# HEALTH PROFESSION OPPORTUNITY GRANTS 2.0:

## Year Four Annual Report (2018-2019)

OPRE Report No. 2020-60 | April 2020

HPOG

Health Profession Opportunity Grants

OFFICE OF FAMILY ASSISTANCE

# Health Profession Opportunity Grants 2.0: Year Four Annual Report (2018–19)

OPRE Report No. 2020-60

## April 2020

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# Overview

This *Year 4 Annual Report* describes results through the fourth year of the second round of the Health Profession Opportunity Grants (HPOG) Program. HPOG grants are awarded to organizations that provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand. The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded a first round of five-year HPOG grants ("HPOG 1.0") in 2010.

This current, second round of grants ("HPOG 2.0") was awarded to carry out five-year programs starting in September 2015 and has since been extended an additional 12 months, ending September 2021. Grant funds are disbursed annually to 32 grantees in 21 states, including five tribal organizations. From the beginning of HPOG 2.0 through the end of Year 4 (September 30, 2015, to September 29, 2019), grantees enrolled 30,927 participants.

## *Primary Research Questions*

1. What entities operate HPOG 2.0 programs, and what trainings, activities, and services do the programs provide?
2. Who participated in HPOG 2.0 in the first four years, and what trainings have they engaged in and completed?
3. What skill-development and work-based learning opportunities and what support services have HPOG 2.0 participants received?
4. What are HPOG 2.0 participants' employment outcomes at the end of Year 4?

## *Purpose*

The purpose of this *Year 4 Annual Report* is to summarize the status of the HPOG 2.0 Program participants' activities, outcomes, and characteristics. This report builds on three prior annual reports. It also updates information on participants' career pathway progress as of the end of Year 4.

## *Key Findings and Highlights*

- Of the 20,400 participants who began healthcare training in the first four years of HPOG 2.0, 85 percent completed or were still in progress by the end of Year 4. More than two thirds (68 percent) of participants who completed healthcare training went on to earn a professional license or certification, and 65 percent started a job or were promoted on an existing job in healthcare.
- More than one third (38 percent) of all participants engaged in standalone basic skills training (not combined with occupational training); of those, 91 percent completed or were still engaged in it at the end of Year 4. Of those who completed, most (79 percent) moved on to enroll in healthcare training.
- Of participants who began healthcare training in the first four years of HPOG 2.0, almost half made **career progress in training** (beyond completing an entry-level training). This includes completing a healthcare training and moving on to a healthcare training at a higher career pathway level; completing multiple trainings at the same career pathway

level to combine skills; completing a mid- or high-level career pathway healthcare training; or completing basic skills training or prerequisites and moving on to healthcare training.

- Subsequent to enrolling in HPOG, almost half of participants started a job or were promoted on an existing job. Over one third (37 percent) of participants made **career progress in employment** defined as moving into a higher-paying job from a job held at enrollment or moving into a job in a healthcare occupation from a non-healthcare occupation job or unemployment at enrollment.
- Under a set of metrics that combine multiple ways participants can make progress (including basic skills or prerequisites completion, healthcare training completion, and employment), 56 percent of HPOG participants showed **"overall" career progress** by the end of Year 4, and another 10 percent were engaged in activities toward career progress.
- As in earlier years, participants in HPOG 2.0 are mainly single and female, with dependent children. Twenty (20) percent were receiving TANF benefits at enrollment in the program. More than half had some college education, about one third already had a professional license or certification, and about one quarter were in school at the time of enrollment.
- HPOG 2.0 participants engage in a variety of activities and receive a variety of supportive services. For example, almost half (46 percent) engaged in skill-development activities, and almost half (48 percent) received transportation assistance. HPOG 2.0 funded tuition in whole or in part for the majority (83 percent) of participants' healthcare trainings.

### *Methods*

The data in this report come from the HPOG 2.0 Participant Accomplishment and Grant Evaluation System (PAGES), a participant tracking and management system that includes data on participant characteristics, engagement in programs, and training and employment outcomes. PAGES also includes information on the activities and supports grantee programs offer. Grantee program staff enter data in PAGES. The grantees each submit semi-annual and annual Performance Progress Reports (PPRs) to ACF using data entered into PAGES; the PPR data are also used for this annual report.

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# Executive Summary

The purpose of the **Health Profession Opportunity Grants (HPOG) Program** is to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.

In 2010, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded a first round of five-year HPOG grants (**HPOG 1.0**) to 32 organizations in 23 states; five were Tribal organizations. In September 2015, ACF awarded a second round of HPOG grants to carry out five-year programs (**HPOG 2.0**) to 32 organizations across 21 states, including five Tribal organizations.[1] This second round of grant awards has since been extended an additional 12 months, ending September 2021. ACF is funding an evaluation of both HPOG 1.0 and HPOG 2.0 to determine whether the Program improves training and employment outcomes for participants. ACF's Office of Family Assistance has funded and administered the HPOG Program since its inception and worked collaboratively with ACF's Office of Planning, Research, and Evaluation to develop this report.

HPOG 2.0 builds on HPOG 1.0, with the same target population and main goals. HPOG 2.0 even more strongly encourages grantees to design and implement their programs to include basic skills education and to employ career pathways strategies. This means offering trainings to help participants who have low literacy and numeracy skills ("basic skills" training); providing a variety of healthcare occupational trainings to prepare for entry-, mid-, and high-level healthcare jobs; and offering support services to help participants complete training and attain employment.

This report is the fourth in a series of annual reports providing

- participant training, employment, and career progress **outcomes**;
- the **characteristics of participants** enrolled in HPOG 2.0 grantees' programs; and
- information on what **activities and services** grantees are offering participants and the extent to which participants engaged in them.

The report describes participants' experiences in HPOG 2.0 from its start on September 30, 2015, to the end of Year 4 (September 29, 2019). By this time, some participants had been in HPOG 2.0 training programs for as many as 44 months, whereas others had only just enrolled.

Outcomes such as training completion can require some time in the program before being realized. For this reason, outcome results presented in this report exclude participants who enrolled in HPOG 2.0 in the last six months of Year 4. Thus, **all outcomes are reported for participants who enrolled anytime between September 30, 2015, and March 30, 2019**. This

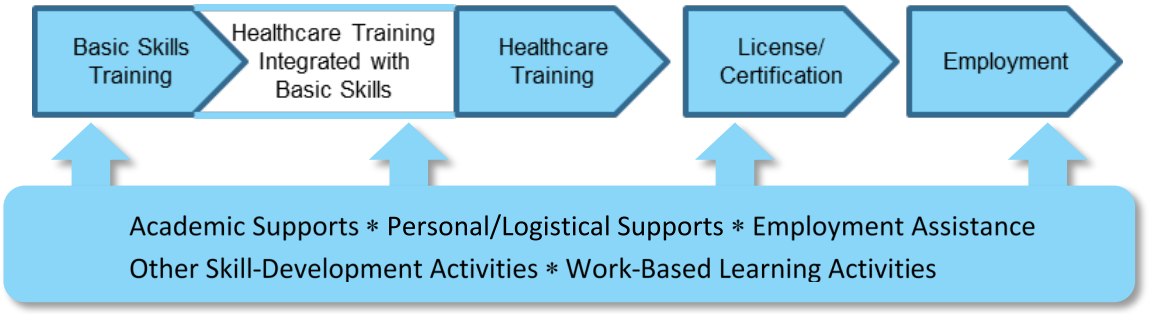
[1] HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), "Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs," adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). Most recently, under the Coronavirus Aid, Relief, and Economic Security Act" or the "CARES Act," 2020, Pub. L. 116-136, the HPOG Program was extended through November 30, 2020. The second round of grant awards has been extended until September 29, 2021.

subsample includes 26,881 participants. The outcomes described here represent a snapshot of these participants' progress to date at the end of Year 4. As participant characteristics are not influenced by time in program, the report presents the characteristics of all 30,927 participants enrolled through the end of Year 4. All data are through September 29, 2019.

## Participant Progression through HPOG 2.0

Once participants enroll in HPOG 2.0, grantee programs work to help them determine the specific activities and supports that are right for them. Exhibit E1 shows a generalized example of how participants move through HPOG 2.0. Participants enter basic skills training (if needed), progress to healthcare training, earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment in their chosen field.[2] Some programs integrate basic skills instruction into their healthcare training to accelerate the process for participants with low basic skills. Along the way, programs provide supports and supplemental skill-building activities to help participants succeed.

**Exhibit E1. Example of Participant Movement through HPOG 2.0**




## Overview of Outcomes

From the start of HPOG 2.0 through the end of Year 4, grantee programs enrolled 30,927 participants.[3] Exhibit E2 below presents some of the key findings on participant outcomes for that period for the 26,881 participants who had been enrolled for at least six months.

- **Some 20,400 participants began healthcare training in the first four years of HPOG 2.0, and 85 percent of them completed healthcare training or were still in progress by the end of Year 4.**

Almost three quarters of participants in healthcare training (74 percent, or 15,175 participants) completed it by the end of Year 4, including 5 percent who completed one training and enrolled in additional training and 69 percent who completed just one training. Another 11 percent of participants in healthcare training were still enrolled and had not yet completed it. Only

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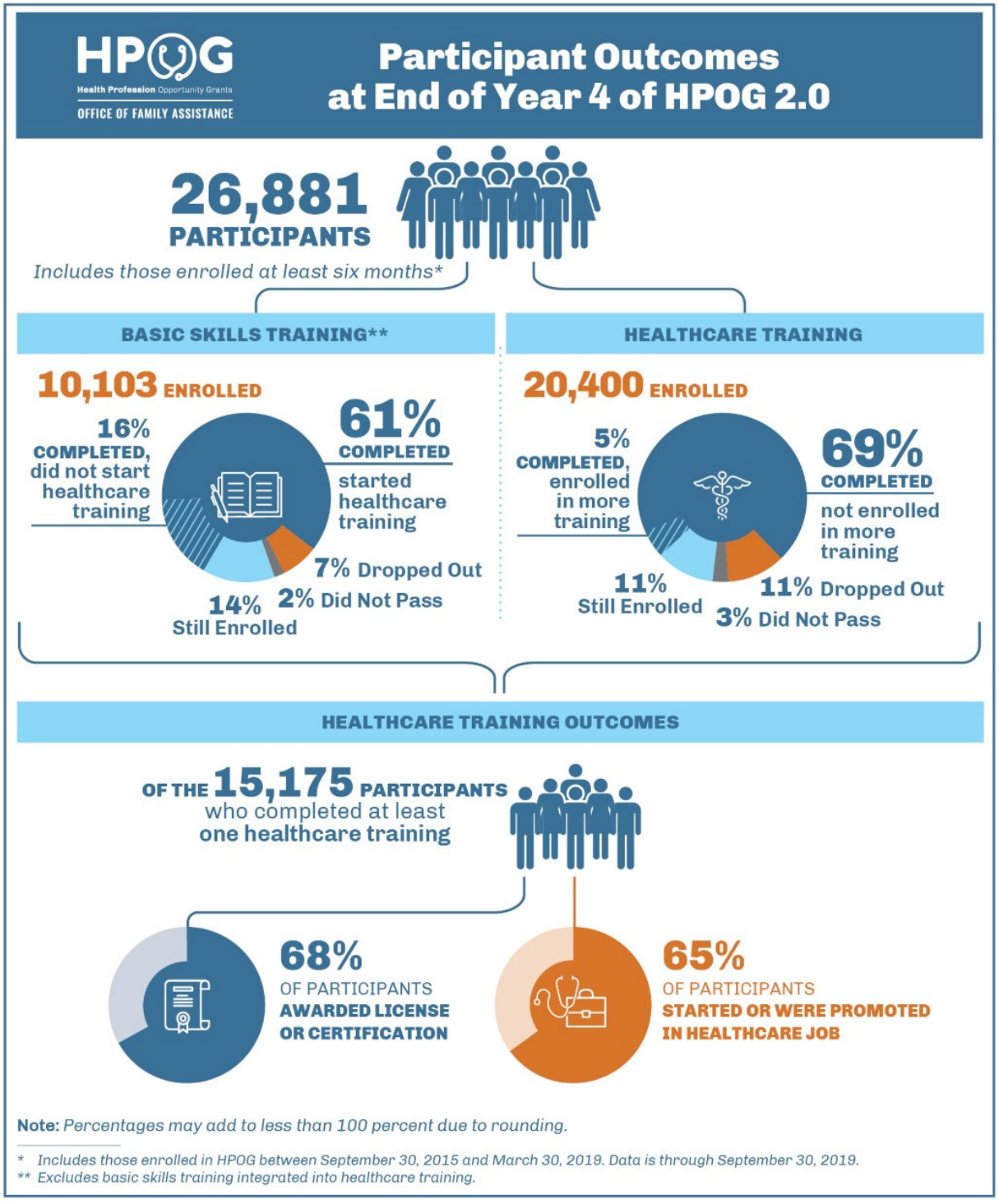
2 Some participants also need to complete prerequisite courses (such as biology or anatomy) before they can begin healthcare training. Prerequisites do not include basic skills training and are typically not specific to a particular occupational training. Not all occupational trainings have prerequisite requirements.

3 *Enrollment* in HPOG 2.0 is defined as having received at least one HPOG 2.0 service (including case management, activities in preparation for training, support services, or training) after being found eligible.

14 percent had not successfully completed a training by the end of Year 4; of these, 11 percent dropped out and 3 percent did not pass.[4]

**Exhibit E2. Participant Outcomes at End of Year 4**




[4] Percentages do not add to 100 due to rounding.

- **More than one third (38 percent) of all participants enrolled in "standalone" basic skills training; of those, 91 percent completed or were still engaged in it at the end of Year 4. Of those who completed, most (79 percent) moved on to enroll in healthcare training.**

Some participants took basic skills training separate from healthcare training ("standalone"). Others took healthcare training that had basic skills instruction integrated into the curriculum (18 percent).[5] Of the 10,103 participants in standalone basic skills training, more than three quarters completed it (77 percent), with 61 percent going on to healthcare training and 16 percent not starting healthcare training by the end of Year 4. Another 14 percent were still in progress at the end of Year 4. Only 9 percent of those who started were unsuccessful (7 percent dropped out and 2 percent did not pass).

- **More than two thirds (68 percent) of participants who completed healthcare training went on to earn a professional license or certification.**

In addition to completed training, some occupations also require certificates or licenses. Certificates and licenses are usually earned from a state agency or third-party industry organization and usually require training completion and an exam. Examples of such occupations include Certified Nursing Assistant, Registered Nurse, and Emergency Medical Technician. For most other healthcare jobs for which HPOG 2.0 programs provide training, such as Medical Assistant and Pharmacy Technician, third-party certifications are available but not required or requirements vary across states. For this reason, not all HPOG 2.0 healthcare training completers would be expected to receive certification or a license.

- **Of participants completing healthcare training in the first four years of HPOG 2.0, almost two thirds (65 percent) started a job or were promoted on an existing job in healthcare.**

Employment in healthcare is an important outcome for HPOG. This figure may underestimate total healthcare employment after training completion. Some training completers may have remained in jobs they held prior to HPOG 2.0, or program administrative data may be missing some jobs if program staff are unaware of participant employment.

- **Of participants enrolled in healthcare training in the first four years of HPOG 2.0, almost half made career progress in training, beyond completing an entry-level training.**

Grantees categorized their healthcare occupational trainings as entry-, mid-, or high-level on a career pathway, depending on the average expected wages of completers employed in that occupation. Completing a healthcare training and enrolling in (or completing) a healthcare training at a higher career pathway level is a clear indicator of career progress. By the end of Year 4, some participants had made this type of progress, with 3 percent *completing* multiple trainings at higher career pathway levels and another 3 percent *enrolled* in a training at a career pathway level higher than one already completed.

Another 8 percent had completed more than one training at the same career pathway level, mostly with multiple entry-level trainings. By combining skills from multiple trainings, even if at

[5] Some participants engaged in both standalone basic skills training and healthcare training integrated with basic skills during their time in HPOG 2.0.

the same pathway level, participants could increase job opportunities and wages. In addition, completing any mid- or high-level career pathway training, even if not progressing from an entry-level training, is itself a measure of career progress, and 17 percent of participants achieved this outcome. Finally, an additional 15 percent of participants (not already represented in one of these other metrics) completed basic skills training or prerequisite courses and moved on to healthcare training, therefore making progress in training.

- **Once in HPOG, almost half of all participants started a job or were promoted on an existing job. Over one third (37 percent) made career progress in employment.**

One third of participants made career progress in employment, defined as moving into a higher-paying job from a job held at enrollment or moving into a job in a healthcare occupation from a non-healthcare occupation job or unemployment at enrollment. “Overall” career progress measures combine multiple ways participants could make progress, including completing basic skills training or prerequisites, engaging in and completing occupational training, and employment. More than half (56 percent) of HPOG 2.0 participants showed career progress on these measures by the end of Year 4, up from 52 percent at the end of Year 3.

## Participant Characteristics

By the end of Year 4, HPOG 2.0 was on track to meet its five-year cumulative enrollment goal (36,748 participants), its grantees together having enrolled 30,927 participants, 84 percent of that goal.

- **Participants were typically low-income women in their 20s and 30s, many of whom have dependent children.**

A majority of HPOG 2.0 participants at enrollment were female (91 percent), had never married (60 percent), and had one or more dependent children (68 percent). The largest share of participants identified as Black or African-American (43 percent), followed by White or Caucasian (24 percent) and Hispanic or Latino of any race (22 percent). To be eligible for HPOG 2.0, participants had to have low incomes. Nearly three quarters (73 percent) reported an annual household income of less than $20,000, lower than the 2019 poverty level for a family of three.[6] At enrollment, many participants were receiving public benefits. The most common benefit received was Medicaid (67 percent), followed by the Supplemental Nutrition Assistance Program/SNAP (58 percent) and Temporary Assistance for Needy Families/TANF (20 percent).

- **Many participants already had some education, credentials, and work experience before enrolling in HPOG 2.0.**

At the time of enrollment, the majority of participants had at least some college experience (53 percent); 15 percent had at least an associate degree. More than one third (34 percent) held a professional, state, or industry certification or a license (in any occupation) and 31 percent had received an occupational certificate or diploma upon training course completion at the time of enrollment. Some 24 percent were already enrolled in a training program when they entered

6 https://aspe.hhs.gov/2019-poverty-guidelines

HPOG 2.0. Note that a subset of all HPOG 2.0 participants (6 percent) were continuing participants from HPOG 1.0.

## Other Skill-Development Activities and Supports

HPOG 2.0 programs offer additional activities to help participants develop skills necessary to succeed in training and employment. These include skill-development activities such as college-readiness training, CPR training, digital literacy training, an Introduction to Healthcare Careers workshop, and work-readiness training. The majority of grantee programs offer activities in each of these categories. Of HPOG 2.0 programs, 19 offer at least one type of work-based learning opportunity including job shadowing, on-the-job training, and unpaid internships or externships.[7]

- **Almost half (46 percent) of HPOG 2.0 participants engaged in at least one skill-development activity by the end of Year 4.**

Despite most grantees offering each activity type, only a minority of participants engaged in each. The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, attended by about one third and one quarter of participants, respectively. Fewer than 5 percent of participants engaged in each of the work-based learning activities offered.

- **By the end of Year 4, HPOG 2.0 funding paid tuition (in whole or in part) for the majority (83 percent) of participants' healthcare occupational trainings.**

Another important aspect of HPOG 2.0 is the provision of support services to help participants succeed, following the career pathways model. A key support HPOG 2.0 provides is *funding participants' training tuition*. Sources other than HPOG such as Pell grants and a small number of training-cost waivers covered the remainder of participants' healthcare trainings.

- **HPOG 2.0 programs offer a variety of support services. Participants' receipt of each support varied substantially.**

HPOG 2.0 programs also offer *academic supports* to help participants prepare for and complete training; *personal and logistical supports* to help participants meet and overcome life challenges that would interfere with training; and *employment assistance supports* to help them find employment before, during, and after training. Participants' receipt of these other supports varied substantially, with some services used by most participants and other services used by only a few. Differences in receipt reflect both the extent to which programs offer services and participants' need for them.[8] For most support services, participants received them by the end of Year 4 at rates similar to rates at the end of Year 3.

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7 Clinical placements that are required for some healthcare trainings are not included, as they are a normal part of completing those trainings (such as Registered Nurse training).

8 Grantees could also refer participants to other organizations to obtain services. PAGES is designed to include these referrals as service receipt if the grantee knows the service was received. However, there is some evidence that grantees have not consistently been following this practice, so service receipt reported here could be understated.

- **Overall, case management and other academic supports were the most commonly used support services. In addition, almost half of HPOG 2.0 participants received transportation assistance, and about one quarter received assistance with job search.**

Case management was the most common support, received by 91 percent of HPOG 2.0 participants through Year 4. More than half of participants received academic advising (61 percent) and assistance with training-related costs other than tuition (56 percent). Fewer participants received personal/logistical support services. Almost half (48 percent) of participants received transportation assistance that enabled them to travel to and from HPOG-related training, employment, or services. Only 5 percent or fewer participants received child/dependent care assistance, emergency assistance, non-emergency food assistance, or housing support/assistance through HPOG 2.0. Some HPOG 2.0 participants received employment assistance to help them find and keep jobs: 26 percent received assistance with job search, 18 percent with job placement, and 11 percent with retaining employment.

## Summary

These results highlight that through the end of Year 4, the HPOG 2.0 grantee programs were successful in enrolling participants in healthcare training and most of these participants had completed or were still in training at the end of Year 4. HPOG 2.0 was working to meet participants' basic skills needs, with about one third of participants engaged in standalone basic skills training and more than three quarters of those engaged completing this training. In addition, one fifth of healthcare training participants were in courses that integrated basic skills into the healthcare curriculum.

The results here also show that many HPOG 2.0 participants are moving along career pathways. HPOG 2.0 programs embrace the goal of providing multiple points of entry to training as demonstrated by participants engaging in healthcare trainings at entry-, mid-, and high-levels. This report presents a variety of measures of career progress, including engaging in multiple trainings and training at higher career pathway levels, moving to higher-paying healthcare employment or from non-healthcare jobs into healthcare jobs, and combining training completion and employment in healthcare. Using a set of measures that combine basic skills or prerequisite completion, healthcare training completion, and employment to indicate *overall* career progress, 56 percent of HPOG participants have shown career progress at the end of Year 4.

ACF will continue to release annual reports summarizing grantee and participant activities through the end of the HPOG 2.0 grant period. In future years, the HPOG 2.0 National Evaluation will produce reports on the **implementation** of HPOG 2.0, the **impact** it has on participant outcomes as compared to a control group that did not receive the services, and the **cost-benefit** of HPOG 2.0 comparing costs to impacts. Additionally, the HPOG 2.0 Tribal Evaluation report will cover the implementation and participant outcomes of the tribal grantees.

# 1. Introduction

The purpose of the **Health Profession Opportunity Grants (HPOG) Program** is to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.

In 2010, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded a first round of five-year HPOG grants (**HPOG 1.0**) to 32 organizations in 23 states; five were Tribal organizations.[9] ACF also funded a portfolio of evaluation studies.[10]

In September 2015, ACF awarded a second round of HPOG grants (**HPOG 2.0**) to carry out five-year programs to 32 organizations across 21 states, including five Tribal organizations. This second round of grant awards has since been extended an additional 12 months, ending September 2021. Box 1 presents the primary goals of the HPOG 2.0 Program

**Box 1: HPOG 2.0 Goals**

- Provide TANF recipients and other low-income individuals with opportunities for training that lead to employment and advancement in the healthcare workforce.
- Address the increasing shortfall in the supply of healthcare professionals in the face of expanding demand.
- Target skills and competencies demanded by the healthcare industry.
- Support career pathways, such as an articulated career ladder—that is, a progression of occupations from entry level through advanced with training specified for each level.
- Lead to an employer- or industry-recognized certificate or degree awarded by a professional, industry, or employer organization using a valid and reliable assessment of an individual's knowledge, skills, and abilities.
- Combine support services with training services to help participants overcome barriers to employment.
- Provide training services at times and locations that are easily accessible to targeted populations.
- Prepare participants for employment in the healthcare sector in positions that pay well and are expected to experience labor shortages or be in high demand.

*Source:* 2015 HPOG 2.0 Funding Opportunity Announcements.

[9] HPOG was authorized by the Affordable Care Act (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). Most recently, under the Coronavirus Aid, Relief, and Economic Security Act" or the "CARES Act," 2020, Pub. L. 116-136, the HPOG Program was extended through November 30, 2020. The second round of grant awards has been extended until September 29, 2021.

[10] Reports of findings from evaluation studies of HPOG 1.0 can be found on ACF's website "Health Profession Opportunity Grants (HPOG) Evaluation Portfolio," https://www.acf.hhs.gov/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog. Reports of the final implementation, outcome, short-term (15-month), and intermediate (36-month) impact findings are available. A report on longer-term (72-month) impacts is forthcoming.

as described in its Funding Opportunity Announcements.[11] Again, ACF funded a set of evaluation studies of the Program. In the first four years of HPOG 2.0, grantees enrolled 30,927 participants in 43 distinct programs (38 non-Tribal programs and five Tribal programs).

The need for healthcare workers is predicted to grow over the next several decades as the population ages and medical technology advances. As with the first round of HPOG grants, the HPOG 2.0 Program is structured both to demonstrate new ways to increase the supply of healthcare workers and to create career opportunities for low-income, low-skilled adults.

## 1.1 About the HPOG 2.0 Evaluation

Congress, ACF, and other stakeholders are interested in determining whether the HPOG Program improves participants' training and employment outcomes. HPOG was authorized as a demonstration program with a mandated evaluation. Building on lessons learned from HPOG 1.0, ACF's Office of Planning, Research, and Evaluation (OPRE) is using a **multipronged research and evaluation strategy** to assess the success of the HPOG 2.0 Program (see Appendix A for a description of the research and evaluation portfolio).

For the 27 non-Tribal grantees, the strategy consists of an experimental impact study, a descriptive study (to include program implementation, participant outcomes, and systems change analyses), and a cost-benefit analysis—collectively called the "HPOG 2.0 National Evaluation." For the five Tribal grantees, the strategy consists of an implementation and outcomes evaluation—the "HPOG 2.0 Tribal Evaluation." Together the evaluation of HPOG 2.0 is referred to as the *National and Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants.*

## 1.2 Career Pathways Approach

One hallmark of HPOG is that grantee programs support a "**career pathways**" approach. Training activities that follow this approach are:

- Associated with clearly defined and industry-recognized credentials that are "stackable"; that is, other available training may build on those credentials to provide additional competencies aligned with specific occupations in a defined career pathway;
- Offered as part of a career pathway articulated to industry needs and requirements;
- Delivered in a flexible way in regard to location, schedule, pace (accelerated courses), and teaching strategy;
- Accompanied by strong supports and connections to employment; and
- Combined with work-based learning opportunities, such as internships, externships, and clinical placements.

[11] See the 2015 Funding Opportunity Announcement for the National Evaluation, "Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals," Administration for Children and Families, accessed February 23, 2017, https://ami.grantsolutions.gov/?switch=foa&fon=HHS-2015-ACF-OFA-FX-0951; and the 2015 Funding Opportunity Announcement for the Tribal Evaluation, "Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal College or University," Administration for Children and Families, accessed February 23, 2017, https://ami.grantsolutions.gov/?switch=foa&fon=HHS-2015-ACF-OFA-FY-0952.

As part of the career pathways approach, HPOG programs offer multiple points of entry for training and related employment. Depending on participants' initial skill level, they can train for entry-level, mid-level, or high-level work. They can then move up the career ladder through additional training and work experience. Grantees may use HPOG 2.0 funds to provide participants with education, training, and employment assistance as well as support services to help them enter and advance in a variety of healthcare occupational sectors. These include nursing, long-term care, allied health, medical billing, and health information technology.[12] Within ACF's overall goals for HPOG 2.0 (see Box 1), grantees have flexibility to design local HPOG programs to meet the needs of their target populations and local employers.

## 1.3 About This Report

This is the fourth annual report for the HPOG 2.0 Program. ACF's Office of Family Assistance, which has funded and administered the HPOG Program since its inception, worked collaboratively with OPRE to develop this report. The report presents information describing HPOG 2.0 from its start on September 30, 2015, through September 29, 2019, the end of grant Year 4.[13] It includes information on all 32 HPOG 2.0 grantees. **All results in this report are descriptive and should not be interpreted as causal impacts.** Impacts of the HPOG 2.0 Program for non-Tribal grantees will be reported as part of the HPOG 2.0 National Evaluation's impact study.

This report builds on three prior annual reports.[14] The first annual report provided basic information on the characteristics of the 32 grantees (including their locations and organizational types), detailed descriptions of the activities and services their programs offer, and the characteristics of their participants. Because there has been little change in program offerings and participant characteristics since Year 1, this fourth report provides limited updates on these

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[12] For additional information see ACF's "Career Pathways" website at http://www.career-pathways.org/about-career-pathways/ or David J. Fein, *Career Pathways as a Framework for Program Design and Evaluation: A Working Paper from the Pathways for Advancing Careers and Education (PACE) Project,* OPRE Report # 2012-30 (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2012).

[13] Funds were awarded on September 30, 2015. Grantees spent part of the first grant year on initial planning and implementation activities, such as finalizing eligibility criteria, hiring staff, and developing recruitment materials. Grantees started enrolling participants between February and April 2016. Thus, findings in this report are based on 42 to 44 months of participant data.

[14] Pamela Loprest and Nathan Sick, *Health Profession Opportunity Grants 2.0: Year Three Annual Report* (2017–18), OPRE Report # 2019-64 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2019), https://www.acf.hhs.gov/opre/resource/health-profession-opportunity-grants-20-year-three-annual-report-201718.

Pamela Loprest, *Health Profession Opportunity Grants 2.0: Year Two Annual Report (2016–17)*, OPRE Report # 2018-77 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2018), https://www.acf.hhs.gov/opre/resource/health-profession-opportunity-grants-20-year-two-annual-report-201617.

Kelly S. Mikelson, Neil Damron, and Pamela Loprest, *Health Profession Opportunity Grants 2.0: Year One Annual Report* (2015–16), OPRE Report # 2017-45 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017), https://www.acf.hhs.gov/opre/resource/health-profession-opportunity-grants-20-year-one-annual-report-201516.

areas. The second annual report provided information on a variety of HPOG participant outcomes. The third annual report provided updates of these outcomes and results for new outcome measures of career progress that include both healthcare training and employment measures. This fourth annual report updates these measures of career progress as well as other program outcomes from prior reports.

The data in this report come from the HPOG 2.0 Participant Accomplishment and Grant Evaluation System (PAGES), a participant tracking and program management system that includes data on participant characteristics, engagement in activities and services, and training and employment outcomes. PAGES also includes the activities and supports that grantee programs offer.

Grantee program staff enter data in PAGES. Each grantee must submit semi-annual and annual Performance Progress Reports (PPRs) to ACF using data entered into PAGES; the PPR data are also used for this annual report.[15] PAGES links users to a *Glossary of Terms* document that defines the terms used in PAGES; Box 2 provides selected glossary definitions for terms used in this report.[16]

This fourth annual report on HPOG 2.0 provides information for the first four years of the Program on the training, career progress, and employment outcomes of program participants (**Chapter 2**); characteristics of participants (**Chapter 3**); and activities and services offered by HPOG 2.0 grantee programs and the extent to which participants engaged in them (**Chapter 4**).[17]

[15] PAGES 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. Grantees completed data entry for Year 4 by October 31, 2019, in order to submit their Year 4 PPR. All results in this report are based on data extracted on November 22, 2019.

[16] In addition to creating the PAGES *Glossary of Terms,* the research team and ACF developed categories and definitions to capture the breadth of activities and services offered by HPOG 2.0 grantees and to allow for consistent reporting across grantees. When grantee staff entered data on their programs into PAGES, they selected the appropriate category using for guidance the definitions shown in Appendix B.

[17] Appendix C provides exhibits on additional participant outcomes and characteristics not included in the body of the report. These update similar results in prior annual reports.

**Box 2: HPOG Terminology**

HPOG 2.0 provided grants to 32 **grantees**, organizations that receive the HPOG grant, design and operate HPOG programs, and are responsible for performance reporting to ACF. A **grantee HPOG program** is the set of training activities and services offered by a grantee and its partner organizations. Grantees may offer one or more programs. In HPOG 2.0, the 32 grantees are operating 43 distinct programs (38 non-Tribal programs and five Tribal programs). **HPOG 2.0 Program** refers to the set of 32 grantees' programs.

**HPOG partners** are organizations with which the grantee has formal or informal agreements to participate in HPOG 2.0. **Non-HPOG partners** are other organizations in the community that do not have an agreement with the grantee to participate in the HPOG Program, but that provide services in the community. Trainings and services can be provided by the grantee, by an HPOG partner, or through referral to a non-HPOG partner.

HPOG grantee programs offer basic skills trainings and healthcare occupational trainings. A **training** is the one or more courses necessary for a participant to acquire the skills needed to meet the required basic skills level (for basic skills training) or to enter a specific healthcare occupation (for healthcare occupational training). Thus, an individual training can be one course lasting a few weeks (as is often the case for Nursing Assistants) or many courses spanning several semesters (as is the case for Registered Nurses).

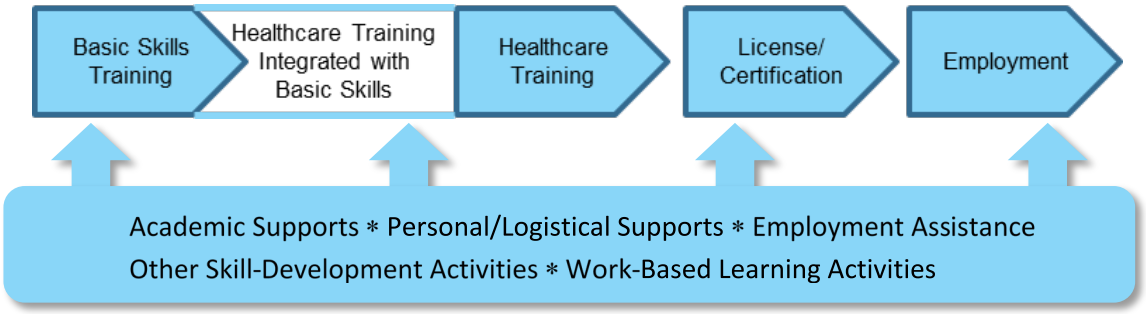
*Source:* Glossary of Terms, HPOG 2.0 PAGES.

# 2. HPOG 2.0 Program Outcomes

Despite differences in design, the HPOG 2.0 grantee programs have similar objectives: to help participants complete healthcare training, earn necessary licenses and certifications, and find healthcare employment. This chapter provides information on the overall training, career progress, and employment outcomes HPOG 2.0 participants achieved through Year 4.

Once participants enroll in a local HPOG 2.0 program, its staff works with them to help determine the specific program activities and supports that are right for them. Exhibit 1 shows a generalized example of how participants move through HPOG 2.0. Participants enter basic skills training (if needed),[18] progress to healthcare training,[19] earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment in their chosen field. Some programs integrate basic skills instruction into occupational training to accelerate the process. Along the way, programs provide supports and supplemental skill-building and work-based learning activities to help participants succeed.

**Exhibit 1. Example of Participant Movement through HPOG 2.0**




## 2.1 Overview of Outcomes

Through Year 4, HPOG 2.0 grantee programs enrolled 30,927 participants. Over that time, the enrollees participated in activities, received support services, engaged in and completed trainings, and found a new job or were promoted on an existing job.[20]

By the end of Year 4 in September 2019, some participants had been in HPOG 2.0 for up to 44 months, whereas others had only just enrolled. Outcomes such as training completion can require some time in the program before being realized. For this reason, outcome results exclude participants who enrolled in HPOG 2.0 in the last six months of Year 4. Thus, **all outcomes are reported for those participants who enrolled in HPOG 2.0 anytime between the start of the Program (September 30, 2015) and March 30, 2019**. This subsample

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18 *Basic skills* refer to reading and writing (literacy), math (numeracy), and/or English language skills.

19 Some participants also need to complete *prerequisite* courses (such as biology or anatomy) before they can begin healthcare training. Prerequisites do not include basic skills training and are typically not specific to a particular occupational training. Not all occupational trainings have prerequisite requirements.

20 *Enrollment* is defined as having received at least one HPOG 2.0 service (including case management, activities in preparation for training, support services, or training) after being found eligible.

includes 26,881 participants, whose outcomes represent their progress as of the end of Year 4. Unless specifically noted, the term "participants" in the report refers to this sample.[21] The data and participant activities are through September 29, 2019.

Exhibit 2 (on page 15) presents some of the key findings on participant outcomes through Year 4. The rest of this section expands on these findings from Year 4.

- **Programs were successful in enrolling participants in healthcare training and having them progress toward completion. Of all participants who enrolled in healthcare training, 85 percent completed it or were still in progress by the end of Year 4.**

Exhibit 2 shows that 20,400 participants (76 percent of all participants) began healthcare training in the first four years of HPOG 2.0. Of participants enrolling in healthcare training, almost three quarters completed it (74 percent), comprising 5 percent who completed a training and enrolled in additional training by the end of Year 4 and 69 percent who completed just one training. An additional 11 percent were still enrolled and had not yet completed any training. Only 14 percent of training participants did not successfully complete a healthcare training (11 percent dropped out and 3 percent did not pass).

- **More than one third of all participants (38 percent) enrolled in standalone basic skills training; of those, 91 percent completed or were still engaged in it at the end of Year 4. Of those who completed basic skills training, most (79 percent) moved on to enroll in healthcare training.**

Of all HPOG 2.0 participants, 38 percent enrolled in "standalone" basic skills training; that is, basic skills training separate from healthcare training. Of those in standalone basic skills training, more than three quarters completed it (77 percent), with 61 percent going on to healthcare training and 16 percent not starting healthcare training by the end of Year 4. Another 14 percent were still enrolled in it at the end of Year 4. The remaining 9 percent of participants in standalone basic skills training were unsuccessful (7 percent dropped out and 2 percent did not pass). As shown in Exhibit 1 above, some HPOG 2.0 healthcare training programs integrate basic skills instruction into their curriculum (non-standalone, or "integrated" basic skills). Participants in such programs are not included in the results on basic skills training in Exhibit 2. Of all HPOG 2.0 participants, 18 percent enrolled in healthcare training that integrated basic skills into the curriculum.[22]

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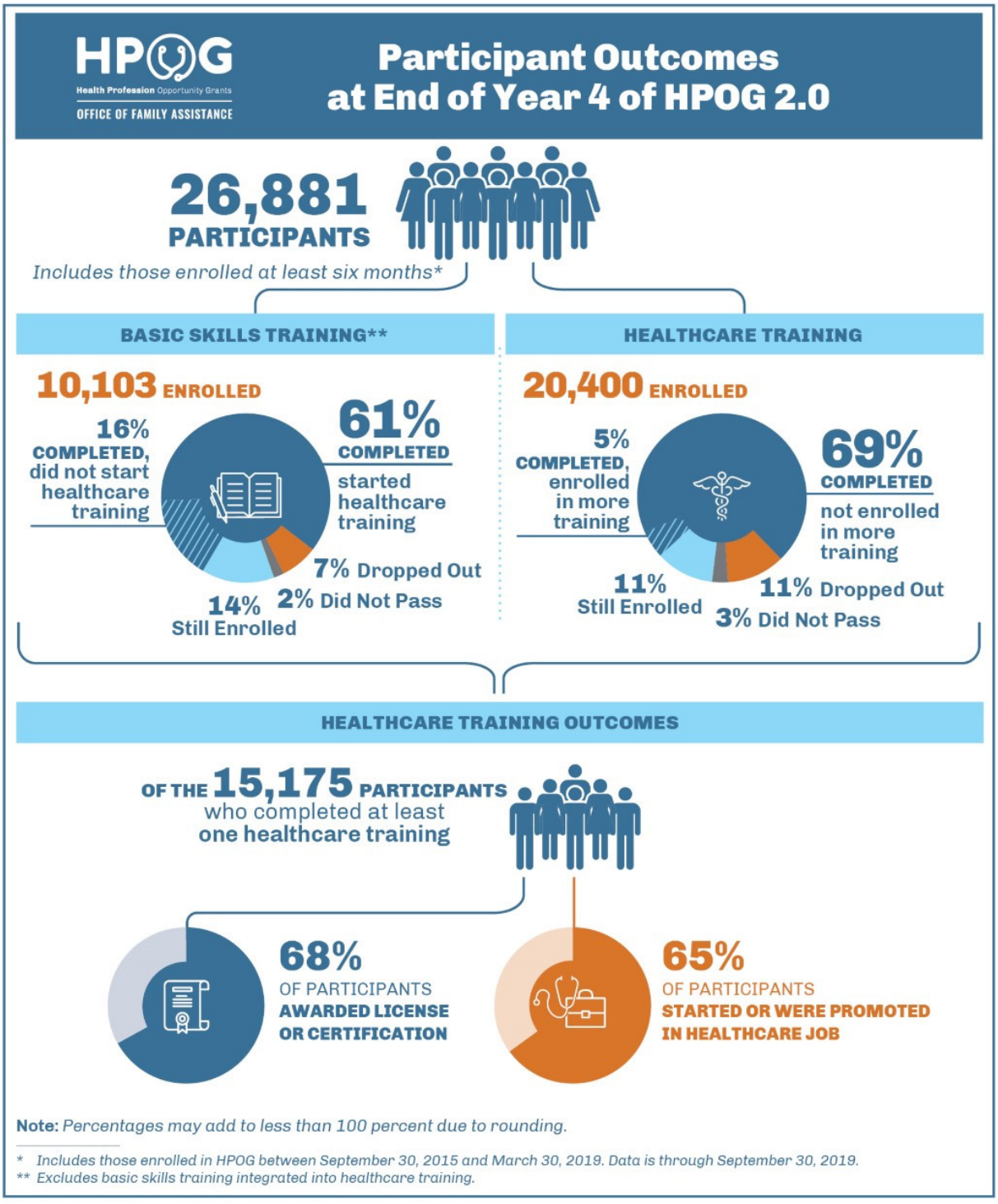
[21] Throughout, this report presents results for this subsample—with one exception. Chapter 3 presents the characteristics of all participants enrolled through the end of Year 4 (September 29, 2019), as participant characteristics at enrollment are not influenced by time in program. Appendix Exhibit C1 includes key outcomes for both the subsample (*n*=26,881) and for the entire sample (*N*=30,927) for comparison.

[22] Some participants engaged in both standalone basic skills training and healthcare training integrated with basic skills over their time in HPOG 2.0. See Chapter 4 for more details.

**Exhibit 2. Participant Outcomes at End of Year 4**



- **More than two thirds (68 percent) of participants who completed healthcare training went on to earn a professional license or certification.**

In addition to completed training, some occupations require certificates or licenses. Certificates and licenses are usually earned from a state agency or third-party industry organization and usually require training completion and an exam. Examples of such occupations include Certified Nursing Assistant, Registered Nurse, and Emergency Medical Technician. For most other healthcare jobs for which HPOG 2.0 programs provide training, such as Medical Assistant and Pharmacy Technician, third-party certifications are available but not required or requirements vary across states. For this reason, not all HPOG 2.0 healthcare training completers would be expected to receive certification or a license.

- **Of participants completing healthcare training in the first four years of HPOG 2.0, almost two thirds (65 percent) started a job or were promoted on an existing job in healthcare.**

This 65 percent figure may underestimate total healthcare employment after training completion. Some training completers may have remained in jobs they held prior to HPOG 2.0, or program administrative data may be missing some jobs if program staff are unaware of participant employment.

## 2.2 Career Progress in Healthcare Training

The outcomes described above provide a picture of healthcare training enrollment and completion. However, HPOG 2.0 is also interested in the career progress of participants. Career progress can be measured in terms of healthcare training, employment, or combined measures. This section presents career progress measures based on healthcare training. The next two sections present career progress measures based on employment and then combined measures.

HPOG 2.0 offers multiple points of entry for training. Depending on their skill level at intake, participants can train for entry-level, mid-level, or high-level jobs to move along their career pathway. *Career progress* in healthcare training in this report includes participants who

- are able to enter an HPOG 2.0 program in a mid- or high-level occupational training, due to prior work or training experience;
- take multiple trainings, starting at entry-level and moving to higher levels of training as part of HPOG 2.0;
- take multiple trainings at the same level (typically entry-level) to gain additional skills that may open up more job opportunities than does a single training;[23] and
- complete basic skills training or prerequisite courses and move on to healthcare training.

[23] For more information on combining multiple entry-level trainings with Nursing Assistant training see: Pamela Loprest and Nathan Sick, *Career Prospects for Certified Nursing Assistants: Insights for Training Programs and Policymakers from the Health Profession Opportunity Grants (HPOG) Program,* OPRE Report # 2018-92 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2018), https://www.acf.hhs.gov/sites/default/files/opre/final_cna_paper_final_508_compliant_5082.pdf.

Of course, participants who complete only a single entry-level training are still making important progress in their careers, as discussed below in Section 2.4. Here in Section 2.2 the report presents additional metrics about career progress in healthcare training to shed light on how participant experiences compare to a key tenet of the career pathways model underlying HPOG 2.0: that offering multiple points of entry for training combined with supports may allow individuals to acquire more skills over time than is possible in traditional job training models.

Across HPOG 2.0, grantees offer training in 66 different healthcare occupations.[24] On average, grantees offer training in 18 different occupations. Grantees often offer multiple trainings within a single occupational category, sometimes from different vendors or in different geographic locations. Altogether, the grantees offer 2,684 different healthcare trainings. As part of PAGES data entry, grantees categorize their healthcare trainings into "career pathway levels" of *entry-level, mid-level,* and *high-level* occupations based on the average expected wages of completers (Box 3).[25]

**Box 3: Examples of Occupations in Career Pathway Levels**

**Entry-level trainings** include occupations such as Certified Nursing Assistant, Home Health Aide, and Medical Assistant.

**Mid-level trainings** include occupations such as Licensed Practical or Vocational Nurse, Medical or Clinical Laboratory Technologist, Paramedic, and Medical Records or Health Information Technician.

**High-level trainings** include occupations such as Registered Nurse, Medical and Health Services Manager, Radiologic Technician, and Dental Hygienist.

*Source:* PAGES *Glossary of Terms*.

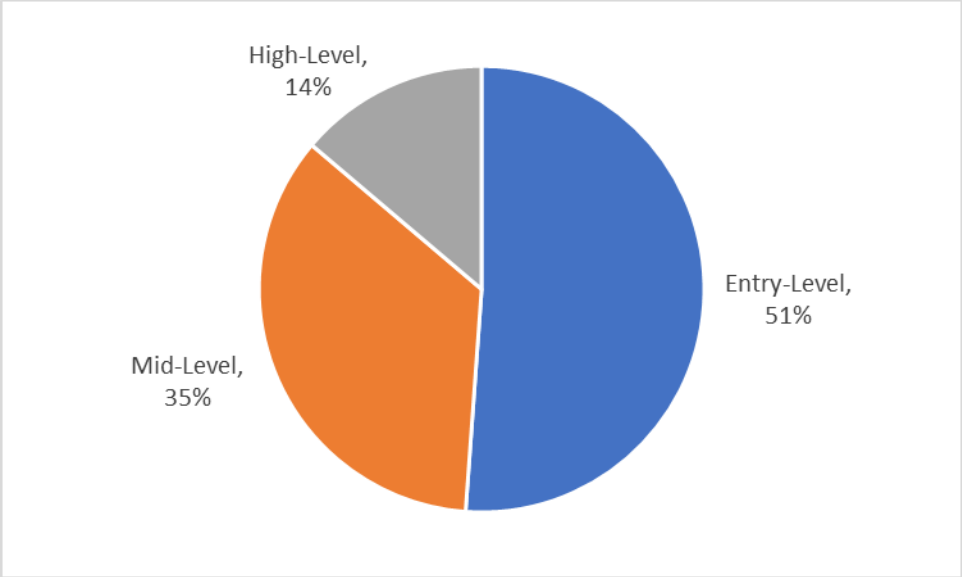
[24] Appendix Exhibit C2 lists all the occupations for which training is offered, how many trainings are offered in each occupation, and how many grantees offer each type of training.

[25] Grantees categorized their trainings into career pathway levels with guidance from the HPOG 2.0 National Evaluation team to provide some consistency for analysis. *Entry-level* training is for occupations with average wages less than $15 an hour; *mid-level* for occupations with average wages greater than or equal to $15 but less than $25 an hour; and *high-level* for occupations with average wages greater than or equal to $25 an hour. Different HPOG 2.0 programs might categorize the same occupational training into different career pathway levels given variations in wages by geographic location and differences in the specific jobs being trained for within a given occupational category.

- **HPOG 2.0 programs embrace the career pathways goal of providing multiple points of entry to training as demonstrated by offering healthcare trainings at all levels.**

Of all the healthcare training programs grantees offer, 51 percent are entry-level, 35 percent mid-level, and 14 percent high-level (Exhibit 3).

**Exhibit 3. Percentage of All Healthcare Trainings Offered, by Career Pathway Level**



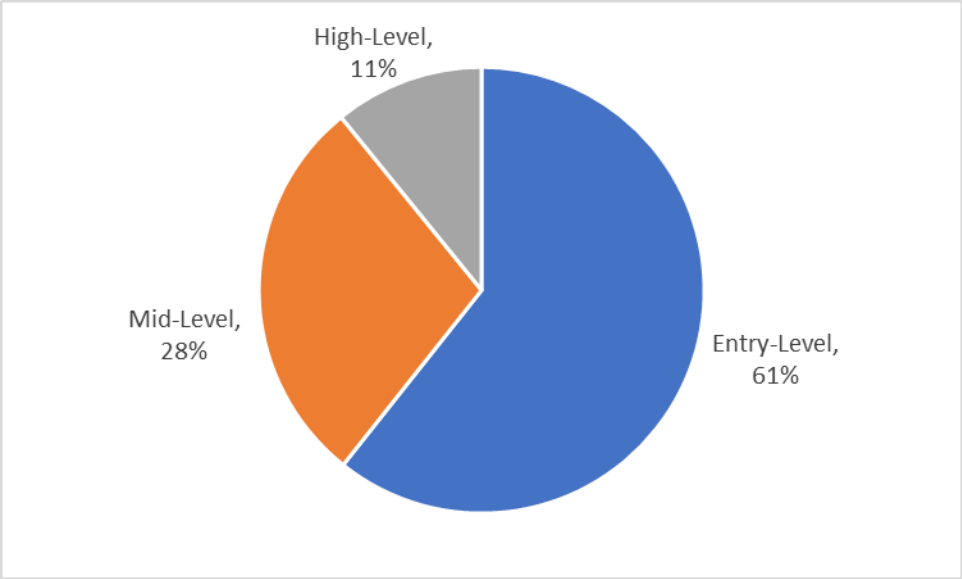

*Source:* PAGES program-level data.
*Note: N*=2,684 healthcare trainings.

- **In the first four years of HPOG 2.0, the majority of participants enrolled in entry-level healthcare training, and for most this was their highest level of training. However, almost two fifths of participants enrolled in a mid- or high-level training, suggesting career progression in training for those participants.**

For 61 percent of participants who enrolled in healthcare training, entry-level was their highest level of training. Another 28 percent enrolled in mid-level, and 11 percent in high-level healthcare training (Exhibit 4).[26] Though completing entry-level training is certainly a positive outcome for HPOG 2.0 participants, it is important to note that 39 percent of participants engaged in a higher-level training at some point, a measure of career progress.

[26] Appendix Exhibit C10 provides enrollment data for each of the top 20 occupations in which participants trained. Exhibit C12 provides completion status data for each of the top 20 occupations in which participants trained.

**Exhibit 4. Enrollment in Healthcare Training, by Highest Career Pathway Level**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=20,400 participants. Participants may have engaged in multiple trainings.

- **Of participants who enrolled in healthcare training, almost half made career progress in training, beyond completing an entry-level training.**

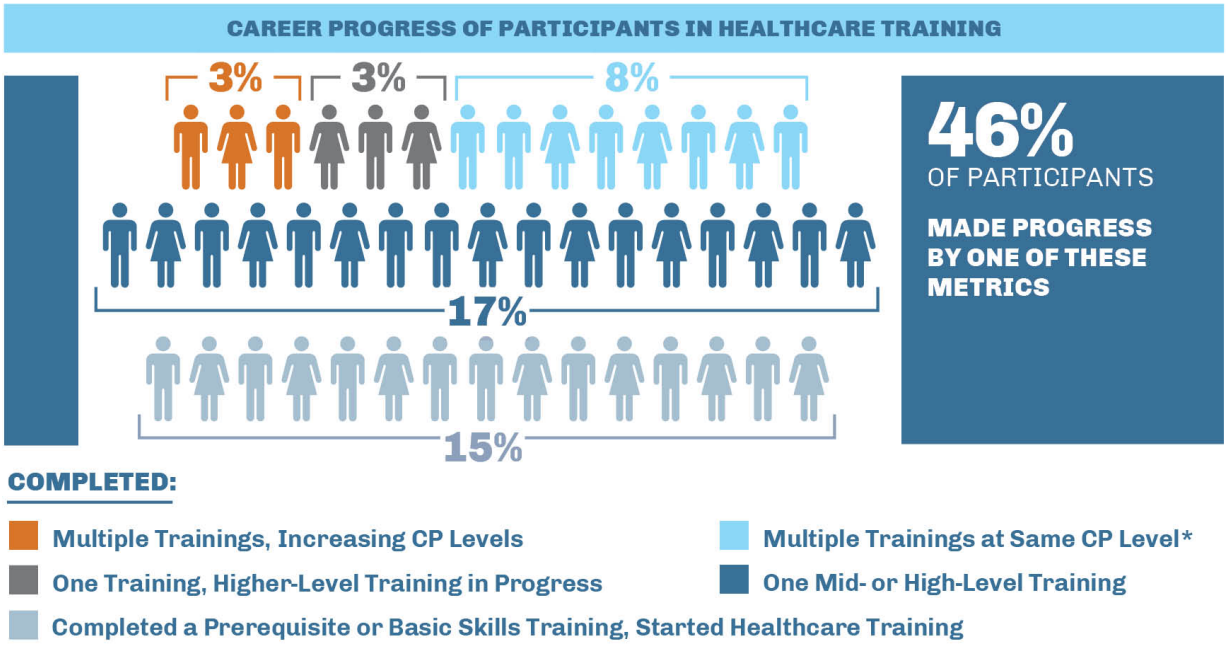
Exhibit 5 shows career progress of participants in healthcare training using a variety of metrics that focus only on training. Altogether, 46 percent of participants (the full bar in Exhibit 5) enrolled in healthcare training made progress by one of these metrics.

Completing a healthcare training and enrolling in (or completing) another healthcare training at a higher career pathway level is a clear indicator of career progress. Doing this includes, for example, completing a Nursing Assistant training (entry-level) and moving on to a Licensed Practical Nurse training (mid-level). By the end of Year 4, some participants had made this type of progress, with 3 percent completing multiple trainings at higher career pathway levels and another 3 percent enrolled in a training at a career pathway level higher than one already completed.

Another measure of career progress is having completed more than one training at the same career pathway level. By combining skills from multiple trainings, even if at the same pathway level, participants could increase job opportunities and wages. Of participants enrolled in training, 8 percent made this type of progress, mostly with multiple entry-level trainings by the end of Year 4. Completing one mid- or high-level career pathway training is itself a measure of career progress, and 17 percent of participants achieved this outcome.

Finally, for those who need to take basic skills training or prerequisite courses, completing these and moving on to healthcare training is making career progress. An additional 15 percent of participants (not already included in one of the prior categories) made progress by this metric.

**Exhibit 5. Career Progress in Healthcare Training among Participants that Enrolled in a Healthcare Training**



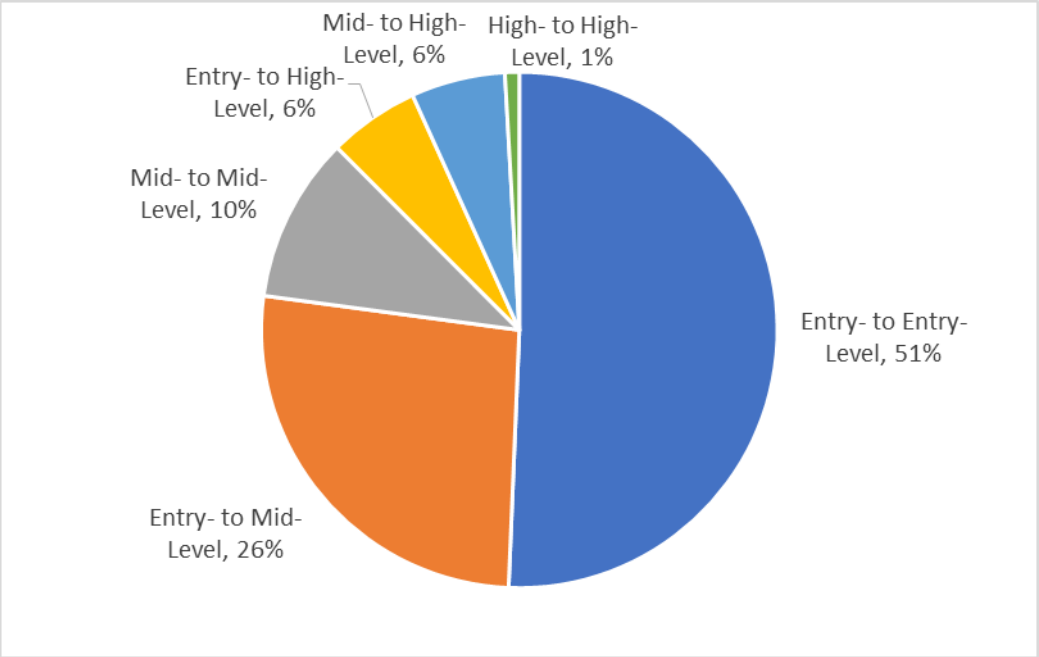

*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=20,400 participants. CP=career pathway. Categories shown are mutually exclusive.
* Includes a small number of participants whose subsequent training was in a lower CP level.

- **Among participants who enrolled in a healthcare training, 15 percent completed it and went on to additional training. Of those participants, about half went on to a mid- or high-level training, with the rest taking multiple entry-level trainings.**

About 15 percent of participants who enrolled in healthcare training (3,004 participants) completed it and either had completed or were still enrolled in another healthcare training at the end of Year 4. Exhibit 6 shows the career pathway level progression of participants who took multiple trainings.

The most common combination was multiple entry-level trainings, accounting for 51 percent of participants who took multiple trainings. As discussed above, they are making career progress by gaining additional occupational skills. Another 10 percent engaged in multiple trainings at the mid-level career pathway, and 1 percent at the high-level career pathway. More than a quarter (26 percent) progressed from entry-level to mid-level trainings, and another 6 percent went from mid-level or entry-level trainings to high-level trainings.

**Exhibit 6. Career Pathway Level Progression among Participants with Multiple Healthcare Trainings**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=3,004 participants who completed one healthcare training and completed or were still engaged in another healthcare training at the end of Year 4. For participants engaging in more than two trainings, the exhibit reflects the highest career pathway level completed or still engaged in for the subsequent training.

## 2.3 Career Progress in Employment

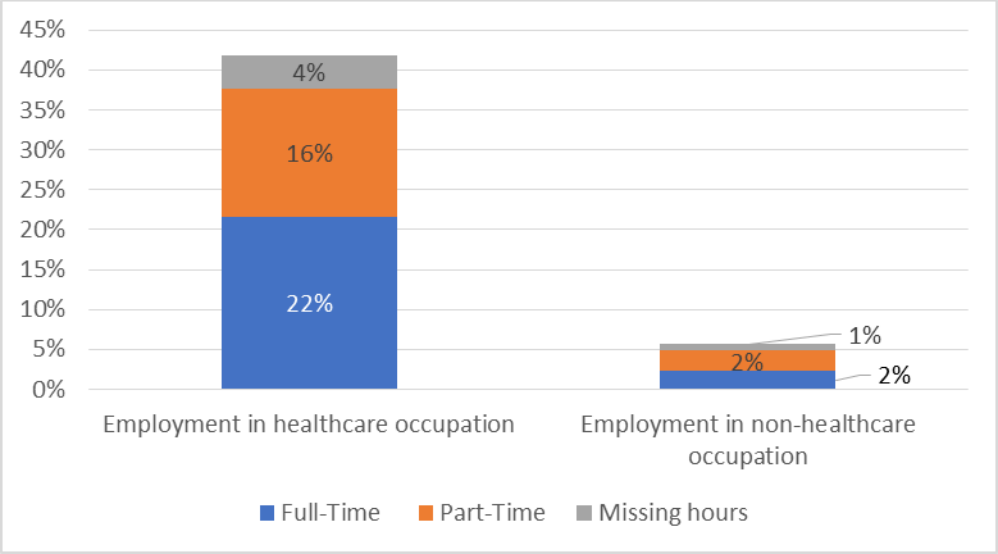
A primary goal of HPOG is to enable participants to find well-paying employment in in-demand healthcare occupations. The employment outcomes for HPOG 2.0 in this report include jobs and promotions that were obtained *after* enrollment in HPOG 2.0. Employment outcomes defined this way and included in PAGES data likely reflect jobs or promotions obtained with assistance from or as a result of participating in HPOG 2.0 training. This means employment outcomes reported here exclude jobs already held by participants at the time of enrollment in HPOG 2.0 that continued as is, without promotion, during HPOG.[27] These employment outcomes include participants who are still in training as well as those who completed training. This section also discusses some measures of career progress based on employment changes since enrolling in HPOG 2.0.

[27] Employment status of HPOG participants at program intake is recorded. Subsequently, program staff record new jobs or promotions on existing jobs (which includes changes in job level or wage increases on the same job) obtained at any time after program enrollment. Grantees have employment-related program performance goals, and staff are encouraged to follow up with participants to track what employment they have gained. However, some participants are difficult to contact, and so program staff may be unaware of some employment.

- **By the end of Year 4, almost half of all participants in HPOG 2.0 had started a job or were promoted on an existing job (subsequent to enrolling in HPOG) in a healthcare occupation.**

By the end of Year 4, some 42 percent of all participants started or were promoted on an existing job in a healthcare occupation at some point after enrolling in HPOG 2.0 (Exhibit 7). An additional 6 percent of participants had started non-healthcare jobs.[28] This gives a total of 48 percent of participants starting a job or being promoted, an increase from 37 percent at the end of Year 3 (not shown). Exhibit 7 also shows that slightly more than half (22 of 42 percent) of participants working in healthcare occupations are working full-time. Those working part-time include individuals who are in training and who may prefer part-time hours. On average, participants in healthcare occupations were earning $14.25 per hour and participants in non-healthcare occupations were earning $12.13 per hour.[29]

**Exhibit 7. Employment (New Jobs or Promotions after HPOG 2.0 Enrollment) at End of Year 4**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=26,881 participants.

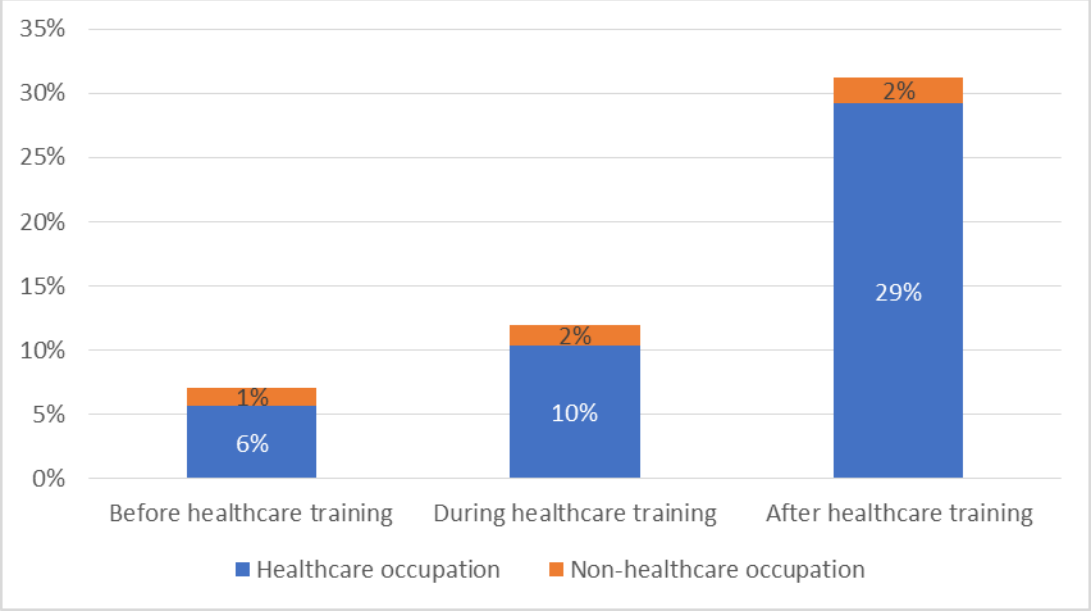
[28] The percentages for participants employed in a non-healthcare occupation working full-time, part-time, and missing hours shown in Exhibit 7 do not add to 6 percent due to rounding.

[29] Average hourly wages are based on the most recent job reported for each participant.

- **Of all HPOG 2.0 participants, almost one third started a new job or were promoted *after* completing healthcare training. Participants also found employment (or were promoted) *before* and *during* healthcare training.**

Employment subsequent to enrollment in HPOG 2.0 could happen prior to, during, or after participants started healthcare training.[30] Almost one third (31 percent) of HPOG 2.0 participants started a new job or were promoted on an existing job *after completing* healthcare training (Exhibit 8).[31] Almost all of these jobs were in healthcare occupations. Some HPOG 2.0 participants also started a job (or were promoted) after enrolling but *before starting* healthcare training (7 percent). Another 12 percent of participants started a job or were promoted *during* healthcare training.[32] Participants can be in more than one of these categories; for example, starting a job before or during training and then getting a new job after training.

**Exhibit 8. Timing of Participants' Employment in Relation to Healthcare Training**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=12,776 participants. Participants can be in more than one of the three categories (before, during, after).

30 Recall that *enrollment* is defined as having received at least one HPOG 2.0 service after being found eligible. Training is only one possible service among case management, activities in preparation for training such as basic or other skills development, or support services.

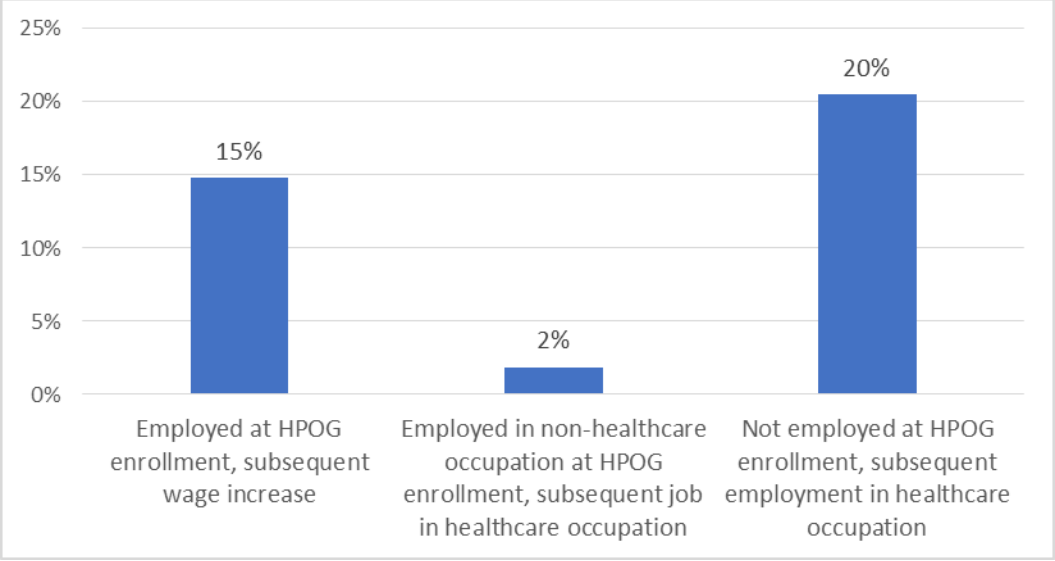
31 This number includes a small percentage who started employment or were promoted after failing or dropping out of healthcare training.

32 This number includes a small percentage of participants who engaged in multiple healthcare trainings and who found employment or were promoted in the period between two healthcare trainings, when not in healthcare training.

- **Measures of career progress in employment for participants include moving into a higher-paying job or moving into a job in a healthcare occupation from a non-healthcare occupation or unemployment at enrollment. Over one third (37 percent) of participants showed career progress by these measures.**

Many HPOG 2.0 participants experienced career progress by earning higher wages or finding work in a healthcare occupation. Exhibit 9 shows three specific metrics of career progress in employment. First, 15 percent of all participants were employed when they enrolled in HPOG 2.0 and subsequently started a job or were promoted to a job that paid a higher wage. An additional 2 percent of all participants were employed in a non-healthcare occupation at enrollment and subsequently started a job in a healthcare occupation. Finally, 20 percent of all participants were not employed at enrollment and subsequently started a job in a healthcare occupation.[33]

**Exhibit 9. Participants with Career Progress in Employment and Wages**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=26,881 participants. Subsequent job with higher wages could be in healthcare or non-healthcare occupation. Categories shown are mutually exclusive.

Considering only those participants who started a job or were promoted on an existing job subsequent to enrolling in HPOG (48 percent of all participants; not shown), Exhibit 9 shows that more than three quarters (37 of 48 percent) showed career progress by one of these three measures.

[33] Other participants who started jobs or were promoted on an existing job during HPOG 2.0 are not included here. These include participants not employed at enrollment but who started a non-healthcare occupation job, and participants working in a healthcare occupation at enrollment and who started another healthcare job during HPOG but did not see a wage increase.

## 2.4 Overall Career Progress Measures

The previous two sections addressed career progress focusing on either healthcare training or employment. "Overall" career progress measures combine these two with other ways that participants can make progress, including preparing for occupational training. This section presents various metrics that reflect overall career progress.[34]

Given the emphasis on HPOG 2.0 in assisting adults who need to improve basic skills, these metrics include completion of basic skills courses; the metrics also include prerequisite courses to healthcare training. Although prerequisite courses for training are taken by only a minority of participants (16 percent; discussed in Chapter 4), engaging in or completing them is an indicator of career progress.

Exhibit 10 lists three groups of overall career progress metrics: "Showing Career Progress," "Activity in Progress," and "Not Yet Showing Career Progress." All participants are uniquely included in one of the nine metrics within these groupings. By these metrics, more than half of all HPOG 2.0 participants (56 percent) showed career progress by the end of Year 4, an increase from 52 percent at the end of Year 3.

**Exhibit 10. Extent of Overall Participant Career Progress**

| Metric | Number | Percentage |
|---|---|---|
| **Showing Career Progress** | | **56** |
| Completed basic skills training or prerequisite courses, completed healthcare training, employed in healthcare job | 2,265 | 8 |
| No basic skills training or prerequisite courses completed, completed healthcare training, employed in healthcare job | 7,578 | 28 |
| Completed basic skills training or prerequisite courses, completed healthcare training, employed in non-healthcare job | 1,751 | 7 |
| No basic skills training or prerequisite courses completed, completed healthcare training, employed in non-healthcare job | 3,581 | 13 |
| **Activity in Progress** | | **10** |
| Completed basic skills training or prerequisite courses, healthcare training in progress | 836 | 3 |
| No basic skills training or prerequisite courses completed, healthcare training in progress | 1,443 | 5 |
| Basic skills training or prerequisite courses in progress, not in healthcare training | 440 | 2 |
| **Not Yet Showing Career Progress** | | **33** |
| Completed basic skills training or prerequisite courses, not in healthcare training | 2,576 | 10 |
| No basic skills or prerequisite courses in progress or completed, not in healthcare training | 6,411 | 24 |
| **Total** | **26,881** | **100** |

*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=26,881 participants. Percentages may not add to totals due to rounding.

[34] *Employment* in this section refers to participants who started a job or were promoted on an existing job subsequent to enrolling in a HPOG 2.0 program. As noted in Section 2.3 (**Career Progress in Employment**), it is possible the additional participants could be employed—either having remained on the same job (without promotion) they had at enrollment in HPOG or if HPOG 2.0 staff were unaware of new employment or promotion and it was not recorded in PAGES.

The first group of metrics ("Showing Career Progress") includes participants who have completed at least one healthcare training. The first metric shows that 8 percent of all participants completed basic skills or prerequisite courses and at least one healthcare training, and they are employed in a healthcare job. Another 28 percent did not complete any basic skills training or prerequisite courses[35] but completed healthcare training and are employed in healthcare. Two remaining metrics are similar to the first two metrics but include those who are employed in non-healthcare job (7 percent and 13 percent, respectively). Overall, 56 percent of HPOG 2.0 participants showed career progress by these metrics.

The second group ("Activity in Progress") includes participants who have not yet completed healthcare training. As HPOG 2.0 is an ongoing program, these individuals are engaging in activities that can lead to career progress, including healthcare training, basic skills training, or prerequisites. Overall, 10 percent of participants are in this group, with most of those (8 percent) active in healthcare training.

The third group ("Not Yet Showing Career Progress") includes participants who are not in healthcare training, but about one third (10 of 33 percent) have completed basic skills or prerequisite courses. These metrics include some participants who have failed or dropped out of a prior healthcare training and others who may never have started a healthcare training. Overall, one third (33 percent) of participants are in this group. It is possible, for example, that some are waiting for a healthcare training to start. For this or other reasons, some of these participants later may go on to engage in HPOG 2.0 activities that indicate they are making career progress.

[35] These participants either didn't need pre-training, were still engaged in these activities at the end of Year 4, or failed or dropped out.

# 3. HPOG 2.0 Participants

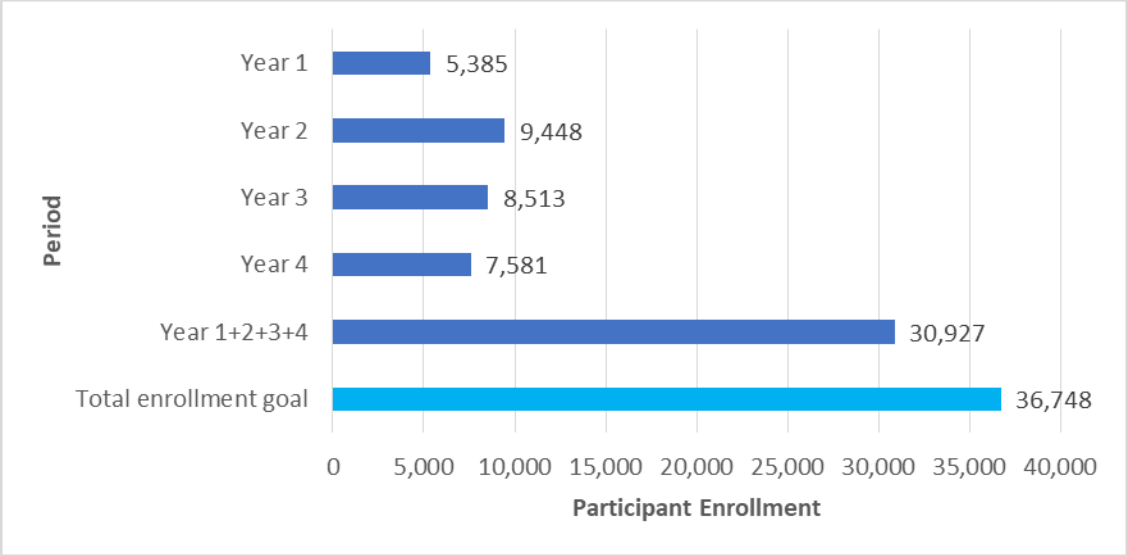
This chapter describes the number of participants enrolled in the first four years of HPOG 2.0 and how this compares to the five-year enrollment goals that grantees set at the outset of HPOG 2.0. In addition, it provides a review of participant characteristics at the time of enrollment.[36]

## 3.1 Enrollment and Goals

- **By the end of Year 4, HPOG 2.0 was on track to meet its five-year cumulative enrollment goal, its grantees together having enrolled more than 80 percent of that goal.**

During the fourth year of the HPOG 2.0 Program, grantees enrolled 7,581 participants. Cumulative enrollment for the first four years of HPOG 2.0 was 30,927. The total five-year enrollment goal across all grantees combined is 36,748 participants (Exhibit 11).

**Exhibit 11. Cumulative Enrollment Goal and Actual, by Program Year**

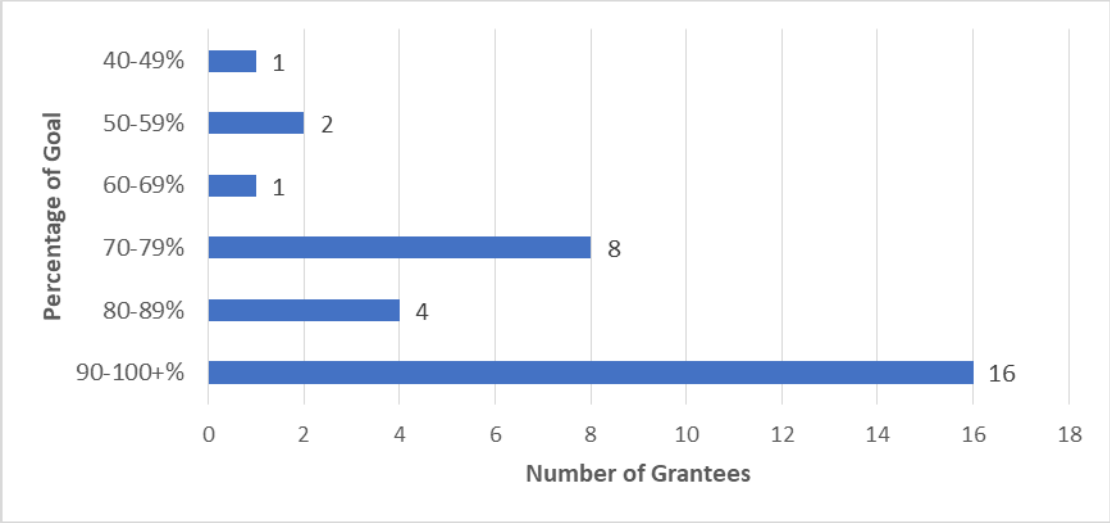



*Source*: PAGES. Participants enrolled between September 30, 2015, and September 29, 2019, and five-year grantee enrollment goal as reported in PAGES.
*Note: N*=32 grantees.

[36] Chapter 2 presented outcome results for the subsample of participants who had been enrolled in HPOG 2.0 through Year 4, excluding those who enrolled within the last six months. As participant characteristics are not influenced by time in program, Chapter 3 presents the characteristics of all 30,927 participants enrolled through the end of Year 4.

HPOG 2.0 grantees varied in their progress toward their individual five-year enrollment goals. These goals had been set by the grantees, in discussion with ACF, when grants were awarded in 2015. Exhibit 12 shows grantees' progress in the first four years of HPOG 2.0—that is, 80 percent into the five-year program. Half of grantees (16 of 32) had already enrolled 90 percent or more of their enrollment goal. By contrast, four grantees reported having enrolled 60 percent or less of their goal.

**Exhibit 12. Number of HPOG 2.0 Grantees, by Percentage of Five-Year Enrollment Goal Attained by End of Year 4**




*Source*: PAGES. Participants enrolled between September 30, 2015, and September 29, 2019, and five-year grantee enrollment goals as reported in PAGES.

*Note: N*=32 grantees.

## 3.2 HPOG 2.0 Participant Characteristics

HPOG 2.0 grantees serve participants of diverse backgrounds and life experiences. On average, at the time of their enrollment into HPOG 2.0, the characteristics of participants who enrolled in Year 4 were similar to prior years.[37]

- **HPOG participants typically were low-income women in their 20s and 30s, many of whom were parents. The majority of participants had household incomes of less than $20,000 in the year before enrolling.**

A majority of HPOG 2.0 participants at enrollment were female (91 percent), had never married (60 percent), and had one or more dependent children (68 percent). Most participants identified as Black or African-American (43 percent), White or Caucasian (24 percent), or Hispanic or Latino of any race (22 percent). About one fifth were younger than age 25, and 12 percent were age 50 or older.

[37] All the information in this section comes from authors' analysis of the PAGES data. An update of the complete set of characteristics first presented in the *HPOG 2.0 Year One Annual Report* can be found in Appendix Exhibits C3–C8.

To be eligible for HPOG 2.0, participants had to have low incomes. At enrollment in HPOG 2.0, nearly three quarters (73 percent) reported an annual household income of less than $20,000, lower than the 2019 poverty level for a family of three ($20,400).[38] Three fifths (60 percent) had an individual annual income of less than $10,000. Many participants were receiving public benefits. The most common benefit received was Medicaid (67 percent), followed by the Supplemental Nutrition Assistance Program/SNAP (58 percent) and Temporary Assistance for Needy Families/TANF (20 percent).

- **Many HPOG 2.0 participants already had some education, credentials, and work experience when they enrolled.**

At the time of enrollment in HPOG 2.0, the majority of participants had some college experience (54 percent); 15 percent had at least an associate degree.

More than one third (34 percent) held a professional, state, or industry certification or a license (in any occupation) and 31 percent had received an occupational certificate or diploma upon training course completion at the time of enrollment. Some 24 percent were already enrolled in school or a training program when they entered HPOG 2.0. Note that a subset of all HPOG 2.0 participants (6 percent) were continuing participants from HPOG 1.0.

Almost all HPOG 2.0 participants enrolled with some prior work experience, with half reporting they had previously worked in a healthcare occupation. Somewhat fewer than half of participants (47 percent) were already employed when they enrolled in the program, with nearly one half of them employed in healthcare.

[38] https://aspe.hhs.gov/2019-poverty-guidelines

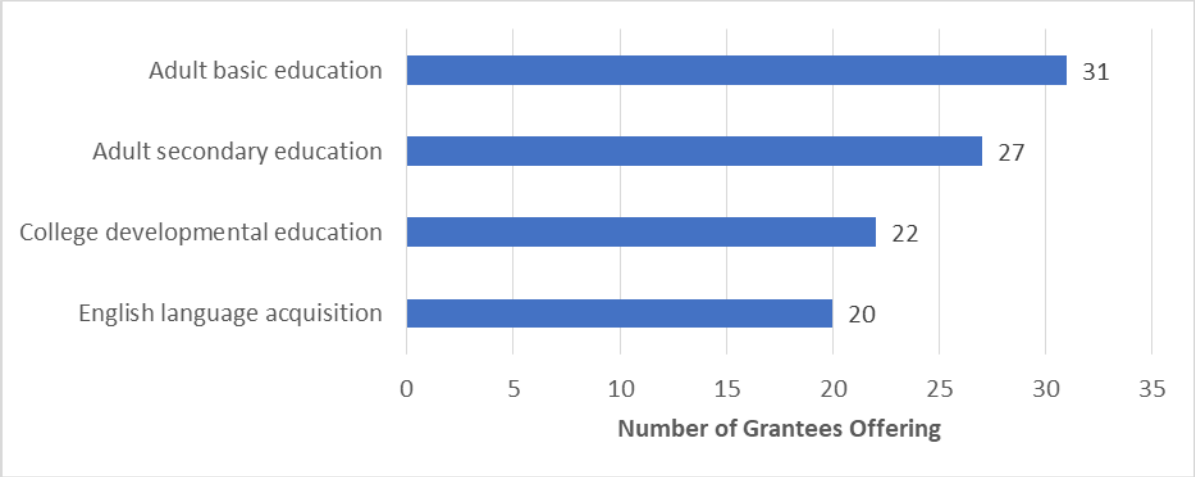
# 4. HPOG 2.0 Activities and Participation

To assist participants in successfully completing healthcare training and obtaining employment, HPOG 2.0 programs provide a number of skill-development and other activities and supports. This chapter discusses the types of activities and supports that grantee programs offered in the first four years of HPOG 2.0 and the extent to which participants took part in them.[39]

## 4.1 Basic Skills Training

Typically, some applicants to healthcare training programs need to improve their reading and writing (literacy), math (numeracy), and/or English language skills before they are eligible to enroll. In order to increase access to healthcare training, the HPOG 2.0 Funding Opportunity Announcements encouraged grantees to serve participants who had basic skills needs. Grantees offer basic skills training, such as adult basic education, college developmental education, adult secondary education, and English language acquisition (all defined in Appendix B). All 32 grantees offer at least one of these types of basic skills training, and each type is offered by more than half of all grantees (Exhibit 13).

**Exhibit 13. Grantees Offering Basic Skills Training, by Training Type**




*Source:* PAGES program-level data.
*Note: N*=32 grantees.

Research shows that adults seeking to gain occupational skills can be derailed by having to take basic skills training before getting to occupational training, due to the additional time and money required and potential loss in motivation.[40]

Some HPOG 2.0 programs have adopted delivery modes that will help participants who need to strengthen their basic skills to complete healthcare training. One mode is ***accelerated delivery***, which organizes basic skills instruction and curricula in ways that allow participants to complete

[39] As in Chapter 2, in this chapter outcome results are reported for the subsample of participants who had been enrolled in HPOG 2.0 for at least six months of Year 4 (*N*=26,881).

[40] Eric Bettinger, Angela Boatman, and Bridget Terry Long, "Student Supports: Developmental Education and Other Academic Programs," *Future of Children: Postsecondary Education in the US,* vol. 23, no. 1: 93-115.

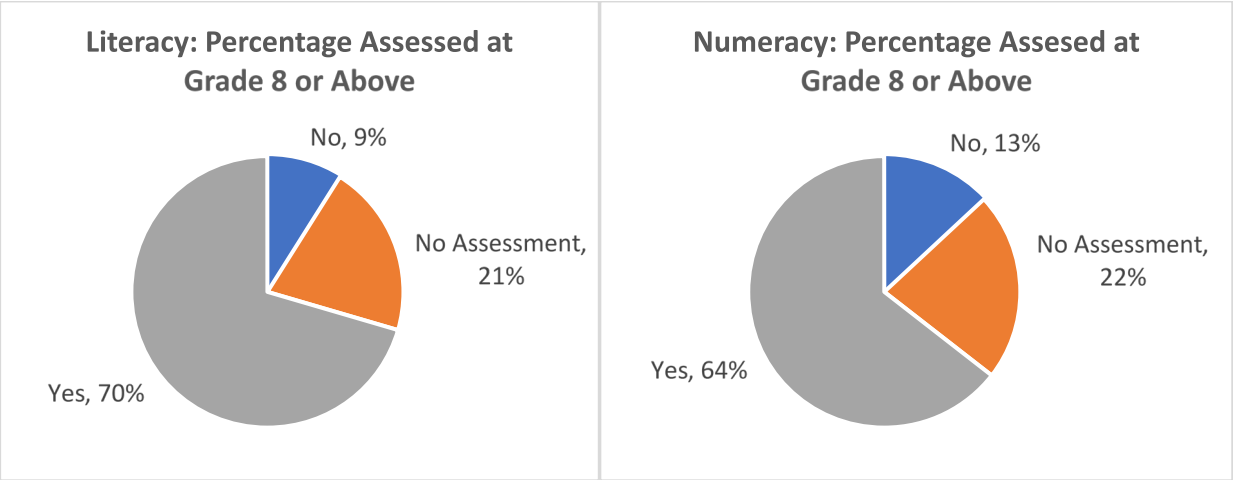
the coursework more quickly than in a traditional format. Participants might, for example, attend class for fewer weeks but for more hours per week. Two fifths (40 percent) of basic skills trainings offered by HPOG grantees are accelerated. Another mode is ***contextualized training***, an instructional approach that explicitly connects teaching basic skills with teaching occupational skills or occupational prerequisites (such as chemistry, anatomy and physiology, etc.). More than one quarter (29 percent) of basic skills trainings offered are contextualized. Some programs provide the opportunity for participants to take basic skills training and healthcare training ***concurrently***, instead of having to complete basic skills training first.

Finally, some HPOG 2.0 programs offer healthcare training that ***integrates*** basic skills instruction into the occupational curricula. About one fifth of all healthcare trainings offered by grantees integrate basic skills with occupational skill content. This approach allows participants to improve their basic skills *while* working towards an occupational credential.[41]

- **HPOG 2.0 programs enrolled participants with low basic skills. Through Year 4, about one tenth of HPOG 2.0 participants had relatively low basic skills levels.**

At least 9 percent of HPOG 2.0 participants had low literacy levels (below eighth grade), and 13 percent had numeracy skills below that level (Exhibit 14). Many community colleges use an eighth-grade-level cutoff for entrance into occupational courses. About one fifth of participants do not have an assessment recorded in PAGES, as some programs do not test participants' skill levels at enrollment.

**Exhibit 14. Participants' Literacy and Numeracy Assessment Levels through Year 4**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=26,881 participants (1,016 missing). Percentages add to less than 100 percent due to rounding.

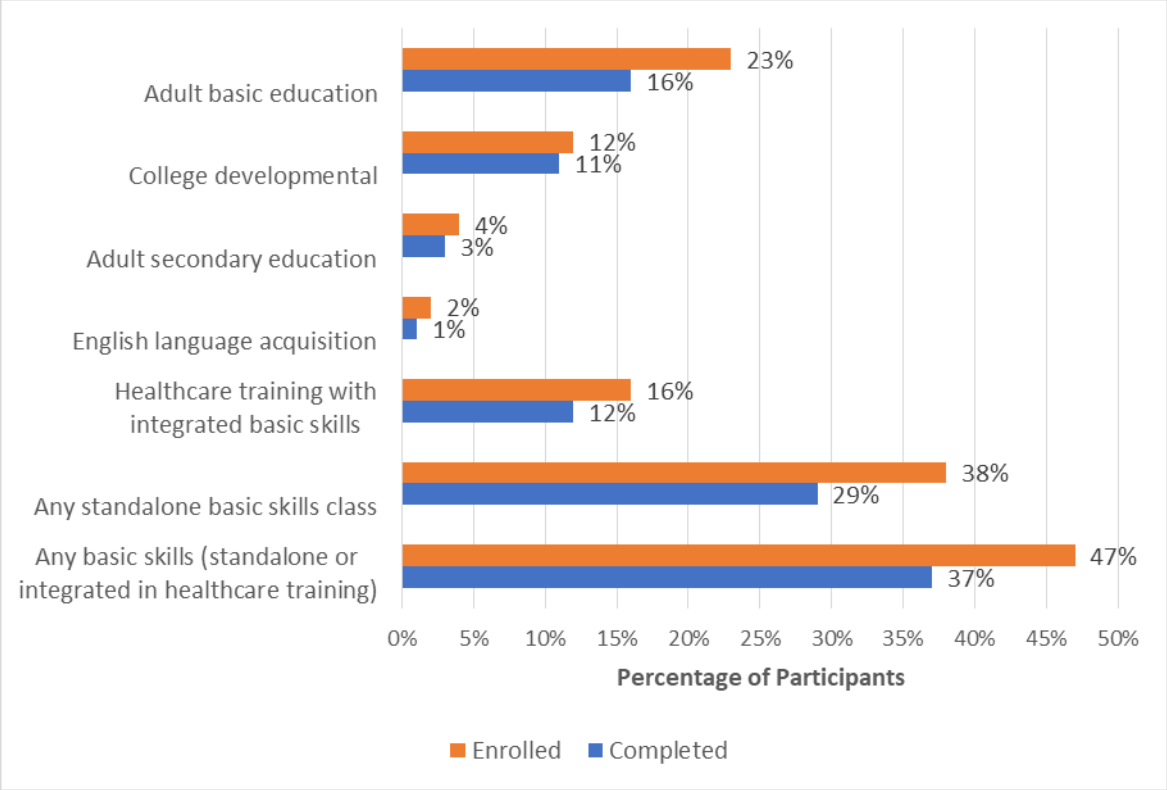
[41] Additional details on the extent to which HPOG 2.0 programs are offering basic skills training in these different ways can be found in the *HPOG 2.0 Year One Annual Report,* https://www.acf.hhs.gov/opre/resource/health-profession-opportunity-grants-20-year-one-annual-report-201516.

- **Almost half of HPOG 2.0 participants engaged in basic skills activities, either in standalone basic skills courses or through healthcare training that integrated basic skills instruction.**

More than one third (38 percent) of participants took basic skills courses, separate from healthcare training ("standalone" basic skills) (Exhibit 15). This is higher than the roughly 10 percent of participants assessed with low basic skills at enrollment. Of the different types of basic skills training, the most common taken was adult basic education (23 percent), followed by college developmental courses (12 percent).

Almost one fifth (16 percent) of participants enrolled in a healthcare training where basic skills instruction is integrated into the curriculum. Not all these participants necessarily have low basic skills levels, but they were exposed to a curriculum that integrated basic skills into the healthcare content. Considering both standalone basic skills training and healthcare training integrated with basic skills, 47 percent of HPOG participants were engaged in some basic skills activity through Year 4.[42]

**Exhibit 15. Participation in Basic Skills Training through Year 4, by Training Type**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.

*Note: N*=26,881 participants. Participants may be enrolled in more than one type of basic skills training. "Standalone" basic skills training includes adult basic education, college developmental, adult secondary education, and English language acquisition.

[42] Some participants enrolled in both standalone basic skills training and healthcare training integrated with basic skills; they are counted only once.

Exhibit 15 also shows that roughly three quarters (29 of 38 percent) of those who enrolled in standalone basic skills training completed this training by the end of Year 4.

In addition to needing to improve their basic skills, some participants must take prerequisites before they can begin specific occupational training. For example, before taking nursing courses, they may need to take prerequisite courses in biology or anatomy. Participants in these prerequisite courses are not counted as having started healthcare occupational training, but are separately reported as enrolled in prerequisites. Of HPOG 2.0 participants, 16 percent enrolled in at least one prerequisite through Year 4 (not shown).

## 4.2 Other Skill-Development and Work-Based Learning Activities

HPOG 2.0 programs offer additional activities to help participants develop skills necessary to succeed in training and employment. These include skill-development activities such as college-readiness training, CPR training, digital literacy training, an Introduction to Healthcare Careers workshop, and work-readiness training. Programs also offer work-based learning opportunities such as job shadowing, on-the-job training, and unpaid internships or externships (all defined in Appendix B).

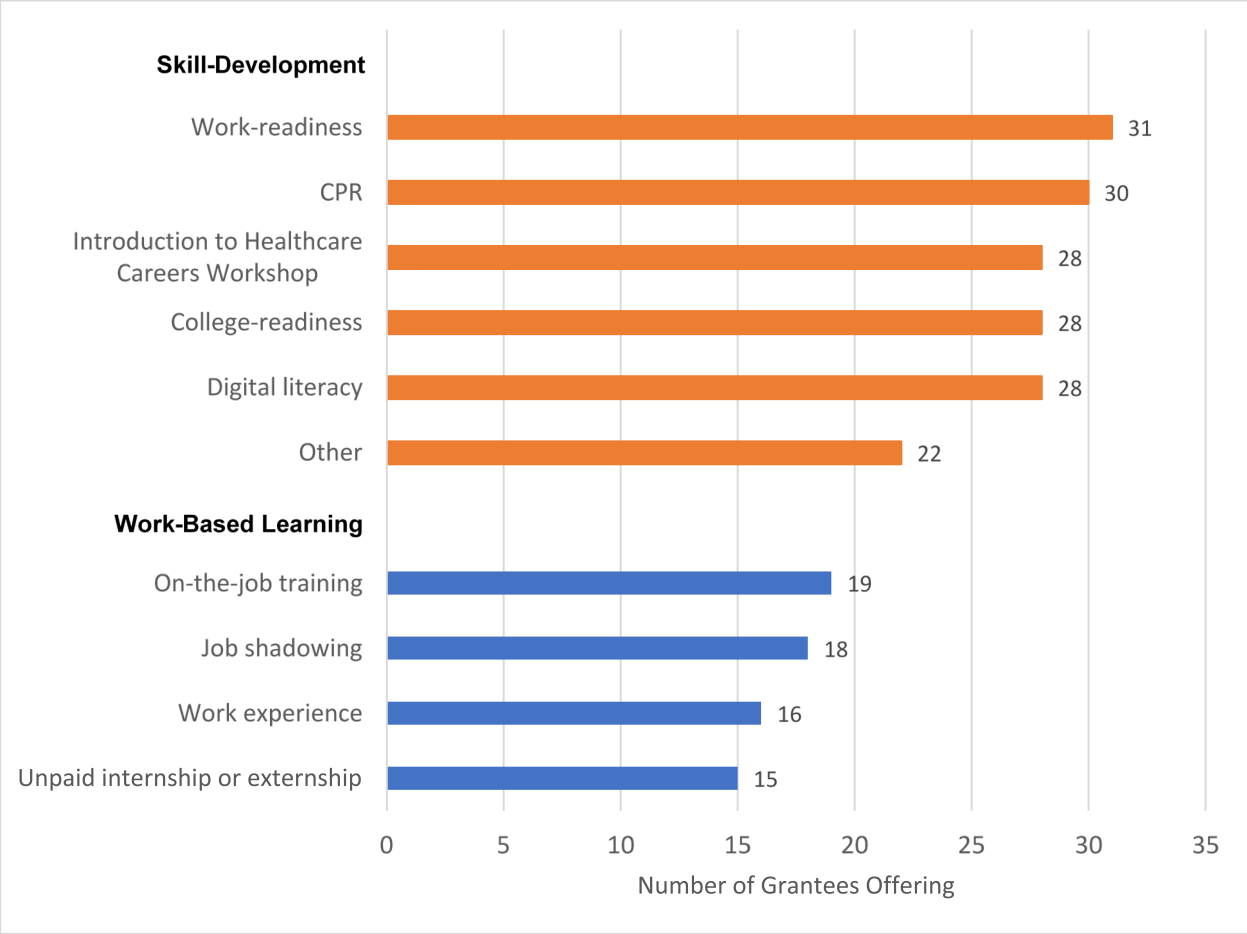
- **Most HPOG 2.0 grantees offer multiple skill-development activities in addition to offering basic skills and healthcare trainings.**

Most grantees offer activities in each of the skill-development categories (Exhibit 16 below, top panel). Activities within a given category vary across grantees. For example, some grantees offer multi-day “boot camps” incorporating an introduction to healthcare careers, sessions on study skills for college, and workshops on teamwork and positive work habits. Other grantees offer standalone workshops, such as a two-hour class on study skills or a one-hour orientation to healthcare careers. CPR training and digital literacy courses seek to provide supplemental skills helpful for specific healthcare careers. The numbers of grantees offering these courses has remained steady since the first annual report.

- **Fewer HPOG 2.0 grantees offer work-based learning activities, although still almost half of grantees offer each type.**

Nineteen or fewer grantees offer each type of work-based learning activity (Exhibit 16, bottom panel). These activities provide ways for participants to gain experience in a work setting to supplement their healthcare training. Such activities usually require a program to develop strong connections with employers, and opportunities are developed for one or a small set of participants at a time. Clinical placements that are required for some healthcare trainings are excluded from the definition of “work-based learning,” as a clinical placement would be a normal part of completing those trainings (such as Registered Nurse training). The numbers of programs offering these activities has remained roughly the same since the first annual report.

**Exhibit 16. Grantees Offering Skill-Development and Work-Based Learning, by Activity Type**




*Source:* PAGES program-level data.

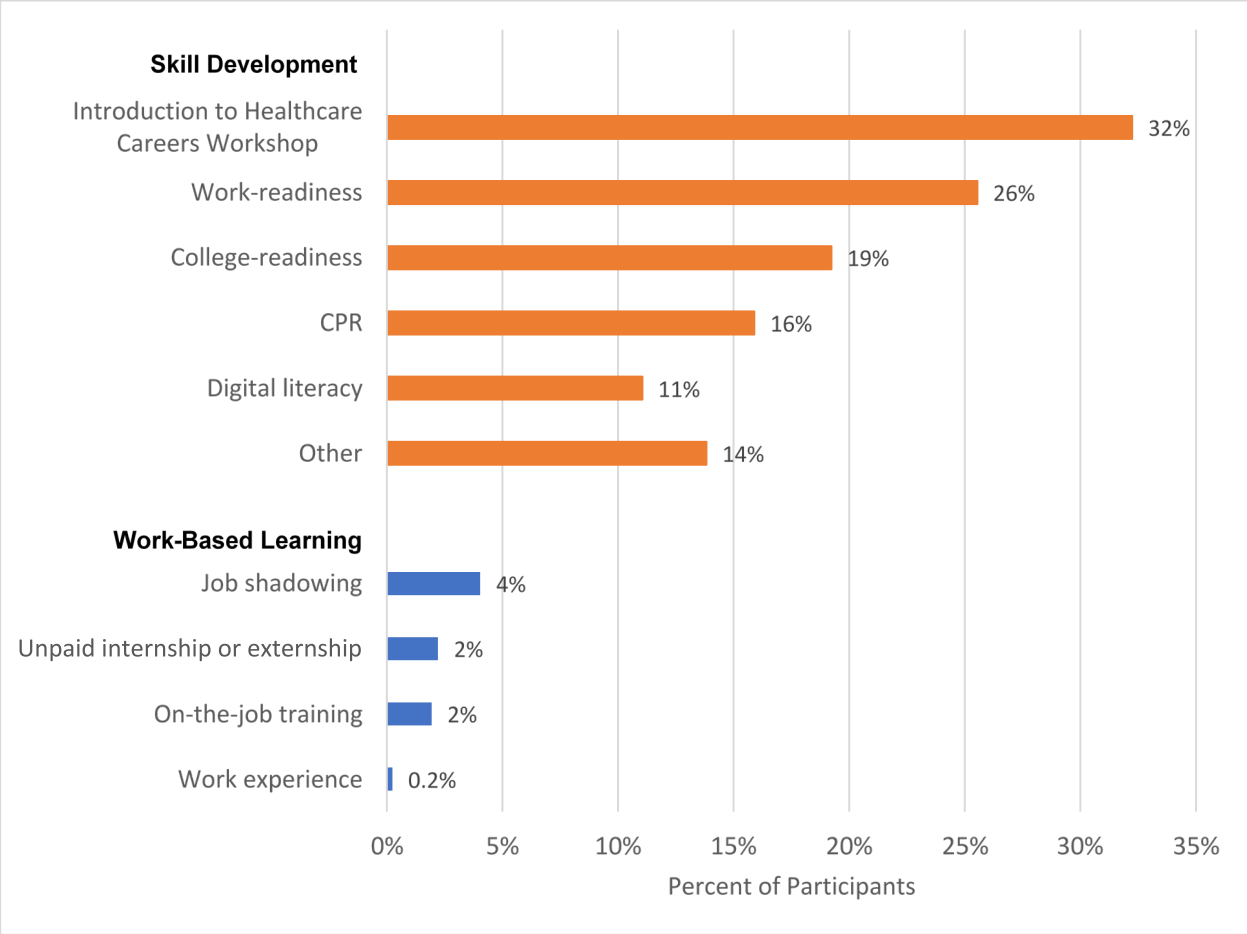
*Note: N*=32 grantees.

Skill-development and work-based learning activities are less central elements of the HPOG 2.0 programs than is healthcare training; still, almost half of participants engaged in at least one of them.

Almost half (46 percent) of HPOG 2.0 participants engaged in at least one skill-development activity by the end of Year 4 (not shown). Despite most grantees offering each activity type, only a minority of participants engaged in each one (Exhibit 17, top panel). The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, attended by about one third and one quarter of participants, respectively.

Fewer than 5 percent of participants engaged in each of the work-based learning activities (Exhibit 17, bottom panel). The most common activity was job shadowing, but only 4 percent of participants engaged in it through the end of Year 4. Some 2 percent of participants were in an unpaid internship or externship or on-the-job training, and fewer than 1 percent were in work experience through their HPOG 2.0 program.

**Exhibit 17. Participation in Skill-Development and Work-Based Learning, by Activity Type**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=26,881 participants. Participants may be enrolled in more than one skill-development or work-based learning activity.

## 4.3 Support Services

An important aspect of the HPOG 2.0 Program is the provision of support services to help participants succeed, following the career pathways model.

- **A key support HPOG 2.0 provides is paying participants' tuition for training.**

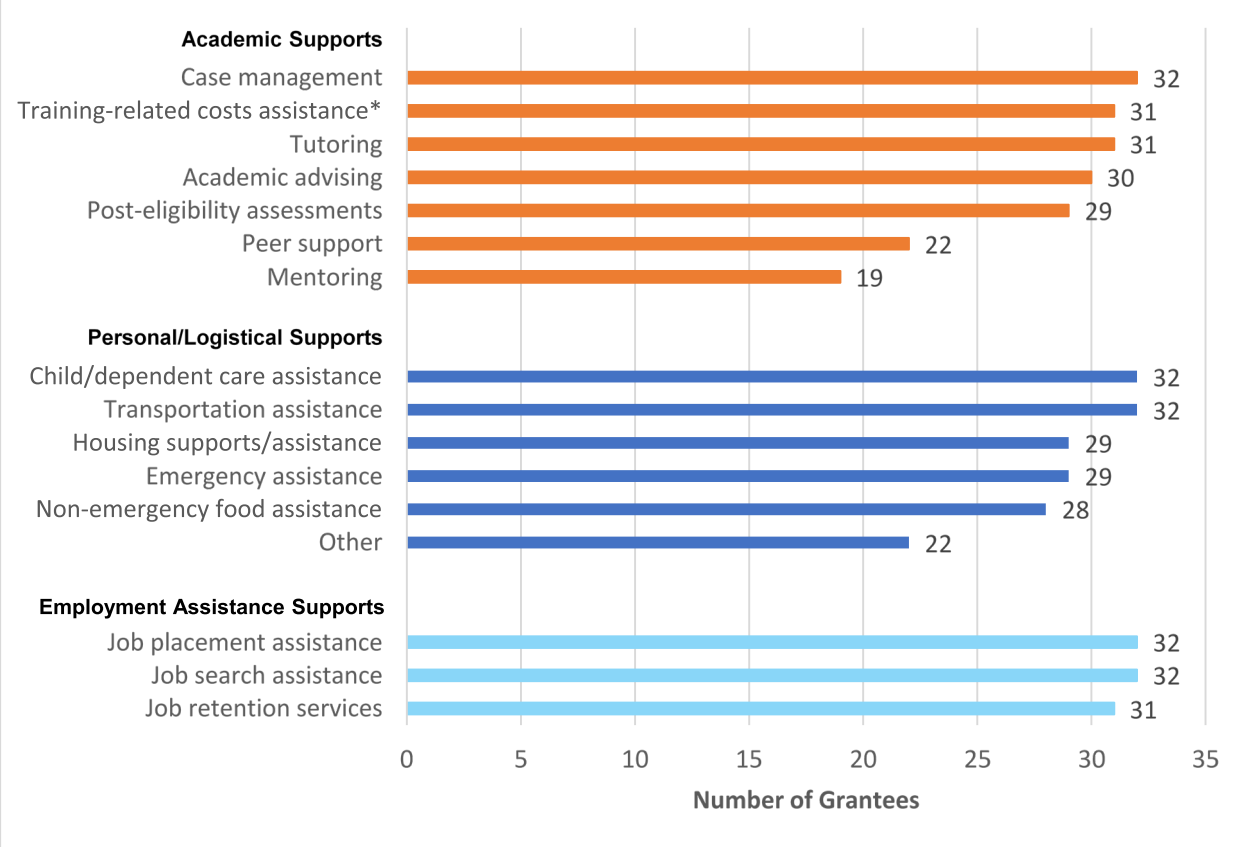
By the end of Year 4, HPOG 2.0 funding paid for (in whole or part) the majority (83 percent) of participants' healthcare trainings. Sources other than HPOG, such as Pell grants and a small number of training-cost waivers, funded the remainder of participants' healthcare trainings.

- **Beyond funding tuition, HPOG 2.0 programs offer a variety of academic, personal and logistical, and employment-related supports.**

HPOG 2.0 programs offer academic supports to help participants prepare for and complete training; personal and logistical supports to help participants meet and overcome life challenges that would interfere with training; and employment assistance to help them find employment before, during, and after training.

As shown in Exhibit 18 below, almost all HPOG 2.0 grantees offer each of the various support services (all are defined in Appendix B).

**Exhibit 18. Grantees Offering Support Services, by Service Type**




*Source:* PAGES program-level data.

*Note: N*=32 grantees.

* Does not include tuition assistance.

Academic supports (Exhibit 18, top panel) include case management, academic advising, and post-eligibility assessments in which HPOG or partner organization staff help participants set, maintain, or adjust their goals and plans. Academic supports also include tutoring, mentoring, and peer support to help keep students on track academically. In addition, almost all HPOG 2.0 grantees provide assistance with training-related costs such as books, uniforms, or required equipment.

Personal/logistical supports (Exhibit 18, middle panel) are also offered by most HPOG 2.0 programs. Personal/logistical supports include assistance to participants with childcare, transportation costs, and other emergency needs. Programs may pay for some of these supports out of HPOG 2.0 funds or may work closely with partner organizations to make these supports available to participants.

All grantees provide some employment assistance supports (Exhibit 18, bottom panel), including job placement, job search, and job retention services. These supports are not limited to help finding jobs after training is completed. Many programs provide employment assistance before and during training, as well.

- **Across the variety of support services offered, participants' receipt of each support varied substantially, with some used by most participants and other supports used by few participants. Overall, case management and other academic supports were the most commonly used support services.**

Differences in receipt reflect both the extent to which programs offer services and participants' need for them. Receipt is reported regardless of the entity providing or funding the service, whether provided directly or by referral by the HPOG grantee, an HPOG partner organization, or a non-HPOG partner in the community. Support could have been received at any time over the first four years of HPOG 2.0.[43]

As shown in Exhibit 19 below (top panel), case management was the most common support received by HPOG 2.0 participants through Year 4, with 91 percent of participants receiving it. More than half of participants received academic advising (61 percent) and assistance with training-related costs other than tuition (56 percent). Fewer than one quarter of participants received each of the other academic supports offered.

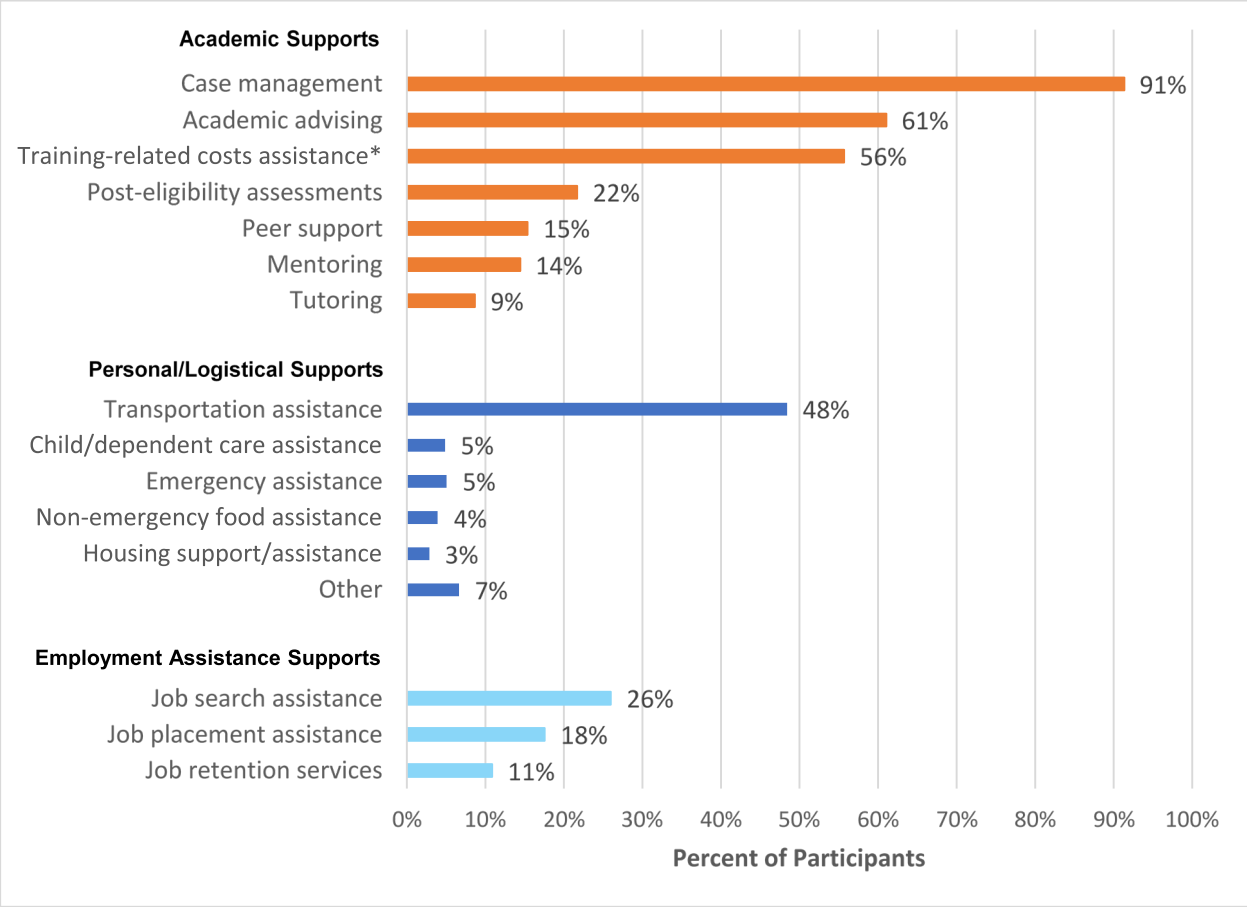
Fewer participants received personal/logistical support services than academic supports by the end of Year 4 (Exhibit 19, middle panel). Transportation assistance was by far the most commonly received personal/logistical support. Almost half (48 percent) of participants received assistance that enabled them to travel to and from HPOG-related training, employment, or services. Other types of personal/logistical supports were much less commonly received. Only 5 percent or fewer participants received child/dependent care assistance, emergency assistance, non-emergency food assistance, or housing support/assistance through HPOG 2.0.

Some HPOG 2.0 participants received employment assistance to help them find and keep jobs (Exhibit 19, bottom panel). Some 26 percent received assistance with job search, 18 percent with job placement, and 11 percent with retaining employment.

For most support services, the percentages of participants receiving them by the end of Year 4 are similar to the percentages of participants receiving the same services at the end of Year 3.

[43] Grantees could also refer participants to other organizations to obtain services. PAGES is designed to include these referrals as service receipt if the grantee knows the service was received. However, there is some evidence that grantees have not consistently been following this practice, so service receipt reported here could be understated.

**Exhibit 19. Receipt of Support Services through Year 4, by Service Type**




*Source*: PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=26,881 participants. Participants may have received more than one support.
* Does not include tuition assistance.

# 5. Summary

This *Year Four Annual Report* summarizes grantee program offerings, participant characteristics, training participation, support receipt, and outcomes from the start of HPOG 2.0 (September 30, 2015) to the end of Year 4 (September 29, 2019). HPOG 2.0 grantees began enrolling participants between February and April 2016, after three to six months of initial planning, and continued to enroll participants throughout the grant period.

In order to present results that reflect the experiences of participants who have had some time in HPOG 2.0, the majority of the report presents results excluding those who enrolled in the last six months of Year 4. This means the outcomes and participation in activities reported here are for participants with between six and 44 months of time in HPOG 2.0; these individuals enrolled in HPOG 2.0 anytime between the start of the Program (September 30, 2015) and March 30, 2019. Reporting on participant characteristics in Chapter 3 are for the entire sample enrolled through the end of Year 4. In both cases the data is through September 29, 2019.

HPOG 2.0 builds upon HPOG 1.0, which operated from 2010 to 2015. HPOG 2.0 has the same target population and main goals. HPOG 2.0 more strongly encourages grantees to design and implement their local programs to include basic skills education and to employ career pathways strategies. This means offering trainings to help participants who have low basic skills; providing a variety of healthcare occupational trainings to prepare for entry-, mid-, and high-level healthcare jobs; and offering support services to help participants complete training and attain employment.

Healthcare occupational training is the focus of the HPOG 2.0 Program. In the first four years, 76 percent of participants had enrolled in these trainings. By the end of Year 4, some 85 percent of healthcare trainings started by participants were completed or still in progress. Some participants needed to improve their basic skills before enrolling in occupational trainings; more than one third (38 percent) enrolled in standalone basic skills training. Another 18 percent enrolled in healthcare trainings that integrated basic skills instruction into the curriculum. More than two thirds (68 percent) of healthcare training completers had received an occupational license or certification, and 65 percent had started a job or were promoted on an existing job in a healthcare occupation after enrollment in HPOG 2.0.

The results here show that HPOG 2.0 programs embrace the goal of providing multiple points of entry to training, as demonstrated by participants engaging in healthcare trainings at entry-, mid-, and high-levels. This report presents a variety of measures of career progress, including multiple trainings and training at higher career pathway levels, moving to higher-paying healthcare jobs or from non-healthcare jobs into healthcare jobs, and combining training completion and employment in healthcare. Across these measures, the results for Year 4 show steady increases compared to Year 3. Under a set of career progress metrics that combine basic skills or prerequisites completion, healthcare training completion, and employment, 56 percent of HPOG participants showed career progress by the end of Year 4, compared to 52 percent at the end of Year 3.

As in earlier years, participants in HPOG 2.0 are mainly single and female, with dependent children. Twenty (20) percent were receiving TANF benefits at enrollment, and the majority had low incomes. About half had some college education, already had a professional license or certification, or were in school at the time of enrollment in the program.

ACF will continue to release annual reports summarizing grantee and participant activities through the end of the HPOG 2.0 grant period. In future years, the HPOG 2.0 National Evaluation will produce reports on the implementation of HPOG 2.0, the impact the Program has on participant outcomes, and a cost-benefit analysis of the Program. Additionally, the HPOG 2.0 Tribal Evaluation report will cover the implementation and participant outcomes of the tribal grantees.

# Appendix A. OPRE's HPOG 2.0 Research and Evaluation Strategy

OPRE is using a multi-pronged evaluation strategy to assess the success of the HPOG 2.0 Program. The evaluation strategy aims to provide information on program implementation, systems change, outcomes, cost-benefit, and impact. The components are designed to identify what types of approaches work well in achieving the goals of HPOG 2.0 and in what circumstances and for whom they work, so effective approaches can be replicated in the future.

Though conducted by multiple researchers, the projects 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.

## Evaluation & System Design for Career Pathways Programs: HPOG 2.0 (2014–2022)

The purpose of this project is to provide recommendations for the design of an evaluation to assess the implementation, outcomes, systems change, and impacts of HPOG 2.0. Additionally, this project built and provides ongoing maintenance and support for the HPOG Participant Accomplishment and Grant Evaluation System (PAGES), a web-based management information system, to track grantee progress for program management and to record grantee and participant data for use in the evaluation.

Abt Associates is conducting this project in collaboration with the Urban Institute and AKA Enterprise Solutions.

## HPOG 2.0 National Evaluation (2015–2025)

The National Evaluation is rigorously assessing the HPOG 2.0 programs administered by the 27 non-Tribal grantees. The National Evaluation has three parts: an impact study, a descriptive study, and a cost-benefit study. Data sources for all three include program data, administrative data from the National Directory of New Hires and National Student Clearinghouse, and participant follow-up surveys at approximately 15 and 36 months after random assignment.

- The *impact study* randomly assigns eligible participants to either a treatment group that has access to HPOG services or a control group that does not have access to HPOG but is allowed to receive other services available in the community.
- The *descriptive study* includes implementation, outcomes, and systems change studies and will help interpret findings from the impact study. The descriptive study will also include in-depth qualitative interviews with a small sample of HPOG study participants.
- The *cost-benefit study* will assess the costs and benefits of a standard HPOG 2.0 program.

Abt Associates is conducting this project, in partnership with MEF Policy Associates, Insight Policy Research, and Urban Institute.

## HPOG 2.0 Tribal Evaluation (2015–2021)

The Tribal Evaluation is rigorously assessing the HPOG 2.0 programs administered by the five Tribal grantees, using sound scientific methods and grounded in culturally appropriate approaches. The Tribal Evaluation is using a mixed-methods approach and collecting quantitative and qualitative data from multiple sources. The research questions focus on the Tribal HPOG programs' structure, processes, and outcomes.

NORC at the University of Chicago is conducting this project.

## HPOG 2.0 University Partnership Grants (2016–2020)

The HPOG University Partnership Research Grants (HPOGUP) fund university research teams that partner with HPOG program grantees to conduct research and evaluation studies focused on questions relevant to HPOG program goals and objectives and that benefit the broader employment and self-sufficiency research field. In 2016, OPRE awarded a second round of HPOGUP grants (HPOGUP 2.0) to the following universities:

- Brandeis University, Heller School for Social Policy and Management, Institute on Assets and Social Policy (IASP), conducting a study titled *Study of Career Advancement and Quality Jobs in Health Care,* in partnership with the WorkPlace, Inc. in Bridgeport, Connecticut;
- Loyola University of Chicago, conducting a study titled *Evaluation of Goal-Directed Psychological Capital and Employer Coaching in Health Profession Opportunity Development,* in partnership with Chicago State University in Chicago, Illinois; and
- Northwestern University, Institute for Policy Research, conducting a study titled *The Northwestern University Two-Generation Study (NU2Gen) of Parent and Child Human Capital Advancement,* in partnership with the Community Action Project of Tulsa County (CAP Tulsa) in Oklahoma.

# Appendix B. Glossary

The following are terms from the PAGES *Glossary of Terms.* That document defines all terms used in grantee reporting in PAGES across all aspects of data entry. Only the terms relevant for this report are presented here.

## Basic Skills Training

**Adult basic education** is a course or instructional program that teaches basic skills such as reading, writing, and mathematics; is provided to adults with skills at or below an eighth-grade level; and does not charge college tuition.

**College developmental education** is a course or series of courses that is offered by a college and costs tuition and that is designed to raise participants' reading, writing, or math skills to enable them to succeed in college-level work.

**Adult secondary education** is a course or instructional program that teaches secondary education material to adults with skills between the ninth- and 12th-grade levels and that does not charge college tuition. Such courses typically prepare students for testing to receive a high school equivalency credential such as a general equivalency diploma (GED), the ETS High School Equivalency Test, or the Test for Assessing School Completion.

**English language acquisition** is a course or instructional program to help adult English language learners improve their English language proficiency.

## Prerequisite for Healthcare Training

**Prerequisite for healthcare training** is any academic course that a participant is required to take prior to starting occupational healthcare training. This *does not* include basic skills courses that a participant is enrolled in to reach a required math/reading/writing/English proficiency skill level. A prerequisite is commonly not specific to a particular occupational training; for example, biology, anatomy, or medical terminology might be prerequisites for many different occupational training courses. Whether a specific course is considered a prerequisite or part of the training for an occupation may vary by training provider. PAGES offers a place to enter begin/end dates for prerequisites to healthcare training (and includes this information in the PPR) to allow grantees to report on this activity for participants who have not yet entered occupational healthcare training.

## Other Skill-Development Activities

**College-readiness training** is a course or workshop that educates participants about college and being a student, including study skills; stress-, financial-, and time-management skills; teamwork; academic prerequisites; and student responsibilities and expectations. This is distinct from developmental education (e.g., math or reading skills) or tutoring in a specific subject.

**CPR training** is a course of instruction in cardiac pulmonary resuscitation that follows a nationally recognized program, such as that of the American Heart Association or Red Cross and those approved by the Occupational Safety and Health Administration or state license boards for medical professionals.

**Digital literacy training** is a course or workshop that educates participants on the use of digital technology, communication tools, or networks to locate, evaluate, use, and create information; the ability to understand and use information across many formats and sources when it is presented via computers; how to read and interpret media; and how to evaluate and apply new knowledge gained from digital environments.

**Introduction to Healthcare Careers** is a workshop or information session that provides information in a group setting about a variety of healthcare careers, including necessary educational and other requirements, day-to-day work activities, and career pathways.

**Work-readiness training** is a course or workshop that focuses on world-of-work awareness and addresses the interpersonal and intrapersonal skills (or "soft skills") individuals need to be successful in the workplace. It encompasses daily living skills; positive work habits, attitudes, and behaviors; developing motivation and adaptability; obtaining effective coping and problem-solving skills; and acquiring an improved self-image. It can include cultural awareness skills appropriate for healthcare occupations.

## Work-Based Learning Activities

**Job shadowing** is an activity in which participants learn about a particular occupation or profession to see whether it might be suitable for them. A business typically partners with the HPOG 2.0 program to have participants accompany and observe experienced employees as they work.

**On-the-job training** refers to training by an employer in the public, private nonprofit, or private for-profit sectors that is provided to a paid participant while engaged in productive work in a job that (a) provides knowledge or skills essential to the full and adequate performance of the job; (b) is made available through the HPOG grant or a federally funded program, such as the Workforce Innovation and Opportunity Act or Temporary Assistance for Needy Families, that provides reimbursement to the employer of up to 75 percent of the wage rate of the participant for the extraordinary costs of providing the training and additional supervision related to the training; and (c) is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the work experience of the participant, and the service strategy of the grantee.

**Unpaid internship or externship** is a temporary, unpaid position in a business with its primary purpose that the participant learn about and train for an occupation and where there is no expectation of the participant continuing on as an employee. This is not part of an educational training course but rather is a separate experience, and thus excludes clinical placements and work experience.

**Work experience** is a structured learning experience that takes place in a workplace for a limited period to expose the participant to the occupation. This experience is provided in combination with classroom or other training but is not a requirement for completion of training. In the HPOG Program, this opportunity is unpaid. This does not include clinical placement that is required as part of a specific course of training.

## Academic Supports

**Case management** assesses the need for and coordinates the provision of ongoing support services (including assessment of participants' actual and potential barriers because of circumstances or personal attributes); it also provides personal and financial counseling. Case management can also include career and academic counseling.

**Academic advising** is the provision of assistance and guidance to participants in planning and executing the selection of majors, programs of study, trainings, courses, targeted credentials, and any subsequent matriculations.

**Mentoring** is advice and counseling based on personal experience provided to a participant by a person (other than a case manager or program staff member) who has already achieved goals that are the same as or similar to the participant's goals. This involves an ongoing relationship that may be formal or informal.

**Peer supports** include activities that foster social and emotional connections among a consistent cohort or group of participants with the intention of enabling mutual assistance, shared accountability, and commitment to program retention and completion.

**Post-eligibility assessments** include assessments of participants' skills, abilities, and needs conducted by counselors or case managers using professional practices or through formal tests or tools. These could include assessments of academic skills, career exploration, or workforce readiness; multi-purpose or comprehensive assessments; or any combination of assessments.

**Tutoring** is one-on-one or group instruction outside of a class to help participants acquire the knowledge or skills they need to successfully complete a course or attain a credential.

**Training-related financial assistance (other than tuition)** includes financial assistance to help pay training-related costs as well as direct provision of training-related items by the HPOG Program. Training-related costs include books, license certification fees, exams and exam preparation, computers and technology, work or training supplies or uniforms, and required health exams.

## Personal/Logistical Supports

**Child and dependent care assistance** may include payments or other financial assistance for direct care for children or dependent family members. A care provider must comply with state and local laws regarding child and dependent care.

**Transportation assistance** may include payments or other assistance that enables the participant to travel to and from training, other HPOG services, or employment; such assistance may be through bus or subway cards, gas vouchers or cards, or van or carpool arrangements.

**Emergency assistance** is usually a one-time payment for an unexpected and atypical expense for which a participant's current resources are inadequate and if not paid would lead to significant risk of ending program participation or employment. Examples include expenses for rent, utilities, food, or car repairs.

**Housing assistance** includes payments or other assistance that does not meet the definition of *emergency assistance* but that enables a participant to attain or maintain housing or a

temporary accommodation; examples include a first month's rent, a security deposit, housing during training, and utility payments.

**Nonemergency food assistance** includes payments or other assistance that provides food for an HPOG participant as part of an HPOG training program or activity on a nonemergency basis.

## Employment Assistance Supports

**Job search assistance** is one-on-one or group assistance in a job search, including information on labor markets, occupational information, and job search techniques (e.g., resumes, interviews, applications, and follow-up letters). The job search itself is self-directed by participants.

**Job placement assistance** consists of referring individuals to jobs matching their abilities and interests. Staff may interview and assess or test participants to help find good matches between management needs and employee qualifications. This is separate from job search assistance, which leads to a self-directed job search.

**Job retention services** include practices that help a person maintain employment or change jobs without a period of unemployment. Examples of job retention services include counseling for specific job-related issues, incumbent worker career advancement counseling, and job-specific workplace behavior counseling.

# Appendix C. Additional Exhibits

This appendix provides additional information on grantee program offerings, participant characteristics, and participant outcomes. All data are through the end of Year 4 (September 29, 2019). Except for Exhibit C1, all outcomes shown are for the subsample, which excludes program participants who enrolled in HPOG 2.0 in the last six months of Year 4. Thus, all outcomes are reported for those participants who enrolled in HPOG 2.0 anytime between the start of the grant period (September 30, 2015) and March 30, 2019. Participant characteristics shown in Exhibits C3 through C8 reflect all participants who enrolled in HPOG 2.0 through the end of Year 4.

**Exhibit C1. Comparison of Key Outcomes for Two Samples: Participants Enrolled through Year 4 and Participants Enrolled through Year 4 (excluding those who enrolled within last six months)**

| Key outcome | Participants through end of Year 4 | Participants through end of Year 4 excluding enrollees in last 6 months |
|---|---|---|
| Percentage enrolled in basic skills | 37 | 38 |
| Number enrolled in basic skills | 11,344 | 10,103 |
| Percentage completed basic skills | 75 | 77 |
| Percentage still enrolled in basic skills | 20 | 17 |
| Percentage dropped out of basic skills | 6 | 7 |
| Percentage did not pass basic skills | 2 | 2 |
| Percentage enrolled in healthcare training | 76 | 76 |
| Number enrolled in healthcare training | 23,356 | 20,400 |
| Percentage completed healthcare training (not currently enrolled) | 65 | 69 |
| Percentage completed healthcare training (currently enrolled in another healthcare training) | 5 | 5 |
| Percentage enrolled in healthcare training (not yet completed any healthcare training) | 17 | 11 |
| Percentage dropped out of healthcare training | 14 | 15 |
| Percentage did not pass healthcare training | 4 | 5 |
| Percentage of those completing basic skills training enrolled in healthcare training | 78 | 77 |
| Percentage of those completing healthcare training started or were promoted on an existing healthcare job | 63 | 65 |
| Percentage of those completing healthcare training awarded license or certification | 67 | 68 |
| **Number of participants in sample** | **30,927** | **26,881** |

*Source:* PAGES. "Participants through end of Year 4" enrolled in HPOG 2.0 between September 30, 2015, and September 29, 2019. "Participants through the end of Year 4 excluding the last 6 months" enrolled between September 30, 2015, and March 30, 2019; data are through September 29, 2019.

**Exhibit C2. All Healthcare Occupational Trainings Offered by HPOG 2.0 Grantees**

| Occupation | Number of trainings offered (aggregate) | Percentage of total trainings offered (*N*=2,448) | Number of grantees offering training (*N*=32) | Percentage of grantees offering training (*N*=32) |
|---|---|---|---|---|
| Nursing Assistant | 420 | 15.6 | 32 | 100 |
| Medical Assistant | 182 | 6.8 | 30 | 94 |
| Registered Nurse | 282 | 10.5 | 26 | 81 |
| Phlebotomist | 168 | 6.3 | 25 | 78 |
| Licensed Practical and Vocational Nurse | 204 | 7.6 | 24 | 75 |
| Pharmacy Technician | 128 | 4.8 | 24 | 75 |
| Medical Records and Health Information Technician | 115 | 4.3 | 22 | 69 |
| Medical Office Clerk/Secretary/Specialist | 76 | 2.8 | 20 | 63 |
| Emergency Medical Technician | 113 | 4.2 | 19 | 59 |
| Medical Insurance Coder | 60 | 2.2 | 19 | 59 |
| Dental Assistant | 74 | 2.8 | 18 | 56 |
| Medical and Clinical Laboratory Technicians, Other | 52 | 1.9 | 16 | 50 |
| Surgical Technologist | 41 | 1.5 | 16 | 50 |
| Home Health Aide | 86 | 3.2 | 14 | 44 |
| Paramedic | 36 | 1.3 | 14 | 44 |
| EKG Technician | 43 | 1.6 | 13 | 41 |
| Patient Care Technician | 87 | 3.2 | 13 | 41 |
| Community Health Workers | 21 | 0.8 | 10 | 31 |
| Medical Insurance Biller | 21 | 0.8 | 10 | 31 |
| Respiratory Therapist | 27 | 1.0 | 10 | 31 |
| Medication Technician/Aide | 67 | 2.5 | 9 | 28 |
| Physical Therapist Assistant | 20 | 0.7 | 9 | 28 |
| Sterile Processing Technology/Technician | 20 | 0.7 | 9 | 28 |
| Dental Hygienist | 20 | 0.7 | 8 | 25 |
| Radiologic Technologist | 25 | 0.9 | 8 | 25 |
| Medical Receptionists and Information Clerk | 19 | 0.7 | 7 | 22 |
| Occupational Therapy Assistant | 21 | 0.8 | 7 | 22 |
| Medical and Health Services Manager | 11 | 0.4 | 6 | 19 |
| Personal Care Aide | 23 | 0.9 | 6 | 19 |
| Social and Human Service Assistant | 20 | 0.7 | 6 | 19 |
| Advanced Nursing Assistant | 6 | 0.2 | 5 | 16 |
| Substance Abuse and Behavioral Disorder Counselor | 19 | 0.7 | 5 | 16 |
| Health Educator | 5 | 0.2 | 4 | 13 |
| Nurse Practitioner | 8 | 0.3 | 4 | 13 |
| Radiologic Technician | 5 | 0.2 | 4 | 13 |

| Occupation | Number of trainings offered (aggregate) | Percentage of total trainings offered (*N*=2,448) | Number of grantees offering training (*N*=32) | Percentage of grantees offering training (*N*=32) |
|---|---|---|---|---|
| Athletic Training/Trainer | 4 | 0.1 | 3 | 9 |
| Direct Support/Service Professional | 12 | 0.4 | 3 | 9 |
| Interpreters and Translator | 6 | 0.2 | 3 | 9 |
| Medical Equipment Preparer | 5 | 0.2 | 3 | 9 |
| Medical and Clinical Laboratory Technologists, Other Radiologic Technician | 18 | 0.7 | 3 | 9 |
| Nursing Assistant, Geriatric Specialty | 3 | 0.1 | 3 | 9 |
| Renal/Dialysis Technologist/Technician (Hemodialysis Technician) | 5 | 0.2 | 3 | 9 |
| Cardiovascular Technologist | 11 | 0.4 | 2 | 6 |
| Health Aide | 7 | 0.3 | 2 | 6 |
| Magnetic Resonance Imaging Technologist | 2 | 0.1 | 2 | 6 |
| Massage Therapist | 2 | 0.1 | 2 | 6 |
| Medical Transcriptionist | 5 | 0.2 | 2 | 6 |
| Occupational Therapist | 2 | 0.1 | 2 | 6 |
| Ophthalmic Medical Technician | 5 | 0.2 | 2 | 6 |
| Physical Therapist | 2 | 0.1 | 2 | 6 |
| Physical Therapist Aide | 2 | 0.1 | 2 | 6 |
| Psychiatric Aide | 2 | 0.1 | 2 | 6 |
| Respiratory Therapy Technicians | 2 | 0.1 | 2 | 6 |
| Adult Health Nurse/Nursing | 1 | 0.0 | 1 | 3 |
| Anesthesiologist Assistants | 1 | 0.0 | 1 | 3 |
| Biological Technician | 1 | 0.0 | 1 | 3 |
| Dietitian | 1 | 0.0 | 1 | 3 |
| Emergency Room Technician | 1 | 0.0 | 1 | 3 |
| First-Line Supervisors of Office and Administrative Support Worker | 5 | 0.2 | 1 | 3 |
| Health Unit Coordinator/Ward Clerk | 1 | 0.0 | 1 | 3 |
| Health/Medical Claims Examiner | 1 | 0.0 | 1 | 3 |
| Healthcare Social Worker | 7 | 0.3 | 1 | 3 |
| Kinesiotherapy/Kinesiotherapist | 3 | 0.1 | 1 | 3 |
| Medical Equipment Repairer | 3 | 0.1 | 1 | 3 |
| Medical Office Computer Specialist/Assistant | 2 | 0.1 | 1 | 3 |
| Nursing Assistants, Geriatric Specialty | 3 | 0.1 | 1 | 3 |
| Nutritionist | 1 | 0.0 | 1 | 3 |
| Occupational Therapy Aide | 1 | 0.0 | 1 | 3 |
| Orderlies | 1 | 0.0 | 1 | 3 |

| Occupation | Number of trainings offered (aggregate) | Percentage of total trainings offered (*N*=2,448) | Number of grantees offering training (*N*=32) | Percentage of grantees offering training (*N*=32) |
|---|---|---|---|---|
| Pharmacist | 1 | 0.0 | 1 | 3 |
| Physician Assistant | 2 | 0.1 | 1 | 3 |
| Physicians and Surgeon | 1 | 0.0 | 1 | 3 |
| Psychiatric Technician | 1 | 0.0 | 1 | 3 |
| Recreational Therapist (including art, music and dance therapy) | 1 | 0.0 | 1 | 3 |
| Respiratory Therapy Technician | 1 | 0.0 | 1 | 3 |
| Speech-Language Pathologist | 1 | 0.0 | 1 | 3 |
| Substance Abuse Behavioral Counselor Advanced | 2 | 0.1 | 1 | 3 |
| Toxicologist | 1 | 0.0 | 1 | 3 |
| **All healthcare trainings** | **2,448** | **–** | **32** | **–** |

*Source:* PAGES program data.

*Note:* Number of trainings within each occupation type includes all individual trainings that grantees offer for that occupation. For example, one grantee may offer five Nursing Assistant trainings that differ by provider or location and so number of trainings offered would be 5; each provides the training necessary to become a Nursing Assistant.

**Exhibit C3. Demographic Characteristics of HPOG 2.0 Participants at Enrollment**

| Characteristic | Number | Percentage |
|---|---|---|
| **Gender** | | |
| Female | 28,200 | 91 |
| Male | 2,686 | 9 |
| Missing | 41 | NA |
| **Marital Status** | | |
| Currently married | 4,572 | 15 |
| Living with unmarried partner | 1,703 | 6 |
| Separated or divorced | 5,438 | 18 |
| Widowed | 367 | 1 |
| Never married | 18,071 | 60 |
| Missing | 776 | NA |
| **Race or Ethnicity** | | |
| White or Caucasian | 7,430 | 24 |
| Black or African-American | 13,072 | 43 |
| Asian | 647 | 2 |
| Native Hawaiian or Pacific Islander | 114 | 0 |
| American Indian or Native Alaskan | 1,691 | 6 |
| Two or more races | 1,046 | 3 |
| Hispanic or Latino of any race | 6,670 | 22 |
| Missing | 257 | NA |
| **Number of Dependent Children** | | |
| None | 9,664 | 32 |
| One | 8,333 | 27 |
| Two or more | 12,624 | 41 |
| Missing | 257 | NA |
| **Age** | | |
| Below 18 | 76 | 0 |
| 18 to 24 | 5,785 | 19 |
| 25 to 29 | 6,762 | 22 |
| 30 to 34 | 5,725 | 19 |
| 35 to 39 | 4,155 | 13 |
| 40 to 44 | 2,867 | 9 |
| 45 to 49 | 2,022 | 7 |
| 50 to 54 | 1,498 | 5 |
| 55 to 59 | 1,154 | 4 |
| 60+ years | 853 | 3 |
| Missing | 30 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and September 29, 2019.

*Note: N*=30,927. NA=not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

**Exhibit C4. Additional Characteristics of HPOG 2.0 Participants at Enrollment**

| Characteristic | Number | Percentage |
|---|---|---|
| Eligible for WIA or WIOA | 8,592 | 51 |
| Has trouble with stable housing | 2,032 | 12 |
| Has a child with special needs | 1,867 | 11 |
| Has a disability | 1,624 | 9 |
| Has limited English proficiency | 1,624 | 9 |
| Is homeless | 1,106 | 6 |
| Is a refugee | 634 | 4 |
| Was formerly incarcerated | 649 | 4 |
| Is a veteran | 451 | 3 |
| Is a foster care youth | 94 | 0.5 |
| None of the above | 17,311 | 56 |
| Missing | 138 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and September 29, 2019.

*Note: N*=30,927. NA=not applicable. WIA= Workforce Investment Act. WIOA= Workforce Innovation and Opportunity Act. Percentages are of participants with data.

**Exhibit C5. Education and Credentials of HPOG Participants at Enrollment**

| Characteristic | Number | Percentage |
|---|---|---|
| **Highest Education Attainment** | | |
| Less than 12th grade | 3,068 | 10 |
| High school equivalency or GED | 2,740 | 9 |
| High school graduate | 8,703 | 28 |
| Some college, but less than one year | 5,734 | 19 |
| One or more years of college credit, but no degree | 6,011 | 20 |
| Associate degree | 2,614 | 9 |
| Bachelor's degree | 1,581 | 5 |
| Graduate degree | 274 | 1 |
| Missing | 202 | NA |
| **Licenses and Certificates** | | |
| Holds professional, state, or industry certification or license | 10,521 | 34 |
| Missing | 349 | NA |
| **Occupational Certificates** | | |
| Received an occupational certificate or diploma (upon training course completion) | 9,561 | 31 |
| Missing | 485 | NA |
| **In School or Training (includes healthcare and non-healthcare training)** | | |
| In school or training | 7,354 | 24 |
| Missing | 314 | NA |
| **In Healthcare Training** | | |
| In healthcare occupational training | 5,068 | 16 |
| Missing | 77 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and September 29, 2019.

*Note: N*=30,927. NA=not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

### Exhibit C6. Income of HPOG Participants at Enrollment

| Characteristic | Number | Percentage |
|---|---|---|
| **Annual Household Income** | | |
| $0 | 2,760 | 9 |
| $1 to $9,999 | 10,920 | 36 |
| $10,000 to $19,999 | 8,454 | 28 |
| $20,000 to $29,999 | 5,098 | 17 |
| $30,000 to 39,999 | 2,059 | 7 |
| $40,000 or more | 1,391 | 5 |
| Missing | 245 | NA |
| **Annual Individual Income** | | |
| $0 | 5,974 | 19 |
| $1 to $9,999 | 12,596 | 41 |
| $10,000 to $19,999 | 7,387 | 24 |
| $20,000 to $29,999 | 3,600 | 12 |
| $30,000 or more | 1,174 | 4 |
| Missing | 196 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and September 29, 2019.

*Note: N*=30,927. NA=not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

**Exhibit C7. Receipt of Public Benefits by HPOG Participant Households at Enrollment**

| Program | Number | Percentage |
|---|---|---|
| **Temporary Assistance for Needy Families** | | |
| Yes | 6,015 | 20 |
| No | 24,537 | 80 |
| Missing | 375 | NA |
| **Supplemental Nutrition Assistance Program** | | |
| Yes | 17,824 | 58 |
| No | 12,808 | 42 |
| Missing | 295 | NA |
| **Medicaid** | | |
| Yes | 20,591 | 67 |
| No | 9,971 | 33 |
| Missing | 365 | NA |
| **Special Supplemental Nutrition Program for Women, Infants, and Children** | | |
| Yes | 6,610 | 22 |
| No | 23,819 | 78 |
| Missing | 498 | NA |
| **Section 8 or Public Housing** | | |
| Yes | 5,564 | 18 |
| No | 24,934 | 82 |
| Missing | 429 | NA |
| **Free and Reduced-Price School Lunch** | | |
| Yes | 12,223 | 40 |
| No | 18,140 | 60 |
| Missing | 564 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and September 29, 2019.
*Note: N*=30,927. NA=not applicable. Percentages are of participants with data.

**Exhibit C8. Employment, Wages, and Hours Worked for HPOG Participants at Enrollment**

| Characteristic | Number | Percentage |
|---|---|---|
| **Employment** | | |
| Yes | 13,850 | 47 |
| No | 15,392 | 53 |
| Missing | 1,685 | NA |
| **Wages per Hour*** | | |
| $7.25 or less | 559 | 4 |
| $7.26–$9.99 | 2,467 | 18 |
| $10.00–$12.49 | 6,057 | 44 |
| $12.50–$14.99 | 2,734 | 20 |
| $15.00 or more | 1,987 | 14 |
| Missing | 46 | NA |
| **Hours Worked per Week*** | | |
| Less than 20 hours | 2,754 | 20 |
| 20–34 hours | 5,915 | 43 |
| 35 hours or above | 5,131 | 37 |
| Missing | 50 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and September 29, 2019.

*Note: N*=30,927. NA=not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

*Out of employed participants at enrollment (*N*=13,850).

### Exhibit C9. Completion of Accelerated and Contextualized Basic Skills Training

| Basic skills training type | Overall number enrolled | Percentage enrolled | Number completed | Percentage completed |
|---|---|---|---|---|
| Adult basic education | 6,123 | 25 | 4,367 | 18 |
| College developmental education | 1,079 | 4 | 740 | 3 |
| Adult Secondary Education | 3,162 | 13 | 2,856 | 11 |
| English language acquisition | 468 | 2 | 342 | 1 |
| Healthcare training with Integrated basic skills | 4,422 | 18 | 3,129 | 13 |
| Any standalone basic skills course | 10,103 | 41 | 7,819 | 31 |
| Any basic skills (standalone or integrated with healthcare training) | 12,658 | 51 | 9,933 | 40 |

*Source:* PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.

*Note: N*=26,881. Participants may be enrolled in more than one basic skills training type.

### Exhibit C10. Top 20 Most Common Healthcare Occupational Trainings

| Occupation | Enrollment | Percentage |
|---|---|---|
| Nursing Assistant | 7,783 | 30 |
| Home Health Aide | 2,699 | 10 |
| Licensed Practical and Vocational Nurse | 2,496 | 10 |
| Registered Nurse | 1,907 | 7 |
| Medical Assistant | 1,637 | 6 |
| Phlebotomist | 1,636 | 6 |
| Medication Technician/Aide | 877 | 3 |
| Patient Care Technician | 774 | 3 |
| Medical Records and Health Information Technician | 672 | 3 |
| Medical Office Clerk/Secretary/Specialist | 603 | 2 |
| Medical Insurance Coder | 567 | 2 |
| Pharmacy Technician | 562 | 2 |
| EKG Technician | 447 | 2 |
| Personal Care Aide | 415 | 2 |
| Emergency Medical Technician | 385 | 1 |
| Dental Assistant | 272 | 1 |
| Social and Human Service Assistant | 227 | 1 |
| Substance Abuse and Behavioral Disorder Counselor | 210 | 1 |
| Community Health Workers | 197 | 1 |
| Medical and Clinical Laboratory Technician, Other | 164 | 1 |

*Source:* PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.

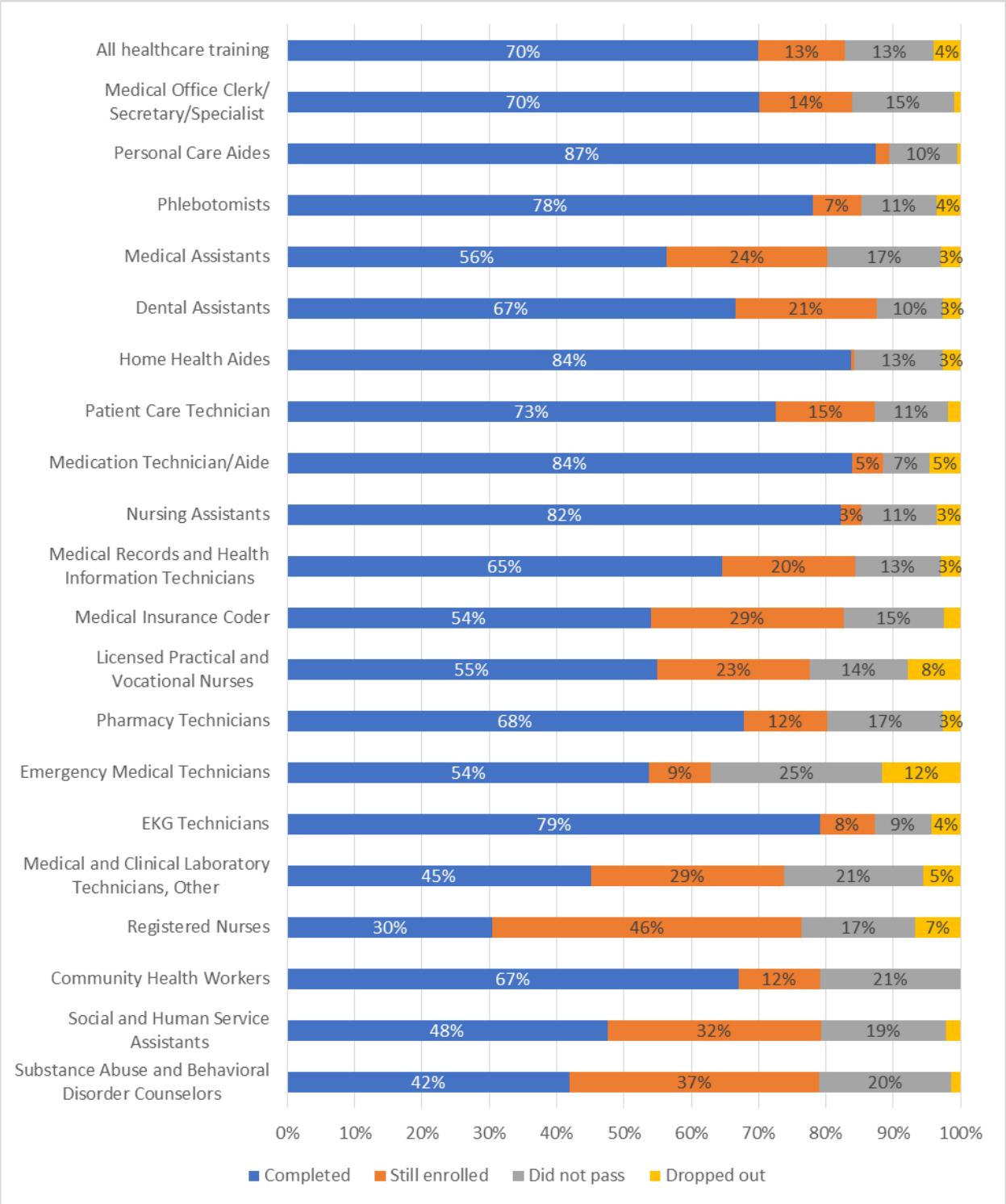
*Note: N*=26,881. Participants may be enrolled in more than one healthcare occupational training. All additional occupations (listed in Exhibit C2) were taken by less than 0.5% of participants.

### Exhibit C11. Funding Source of All HPOG 2.0 Healthcare Occupational Training Enrollments

| Funding source | Enrollment | Percentage of total enrollment |
|---|---|---|
| HPOG | 20,210 | 83 |
| Not HPOG | 3,566 | 15 |
| Tuition payment waived | 514 | 2 |
| Missing | 1,879 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.
*Note: N*=24,290 healthcare trainings. Percentages are of healthcare trainings with data. NA=not applicable.

**Exhibit C12. Top 20 Healthcare Occupational Trainings, by Completion Outcomes**




*Source:* PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.

*Note: N*=24,290. Participants may be enrolled in more than one healthcare occupational training. For categories with percentage label not shown, percentages are less than 3 percent.

**Exhibit C13. Receipt of License or Certification for Those Completing Top 20 Healthcare Occupational Trainings**

| Occupation | Number of total completions | License or certification received | |
|---|---|---|---|
| | | Number | Percentage |
| Nursing Assistant | 6,398 | 4560 | 71 |
| Licensed Practical and Vocational Nurse | 1,371 | 871 | 64 |
| Home Health Aide | 2,261 | 2,089 | 92 |
| Registered Nurse | 581 | 405 | 70 |
| Medical Assistant | 922 | 664 | 72 |
| Phlebotomist | 1,278 | 671 | 53 |
| Medication Technician/Aide | 736 | 521 | 71 |
| Patient Care Technician | 562 | 256 | 46 |
| Medical Records and Health Information Technician | 434 | 145 | 33 |
| Medical Office Clerk/Secretary/Specialist | 423 | 186 | 44 |
| Pharmacy Technician | 381 | 137 | 36 |
| Medical Insurance Coder | 306 | 130 | 42 |
| Personal Care Aide | 363 | 290 | 80 |
| Emergency Medical Technician | 207 | 138 | 67 |
| EKG Technician | 354 | 82 | 23 |
| Community Health Worker | 132 | 26 | 20 |
| Dental Assistant | 181 | 93 | 51 |
| Substance Abuse and Behavioral Disorder Counselor | 88 | 33 | 38 |
| Medical and Clinical Laboratory Technician, Other | 74 | 28 | 38 |
| Social and Human Service Assistant | 108 | 13 | 12 |
| **All healthcare training** | **15,175** | **10,360** | **10,360** |

*Source:* PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.

*Note: N*=24,290. Participants may be enrolled in more than one healthcare occupational training. Not all healthcare occupations require licenses or certifications, and licensing requirements vary by state.

### Exhibit C14. Wages and Hours Worked for Those Employed After Enrollment

| Characteristic | All employed | | Employed in healthcare occupation | | Employed in non-healthcare occupation | |
|---|---|---|---|---|---|---|
| | Number | Percentage | Number | Percentage | Number | Percentage |
| **Wages** | | | | | | |
| $7.25 or less | 87 | 1 | 23 | 0 | 64 | 5 |
| $7.26–$9.99 | 612 | 5 | 398 | 4 | 214 | 15 |
| $10.00–$12.49 | 4,205 | 34 | 3,572 | 33 | 633 | 45 |
| $12.50–$14.99 | 3,488 | 29 | 3,243 | 30 | 245 | 17 |
| $15.00 or more | 3,822 | 31 | 3,557 | 33 | 265 | 19 |
| Missing | 562 | NA | 455 | NA | 107 | NA |
| **Hours Worked per Week** | | | | | | |
| Less than 20 hours | 973 | 9 | 831 | 8 | 142 | 11 |
| 20–34 hours | 3,986 | 35 | 3,457 | 34 | 529 | 41 |
| 35 hours or more | 6,446 | 57 | 5,821 | 58 | 625 | 48 |
| Missing | 1,371 | NA | 1,139 | NA | 232 | NA |

*Source:* PAGES. Participants enrolled between September 30, 2015, and March 30, 2019; data through September 29, 2019.

*Note: N*=12,766 employed, with 11,248 employed in healthcare occupation and 1,528 employed in non-healthcare occupation. Percentages are of participants with data. NA=not applicable.