

## Health Profession Opportunity Grants: Summary of Interim Outcomes

### What have we learned about participants in a career pathways program?

The Health Profession Opportunity Grants (HPOG) Program helps low-income individuals prepare for employment in growing healthcare careers. HPOG programs provide education, training, and supportive services to help participants progress along career pathways and overcome barriers to employment. For more about the HPOG Program and other evaluation findings due out later in 2015, see page 4.

This brief summarizes key interim outcomes based on administrative data one year after program enrollment for HPOG programs across the nation.<sup>1</sup> Here are highlights of what we have learned:

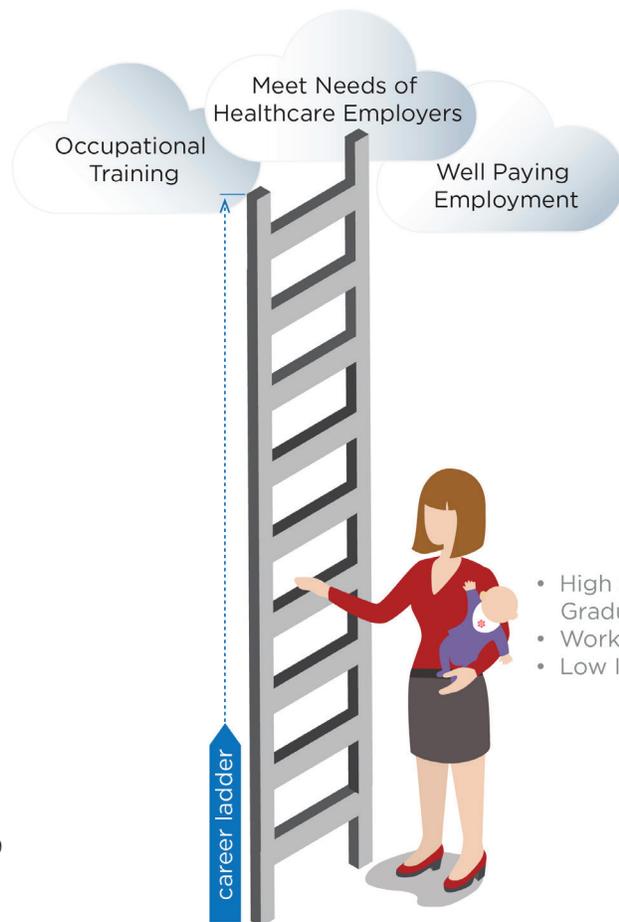
- HPOG participants are predominantly low-income single mothers.
- A large share of participants started in training in the first year after program enrollment, and a high percentage of them completed lower-level courses, such as nursing aide training.
- Many participants, especially those in more advanced training, were still in school at the end of their first year.
- Almost all participants received supportive services as part of the HPOG program.
- Two-thirds of those who exited HPOG after completing training were working. Over half of them were working in healthcare jobs.

Keep reading to learn more about the HPOG Program's early outcomes.

**The typical HPOG participant is a low-income young woman who has finished high school, has children, and has at least 8<sup>th</sup> grade-level academic skills. Many participants work while in HPOG.**

- Most HPOG participants are young, working age (20–39) women. About two-thirds are parents, and most are not currently married. Forty-two percent of them were working when they enrolled in HPOG. HPOG participants are ethnically and racially diverse: 39 percent are White, 37 percent are Black, and 17 percent are Hispanic.

- Almost all HPOG participants have completed high school and have at least 8<sup>th</sup> grade literacy skills. Nearly three-quarters have at least 8<sup>th</sup> grade numeracy skills. More than a third had previously attended college or job training programs and a similar proportion were already in school when they enrolled in HPOG.
- Over half were receiving SNAP benefits at intake, and 15 percent were receiving TANF benefits. The vast majority of enrollees had very low individual and household incomes. Two-thirds had individual annual incomes of less than \$10,000, and almost half had household incomes of a similar amount.

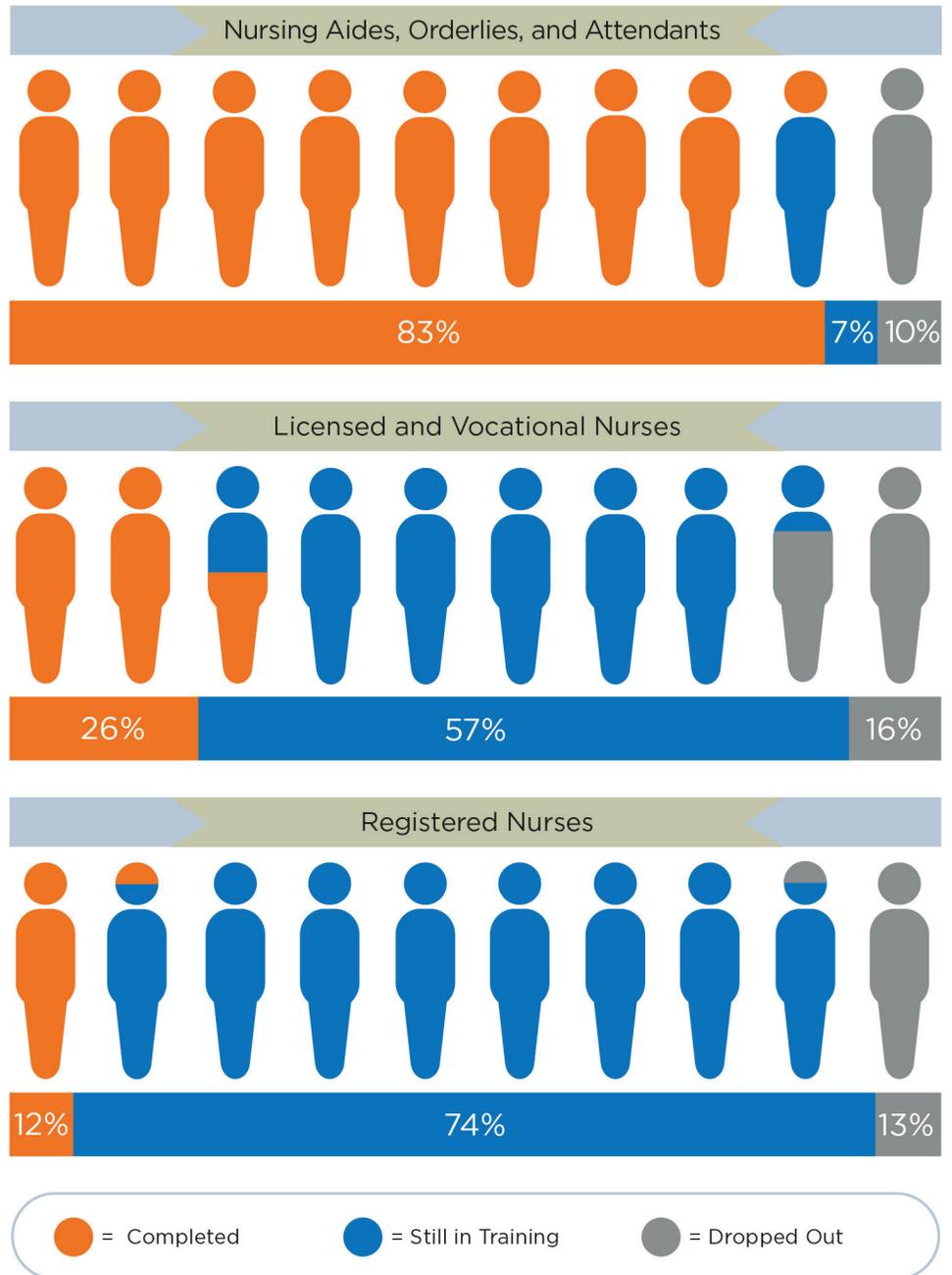


Programs that operate in a [Career Pathways](#) framework combine rigorous and high-quality education, training, and other services that align with the skill demands of state and local economies; prepare individuals to be successful in a range of secondary and postsecondary education options; include academic and career counseling, as well as non-academic supports; include, as appropriate, concurrent and accelerated program designs; and help individuals to enter or advance within a specific occupation or occupational cluster.

**Most HPOG students participated in at least one healthcare training course in their first year;<sup>2</sup> many had completed training or were still enrolled at the end of that year.**

- In the first year after enrollment, 84 percent of HPOG participants started at least one healthcare training course. Participants most commonly trained to become nursing aides, orderlies, and attendants (41 percent); licensed and vocational nurses (14 percent); and registered nurses (10 percent).
- Of those who began a healthcare training course, 59 percent completed it and 28 percent were still participating at the end of 12 months. Shorter training courses, such as nursing aides and home health aides, had higher completion rates at one year. Longer training courses (which often lead to higher paying occupations) could take over a year to complete.
- Ten percent of enrollees completed a second course within 12 months.

**Completion Status at 12 Months of Top Healthcare Training Courses**





**Almost all HPOG enrollees received supportive services from the program to address academic and personal challenges.**

- Almost all HPOG participants received an academic or training support service within the first 12 months in the program. Participants commonly received:
  - Case management (91 percent),
  - Skills’ assessment (86 percent),
  - Counseling in such areas as academic advising, mentoring, and tutoring (78 percent), and
  - Resource assistance for tuition or other training or work-related expenses (70 percent).
- Over half of participants (58 percent) received personal or family support services in the first 12 months. These included:
  - Transportation assistance (48 percent),
  - Child or dependent care (10 percent), and
  - Help accessing primary/medical care services (10 percent), including healthcare screenings or physicals required by employers.<sup>3</sup>

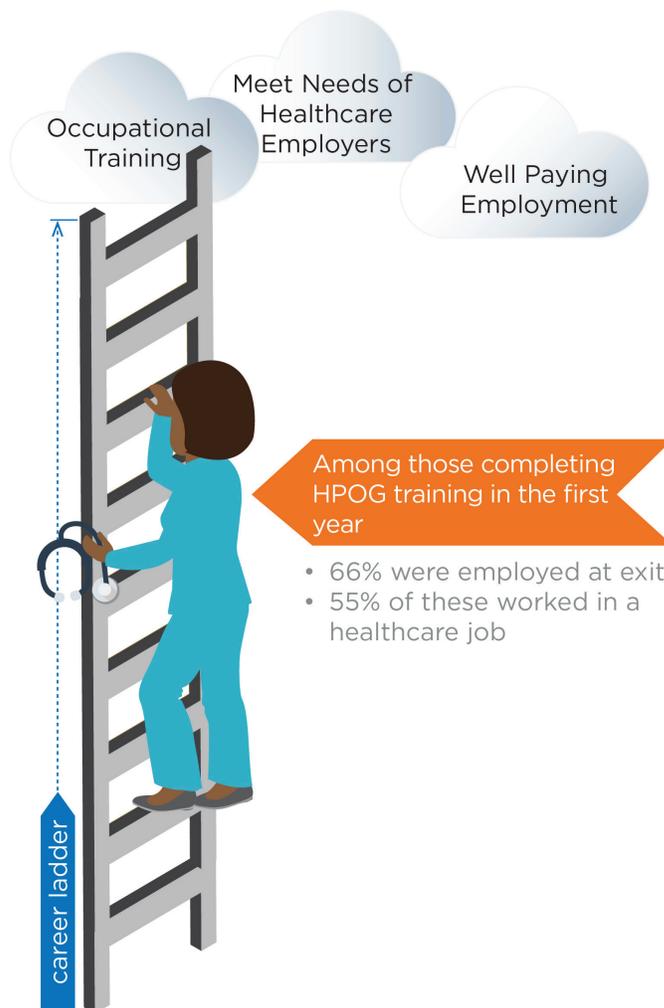
participation and completion. Training course completions increased steadily over time in the program—from 47 percent completing at the 6-month mark to 65 percent completing by 18-months. What we do not yet know is whether these outcomes are any better than they would have been in the absence of HPOG; the HPOG Impact Study will provide information on what difference the program makes.

**Two-thirds of those who exited HPOG after completing training were working. Over half of them were working in healthcare jobs.**

- Of those who exited the program after completing one or more healthcare training courses in their first year, 66 percent were employed at exit.
- Over half of training completers who exited (55 percent) were employed in a healthcare job with an average hourly wage of \$11.68.<sup>4</sup>

**Future HPOG reports will illuminate what difference the HPOG programs make across the United States.**

Interim outcome findings from the first round of HPOG grants show that some participants are beginning to achieve desired outcomes. Programs achieved high rates of training



Stay tuned for findings from the HPOG Impact Study, expected in 2017. In the meantime, future reports from the HPOG National Implementation Evaluation, due out later in 2015, will focus on the use of performance information by HPOG grantees and will include a comprehensive analysis of non-tribal HPOG grantees' implementation experiences, updated participant outcomes, and an examination of HPOG grantees' partners and networks and whether those changed under HPOG.



### More Information about the Health Profession Opportunity Grants Program and Implementation Evaluation

Employment in the healthcare sector is projected to grow significantly into the future due to several factors, including an aging population and insurance coverage expansion under the Affordable Care Act.<sup>5</sup> The Health Profession Opportunity Grants (HPOG) Program directly addresses these issues. It funds training programs in high-demand healthcare professions targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. These programs target training for skills and competencies demanded by the healthcare industry, help participants progress along career pathways, and combine supportive services with education and training to aid participants in overcoming barriers to employment. In 2010, the Administration for Children and Families of the U.S. Department of Health and Human Services awarded 32 five-year HPOG grants to organizations in 23 states; the 27 non-tribal grantees operate 49 local programs and, as of June 2015, had enrolled more than 37,000 individuals.

This brief summarizes results of key interim outcomes of HPOG healthcare training completion and employment, as well as participants' pre-training activities and receipt of support services and employment assistance. The full Interim Outcome Study Report (2014) can be retrieved here.<sup>6</sup> The report is part of the HPOG National Implementation Evaluation, a study that includes all non-tribal HPOG grantees, and this summary brief is supported by the Career Pathways Intermediate Outcomes project. Findings presented here are based primarily on administrative data from the HPOG Performance Reporting System.

### Suggested Citation

Loprest, Pamela, Julie Strawn, and Elizabeth Giardino. (2015). *Health Profession Opportunity Grants: Summary of Interim Outcomes*, OPRE Report # 2015-68. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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## Endnotes

1. The HPOG Performance Reporting System (PRS) is a participant-tracking and management system that was developed for the HPOG Program. The PRS contains detailed individual-level data on participants' characteristics, program involvement, and outputs and outcomes, as well as program-level data on services. Grantees continue to enter information into the PRS on new activities of, and services received by, the enrollees included in this report. Grantees also are able to revise or update incorrect, missing, or not-yet-entered data. For this reason, results in this report are subject to change. Outcome data reported is the first 12 months of HPOG participation for 8,634 individuals who enrolled in HPOG between September 30, 2010, and October 1, 2012, allowing for 12 months of post-enrollment follow-up. Participant demographic data presented in this brief is based on a broader sample of all participants who gave informed consent to be included in research data and were enrolled in HPOG sometime between the beginning of the program on September 30, 2010, through October 1, 2013 (17,269 participants).
2. A healthcare training course (also referred to as occupational and vocational healthcare training course) is defined as one or more specific classes that together provide training for a particular occupation.
3. PRS participation rates refer to services provided and paid for by HPOG programs as well as services received from other programs and organizations by referral and recorded in the PRS by HPOG program staff.
4. These outcomes should not be interpreted as impacts due to HPOG. Future reports from the HPOG Impact Study will help determine whether and how much HPOG improved outcomes compared to what they would have been in the Program's absence.
5. R. R., Bovbjerg and E. McDonald. (2014). *Literature Review: Healthcare Occupational Training and Support Programs under the ACA—Background and Implications for Evaluating HPOG* (OPRE Report # 2014-29). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at: [http://www.acf.hhs.gov/sites/default/files/opre/hpog\\_litreviewessay\\_policybackground\\_final.pdf](http://www.acf.hhs.gov/sites/default/files/opre/hpog_litreviewessay_policybackground_final.pdf)
6. Pamela Loprest (with Allison Stolte). (2014). *Interim Outcome Study Report: National Implementation Evaluation of the Health Profession Opportunity Grants (HPOG) to Serve TANF Recipients and Other Low-Income Individuals*, OPRE Report # 2014-53, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at: <http://www.acf.hhs.gov/programs/opre/resource/interim-outcome-study-report-national-implementation-evaluation-of-the-health-profession-opportunity-grants-hpog>

