3
Physical Therapist Assistants and Aides	
31-2020 Physical Therapist Assistants and Aides	1
31-2021 Physical Therapist Assistants	15
31-2022 Physical Therapist Aides	6
31-9010 Massage Therapists	4

Standard Occupational Code (SOC)	Number of Grantees Offering Training
Miscellaneous Healthcare Support Occupations	
31-9090 Miscellaneous Healthcare Support Occupations	10
31-9091 Dental Assistants	15
31-9092 Medical Assistants	27
31-9093 Medical Equipment Preparers	5
31-9094 Medical Transcriptionist	7
31-9095 Pharmacy Aides	3
31-9097 Phlebotomists	22
31-9099 Healthcare Support Workers, All Others	9
43-5031 Police, Fire, and Ambulance Dispatchers	1

Source: PRS