



Health Profession Opportunity Grants

Year Three Annual Report
2012–2013

OPRE Report Number 2014-48

July 2014



Health Profession Opportunity Grants Year Three Annual Report (2012–2013)

Authors:

Nathan Dietz, Nathan Sick, Pamela Loprest
The Urban Institute
Alan Werner
Abt Associates

July 2014

Submitted to:

Molly Irwin, Project Officer
Hilary Forster, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
<http://www.acf.hhs.gov/programs/opre>

Project Director:

Alan Werner, Ph.D.
Abt Associates
55 Wheeler Street
Cambridge, MA 02138-1168

OPRE Report Number: 2014-48

This report is in the public domain. Permission to reproduce is not necessary.

This project is funded by the Office of Planning, Research and Evaluation, an office of the Administration for Children and Families, U.S. Department of Health and Human Services, under contract no. HHSP23320095624WC. The contents of this publication do not necessarily reflect the views or policies of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

Suggested Citation:

Nathan Dietz, Nathan Sick, Pamela Loprest, and Alan Werner. (2014). Health Profession Opportunity Grants: Year Three Annual Report (2012–2013). OPRE 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.



Overview

The Health Profession Opportunity Grants (HPOG) Program, established by the 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 three years of the program, ACF provided approximately \$68 million to these grantees. Progress to date and HPOG grantee applications suggest that HPOG will serve more than 30,000 individuals.

This Year 3 Annual Report summarizes program operations and participant activity and outcomes from the program's inception through the third year of grantee activities. Data for this report are drawn primarily from the HPOG Performance Reporting System (PRS) and grantees' Year 3 Performance Progress Reports (PPRs) submitted to ACF. Key findings of the report include:

- The HPOG Program has enrolled 24,558 participants through Year 3. 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 when starting the program.
- Most HPOG enrollees (81 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" (33 percent). Other common occupations for which participants are training include licensed and vocational nurse (10 percent), registered nurse (8 percent), and medical records and health information technician (8 percent). Sixteen percent of enrollees have participated in more than one healthcare training course. Those not participating 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 percent of participants who began a healthcare training course completed the course. Many of those who have not completed a training course are actively engaged in one at the end of Year 3. Sixty-eight percent of those who completed a healthcare training course and exited HPOG were employed at program exit, and 56 percent were employed in healthcare at exit.
- Ninety 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 prerequisite 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 3, more than half (57 percent) of participants remained in the program, preparing for and participating in training or accessing post-training services. Twenty-one percent of enrollees exited the program without completing a healthcare training course.

Future annual reports will continue to document participant progress in key HPOG program milestones: completing healthcare training and gaining access to a promising career in healthcare.

Table of Contents

Overview	2
1. Introduction	4
Characteristics of HPOG Grantees	5
Overview of HPOG Participant Activity and Flow	7
2. Who Participated in HPOG in the First Three Years?	9
3. What Types of Activities Have HPOG Participants Undertaken?	12
Pre-Training Activities	13
Healthcare Training Courses	14
Support Services	16
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	27
Appendix C: Healthcare Training Courses Offered by HPOG Program	28

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 PPACA, 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 and 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 third program year, ACF provided approximately \$68 million to grantees. Progress to date and HPOG grantee applications suggest that HPOG will serve more than 30,000 individuals over the five-year period of the grants (2010–2015).

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 third annual report contains cumulative data from the inception of the HPOG Program through September 30, 2013, the end of Year 3. 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 education and employment outcomes. The PRS also tracks the education and training activities offered by grantees. The second source is the grantees' Year 3 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.

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

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 in January 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.

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

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). The remaining grantees are local or state government agencies or community-based organizations (CBOs). Five of the HPOG grants 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 annual grants also varies between \$1 million and \$5 million.

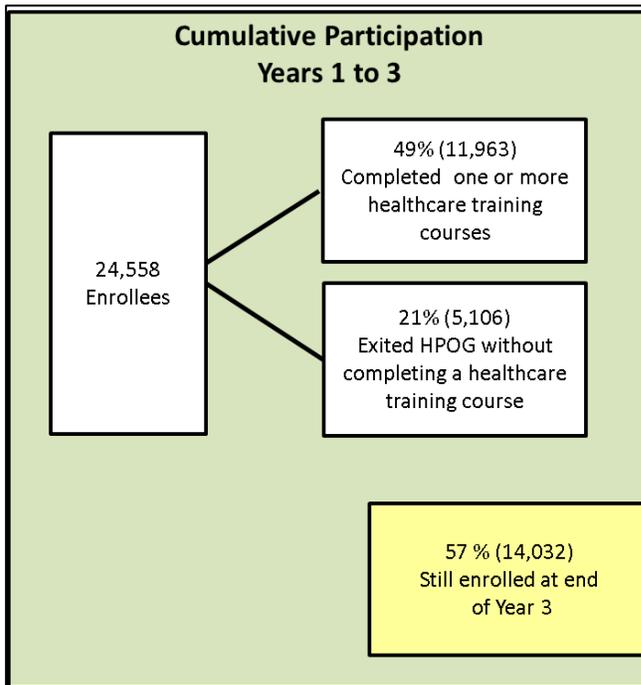
Grantees also differ in participant eligibility criteria and target populations. HPOG targets TANF recipients (TANF cash beneficiaries are automatically income-eligible for HPOG) and other low-income individuals. Grantee definitions of “low-income” are community specific and target populations reflect 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).

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 Participant Activity and Flow

During its first three years, 24,558 participants enrolled in the HPOG Program (Exhibit 1.1).⁸ This is nearly three-quarters of HPOG grantees' five-year target enrollment.⁹ Enrollments varied widely by grantee, with the smallest grantees enrolling as few as 146 participants and the largest enrolling nearly 3,000 participants. During the first three years of the grant, almost half of all enrollees (49 percent) completed one or more healthcare training courses.

Exhibit 1.1: Cumulative HPOG Program Participation



Source: PRS.

Note: Participants can complete a training course and continue to be enrolled in the HPOG Program.

Twenty-one percent exited prior to completing a healthcare training course. In addition, a large number of enrollees, 57 percent, remained in the program at the end of Year 3.

Exhibit 1.2 shows enrollees active (enrolled and not yet exited) in each year and the flow of participants during each of the first three years of the grant. Enrollments increased after the first year—from 6,270 enrollments in Year 1, to 9,086 new enrollments in Year 2, and 9,202 new enrollments in Year 3. The lower Year 1 enrollment figure is likely due to the time grantees spent implementing new programs, adapting existing programs, and developing recruitment strategies.¹⁰

While the number of annual new enrollments was nearly the same in

Years 2 and 3, Exhibit 1.2 shows that the number of active participants increased substantially across all grant years from 6,270 in Year 1 to 14,688 in Year 2 to 20,145 in Year 3. This is due to the high proportion of participants continuing from one year to the next. Some are enrolled in longer training courses that span grant years and others may have completed pre-training activities before beginning a healthcare training course. Others enrolled late in the grant year.¹¹

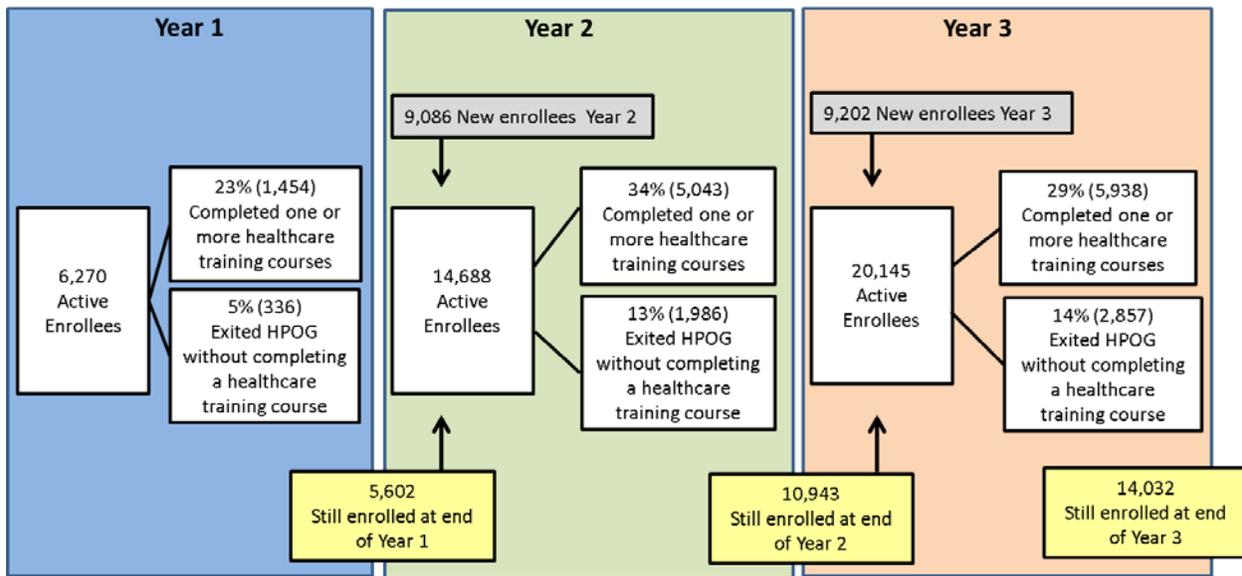
⁸ Enrollment is defined as meeting the program eligibility criteria and receiving a substantive program service, specifically, a support service, pre-training, or training activity. The PRS was implemented at the beginning of Year 2 of the program. An additional 211 individuals were reported as enrolled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

⁹ Target grantee enrollments are from HHS, ACF.

¹⁰ For a discussion of HPOG program implementation issues, see the Year Two Annual Report cited earlier.

¹¹ The numbers still enrolled at the end of a program year also include participants who have exited the program but have not yet been marked as such in the PRS by grantees. Estimates (based on participants who have no activity

Exhibit 1.2: HPOG Participation Flow, Years 1 through 3



Source: PRS.

Note: Participants can complete a training course and continue to be enrolled in the HPOG Program.

The percentage of active enrollees completing one or more healthcare training courses increased from 23 percent in Year 1 to 34 percent in Year 2, and declined somewhat to 29 percent in Year 3. Some enrollees that complete a healthcare training course remain in the program, entering another training course or receiving employment or other services before exiting. The percentage exiting the program without completing a healthcare training course increased from 5 percent of active enrollees in Year 1 to 13 percent in Year 2 and 14 percent in Year 3.

recorded in the PRS in the past 90 days, is a proxy for participants who are no longer active in the program), suggest this can account for at most 12 percent of those still enrolled at the end of Year 3.

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

HPOG grantees serve a diverse group of participants. As shown in Exhibit 2.1, the majority were female (89 percent), never married (62 percent), and had one or more dependent children (66 percent). 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 2.1: Demographic Characteristics at Intake of HPOG Participants through Year 3

Characteristic	Number	Percentage of Participants (%)
Gender		
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	3,103	
Number of Dependent Children		
None	7,566	34
One or More	14,523	66
Missing	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	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	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 2.2 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 six percent had four or more years of college.

Exhibit 2.2: 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	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	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	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.

New Recruitment Strategies

Several HPOG grantees implemented new recruitment strategies in Year 3 of the program to increase the number of TANF participants. Nebraska Central Community College built on an already strong relationship with the state TANF agency by requiring HPOG caseworkers to hold office hours once a week at the TANF agency's offices. By spending time on site, the HPOG caseworkers are able to provide resources and services more directly to TANF participants, and to share updates about individual clients with agency staff. In addition, agency representatives serve on the grantee's advisory council, and the directors of the grantee and the agency meet several times a year to coordinate their activities and work toward shared goals.

By design, HPOG targets individuals with limited household income. To put the income figures in Exhibit 2.2 in context, in 2013 the poverty level for a one-person household was \$11,490 and for a one-adult and two-child household was \$19,530.¹²

In addition to having low levels of 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 (56 percent of enrollees). TANF recipients, a target recruitment population for HPOG grantees, made up 17 percent of participants at program entry.

Exhibit 2.3: 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	2,491	
Supplemental Nutrition Assistance Program (SNAP)		
Yes	12,465	56
No	9,891	44
Missing	2,202	
Medicaid		
Yes	7,649	38
No	12,221	62
Missing	4,688	
Supplemental Security Income (SSI)		
Yes	747	4
No	20,541	96
Missing	3,270	

¹² Statistics are based on the HHS federal poverty guidelines for 2013. See Federal Register Volume 78, Number 16, pp. 5182-5183.

Social Security Disability Insurance (SSDI)		
Yes	429	2
No	20,664	98
Missing	3,465	
Unemployment Insurance (UI)		
Claimant	2,950	13
Exhaustee	829	4
Not Claimant or Exhaustee	18,378	83
Missing	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.

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 occupation¹³; *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, an innovative strategy that is being tested in several ACF initiatives. 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.¹⁴ In HPOG, grantees are adapting these principles 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.

¹³ For example, many HPOG programs offer a registered nurse training course which includes multiple classes.

¹⁴ 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 (ISIS) 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. <https://www.acf.hhs.gov/programs/opre/resource/career-pathways-as-a-framework-for-program-design-and-evaluation-a-working>.

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.

Preparing for Training

HPOG grantees frequently fine-tune the pre-training programs they offer after assessing the readiness of previously-enrolled cohorts of participants.

Connecticut’s The Workplace recently added a seventh day to its Foundation Skills Workshop that identifies issues in the participant’s background or family history that may have an effect on the likelihood of successfully completing the program. Experts from the Yale-New Haven Health System Institute for Excellence assist grantee staff by serving as discussion leaders during this session.

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 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 (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 other activities 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 3.1: Participants Enrolled in HPOG Pre-Training Activities through Year 3

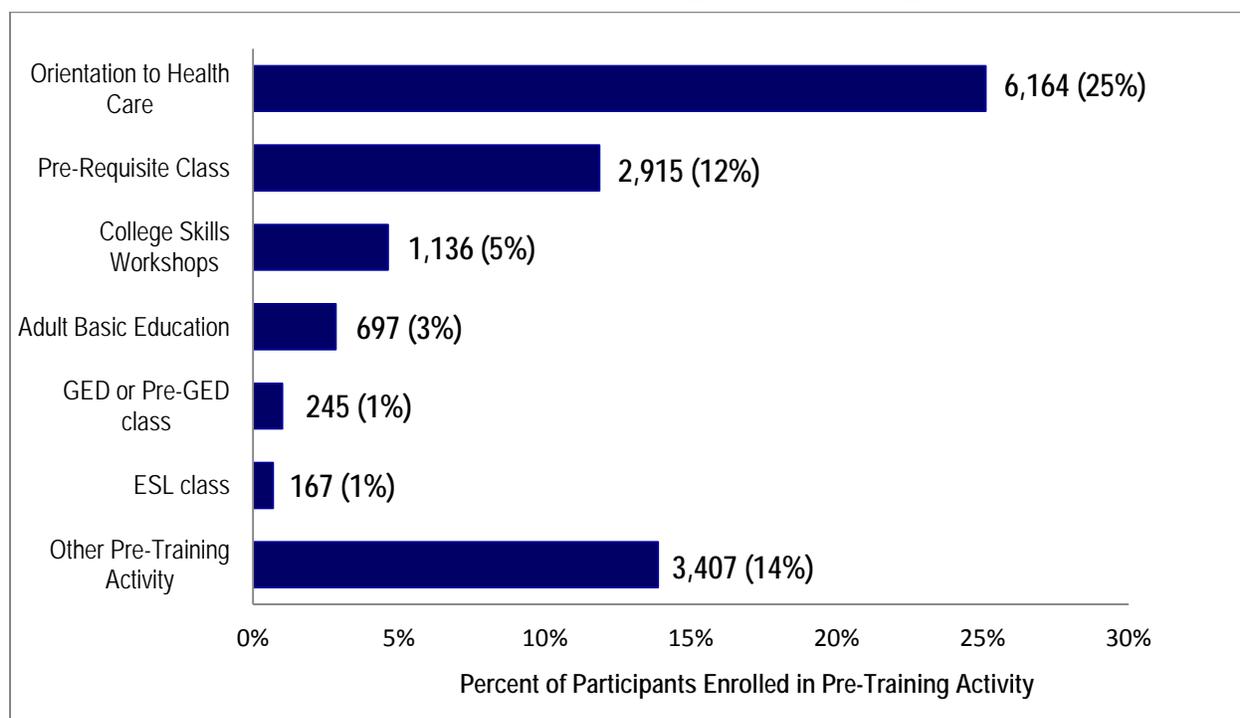


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558). Participants who enrolled in multiple pre-training activities may be represented in more than one category, but only once within each category.

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).¹⁵ 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’s degree).

¹⁵ See Appendix C for a detailed listing of the occupations and BLS SOCs for which HPOG grantees have offered training.

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’s or Bachelor’s 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.

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 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 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.

Developing New Training Courses

Temple University created a new tiered information technology training course which provides multiple entry points for participants to seek employment and progress in their careers. Tier 1 provides entry-level participants the opportunity to achieve four certifications in administrative/billing/coding and electronic health records. Tier 2 provides training for higher-level certification in a specialty area. Tier 3 is the equivalent of an Associate’s degree, Tier 4 is commensurate with a Bachelor’s degree, and Tier 5 provides training at the Master’s level.

Exhibit 3.2: Participation in HPOG Healthcare Training Courses through Year 3

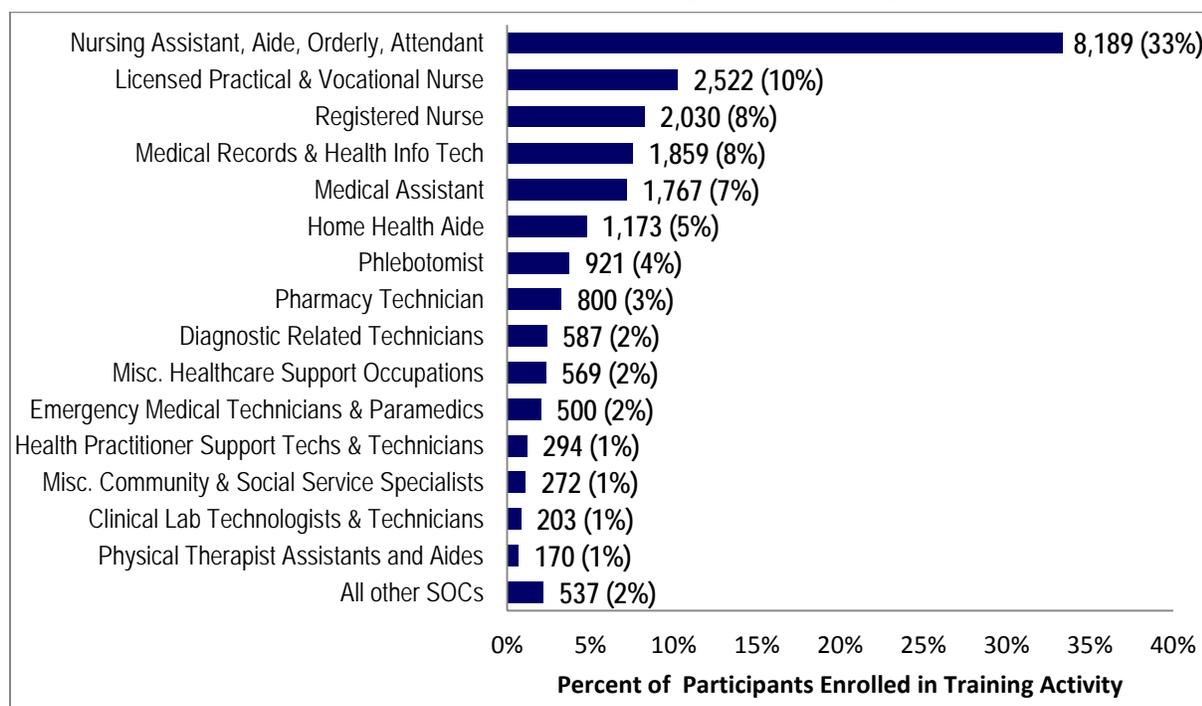


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558). Participants who enrolled in multiple healthcare training courses may be represented in more than one category, but only once within each category. The “All other SOCs” category includes healthcare training courses in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

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 announcement 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 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
- Other support services (e.g., help obtaining government benefits, assistance with fees, and 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.¹⁶ 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 case management, pre-enrollment and assessment, and counseling. More than two-thirds of participants received training and work-related supports.

Exhibit 3.3: Participants Receiving HPOG Support Services through Year 3

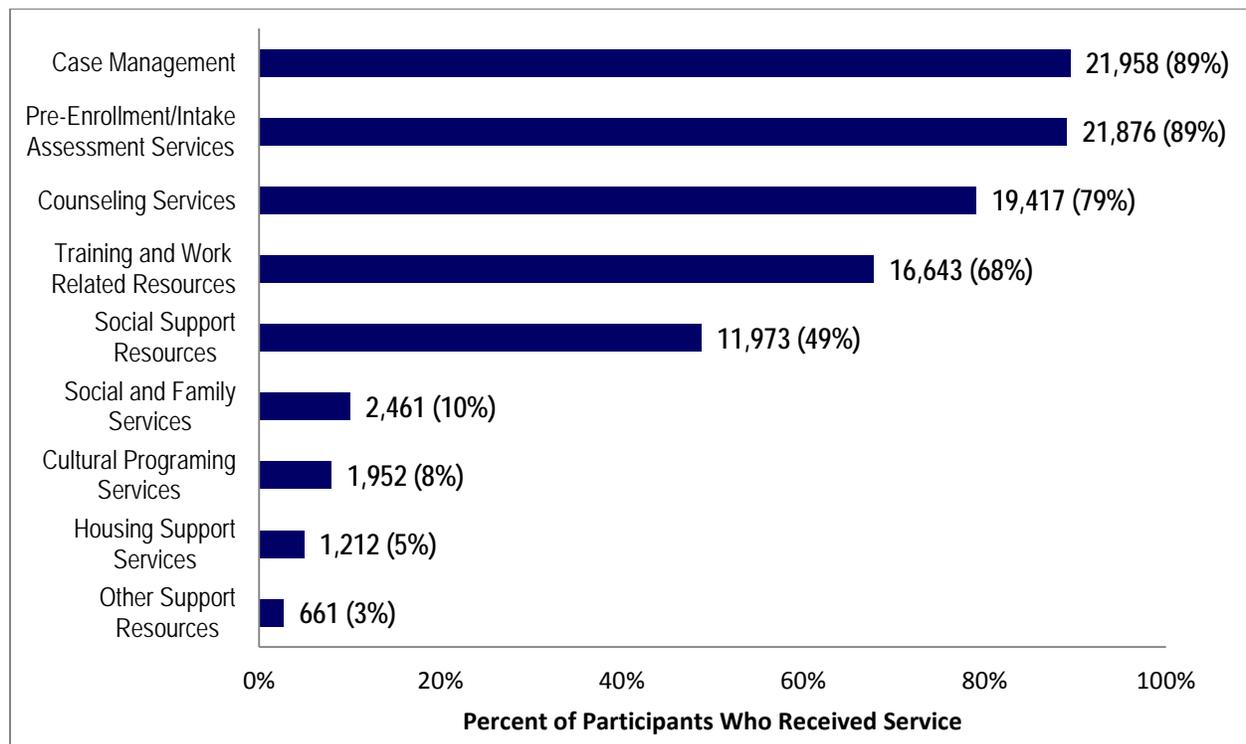


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558). Participants who received more than one type of support service may be represented in more than one category, but only once within each category.

¹⁶ 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.

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. Cultural programming services aim to integrate cultural practices into healthcare training courses, most commonly among tribal grantees.

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.

Improving Counselor Training

Full Employment Council in Kansas City augmented their counselors’ training to better prepare them to offer career guidance and support. The new training builds the skills of triage, motivation, and post-placement support. The *triage* component helps busy counselors be more efficient, teaching them to assess client needs systematically so they can spend more time with those who need the most help. Counselors learn to keep current clients *motivated*, especially those with low self-esteem who need active support to withstand the program’s challenges. Focus on *post-placement support* reminds counselors that the goal of HPOG is not simply to find positions in the healthcare industry for their clients, but to help them “climb the ladder” to a stable and worthwhile career.

- 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 3. The most common activity was employment assistance, helping participants find and retain jobs.

Exhibit 3.4: Participants in HPOG Employment Development Activities

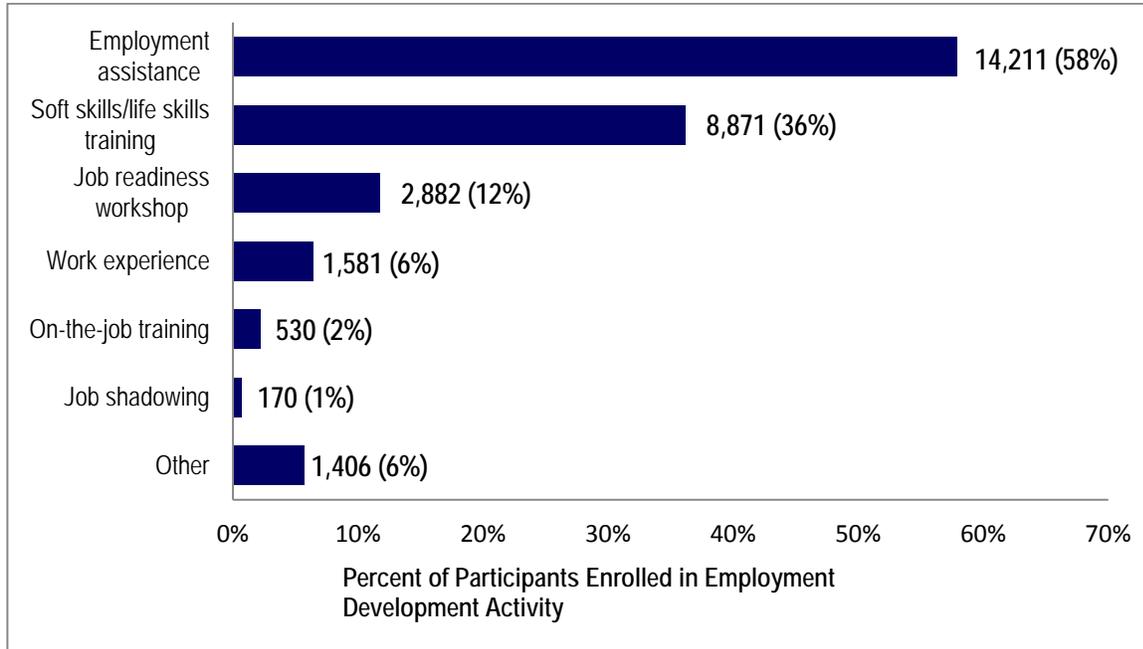


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558). Participants who engaged in more than one type of activity may be represented in more than one category, but only once within each category.

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. 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.

Healthcare Training Course Completion

In the first three years of the HPOG Program, 60 percent of enrollees who began a healthcare training course completed it. In total, 11,963 participants completed 15,024 healthcare training courses. Exhibit 4.1 shows the types of healthcare training courses that have had the highest number of completions.

The most frequently completed healthcare training course was nursing aide, orderly, and attendant (which includes nursing assistant). To date, 26 percent of HPOG enrollees have completed this training course (6,356 enrollees). Completions were higher for this training course than for others because it is the most common course and is relatively brief. The second most commonly completed training course was medical records and health information technician, followed closely by LPN or LVN programs. Home health aide and medical assistant training courses are also of short duration and had relatively high completion numbers.

Only two percent of enrollees completed RN courses, although this had the third highest training enrollment. This is likely 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 Years 2 or 3 were likely still enrolled at the end of Year 3.

Exhibit 4.1: HPOG Participants Completing Training Courses through Year 3

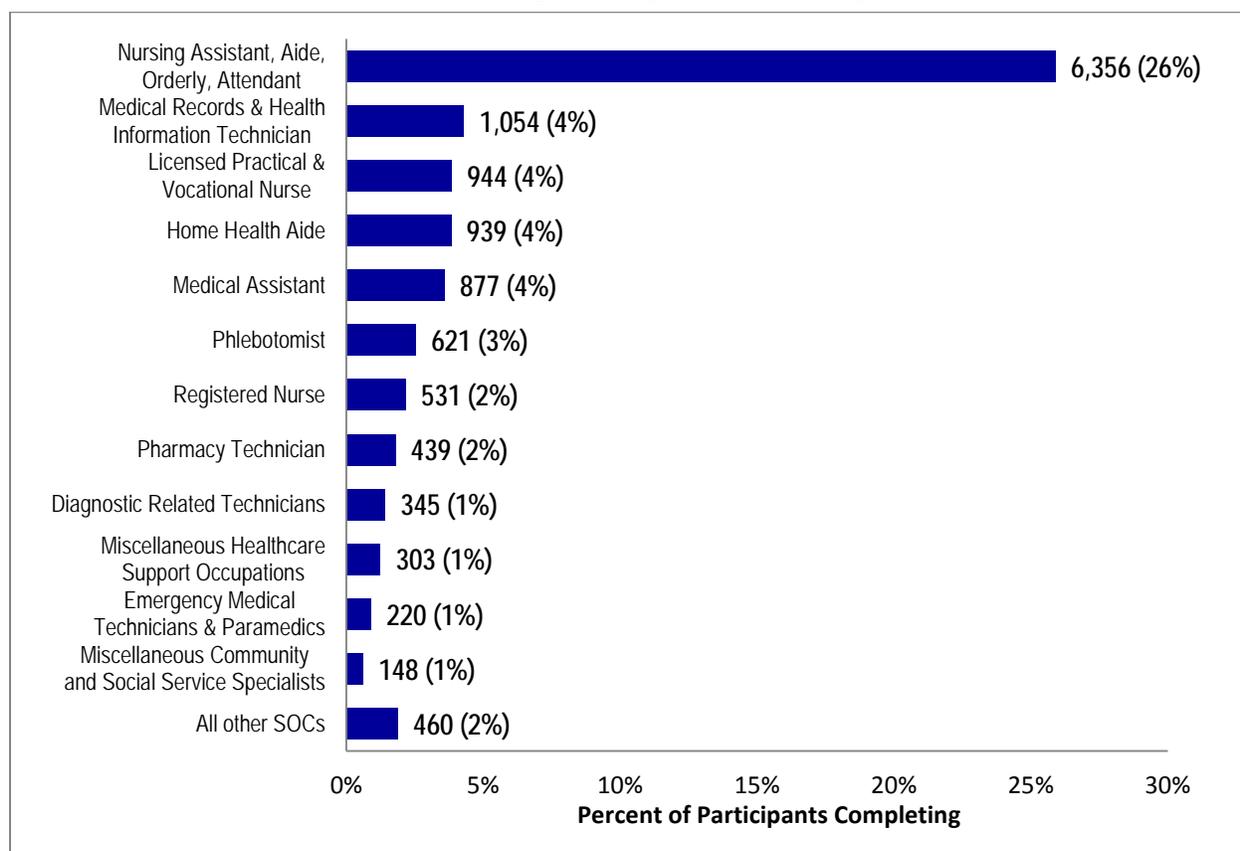


Exhibit includes all enrollees in the PRS through September 30, 2013 (N = 24,558). Participants who completed multiple training courses may be represented in more than one category, but only once within each category. The “All other SOCs” category includes healthcare training courses which fewer than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

Employment Outcomes

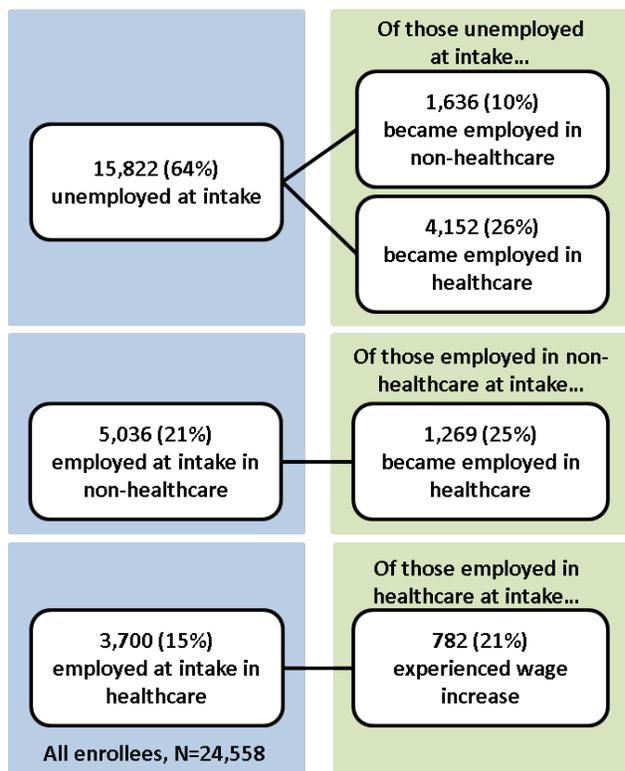
Participant employment in the healthcare industry is the ultimate goal of the HPOG Program. Many HPOG grantees help participants find healthcare employment during participation in the program, as a way of gaining occupational experience and improving employment prospects post-training, as well as upon 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.¹⁷

¹⁷ 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.

One outcome measure is whether a participant is employed at program exit after completing one or more healthcare training courses.¹⁸ 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.¹⁹

Exhibit 4.2 Employment and Wage Progression



Source: PRS

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.

Another way to measure employment is the change in employment status subsequent to HPOG enrollment (Exhibit 4.2). 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.

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, twenty-six percent (4,152 participants) became employed in healthcare, and an additional ten percent (1,636) became employed in a non-healthcare job. Of the 5,036 participants who were

¹⁸ A total of 5,904 participants exited HPOG after completing one or more healthcare training courses.

¹⁹ 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.

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, which is more than enough to bring a family of three out of poverty with full-time employment.²⁰

Exhibit 4.3 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.²¹ Home health aide was the lowest paid at \$10.46 per hour. To put these wages in context, even this lowest wage is 141 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 line.

Exhibit 4.3: 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: PRS

²⁰ This calculation is based on the HHS federal poverty guideline for 2013.

²¹ 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.

5. Summary

Since it began in 2010, the HPOG Program has continued to grow. From inception through Year 3, grantees enrolled 24,558 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.

Bridging Language Barriers

The New York Research Foundation at CUNY – Hostos reported the story of a young adult female student, single parent of a school-aged child, who sought to get off TANF and make a difference in her life. She completed the HPOG Program, consistently attended the Community Health Worker workshop clinics facilitated by Career Services, and was placed at a hospital where she was able to use her bilingual skills providing registration/intake services to the hospital's Spanish-speaking senior residents. She extended her six-week internship to showcase her patient navigation and coordination skills, resulting in her being hired on a full-time consulting basis (\$20-\$25 per hour) with one of the hospital's Chief of Gastroenterology off-site services.

Most HPOG participants (81 percent) participated in a healthcare training course. The most common training courses to date were nursing assistant, aide, orderly, or patient care attendant--short training courses that lead to occupations that are the first step on a longer career pathway. Other common training courses included licensed and vocational nurse, registered nurse, and medical assistant. Sixteen percent of participants participated in multiple healthcare training courses.

Many HPOG participants experienced positive training and employment outcomes. Sixty percent of participants who began a healthcare training course completed. Sixty-eight percent of those completing a healthcare training course and exiting HPOG were employed at exit, and 56 percent were employed in healthcare at exit.

Ninety 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 prerequisite courses. In addition, over 90 percent of participants received 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.

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 three years. Each year the number of active participants increased; at the end of Year 3, over half

From Foster Care to CNA

The South Carolina Department of Social Services shared the story of a 23 year- old single mother of two children. As a youth, she had been placed in foster care and separated from her three siblings. After entering the HPOG Program in May 2012, she earned two certificates (in CNA and phlebotomy) and is working on a third. The participant used her CNA training to help care for her grandmother in her final days, and drew strength and passion from the opportunity that the program provided for her. She is now working as a CNA in a local nursing home, and continues to train for a career in phlebotomy as she raises her own children.

of all enrollees (57 percent) remained in the program. Thus, the full HPOG story remains to be told.

In addition to further annual reports, 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 HPOG program features on program outcomes using experimental methods.

Appendix A: OPRE's HPOG Research and Evaluation Strategy

The six 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 ISIS 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.
- **Innovative Strategies for Increasing Self-Sufficiency (ISIS) Project.** The ISIS evaluation is a nine-program experimental study of promising career pathway programs. Three HPOG grantees are included in the ISIS 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.

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, 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 ISIS 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 quality-controlled 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 2013 that contained information on Year 3 of HPOG. The Urban Institute extracted individual-level data on all enrollees and their activities from the PRS on January 24, 2014.

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 who were still enrolled when the PRS came online. As a result, we do 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	1
21-1011 Substance Abuse and Behavioral Disorder Counselors	4
Community and Social Service Specialists	
21-1090 Miscellaneous Community and Social Service Specialists	4
21-1094 Community Health Workers	5
21-1798 Social and Human Service Assistants	2
31-9999 Child Care Advocate	1
Registered Nurse	
29-1140 Registered Nurse	23
Healthcare Diagnosing and Treating Practitioners	
29-1190 Miscellaneous Health Diagnosing and Treating Practitioners	1
29-1199 Health Diagnosing and Treating Practitioners, All Others	3
29-1128 Kinesiotherapist	1
29-1125 Recreational Therapist	1
29-1126 Respiratory Therapist	3
19-1042 Toxicologist	1
29-2021 Dental Hygienists	5
29-1127 Speech Pathology	2
Emergency Medical Technicians and Paramedics	
29-2040 Emergency Medical Technicians and Paramedics	3
29-2041 Emergency Medical Technicians	18
29-2042 Paramedics	8
Health Practitioner Support Technologist and Technicians	
29-2050 Health Practitioner Support Technologist and Technicians	6
29-2051 Dietetic Technician	3
29-2052 Pharmacy Technician	22
29-2054 Respiratory Therapy Technicians	9
29-2055 Surgical Technologists	14
Other Healthcare Support Roles	
29-2060 Licensed Practical and Licensed Vocational Nurses	1
Medical Records and Health Information Technicians	
29-2070 Medical Records and Health Information Technicians	22
29-2071 Medical Records and Health Information Technicians	9
27-3091 Interpreters and Translators	3
43-4171 Receptionists and Information Clerks	4
43-6013 Medical Office Clerk / Secretary / Specialists	13
11-9111 Medical and Health Services Managers	5

Standard Occupational Code (SOC)	Number of Grantees Offering Training
Miscellaneous Health Technologist and Technicians	
29-2090 Miscellaneous Health Technologists and Technicians	3
29-2099 Health Technologists and Technicians, All Other	10
Psychiatric and Home Health Aides	
31-1010 Psychiatric, and Home Health Aides	8
31-1011 Home Health Aides	6
Nursing Aides, Orderlies, and Attendants	
31-1012 Nursing Aides, Orderlies, and Attendants	16
31-1014 Nursing Assistants	26
31-1015 Orderlies	1
31-1016 Patient Care Technician	8
Clinical Laboratory Technologists and Technicians	
29-2010 Clinical Laboratory Technologists and Technicians	
29-2011 Medical and Clinical Laboratory Technologists	4
29-2012 Medical and Clinical Laboratory Technicians	10
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	2
29-2031 Cardiovascular Technologists and Technicians	10
29-2032 Diagnostic Medical Sonographers	3
29-2034 Radiologic Technologists	11
Occupational Therapy Assistants and Aides	
31-2010 Occupational Therapy Assistants and Aides	1
31-2011 Occupational Therapy Assistants	7
31-2012 Occupational Therapy Aides	1
Physical Therapist Assistants and Aides	
31-2020 Physical Therapist Assistants and Aides	1
31-2021 Physical Therapist Assistants	13
31-2022 Physical Therapist Aides	5
31-9010 Massage Therapists	4
Miscellaneous Healthcare Support Occupations	
31-9090 Miscellaneous Healthcare Support Occupations	6
31-9091 Dental Assistants	14
31-9092 Medical Assistants	24
31-9093 Medical Equipment Preparers	4
31-9094 Medical Transcriptionist	5
31-9095 Pharmacy Aides	2
31-9097 Phlebotomists	19
31-9099 Healthcare Support Workers, All Others	7

Source: PRS