HEALTH PROFESSION OPPORTUNITY GRANTS 2.0:
Year One Annual Report (2015–2016)

HPO**G**
Health Profession Opportunity Grants

OFFICE OF FAMILY ASSISTANCE

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Overview

This report describes the first year of the second round of the Health Profession Opportunity Grants Program ("HPOG 2.0"). HPOG 2.0 provides education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for healthcare occupations that pay well and are in high demand. The Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services awarded this second round of five-year grants in 2015. The first round of five-year grants was awarded in 2010. HPOG 2.0 grants were made to 32 grantees across 21 states, including five tribal organizations. In the first year of the HPOG 2.0 Program, the grantees enrolled over 5,000 participants.

Primary Research Questions

1. Who operates HPOG 2.0 programs and what do the programs provide?

2. Who participated in HPOG 2.0 in Year 1?

3. What training activities have HPOG 2.0 participants enrolled in and completed?

4. What support services and work-based opportunities have HPOG 2.0 participants received?

5. What are participant employment outcomes to date?

Purpose

This report is the first of four annual reports on HPOG 2.0. The purpose of the Year 1 annual report is to summarize HPOG 2.0 Program offerings and participant activity and outcomes from September 30, 2015 through September 29, 2016. The first four to six months of Year 1 served as a planning period during which grantees set up programs, hired staff, prepared for random assignment,[1] and entered program-level data into a common management information system. Participant enrollment began between February and April 2016 and, therefore, the first-year findings are based on between six and eight months of enrollment.

This first report serves as a baseline for future annual reports. It describes the characteristics of HPOG 2.0 grantees, including the various types of organizations, their geographic distribution, and their five-year enrollment goals. It also defines and details the trainings and services grantees are offering—including basic skill trainings, healthcare trainings, other skill-development activities, work-based learning opportunities, and supportive services. In addition, the report provides characteristics of participants at enrollment—including demographics, prior education and credentials, pre-program income and receipt of public benefits, and employment at enrollment. It also describes first-year participant outcomes on training enrollment and completion, and employment.

Key Findings and Highlights

Key findings from HPOG 2.0 Year 1 include:

- The HPOG 2.0 Program enrolled 5,150 participants in Year 1. The majority of HPOG grantees have five-year enrollment goals of between 500 and 999 participants (11 grantees) or between 1,000 and 1,999 participants (15 grantees). Two grantees have an enrollment goal of fewer than 500 participants and four grantees have enrollment goals of 2,000 or more.

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[1] Only the non-tribal grantees prepared for random assignment as part of the HPOG 2.0 National Evaluation.

- HPOG 2.0 grantees offered a variety of trainings and services. All grantees offered at least one type of basic skills training. Overall, grantees offered healthcare training in 66 different occupations and on average grantees offered healthcare training in12 different occupations. Grantees offer support services in the areas of academic supports, personal and logistic supports, and employment assistance.

- Nine out of ten first-year enrollees were women. Nearly two-thirds (64 percent) were between ages 18 and 34, and 62 percent had one or more dependent children. Most participants had annual household incomes of less than $20,000 at enrollment, and almost half of participants (47 percent) had annual household incomes of less than $10,000.

- About one-quarter of participants enrolled in basic skills training in Year 1, including adult basic education (17 percent), college developmental education (six percent), adult secondary education (three percent), and English language acquisition (one percent).

- More than two-thirds of participants (69 percent) began healthcare occupational training in Year 1. The most common occupational training courses were nursing assistant (30 percent), licensed practical and vocational nurse (14 percent), home health aide (12 percent), and registered nurse (10 percent). Of those who began healthcare training, 41 percent completed in Year 1, 55 percent were still in training at the end of the grant year, and the remaining four percent had dropped out or did not pass.

- Many HPOG 2.0 participants received support services in Year 1. The most common services were case management (87 percent), academic advising (57 percent), assistance for training-related costs other than tuition (47 percent), and transportation assistance (44 percent).

- Of the 5,150 participants in Year 1, 19 percent started jobs or received a promotion after enrollment in HPOG 2.0. Employed HPOG 2.0 participants earned between $10 and $12.49 an hour. About half of HPOG 2.0 participants employed in the first year worked part time (fewer than 35 hours per week). Many others were still in training after Year 1.

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 activities and services, and training and employment outcomes. PAGES also includes the activities and supports grantees offer. Grantee program staff enter data in PAGES. The grantees each submit semi-annual and annual Performance Progress Reports (PPR) using data entered into PAGES; the PPR data are also used for this annual report. Grantees completed data entry for Year 1 by October 30, 2016, in order to submit their annual Year 1 PPR. All results in this report are based on data extracted on November 15, 2016.

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Executive Summary

In 2010, Congress authorized the Health Profession Opportunity Grants (HPOG) Program "to conduct demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand."[2] Building on the first round of HPOG awards in 2010, the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services awarded a second round of HPOG five-year awards in 2015 ("HPOG 2.0").

The HPOG Program is structured to demonstrate new ways to increase the supply of healthcare workers and create career opportunities for low-income, low-skilled adults. ACF is funding an evaluation of HPOG 2.0 to determine whether it improves training and employment outcomes for participants.[3]

This report is the first of four annual reports on HPOG 2.0. The Year 1 annual report summarizes HPOG 2.0 Program offerings and participant activity and outcomes from September 30, 2015 through September 29, 2016. The first four to six months of Year 1 served as a planning period. Grantees set up programs, hired staff, prepared for random assignment, and entered program-level data into a common management information system. This preparation period allowed grantees to be ready to begin random assignment and data entry as they began enrolling participants. Participant enrollment began between February and April 2016 and, therefore, the first-year findings are based on between six and eight months of enrollment. The report is descriptive; it does not attempt to determine the extent to which reported outcomes are due to Program activities, so results should not be interpreted as impacts.

HPOG 2.0 Grantees

HPOG 2.0 grantees vary in their location, organization type, and size. Thirty-two organizations across 21 states were awarded HPOG 2.0 grants, including five tribal organizations. Just over half of grantees (17 of 32) received funding under the first round of HPOG grants. Nearly one-third of grantees are institutions of higher education (10 grantees) while seven are workforce system agencies, six are community based organizations, and four are state government entities. HPOG 2.0 grants vary in size, ranging from $900,000 to $3 million annually. Grantees' five-year enrollment projections reflect this variation, ranging from fewer than 500 participants to over 2,000.

Program Offerings

Grantees have flexibility to design programs to meet the needs of their target populations and local employers, within the overall goals of HPOG 2.0.[4] This has led to varied program offerings across grantees. Trainings and other activities include basic skills training and healthcare occupational training, other skill-development activities (e.g., introduction to healthcare careers and work-readiness workshops), support services, and work-based learning opportunities. Most HPOG 2.0 grantees partner with one or more organizations to provide trainings and services to participants.

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[2] The HPOG Program is authorized under section 2008(a)(1) of the Social Security Act (42 U.S.C. § 1397g(a)(1)), as amended by section 208 of the Protecting Access to Medicare Act of 2014 (Pub. L. 113-93).

[3] For information on the evaluation see https://www.acf.hhs.gov/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog.

[4] For a listing of HPOG 2.0 goals, see Box 1 in the full report.

Training Activities

Because some HPOG 2.0 participants may need to improve reading, writing, or math skills before they can enroll in healthcare training, grantees offer basic skills training, such as adult basic education, college developmental education, adult secondary education, and English language acquisition. All grantees offer at least one of these types of basic skills training and each type is offered by over half of all grantees. The most commonly offered types of training are adult basic education (offered by 94 percent of grantees) and adult secondary education (81 percent of grantees). Most often grantees require participants to complete basic skills trainings prior to starting healthcare training, although in some instances participants can take basic skills and healthcare training concurrently.

Consistent with the focus of HPOG 2.0, grantees offer training to acquire the skills necessary to enter multiple healthcare occupations. Grantees collectively offer 1,622 separate trainings (offered in a specific location by a specific vendor) to prepare participants for 66 different healthcare occupations. Nursing assistant training is the most commonly offered healthcare training, offered by all but one grantee. Other commonly offered trainings include registered nurse, licensed practical and vocational nurse, medical assistant, and phlebotomist (Exhibit ES1). Nearly two-thirds of all trainings offered award college credit.

Exhibit ES1. Top 20 Healthcare Occupations in Which Grantees Offer Training

Occupation	Number of grantees offering training	Percentage of grantees offering training
Nursing assistant	31	97%
Licensed practical and vocational nurse	23	72%
Medical assistant	23	72%
Registered nurse	22	69%
Pharmacy technician	21	66%
Phlebotomist	21	66%
Medical records and health information technician	17	53%
Emergency medical technician	16	50%
Medical office clerk/secretary/specialist	16	50%
Medical and clinical laboratory technician	14	44%
Dental assistant	13	41%
Medical insurance coder	13	41%
Home health aide	12	38%
Paramedic	11	34%
Patient care technician	10	31%
Surgical technologist	10	31%
EKG technician	8	25%
Radiologic technologist	8	25%
Medication technician/aide	6	19%
Occupational therapy assistant	6	19%
N	32	32

Source: PAGES program-level data.

Beyond healthcare occupation trainings, grantees offer other activities to help participants develop necessary skills to succeed in training and employment. These include activities such as college-

readiness training, CPR training, digital literacy training, an introduction to healthcare careers workshop, and work-readiness training. Most grantees offer activities in most of these areas.

Grantees also offer work-based learning opportunities to participants that can supplement occupational healthcare training. These opportunities include job shadowing, on-the-job training, unpaid internships and externships, and work experience. Over half of grantees offer on-the-job training and job shadowing, and just under half offer work experience, unpaid internships, or unpaid externships.

Support Services

HPOG 2.0 grantees offer support services to help participants succeed in healthcare occupational training and obtain employment. Grantees provide academic supports (focused on training-related assistance), personal and logistical supports, and employment supports. The types of academic supports that grantees offer include case management, academic advising, mentoring, peer support, post-eligibility assessments, tutoring, and assistance with training-related expenses (other than tuition). All grantees offer case management and most grantees offer assistance in the other types of academic supports as well.

Grantees offer personal and logistical supports that include child or dependent care assistance, transportation assistance, emergency assistance, housing support or assistance, and nonemergency food assistance. Every grantee offers child or dependent care assistance and transportation assistance, and nearly every grantee offers the other types of personal and logistical supports.

HPOG 2.0 grantees nearly universally provide supports aimed to help participants find and keep jobs. Every grantee offers both job placement assistance and job search assistance, and all but one grantee offers job retention services.

HPOG 2.0 Participant Characteristics

Following an initial four to six month planning period, HPOG 2.0 grantees enrolled 5,150 participants in the latter six to eight months of the first grant year. This represents slightly less than three-quarters (71 percent) of grantees' projected enrollment for Year 1 (7,248). Grantees reached between 17 and 154 percent of their individual enrollment goals for the first year, and 59 percent of grantees enrolled between 50 and 99 percent of their individual goals.

HPOG 2.0 grantees serve participants of diverse backgrounds and life experience. Some of the characteristics of participants in Year 1 at enrollment are as follows:

- A majority of HPOG 2.0 participants were female (91 percent), had never married (57 percent), and had one or more dependent children (62 percent). Most participants identified as Black or African American (42 percent) or White (41 percent). About one-quarter were younger than 25 and 10 percent were 50 or older.
- Most participants were low-income. Nearly three-quarters (74 percent) had an annual household income of less than $20,000, and nearly two-thirds (63 percent) had an individual annual income of less than $10,000. Many HPOG 2.0 enrollees were receiving public benefits when they entered the program. The most common benefit received was Medicaid (reported by 66 percent of enrollees), followed by the Supplemental Nutrition Assistance Program (59 percent of enrollees). Almost one-fifth of enrollees reported receiving Temporary Assistance for Needy Families.

Many HPOG 2.0 participants had educational experience, credentials, and work experience when they enrolled. Education and employment characteristics of participants at enrollment include:

- The majority had at least some college experience (59 percent). Fifteen percent had an associate's degree or higher at enrollment.

- One-third entered HPOG 2.0 with an occupational certificate or license (in any occupation), and one-third had previously completed an occupational training course. Thirty-four percent were already enrolled in a training program when they entered, 12 percent of which were HPOG 1.0 participants continuing their training under HPOG 2.0.

- The vast majority of participants (94 percent) entered with prior work experience, with half reporting that they had previously worked in a healthcare field. Just under half of participants were employed at intake, with nearly one-quarter in healthcare professions. Of those employed at intake, most earned an hourly wage below $12.50 (71 percent) and worked less than full time (65 percent).

Training Activities Enrollment and Completion

In Year 1, 26 percent of HPOG 2.0 participants enrolled in basic skills training, the most common type being adult basic education. Of those who enrolled in basic skills training, 49 percent completed it before the end of Year 1 while the remainder were still enrolled (46 percent), dropped out (4 percent), or did not pass (1 percent). Given that the purpose of basic skills training in HPOG is to help participants succeed in healthcare training, it is consistent with Program design that most (58 percent) of those completing basic skills training began healthcare training in Year 1, either while in basic skills training or after completing it.

In Year 1, 69 percent of participants enrolled in one or more healthcare occupational trainings for 46 distinct occupations. Nursing assistant training had the most enrollments, followed by licensed practical and vocational nurse training. The majority of these trainings were HPOG funded (80 percent). Other funding sources included Pell grants or scholarships.

Of those who enrolled in healthcare training, 41 percent completed their training and another 51 percent were still enrolled at the end of Year 1 (Exhibit ES2). Completion rates were higher among shorter trainings, like nursing assistant. Of those who completed a healthcare training, 70 percent received a license or certification.

Exhibit ES2. Top 5 Healthcare Occupational Trainings by Completion Status
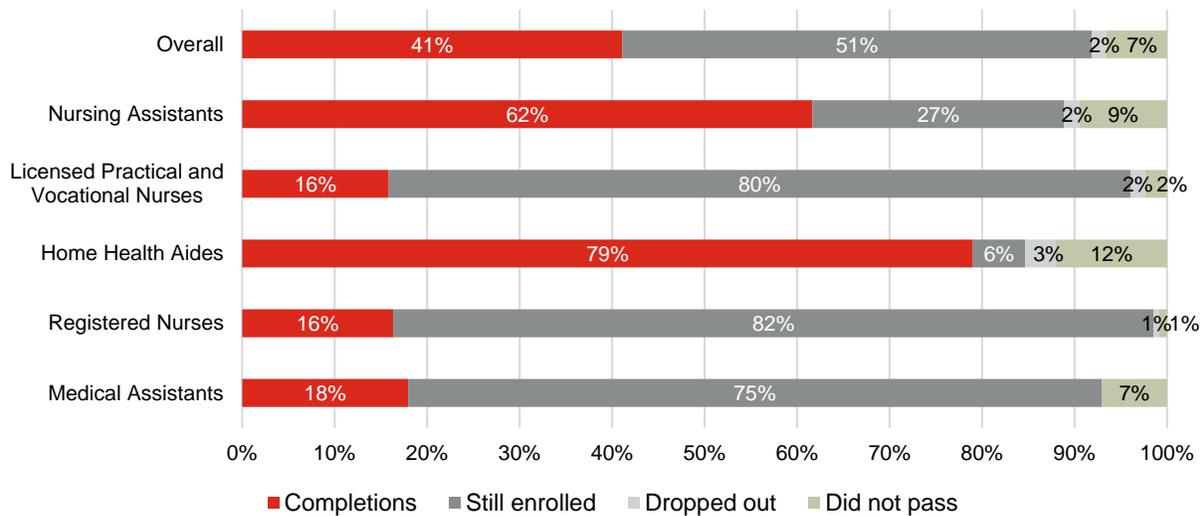
Horizontal bar chart showing completion status by occupation:

	Completions	Still enrolled	Dropped out	Did not pass
Overall	41%	51%	2%	7%
Nursing Assistants	62%	27%	2%	9%
Licensed Practical and Vocational Nurses	16%	80%	2%	2%
Home Health Aides	79%	6%	3%	12%
Registered Nurses	16%	82%	1%	1%
Medical Assistants	18%	75%		7%

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 3,543. Participants may have enrolled in more than one healthcare occupational training.

Forty percent of participants took part in other skill-development activities. The most common activity was an introduction to healthcare career workshop, followed by work-readiness training and college-readiness training. Only four percent of Year 1 participants engaged in work-based learning opportunities. The most common activity was job shadowing.

Receipt of Support Services

The majority of Year 1 participants received supportive services. Eighty-seven percent received case management, the most common academic support. Other common supports received included academic advising (57 percent) and assistance with non-tuition training-related expenses (47 percent).

Fewer participants received personal and logistical supports. Although 44 percent of participants received transportation assistance, the most common personal and logistic support, no more than four percent of participants received other supports, such as child or dependent care assistance, nonemergency food assistance, or housing support.

Similarly, only a small portion of Year 1 participants received employment assistance. Sixteen percent received job search assistance in Year 1, and 11 percent received job placement assistance. The low number of participants who received employment-related assistance relative to other activities likely reflects that many participants were still enrolled in training or had only recently completed training at the end of Year 1.

Employment Outcomes

The main goal of the HPOG Program is to train participants so that they can find employment in a healthcare profession. By the end of the first year, 953 participants (19 percent) had started jobs or received a promotion, most of which were in healthcare occupations. This figure only includes jobs started after enrollment in HPOG 2.0, but these could have been started before, during, or after training.

The majority of employed HPOG 2.0 participants (57 percent) earned between $10 and $12.49 per hour, and almost half (47 percent) worked full time.

Future Reports

ACF will release annual reports summarizing grantee and participant activities in each of the next three years. In future years, the National and Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants will produce reports on the implementation of HPOG 2.0 and the impact on participant outcomes.

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1. Introduction

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In 2010, Congress authorized funds for the Health Profession Opportunity Grants (HPOG) Program "to conduct demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand."[5] The Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services awarded the first round of HPOG grants in 2010 and funded an evaluation of the Program.[6]

In 2015, ACF awarded a second round of five-year HPOG grants to 32 grantees across 21 states, including five tribal organizations ("HPOG 2.0"). In the first year of the HPOG 2.0 Program, ACF provided approximately $71.9 million in grants, and the 32 HPOG 2.0 grantees enrolled 5,150 participants in 43 distinct programs (38 nontribal programs and five tribal programs). Box 1 presents the primary goals of the HPOG 2.0 Program as described in the Funding Opportunity Announcements for the grants.[7]

Box 1: HPOG 2.0 Goals

Provide Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals with opportunities for training that leads 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 ladder showing tiers of occupations from entry level through advanced with training specified for each level.

Lead to an employer- or industry-recognized certificate or degree awarded in recognition of an individual's attainment of technical or occupational skills 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: Funding Opportunity Announcement.

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[5] The HPOG Program is authorized under section 2008(a)(1) of the Social Security Act (42 U.S.C. § 1397g(a)(1)), as amended by section 208 of the Protecting Access to Medicare Act of 2014 (Pub. L. 113-93).

[6] Initial findings from the federal evaluation of the HPOG 1.0 Program include implementation and impact reports, with final reports forthcoming. Reports can be found at https://www.acf.hhs.gov/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog.

[7] See the Funding Opportunity Announcement "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 Funding Opportunity Announcement "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.

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 (HPOG 1.0), the HPOG 2.0 Program is structured to both demonstrate new ways to increase the supply of healthcare workers and create career opportunities for low-income, low-skilled adults. One hallmark of HPOG is that it offers multiple points of entry for training and related employment. Depending on their skill level, participants can train for entry-level, mid-level, or high-level work. They can then move up the career ladder through additional education and work experience. Grantees may use HPOG 2.0 funds to provide participants with education, training and employment activities, as well as support services, to help them enter and advance in a variety of healthcare occupational sectors, including nursing, long-term care, allied health, medical billing, and health information technology. HPOG 2.0 builds on the HPOG 1.0 Program, continuing grantees' focus on a career pathway approach. The **career pathways approach** is providing post-secondary training that is organized into manageable steps accompanied by strong supports and connections to employment, allowing individuals to access the appropriate level of training and move onto higher levels of training and employment.[8]

Box 2: HPOG Terminology

Because of the complexity of the HPOG Program's structure, defining some of the terms used in this report is important.

HPOG 2.0 provides grants to 32 **grantees**, organizations that receive the HPOG grant, design and operate HPOG programs, and are responsible for performance reporting. 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 nontribal programs and five tribal programs). The **HPOG 2.0 Program** refers to the set of 32 grantees' programs.

HPOG partner organizations 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 a formal or informal 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, an HPOG partner organization, or through referral to a non-HPOG partner.

HPOG grantee programs offer **basic skills trainings** and **healthcare occupational trainings.** A training is the course of one or more classes 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 class (as is often the case for nursing assistants) or many classes spanning several semesters (as is the case for registered nurses).

HPOG grantee programs offer different **types** of basic skills and healthcare trainings. For healthcare training, these types include the different occupations for which participants can train, such as nursing assistant and medical assistant. Within each occupational type, grantees may offer several individual trainings. For example, one grantee may offer five different nursing assistant trainings, which differ by provider or location. Each provides the training necessary to become a nursing assistant. A complete listing of the different types of basic skills and healthcare training is provided in the report.

Source: Glossary of Terms, HPOG 2.0 Participant Accomplishment and Grant Evaluation System

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[8] For additional information see ACF site "career-pathways.org" http://www.career-pathways.org/about-career-pathways/ or Fein, David. J. (2012). *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: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Congress, ACF, and other stakeholders are interested in determining whether the HPOG Program improves its participants' training and employment outcomes. 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 outcomes of the HPOG 2.0 Program (see Appendix A for a description of OPRE's HPOG 2.0 research and evaluation portfolio). The primary component of this strategy is the National and Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants. For the 27 non-tribal grantees, the evaluation includes an experimental impact study, a descriptive study (to include a description of program implementation, systems change, and participant outcomes), and a cost-benefit analysis. The evaluation also includes a separate implementation and outcomes study of the five tribal grantees.

This first annual report on HPOG 2.0 provides information to date on what activities and services the grantees are offering participants, the characteristics of participants, and preliminary training and employment outcomes. All results in this report are descriptive and should not be interpreted as impacts. Results on HPOG 2.0 Program impacts will be reported as part of the National Evaluation's impact study. This first annual report presents information describing HPOG 2.0 from September 30, 2015, through September 29, 2016, the end of Year 1. Box 2 provides definitions of terms used in this report.

Grantees spent the first four to six months of Year 1 on initial implementation activities, such as program planning, hiring staff, preparing for random assignment, and entering program-level data into a common management information system. This preparation period allowed grantees to be ready to begin random assignment and data entry as they began enrolling participants. Participant enrollment began between February and April 2016 and, therefore, the first-year findings are based on between six and eight months of enrollment.

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 activities and services, and training and employment outcomes. PAGES also includes the activities and supports grantees offer. Grantee program staff enter data in PAGES.[9] The grantees each submit semi-annual and annual Performance Progress Reports (PPR) using data entered into PAGES; the PPR data are also used for this annual report.

The rest of the report is organized as follows. Section 2 provides an overview of HPOG 2.0 grantees, including their characteristics, program offerings, and a brief discussion of potential occupational career ladders. Section 3 summarizes annual enrollment and HPOG 2.0 participants' characteristics. Section 4 describes participant training enrollment and completion status, including basic skills training, healthcare occupational training, and other skill-development activities. Section 5 describes participant receipt of support services and work-based learning opportunities. Section 6 discusses employment outcomes that HPOG 2.0 participants have achieved thus far. Finally, Section 7 provides a brief summary of the results.

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[9] 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 1 by October 30, 2016, in order to submit their Year 1 PPR. All results in this report are based on data extracted on November 15, 2016.

2. Who Operates HPOG 2.0 Programs and What Do the Programs Provide?

The 32 HPOG 2.0 grantees are diverse organizations offering one or more programs in communities across the country. Within the required goals (see Box 1), grantees have flexibility to design programs to meet the needs of their target populations and local employers. Most HPOG 2.0 grantees partner with several organizations to provide training and services to participants.[10] This section describes key characteristics of the HPOG 2.0 grantee organizations and their offerings, including career pathways.

2.1 Characteristics of HPOG 2.0 Grantee Organizations and Programs

The 32 HPOG 2.0 grantees vary in their location, organization type, and goals for number of participants served. Exhibit 1 shows the grantee locations (program names and cities are listed in Exhibit 2). Seventeen of 32 HPOG 2.0 grantees also received a grant under HPOG 1.0, and three of those 17 are tribal organizations.

Exhibit 1. Map of HPOG 2.0 Grantees
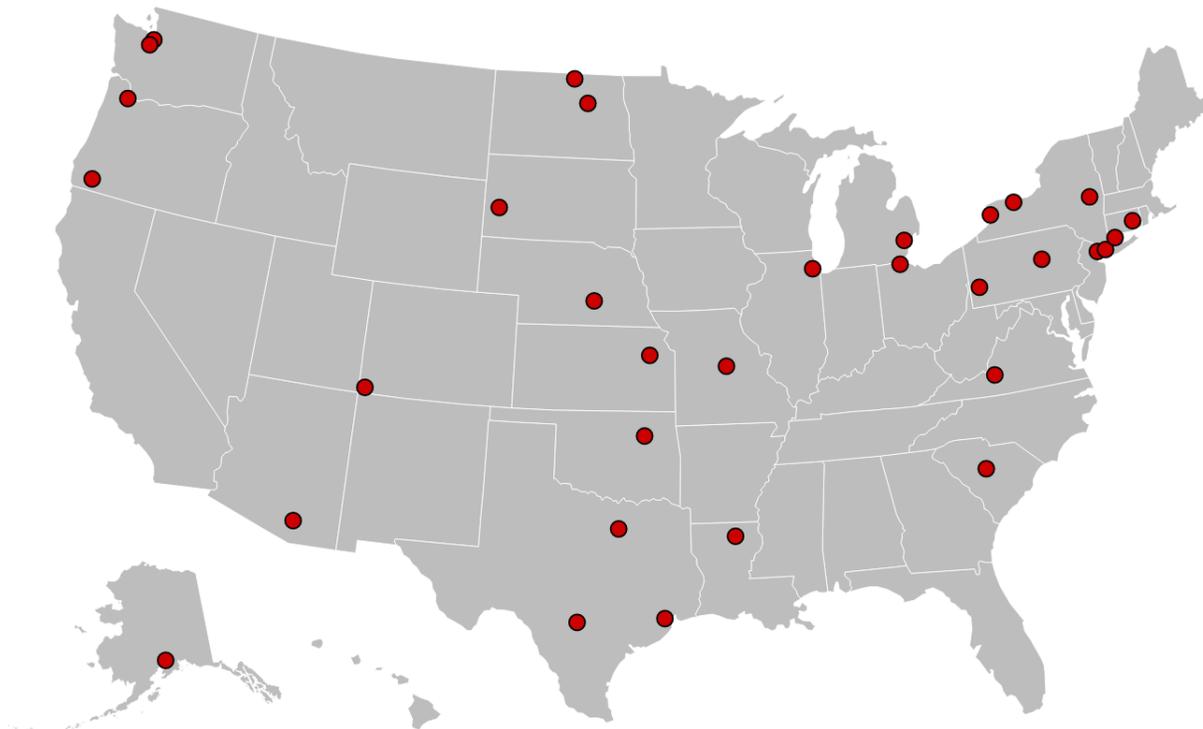
Note: N = 32.

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[10] A description of the HPOG 2.0 grantee partnerships will be part of the National Evaluation's descriptive study.

2.1.1   Grantee Organization Type

Many types of organizations received HPOG 2.0 grants. Ten of the 32 grantee organizations are institutions of higher education (Exhibit 2). Seven grantees are workforce system agencies, six are community based organizations (CBOs), and four grantees are state government agencies. Five grantees are tribal grantees.

2.1.2   Participants Served

Grantees vary in the number of participants they aim to serve over the five years of the grant. One grantee has a five-year enrollment goal of fewer than 500 participants. Another 12 have goals of between 500 and 999 participants, and 15 have goals of between 1,000 and 1,999 participants. Four grantees have enrollment goals of 2,000 participants or more. In part because of those different enrollment goals, HPOG 2.0 grant sizes also vary, from about $900,000 to $3 million annually. Exhibit 2 presents the five-year enrollment goals for each of the 32 grantees.

Exhibit 2. HPOG 2.0 Grantees and Five-Year Enrollment Goals

| State (city) | Grantee name | Organization Type | | | | | | Five-year enrollment goal |
		Educ	WSA	State gov't	CBO	Tribal	HPOG 1.0 grantee	
AK (Anchorage)	Cook Inlet Tribal Council, Inc.					✓	✓	596
AZ (Tucson)	Pima County Community College District	✓					✓	1500
CO (Towaoc)	Ute Mountain Ute Tribe					✓		513
CT (Bridgeport)	The WorkPlace		✓				✓	1500
CT (Franklin)	Eastern Connecticut Workforce Investment Board, Inc.		✓					750
IL (Chicago)	Chicago State University	✓						700
KS (Topeka)	Kansas Department of Commerce			✓			✓	2000
LA (Monroe)	Workforce Development Board SDA-83, Inc.		✓				✓	800
MI (Southfield)	Volunteers of America Michigan				✓			1250
MO (Jefferson City)	Missouri Department of Social Services			✓				1815
ND (Belcourt)	Turtle Mountain Community College					✓	✓	860
ND (Fort Totten)	Cankdeska Cikana Community College					✓	✓	344
NE (Grand Island)	Central Community College	✓					✓	1445
NY (Bronx)	Hostos Community College	✓					✓	1071
NY (Bronx)	Montefiore Medical Center				✓			2500
NY (Buffalo)	Buffalo and Erie County Workforce Development Consortium Inc.		✓				✓	1100
NY (Rochester)	Action for a Better Community, Inc.				✓			1500
NY (Schenectady)	Schenectady County Community College	✓					✓	2200
OH (Toledo)	Zepf Center		✓					1100
OK (Tulsa)	Community Action Project of Tulsa County Inc.				✓		✓	640
OR (Grants Pass)	Rogue Community College District	✓						1164
OR (Portland)	Worksystems, Inc.		✓					1348
PA (Milton)	Central Susquehanna Intermediate Unit			✓			✓	557
PA (Pittsburgh)	Community College of Allegheny County	✓						2300
SC (Columbia)	South Carolina Department of Social Services			✓			✓	1120
SD (Rapid City)	Great Plains Tribal Chairmen's Health Board					✓		350
TX (Euless)	Volunteers of America Texas				✓			1125
TX (Pasadena)	San Jacinto Community College District	✓						1250
TX (San Antonio)	Alamo Community College District	✓					✓	850
VA (Roanoke)	Goodwill Industries of the Valleys				✓			625
WA (Lynnwood)	Edmonds Community College	✓					✓	1250
WA (Seattle)	Workforce Development Council of Seattle - King County		✓				✓	625
Total number of grantees		**10**	**7**	**4**	**6**	**5**	**17**	

Source: HPOG 2.0 grantee applications. Educ = Institution of higher education, WSA=Workforce Systems Agency

Notes: N = 32.

2.2   Grantee Offerings

This subsection describes the trainings and activities offered by the 32 HPOG 2.0 grantees, including basic skills and healthcare occupational training, other skill-development activities, support services, and work-based learning activities. These are the activities and supports offered by grantees; use by participants is discussed in Sections 4 and 5.[11]

2.2.1   Basic Skills Training Offered by Grantees

Many HPOG 2.0 grantees' participants have low reading, writing, or math skills and need to improve these skills before enrolling in (or in some cases completing) healthcare occupational training. HPOG 2.0 grantees offer different types of basic skills training to meet their participants' needs. These include adult basic education, college developmental education, adult secondary education, and English language acquisition (see Box 3 for definitions). Some grantees also offer basic skills training integrated into occupational training (see Section 4.2). Grantee programs may offer more than one type of basic skills training, such as adult basic education and English language acquisition.

Exhibit 3 shows that HPOG 2.0 grantees' most commonly offered types of basic skills training are adult basic education and adult secondary education, with 94 percent and 81 percent of grantees offering those courses, respectively. Over half of grantees also offered college developmental education and English language acquisition classes. Some grantees offered more than one class within a particular type of basic skills training. For example, a grantee might offer multiple adult basic education trainings taught by different providers or at different locations. Overall, HPOG 2.0 grantees offered 768 separate basic skills trainings.

> ### Box 3: Definitions of Types of Basic Skills Training
>
> **Adult basic education** is a class or instructional program that teaches basic skills such as reading, writing, and mathematics; is provided to adults with skills at or below an 8th grade level; and does not charge college tuition.
>
> **Adult secondary education** is a class or instructional program that teaches secondary education material to adults with skills between 9th and 12th grade levels and that does not charge college tuition. Such classes typically prepare students for testing to receive a high school equivalency credential such as a general equivalency diploma, the ETS High School Equivalency Test, or the Test for Assessing School Completion.
>
> **College developmental education** is a class or series of classes that is offered by a college and is designed to raise participants' reading, writing, or math skills to enable them to succeed in college-level work, and charges tuition.
>
> **English language acquisition** is a class or instructional program to help adult English language learners improve their English language proficiency.
>
> Source: Glossary of Terms, HPOG 2.0 Participant Accomplishment and Grant Evaluation System.

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[11] Some characteristics of grantee offerings are missing or not reported by grantees. These are noted where appropriate. The research team uses the term "missing" to include no entry or the entry "not reported".

Exhibit 3. Type and Number of Basic Skills Trainings Offered by Grantees

Basic skills training type	Number of grantees offering training type	Percentage of grantees offering training type	Total number of trainings offered across all grantee programs
Adult basic education	30	94%	225
Adult secondary education	26	81%	180
English language acquisition	19	59%	174
College developmental education	18	56%	189
Total, all types	**32**	**100%**	**768**

Source: PAGES program-level data.

Note: N = 32.

Basic skills training has traditionally been delivered before healthcare occupational training, seeking to raise students' basic skill levels before proceeding with occupational skill training. However, some programs offer basic skills training concurrent with occupational training, which can hasten students' progress toward completion. Exhibit 4 shows that except for English language acquisition trainings, basic skills trainings are most often offered before healthcare occupational training. In particular, three-quarters of college developmental education trainings are offered before occupational training while adult basic education trainings are evenly split between those offered before (52 percent) and concurrent with (48 percent) occupational training.

Exhibit 4. Timing of Basic Skills Trainings Offered

Basic skills training type	N	Percentage before healthcare training	Percentage concurrent with healthcare training
Adult basic education	221	52%	48%
College developmental education	187	76%	24%
Adult secondary education	176	71%	29%
English language acquisition	173	37%	63%
Overall	**757**	**59%**	**41%**

Source: PAGES program-level data.

Notes: Timing of training was missing for 11 basic skills trainings. Percentages are of trainings with data.

Grantees also vary in how they deliver basic skills instruction. Accelerated basic skills training organizes instruction and curricula in ways that allow participants to complete the coursework more quickly than in a traditional format. For example, participants might attend class for fewer weeks but for more hours per week. As shown in Exhibit 5, over half of English language acquisition and adult basic education trainings are offered in an accelerated format. Less than a third of college developmental education and adult secondary education trainings were offered in this format.

"Contextualized basic skills" is an approach that creates explicit connections between teaching reading, writing, math, or English language and teaching occupational skills or prerequisites (such as chemistry, anatomy and physiology, etc.). The contextualized basic skills method may be part of a career pathways approach that can make basic skills instruction more relevant to the goal of completing healthcare occupational training. Exhibit 5 shows that adult secondary education is most often offered in a contextualized format (61 percent of courses); other types of basic skills training are much less likely to be offered this way.

Exhibit 5. Delivery Mode of Basic Skills Trainings

Basic skills training type	N	Percentage accelerated	Percentage contextualized
Adult basic education	220	51%	24%
College developmental education	187	32%	10%
Adult secondary education	174	22%	61%
English language acquisition	173	60%	20%
Overall	**754**	**42%**	**28%**

Source: PAGES program-level data.

Notes: Delivery mode was missing for 14 basic skills trainings. Percentages are of trainings with data.

2.2.2 Healthcare Occupational Training Offered by Grantees

Grantees were strongly encouraged in the Funding Opportunity Announcements (FOAs) to analyze local labor market information and to consult with local employers in deciding for which occupations to offer training. HPOG 2.0 grantees offered training in 66 different healthcare occupations. A **healthcare occupational training** is a course comprised of one or more classes to prepare participants for a healthcare occupation. For example, the combination of classes and coursework taken over several semesters necessary to become a registered nurse is considered one healthcare occupational training.[12] As with basic skills, many grantees offer more than one training within an occupation. For example, one grantee can offer five separate nursing assistant trainings through different providers or at different locations. The 32 HPOG 2.0 grantees offered 1,622 healthcare occupational trainings through their 43 programs in Year 1. On average, grantees offered 51 healthcare occupational trainings, ranging from a low of six to a high of 299 trainings.

Exhibit 6 shows the 20 most common healthcare occupations in which grantees offered trainings.[13] These 20 occupations accounted for 87 percent of all healthcare occupational trainings offered. Nursing assistant training is offered by 97 percent of grantees (all but one). Other commonly offered trainings include registered nurse, licensed practical and vocational nurse, medical assistant, and phlebotomist. On average, grantees offered training for 12 healthcare occupations, with a range of offering training for one occupation to 24 occupations.

Some training is provided using alternative models that may help with student learning, such as blended learning and integrated basic skills instruction. A **blended learning model** is an instructional approach in which content is delivered through a combination of in-person instruction and online learning and participants have some element of control over time, place, order of learning material, or pace. Another alternate model is **integrated instruction**, in which reading, writing, English language, or math instruction is incorporated into occupational training.

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[12] In future reports, information on participant outcomes will be reported by the length of training to distinguish the different amount of time it takes to complete different trainings.

[13] Appendix B, Exhibit B.1 provides information for all 66 occupations in which grantees offered training.

Exhibit 6. Top 20 Healthcare Occupations in Which Grantees Offer Training

Occupation	Number of grantees offering training	Percentage of grantees offering training	Number of trainings offered	Percentage of total trainings
Nursing assistant	31	97%	259	16%
Licensed practical and vocational nurse	23	72%	137	8%
Medical assistant	23	72%	104	6%
Registered nurse	22	69%	182	11%
Phlebotomist	21	66%	97	6%
Pharmacy technician	21	66%	64	4%
Medical records and health information technician	17	53%	74	5%
Emergency medical technician	16	50%	71	4%
Medical office clerk/secretary/specialist	16	50%	40	2%
Medical and clinical laboratory technician	14	44%	34	2%
Dental assistant	13	41%	50	3%
Medical insurance coder	13	41%	33	2%
Home health aide	12	38%	49	3%
Paramedic	11	34%	30	2%
Patient care technician	10	31%	65	4%
Surgical technologist	10	31%	23	1%
Radiologic technologist	8	25%	21	1%
EKG technician	8	25%	20	1%
Medication technician/aide	6	19%	36	2%
Occupational therapy assistant	6	19%	19	1%
N	32	32	1,622	1,622

Source: PAGES program-level data.

Exhibit 7 shows characteristics of trainings in the top 20 healthcare occupations, including whether the training results in college credit, uses a blended learning model, and integrates basic skills. Participants may receive college credit for occupational training, depending on the training provider and the occupation. For example, community college training can be for credit or noncredit, but training offered at a nonprofit organization or by an employer will typically not award credit. Credits earned can count towards future trainings or degree programs, depending on the occupation. Overall, nearly two-thirds (64 percent) of HPOG 2.0 healthcare occupational trainings are offered for credit and three occupational training courses are offered only for credit (registered nurses, radiologic technologists, and occupational therapy assistants).

Exhibit 7. Training Characteristics for Top 20 Healthcare Occupations in Which Grantees Offer Training

Occupation	Credit Type		Percentage with blended learning model	Percentage with basic skills integrated into training
	Percentage for credit	Percentage noncredit		
Nursing assistant	33%	67%	9%	15%
Registered nurse	100%	0%	49%	29%
Licensed practical and vocational nurse	80%	20%	27%	16%
Medical assistant	76%	24%	27%	23%
Phlebotomist	43%	57%	20%	13%
Medical records and health information technicians	77%	23%	38%	32%
Emergency medical technician	44%	56%	13%	13%
Patient care technician	28%	72%	11%	14%
Pharmacy technician	73%	27%	39%	36%
Dental assistant	80%	20%	38%	12%
Home health aide	27%	73%	8%	6%
Medical office clerk/secretary/specialist	65%	35%	48%	28%
Medication technician/aide	72%	28%	8%	3%
Medical and clinical laboratory technician	97%	3%	53%	21%
Medical insurance coder	61%	39%	33%	27%
Paramedic	90%	10%	30%	10%
Surgical technologist	74%	26%	30%	48%
Radiologic technologist	100%	0%	43%	24%
EKG technician	53%	47%	0%	16%
Occupational therapy assistant	100%	0%	47%	26%
Overall	**64%**	**36%**	**26%**	**21%**

Source: PAGES program-level data.

Notes: Credit type was missing for 6 trainings, blended learning model was missing for 23 trainings, and basic skills integrated into training was missing for 21 trainings. Percentages are of trainings with data. *N* = 1,609.

Exhibit 7 shows that over a quarter of HPOG 2.0 trainings offered use a blended learning model. This varies by training, with blended learning most commonly used for medical and clinical laboratory technician, registered nurse, and medical office clerk, secretary and specialist trainings. Within all but one (EKG technicians training) of the top 20 healthcare occupations, however, at least some individual trainings use a blended learning model. Only half (23 of 46) of the remaining training types contain individual trainings that use a blended learning model.

Exhibit 7 also shows that overall, 21 percent of trainings integrated basic skills into the healthcare occupational training. Again, this model is not limited to training for certain occupations. All of the top 20 healthcare occupational trainings include at least some offerings with basic skills integrated, although it is a minority of trainings overall. Surgical technologist, pharmacy technician, and medical records and health information technician trainings are most often delivered with basic skills integrated.

2.2.3   Other Skill-Development Activities Offered by Grantees

In addition to basic skills and occupational trainings, HPOG 2.0 grantees also provide other skill-development activities, such as college-readiness training, CPR training, digital literacy training, an

introduction to healthcare careers workshop, and work-readiness training (see Box 4 for definitions).[14] Grantees may offer several activities in the same category (e.g., a boot camp can incorporate a number of elements), and the same category may vary across grantees (e.g., a boot camp in one grantee will look very different from another). For example, one grantee's multiday boot camp incorporates an introduction to healthcare careers, sessions on study skills for college, and workshops on teamwork and positive work habits. In terms of HPOG Program elements, it offers introduction to healthcare careers workshops, college-readiness activities, and work-readiness activities. Another grantee's boot camp is a two-hour workshop on study skills, which is reported as college-readiness training.

Most grantees offer skill-development activities in most categories. Exhibit 8 shows that over 90 percent of grantees offer work-readiness and CPR training. College-readiness and digital literacy training are both offered by 88 percent of grantees, and 84 percent offer introduction to healthcare career workshop activities. More than one-third of grantees offered "other" skill-development activities, including workshops on patient privacy and preparation for externships.

Exhibit 8. Other Skill-Development Activities Offered by Grantees

Activity	Number of grantees offering	Percentage of grantees offering
Work-readiness training	30	94%
CPR training	29	91%
College-readiness training	28	88%
Digital literacy training	28	88%
Introduction to healthcare career workshop	27	84%
Other	12	38%

Source: PAGES program-level data.

Note: N = 32.

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[14] The evaluation team in conjunction with ACF developed these categories and definitions to capture the breadth of other skill-development activities offered by HPOG grantees and allow for consistent reporting across grantees. When grantee staff members entered data on their programs into PAGES, they selected the appropriate category for their other skill-development activities, using the definitions shown in Box 4 for guidance. The evaluation team and ACF reviewed these categorizations to assure consistency across grantee programs.

Box 4: Definitions of 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 the college student responsibilities and expectations. This is distinct from developmental education (e.g., math or reading skills) and tutoring in a specific subject.

CPR training is a course of instruction in cardiac pulmonary resuscitation that follows a nationally recognized program, such as those 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; how to reproduce data and images through digital manipulation; 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 (e.g., using the phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation), and positive work habits, attitudes, and behaviors (e.g., being punctual, having regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and coworkers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job). This category also includes courses or workshops that entail developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self-image. It can also include cultural awareness skills appropriate for healthcare occupations.

Source: Glossary of Terms, HPOG 2.0 Participant Accomplishment and Grant Evaluation System.

Other skill-development trainings are provided by a variety of providers, including HPOG grantees and their partners, non-HPOG organizations, or some combination of those. Exhibit 9 shows what organizations are providing other skill-development activities. Because more than one type of activity may occur in a specific category (e.g., college readiness), there may be more than one provider.

HPOG grantees provide 60 percent of other skill-development activities, either directly (36 percent of all activities) or through partner organizations (24 percent). Multiple providers provide three percent of these activities. Non-HPOG organizations are providing a little more than one-third of these activities through referrals.

Exhibit 9. Other Skill-Development Activities Offered by Type of Provider
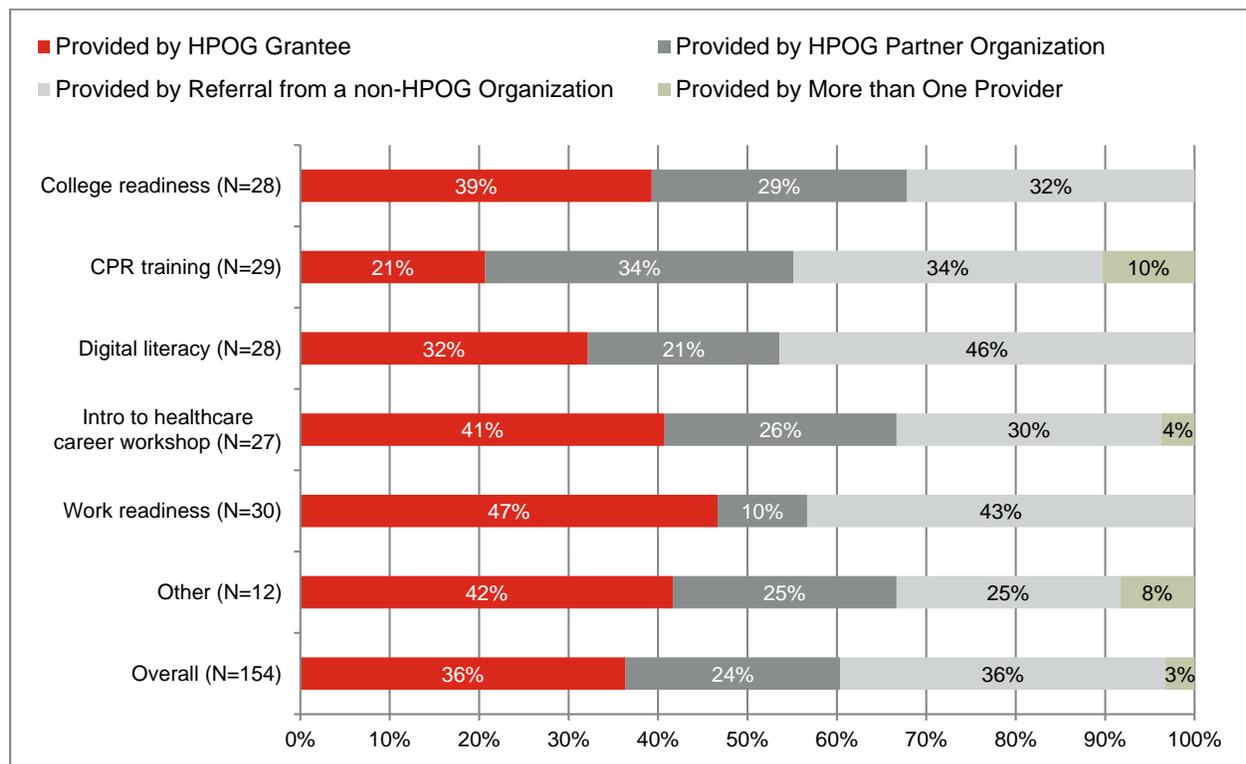
Source: PAGES program-level data.

Note: The *N* for each bar is the number of grantee programs offering each type of other skill-development training.

2.2.4   Academic, Personal, and Employment-Assistance Supports Offered by Grantees

Following a career pathways model, HPOG 2.0 grantees offer support services to participants to help them enroll in and complete healthcare occupational training and obtain employment. Grantees offer supports in three areas: academic, personal and logistical, and employment.[15]

Academic Supports

Academic supports are services and assistance that are related to training or academics. As Exhibit 10 shows, these include case management, academic advising, mentoring, peer support, post-eligibility assessments, and training-related cost assistance (for costs other than tuition, such as laptops, Internet access, and tutoring).[16] See Box 5 for definitions.

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[15] The evaluation team in conjunction with ACF developed the categories and definitions of supports to allow for consistent reporting across grantees.

[16] Because tuition support is a key component of the HPOG 2.0 Program offered to at least some participants by all grantees, it is not included here as an optional academic support.

Exhibit 10. Academic Supports Offered by Number of Grantees

Support	Number of grantees offering	Percentage of grantees offering
Case management	32	100%
Tutoring	30	94%
Training-related cost assistance (other than tuition)	30	94%
Academic advising	30	94%
Post-eligibility assessments	27	84%
Peer support	22	69%
Mentoring	19	59%

Source: PAGES program-level data.

Note: N = 32.

On average, each grantee offers six academic supports. All 32 grantees offer case management, and all but two offer academic advising, tutoring, and training-related cost assistance (for costs other than tuition). More than half of grantees offer peer support (69 percent) and mentoring (59 percent), and 84 percent offer post-eligibility assessments.

Box 5: Definitions of Academic Supports

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

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.

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 that are conducted by counselors or case managers using professional practices or through formal tests or tools. These could include assessments of academic skills, career interests, workforce readiness; multi-purpose or comprehensive assessments; or any combination of assessments. These do not include assessments made as part of the eligibility determination process before enrollment.

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.

Tutoring is one-on-one or group instruction outside of a class to help a participant acquire the knowledge or skills he or she needs to successfully complete a course or attain a credential.

Source: Glossary of Terms, HPOG 2.0 Participant Accomplishment and Grant Evaluation System.

Exhibit 11 shows which organizations are providing academic supports to participants. Overall, 45 percent of academic supports are provided by the HPOG 2.0 grantee, and another 15 percent are provided by a partner organization. Only a small minority (two percent) of academic support services are provided through referral to a non-HPOG partner. More than one-third (38 percent) of grantees provide academic supports through more than one provider. Whether a support is provided by the grantee, a partner, or multiple providers varies across the different types of academic supports. For each academic support type, however, only a minority of grantees provide the support solely through referrals to non-HPOG organizations.

Exhibit 11. Academic Supports Offered by Type of Provider
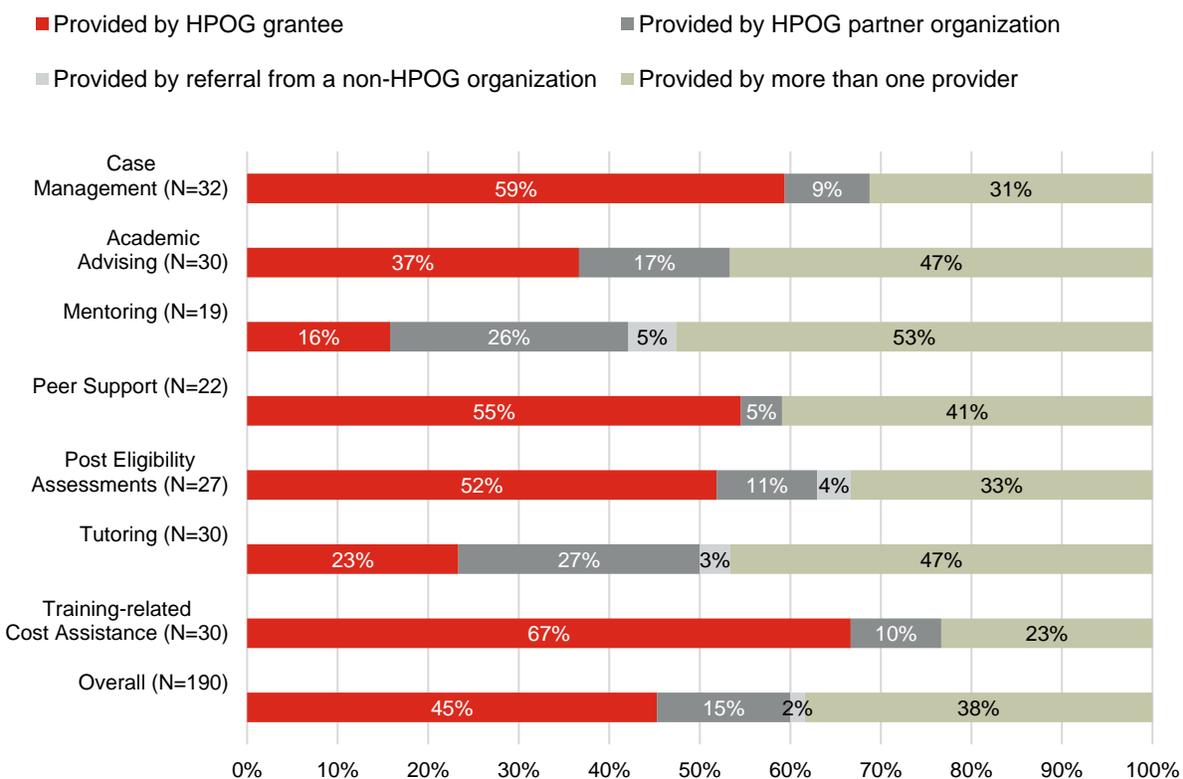
Source: PAGES program-level data.

Notes: The *N* for each bar is the number of grantee programs offering that support.

Case management is one of the key HPOG 2.0 support services. All grantees report that case management is a mandatory support for their participants, meaning all participants must receive case management. HPOG 2.0 grantees vary in how frequently participants meet with case managers and whether they are assigned a specific case manager. When asked about participants' frequency of contact with case managers, 11 HPOG 2.0 grantees reported monthly contact, 10 grantees reported weekly contact, 10 grantees reported "other" as the frequency of contact, and one grantee reported none. Thirteen percent of grantees reported that a specific case manager is assigned to each participant; the majority (87 percent) reported that participants are not assigned a specific case manager.

Personal and Logistical Supports

Personal and logistical supports offered by HPOG 2.0 grantees are supports and services that facilitate participation in the program but that are not directly related to training. These include child or dependent care assistance, emergency assistance, housing support or assistance, nonemergency food assistance, transportation assistance, and other nonemergency social services (Exhibit 12). See Box 6 for definitions. Overall, 90 percent of HPOG grantees offer all of these types of personal and logistical supports to their participants. All grantees offer child or dependent care and transportation assistance. Approximately 90 percent also report providing emergency assistance, housing support or assistance, and nonemergency food assistance.

Exhibit 12. Personal and Logistical Supports Offered by Number of Grantees

Support	Number of grantees offering	Percentage of grantees offering
Child or dependent care assistance	32	100%
Transportation assistance	32	100%
Emergency assistance	29	91%
Housing support or assistance	28	88%
Nonemergency food assistance	28	88%
Other	20	63%

Source: PAGES program-level data.

Notes: N = 32.

Box 6: Definitions of Personal 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.

Emergency assistance is usually a one-time payment for an unexpected and atypical expense for which a participant's current resources are inadequate and that if not paid would cause the participant to be at significant risk of ending program participation or employment because of hardship or practical necessity. Examples include expenses for rent, utilities, food, or car repairs when the lack of payment would result in a loss of housing, utilities, or necessary transportation.

Housing assistance includes payments or other assistance that do not meet the definition of emergency assistance but that enable 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 provide food for an HPOG participant as part of an HPOG training program or activity on a nonemergency basis.

Transportation assistance may include payments or other assistance that enable 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.

Source: Glossary of Terms, HPOG 2.0 Participant Accomplishment and Grant Evaluation System.

Exhibit 13 shows that almost one-third (30 percent) of personal and logistical supports are provided by the HPOG 2.0 grantee organization, while another 13 percent are provided by a Program partner.

Another 17 percent of personal and logistical supports are provided through referral to a non-HPOG organization, a much larger share than for academic supports.

Exhibit 13. Personal and Logistical Supports by Type of Provider
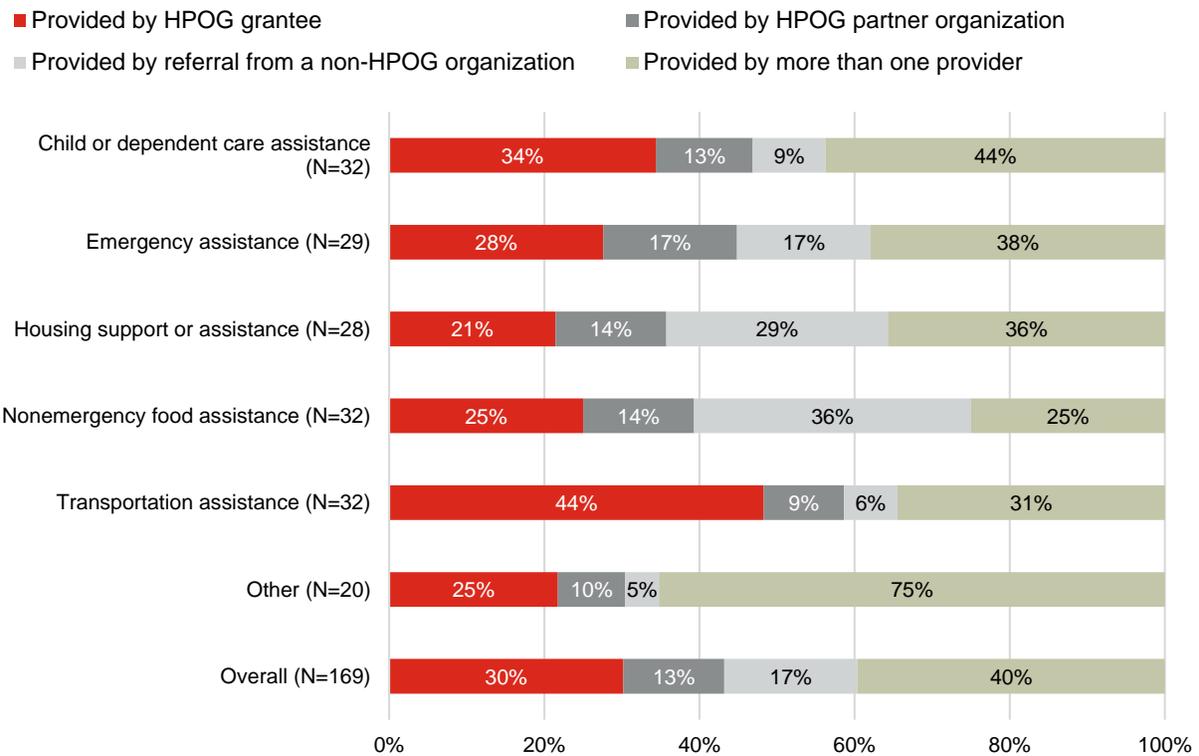
■ Provided by HPOG grantee   ■ Provided by HPOG partner organization
■ Provided by referral from a non-HPOG organization   ■ Provided by more than one provider

Source: PAGES program-level data.

Notes: The *N* for each bar is the number of grantee programs offering that support.

Employment Assistance Supports

HPOG 2.0 grantees also nearly universally provide three types of employment assistance supports to help participants find and keep jobs: job search assistance, job placement assistance, and job retention services. See Box 7 for definitions. Exhibit 14 shows that all HPOG 2.0 grantees report providing both job placement assistance and job search assistance. All but one offers job retention services.

Exhibit 14. Grantees Offering Employment Assistance Supports

Support	Number of grantees offering	Percentage of grantees offering
Job placement assistance	32	100%
Job search assistance	32	100%
Job retention services	31	97%

Source: PAGES program-level data.

Note: N = 95.

Box 7: Definitions of Employment Assistance Supports

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 a good match 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 various practices that help a person maintain employment or change jobs without a period of unemployment. The services in this category must take place while the participant is employed and differ from services that focus on work-readiness training or job search assistance before finding employment. Examples of job retention services include counseling for specific job-related issues, incumbent worker career advancement counseling, and job-specific workplace behavior counseling.

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. This assistance does not include job placement.

Source: Glossary of Terms, HPOG 2.0 Participant Accomplishment and Grant Evaluation System.

Exhibit 15 shows the organizations providing employment assistance support. As with academic supports, few employment assistance supports are provided solely by referral to a non-HPOG organization. More than half of grantees (51 percent) used multiple providers for these services.

Exhibit 15. Employment Assistance Supports by Type of Provider
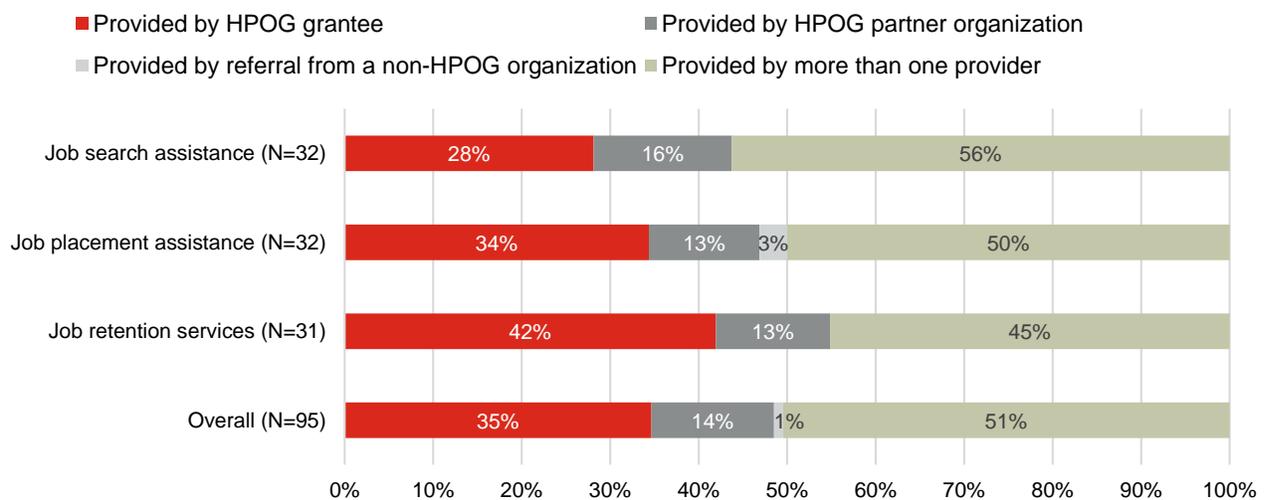
■ Provided by HPOG grantee   ■ Provided by HPOG partner organization
■ Provided by referral from a non-HPOG organization   ■ Provided by more than one provider

Category	Provided by HPOG grantee	Provided by HPOG partner organization	Provided by referral from a non-HPOG organization	Provided by more than one provider
Job search assistance (N=32)	28%	16%		56%
Job placement assistance (N=32)	34%	13%	3%	50%
Job retention services (N=31)	42%	13%		45%
Overall (N=95)	35%	14%	1%	51%

Source: PAGES program-level data.

Note: The *N* for each bar is the number of grantees offering that support.

2.2.5   Work-based Learning Opportunities Offered by Grantees

The work-based learning opportunities offered by HPOG 2.0 grantees are activities based at employer sites, including job shadowing, unpaid internship or externship,[17] on-the-job-training, and work experience. See Box 8 for definitions. As shown in Exhibit 16, over half of grantees report offering on-the-job training (19 of 32) and job shadowing (18 of 32). Slightly less than half (15 of 32) of HPOG 2.0 grantees report offering an unpaid internship, externship or work experience.

Exhibit 16. Work-Based Learning Opportunities Offered by Number of Grantees

Support	Number of grantees offering	Percentage of grantees offering
On-the-job training	19	59%
Job shadowing	18	56%
Unpaid internship or externship	15	47%
Work experience	15	47%

Source: PAGES program-level data.

Note: N = 32.

Box 8: Definitions of Work-based Learning Activities

Job shadowing is an activity in which HPOG 2.0 participants learn about a particular occupation or profession to see if 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 Investment Act, 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 participant.

An **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 training and work experience.

Work experience, as a type of work-based learning opportunity, 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 experience that is required as part of a specific course of training.

Source: Glossary of Terms, HPOG 2.0 Participant Accomplishment and Grant Evaluation System.

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[17] Paid internships or externships are considered jobs and are recorded as employment in PAGES.

2.3 Career Pathways

HPOG 2.0 grantees are encouraged to develop programs that provide career pathways for participants. The FOAs stated that "HPOG programs should incorporate clearly articulated healthcare career ladders and/or lattices, which consist of a group of related jobs that comprise a career, in order to assist participants in obtaining employment that is expected to pay well and lead to self-sufficiency. HPOG grantees are encouraged to provide a number of different career ladders and/or lattices for diverse sub-sectors within the healthcare industry."[18] The FOAs also described strategies for helping participants progress along a career pathway, such as targeting higher-level trainings leading to higher paying jobs, working with participants to enroll in an additional higher-level training after completing an initial training, and placing participants with employers who support employee advancement, such as through tuition reimbursement programs.

Grantees categorize their healthcare occupational training offerings as entry-level, mid-level, or high-level. This helps make the career pathway clear to participants and helps grantees track movement along the pathway. For the purposes of HPOG 2.0, entry-level trainings are defined as those that result in jobs with average wages of less than $15 an hour. Mid-level trainings are defined as those resulting in jobs that pay $15 but less than $25 an hour. High-level trainings are defined as those that result in pay greater than $25 an hour. [19]

Exhibit 17 shows the distribution of trainings across grantees. Nearly half (48 percent) of trainings offered by HPOG 2.0 grantees are for entry-level occupations, which include nursing assistant, home health aide, and medical assistant. Over one-third of trainings offered are for mid-level occupations, which include physician assistant and licensed vocational and practical nurse. Less than one-fifth of trainings offered under HPOG 2.0 (16 percent) are for high-level occupations, such as registered nurse.

Exhibit 17. Healthcare Occupational Trainings by Career Pathways Level

Career pathways level	Trainings offered	Percentage of total trainings
Entry-level	777	48%
Mid-level	584	36%
High-level	254	16%
Total	1,615	100%
Missing	7	NA

Source: PAGES program-level data.

Notes: N = 1,622. NA = not applicable.

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[18] Funding Opportunity Announcement for the Health Profession Opportunity Grants 2.0 to Serve TANF and Other Low-Income Individuals (FOA) at https://ami.grantsolutions.gov/?switch=foa&fon=HHS-2015-ACF-OFA-FX-0951, pg. 7. FOA for the Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal College or University HHS-2015-ACF-OFA-FY-0952 at https://ami.grantsolutions.gov/files/HHS-2015-ACF-OFA-FY-0952_0.htm.

[19] The wage cut-offs are based on review of the average hourly wages and education requirements as reported by the Bureau of Labor Statistics for the different healthcare occupations for which grantees provided training in HPOG 1.0. The cut-offs were set to provide guidance to grantees in categorizing their trainings, while ensuring some consistency across grantees.

HPOG 2.0 programs offering trainings for multiple career pathways levels allows participants to progress from an entry-level to a mid- or high-level training or, for those already prepared, to enter directly into mid- or high-level trainings. Future annual reports will document participants' career pathway progress.

3. Who Participated in HPOG 2.0 in Year 1?

This section describes how many participants enrolled in the first year of HPOG 2.0 and participant characteristics at the time of enrollment. Characteristics discussed include demographics, educational experience and credentials, income, and receipt of public benefits. This section concludes with a discussion of participants' employment and wages at the time of enrollment.

3.1   Enrollment and Goals

During the first year of funding, HPOG 2.0 grantees enrolled 5,150 participants, representing slightly less than three-quarters (71 percent) of grantees' projected enrollment for Year 1 (7,248 participants).[20] Of those 5,150 participants, 20 percent (1,035) had been enrolled in an HPOG 1.0 program.[21]

HPOG 2.0 grantees varied in their progress toward their individual Year 1 enrollment goals, from one grantee reaching 17 percent of its goal to another reaching 154 percent. These goals were set by grantees, in discussion with ACF, at the beginning of the grant period. Exhibit 18 shows how successful grantees were in reaching their enrollment goals in Year 1. The majority of grantees (20 of 32) enrolled 50 to 99 percent of their goals. Seven grantees enrolled more participants than their enrollment goals, and only five enrolled less than 50 percent of their enrollment goals.

There are many reasons why some grantees did not meet their Year 1 enrollment goals. One key reason was that HPOG 2.0 grantees began enrolling participants between February and April 2016 after a four to six month planning period, thus had only between six and eight months to meet their Year 1 goals. The grant planning period allowed grantees to set up programs, hire staff, prepare for random assignment, and enter program data into a common management information system. In future years, grantees will have the full 12 months to meet their annual enrollment goals.

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[20] An individual is counted as enrolled at his or her point of participation in, or receipt of, a first substantive activity or service. This excludes any assessments or activities that are part of eligibility determination.

[21] HPOG 1.0 participants are allowed to enroll in HPOG 2.0 programs, at the discretion of the individual grantees. The majority of HPOG 1.0 participants enrolling in HPOG 2.0 in Year 1 were continuing a course of training they had begun under HPOG 1.0.

Exhibit 18. Number of HPOG 2.0 Grantees by Percentage of Year 1 Enrollment Goal Attained
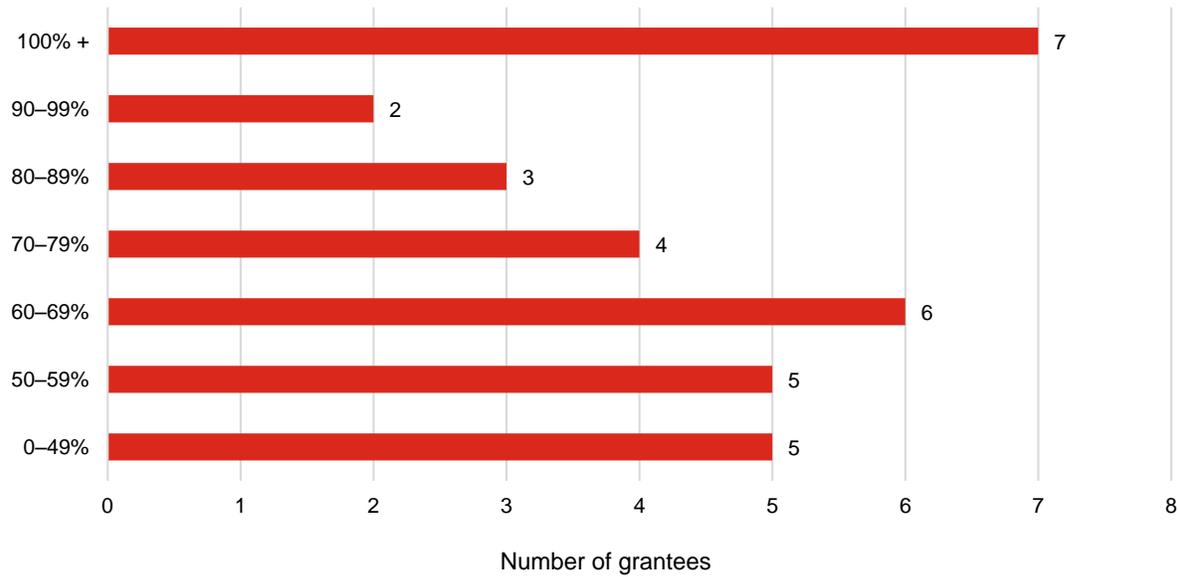
Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016 and grantee performance goals as reported in PAGES.

Note: N = 32.

3.2   Demographic Characteristics

HPOG 2.0 grantees serve participants of diverse backgrounds and life experience. As Exhibit 19 shows, a majority of participants were female (91 percent), had never married (57 percent), and had one or more dependent children (62 percent). Over one-third of participants (37 percent) had two or more children under age 18 living in the household for at least half the year. Most participants identified as Black or African-American (42 percent) or White or Caucasian (41 percent). Across races, 21 percent of participants identified as Hispanic or Latino. Almost half of participants were under age 30, but 10 percent were age 50 or older.

Exhibit 19. Demographic Characteristics of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage of participants
Gender		
Female	4,682	91%
Male	461	9%
Missing	7	NA
Marital status		
Married	787	16%
Living with an unmarried partner	300	6%
Separated or divorced	996	20%
Widowed	64	1%
Never married	2,850	57%
Missing	153	NA
Race or ethnicity		
White or Caucasian	1,979	41%
Black or African-American	2,024	42%
Asian	134	3%
Native Hawaiian or Pacific Islander	32	1%
American Indian or Native Alaskan	399	8%
Two or more races	226	5%
Hispanic or Latino of any race	1,059	21%
Missing	136	NA
Number of dependent children		
None	1,885	37%
One	1,281	25%
Two or more	1,868	37%
Missing	116	NA
Age		
Under 18	18	<1%
18 to 24	1,330	26%
25 to 29	1,138	22%
30 to 34	824	16%
35 to 39	609	12%
40 to 44	407	8%
45 to 49	327	6%
50 to 54	233	5%
55 to 59	175	3%
60+	84	2%
Missing	5	NA

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 5,150. NA = not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

Exhibit 20 shows additional characteristics of HPOG 2.0 participants, some of which could affect their program success. Consistent with the program's low-income target population, almost one-third of all participants were eligible for training programs under the Workforce Investment Act (WIA) or Workforce Innovation and Opportunity Act (WIOA). Seven percent had difficulty keeping stable housing, and four percent were homeless. Some participants faced additional personal challenges beyond income and housing. For instance, six percent had a child with special needs, five percent had a disability, and three percent had limited English proficiency. Two percent of participants were refugees, veterans, or formerly incarcerated, respectively. Forty-two percent of participants did not report having any of these characteristics.

Exhibit 20. Additional Characteristics of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage of participants
Eligible for WIA or WIOA	1,670	32%
Has trouble with stable housing	348	7%
Has a child with special needs	314	6%
Has a disability	271	5%
Is homeless	195	4%
Has limited English proficiency	177	3%
Is a refugee	114	2%
Is a veteran	84	2%
Was formerly incarcerated	102	2%
Is a foster care youth	14	<1%
None of the above	2,137	42%
Missing	8	NA

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 5,150. NA = not applicable. Percentages are of participants with data.

3.3   Educational Experience and Credentials at Enrollment

Year 1 HPOG 2.0 participants varied in their educational attainment at enrollment. Exhibit 21 shows that the majority of participants had some college education or more (59 percent). Nineteen percent reported attending less than one year of college. Sixteen percent had a degree (associate's or higher). An additional 24 percent had graduated high school but had no further schooling, and relatively few had a general equivalency diploma (eight percent) or less than a 12th grade education (nine percent).

More than one-third of participants (37 percent) had a certification or license in any occupation (not necessarily healthcare) at enrollment. One-third of participants had received an occupational certificate or diploma, meaning they had completed an occupational training course, before entering the HPOG Program. Participants may be in one or both categories.

Exhibit 21. Education and Credentials of HPOG Participants at Enrollment

Characteristic	Number	Percentage of participants
Highest educational attainment		
Less than 12th grade	481	9%
High school equivalency or GED	406	8%
High school graduate	1,209	24%
Some college, but less than one year	979	19%
One or more years of college credit, but no degree	1,242	24%
Associate's degree	450	9%
Bachelor's degree	282	6%
Graduate degree	54	1%
Missing	47	NA
Licenses and certifications		
Holds professional, state, or industry certification or license	1,865	37%
Missing	94	NA
Occupational certificates		
Received an occupational certificate or diploma (upon training course completion)	1,672	33%
Missing	144	NA
In school or training (includes healthcare and non-healthcare training)		
In school or training	1,707	34%
Missing	80	NA
In healthcare training		
In healthcare occupational training	1,354	27%
Missing	18	NA

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 5,150. NA = not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

A significant portion of HPOG 2.0 participants were already in training at enrollment. About one-third of Year 1 participants (34 percent) reported being in some type of school or training at enrollment, and 27 percent were in a healthcare occupational training. The number of participants who were in training at intake is partially due to the 600 (12 percent) who were HPOG 1.0 participants continuing their training under HPOG 2.0.

3.4   Household and Individual Income at Enrollment

Consistent with HPOG Program design, most participants had low household income at enrollment. As shown in Exhibit 22, nearly half (47 percent) had an annual household income of less than $10,000, and over one-quarter had an annual household income between $10,000 and $19,999 (27 percent). Moreover, nearly one-fifth of participants (19 percent) reported having no individual income in the year before enrollment, and 44 percent reported income between $1 and $9,999 annually. For context, the federal poverty level for a single-person household was $11,880 in 2016. The level for a three-person household was $20,160.

Exhibit 22. Income of HPOG Participants at Enrollment

Characteristic	Number	Percentage of participants
Annual household income		
$0	451	9%
$1 to $9,999	1,914	38%
$10,000 to $19,999	1,391	27%
$20,000 to $29,999	799	16%
$30,000 to $39,999	306	6%
$40,000 or more	237	5%
Missing	52	NA
Annual individual income		
$0	966	19%
$1 to $9,999	2,264	44%
$10,000 to $19,999	1,173	23%
$20,000 to $29,999	517	10%
$30,000 or over	168	3%
Missing	32	NA

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 5,150. NA = not applicable. Percentages are of participants without missing data. Percentages may not total 100 because of rounding.

3.5   Receipt of Public Benefits and Financial Support at Enrollment

HPOG 2.0 participants and their households were receiving benefits from a variety of public programs at enrollment. TANF recipients are a target population for participation in the HPOG 2.0 Program. Exhibit 23 shows that 18 percent of HPOG 2.0 participants reported that someone in their household (including themselves) was receiving TANF benefits at enrollment.

The most common form of public assistance received by participant households was Medicaid (66 percent of participant households) followed by Supplemental Nutrition Assistance Program (59 percent of participant households). Many participant households received benefits targeted to support children. Two-fifths of participant households received free- or reduced-price school lunches, and one-fifth of participant households received benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children. Few participants received unemployment insurance, with claimants and exhaustees constituting nine percent of participants (six and three percent, respectively).

Exhibit 23. Receipt of Public Benefits by HPOG Participant Households at Enrollment

Program	Number	Percentage of participants
Temporary Assistance for Needy Families		
Yes	903	18%
No	4,138	82%
Missing	109	NA
Supplemental Nutrition Assistance Program		
Yes	3,008	59%
No	2,062	41%
Missing	80	NA
Medicaid		
Yes	3,326	66%
No	1,726	34%
Missing	98	NA
Special Supplemental Nutrition Program for Women, Infants, and Children		
Yes	1,105	22%
No	3,901	78%
Missing	144	NA
Section 8 or public housing		
Yes	866	17%
No	4,191	83%
Missing	93	NA
Free and reduced-price school lunch		
Yes	1,974	40%
No	3,011	60%
Missing	165	NA

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 5,150. NA = not applicable. Percentages are of participants without missing data.

Some participant households also relied on other sources of financial support not shown in Exhibit 23. For instance, 25 percent of participant households received grants or loans for educational expenses, 15 percent received child support, and 13 percent received financial support from family or friends outside of the household.

3.6   Employment and Wages at Enrollment

Most HPOG participants had work experience before entering the HPOG Program (96 percent) and half reported having previously worked in the healthcare field. Just under half of participants, 2,402 (49 percent) were employed at the time of enrollment. Of these, almost half were working in a healthcare profession (24 percent of all participants).

As shown in Exhibit 24, the majority of HPOG 2.0 participants who were employed at enrollment earned an hourly wage below $12.50 (71 percent) and worked less than full time (65 percent). The median hourly wage for employed participants was $10.54. The average employed participant worked 27.5 hours a week.

Exhibit 24. Wages and Hours Worked for HPOG Participants Employed at Enrollment

Characteristic	Number	Percentage of participants
Wages		
$7.25 or Less	116	5%
$7.26 to $9.99	642	27%
$10.00 to $12.49	990	41%
$12.50 to $14.99	363	15%
$15.00 or More	278	12%
Missing	13	NA
Hours worked per week		
Less than 20 hours	525	22%
20 to 34 hours	1,016	43%
35 hours or above	385	35%
Missing	26	NA

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 2,402. NA = not applicable. Percentages are of participants without missing data.

4. What Training Activities Have HPOG 2.0 Participants Enrolled in and Completed?

This section describes the training activities that HPOG 2.0 participants undertook and completed during Year 1. The results reported here reflect less than a year of Program operation because grantees only began enrolling participants between February and April 2016.

4.1 Basic Skills Training Enrollment and Completion

As shown in Exhibit 25, 26 percent of all Year 1 HPOG 2.0 participants enrolled in some type of basic skills training. The most common basic skills training was adult basic education, with 17 percent of HPOG 2.0 participants enrolled. Many fewer HPOG 2.0 participants enrolled in college developmental education (six percent), adult secondary education (three percent), and English language acquisition (one percent).

Exhibit 25. Basic Skills Training Enrollment in Year 1
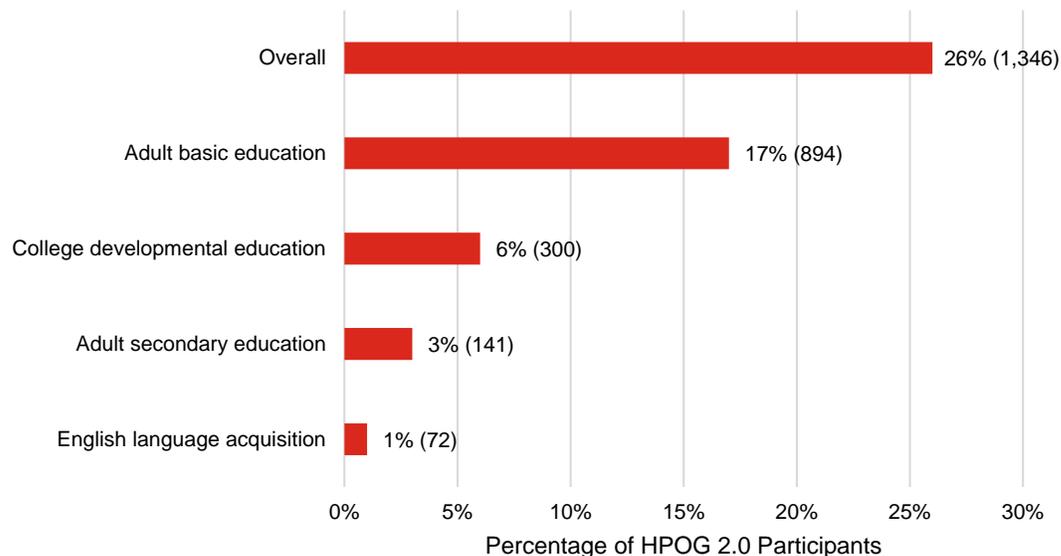
Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 5,150. Participants may be enrolled in more than one type of basic skills training.

As mentioned, grantees sometimes offered basic skills training in an accelerated or a contextualized format. About 40 percent of participants in each of adult basic education and adult secondary education enrolled in a contextualized version of the basic skills training, as shown in Exhibit 26. Nearly two-thirds (63 percent) of those taking college developmental education enrolled in a contextualized course.

Enrollments in accelerated basic skills trainings were less common than in contextualized basic skills trainings. About one in five participants who were enrolled in adult secondary education was taking an accelerated version of the training. Only 15 percent of English language acquisition and nine percent of adult basic education enrollees in Year 1 took those courses in an accelerated format.

Exhibit 26. Accelerated and Contextualized Basic Skills Training Enrollment in Year 1

Basic skills training type	Overall number enrolled	Number enrolled in contextualized training	Percentage enrolled in contextualized training	Number enrolled in accelerated training	Percentage enrolled in accelerated training
Adult basic education	894	378	42%	84	9%
Adult secondary education	141	57	40%	29	21%
College developmental education	300	189	63%	33	11%
English language acquisition	72	15	21%	11	15%

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 5,150. Participants may be enrolled in more than one type of basic skills training.

Basic skills training may be funded through HPOG or other non-HPOG sources (such as local education funds). In some cases, tuition payments may be waived by the provider for HPOG 2.0 participants. The majority of adult basic education (79 percent), college developmental education (74 percent), and adult secondary education trainings (57 percent) are funded through HPOG, as shown in Exhibit 27. On the other hand, the majority of English language acquisition training (74 percent) is not funded through HPOG. Adult basic education and English language acquisition are commonly funded by other public agencies. For all types of basic skills trainings, fewer than 10 percent of HPOG 2.0 participants are in a training for which the cost is waived by the provider.

Exhibit 27. Basic Skills Training by Type and Funding Source

Basic skills training type	Total enrollment (*N*)	Funding Source						Missing
		Number HPOG funded	Percentage HPOG funded	Number not HPOG funded	Percentage not HPOG funded	Number tuition payment waived	Percentage tuition payment waived	
Adult basic education	894	503	79%	128	20%	5	1%	258
Adult secondary education	141	54	57%	35	37%	6	6%	46
College developmental education	300	207	74%	65	23%	7	3%	21
English language acquisition	72	10	19%	39	74%	4	8%	19

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: Percentages are of participants with data. Participants may be enrolled in more than one type of basic skills training.

Of all HPOG 2.0 participants that enrolled in basic skills training, 49 percent completed that training before the end of Year 1 (Exhibit 28). Almost half of participants (46 percent) were still in basic skills

training at the end of Year 1. A small percentage (four percent) dropped out, and even fewer (one percent) did not pass basic skills training.

Exhibit 28. Basic Skills Training by Completion Status
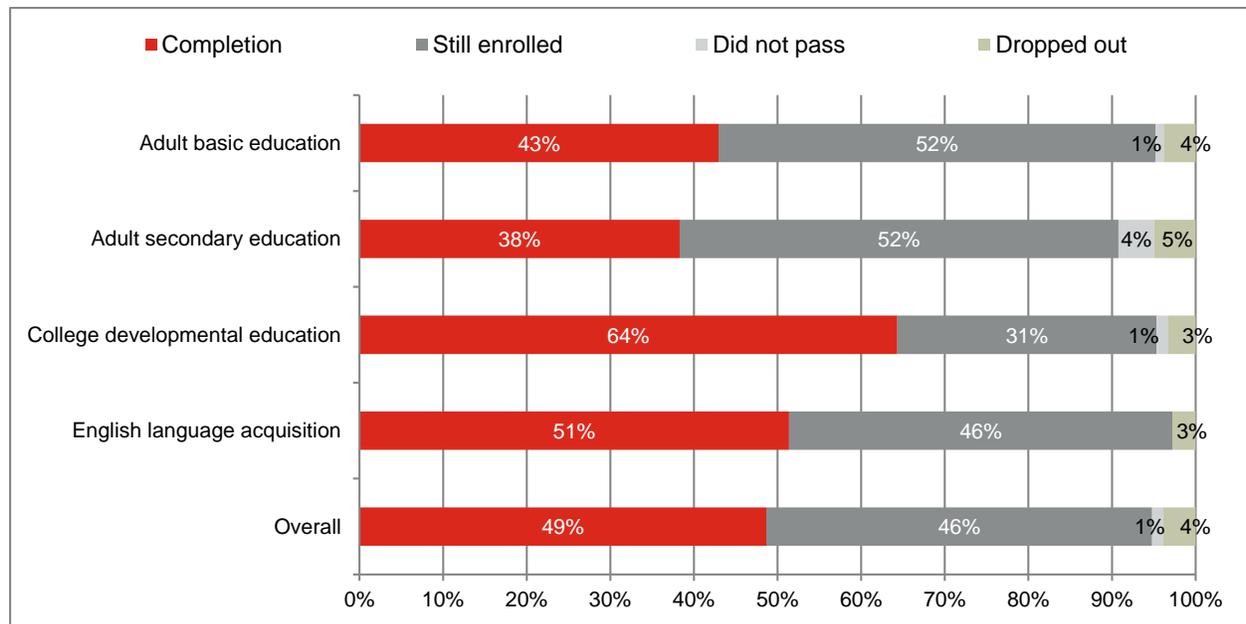
Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 1,346. Participants may be enrolled in more than one type of basic skills training.

The purpose of basic skills training in HPOG is to help participants prepare to enter and succeed in healthcare occupational training. Of those completing basic skills training in Year 1, over half (58 percent) also began healthcare occupational training in Year 1, either while in or after completing basic skills training (Exhibit 29). The percentages vary by type of basic skills training, with the highest rate of beginning healthcare occupational training for those completing English language acquisition (78 percent) and the lowest for those completing college developmental education (34 percent).

Exhibit 29. Completed Basic Skills Training and Began Healthcare Occupational Training

Basic skills training type	Number completed basic skills training	Number completing basic skills training that began healthcare training	Percentage completing basic skills training that began healthcare training
Adult basic education	384	264	69%
Adult secondary education	54	25	46%
College developmental education	193	66	34%
English language acquisition	37	29	78%
Overall	**655**	**379**	**58%**

*Source*: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: Participants may have completed more than one type of basic skills training.

4.2   Healthcare Occupational Training Enrollment and Completion

During Year 1 of HPOG 2.0, 3,543 participants (69 percent of all participants) enrolled in one or more healthcare occupational trainings. The majority of remaining participants were engaged in activities to prepare for training, such as basic skills training, or were waiting for a training course to begin. A small percentage (7 percent) of participants dropped out (Exhibit 32). Participants enrolled in training for 46 occupations. Exhibit 30 shows enrollment for the 20 occupations with the highest enrollment.[22] These top 20 training occupations account for 95 percent of all training enrollments in HPOG 2.0. Healthcare training enrollment was concentrated in several occupations. Twenty-one percent of all participants in Year 1 enrolled in nursing assistant training, and 10 percent of participants enrolled in licensed practical and vocational nurse training.

Exhibit 30. Top 20 Most Common Healthcare Occupational Trainings

Occupation	Enrollment	Percentage of participants
Nursing assistant	1,075	21%
Licensed practical and vocational nurse	505	10%
Home health aide	424	8%
Registered nurse	349	7%
Medical assistant	184	4%
Phlebotomist	102	2%
Pharmacy technician	101	2%
Patient care technician	89	2%
Medical office clerk/secretary/specialist	81	2%
Personal care aide	69	1%
Medication technician/aide	64	1%
Medical insurance coder	55	1%
Emergency medical technician	49	1%
Medical records and health information technician	46	1%
Medical and clinical laboratory technician	39	1%
Substance abuse and behavioral disorder counselor	34	1%
Community health worker	33	1%
EKG technician	29	1%
Radiologic technologist	27	1%
Community health service worker/liaison/counselor	19	<1%

Source: Participants enrolled and entered into PAGES between September 30, 2015, and September 29, 2016.

Note: N=5,150. Participants may have enrolled in more than one healthcare occupational training.

HPOG funded the majority (80 percent) of HPOG 2.0 participants' healthcare occupational trainings (Exhibit 31). Tuition was waived for a small number of training enrollees (two percent). Sources other than HPOG, such as Pell grants, funded the remainder of participants' trainings (18 percent).

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[22] Appendix B, Exhibit B.2 provides enrollment and completion data for all 46 of the occupations in which participants trained.

Exhibit 31. Healthcare Occupational Training Enrollment by Funding Source

Funding source	Enrollment	Percentage of total enrollment
HPOG	2553	80%
Not HPOG	575	18%
Tuition payment waived	74	2%
Missing	341	NA

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Notes: N = 3,543. NA = not applicable.

Exhibit 32 shows the completion status of healthcare occupational training enrollees overall and in the top 20 occupational trainings. In Year 1, of participants who enrolled in a training, 1,456 (41 percent) completed this training. Another 51 percent were still enrolled in training at the end of Year 1. About seven percent of those who began healthcare occupational training dropped out, and two percent did not pass.

The occupational trainings with the highest percentage of completions were those for home health aides; community health service workers, liaisons, and counselors; personal care aides; and nursing assistants. Of participants beginning a home health aide training, 79 percent completed. Completion rates at the end of Year 1 are higher in trainings that are shorter, including those for home health aides. Longer trainings, such as registered nurse and licensed practical and vocational nurse, have higher rates of participants still enrolled. Across healthcare occupational trainings, the percentage of participants not passing or dropping out in Year 1 is relatively low for most occupations.

Exhibit 32. Top 20 Healthcare Occupational Trainings by Completion Outcomes

Legend: ■ Completions ■ Still enrolled ■ Did not pass ■ Dropped out

Occupation	Completions	Still enrolled	Did not pass	Dropped out
Overall	41%	51%	2%	7%
Nursing assistant	62%	27%	2%	9%
Licensed practical and vocational nurse	16%	80%	2%	2%
Home health aide	79%	6%	3%	12%
Registered nurse	16%	82%	1%	1%
Medical assistant	18%	75%		7%
Phlebotomist	38%	58%	1%	3%
Pharmacy technician	29%	56%	4%	11%
Patient care technician	40%	56%		3%
Medical office clerk/secretary/specialist	19%	75%		6%
Personal care aide	64%	22%		14%
Medication technician/aide	55%	36%	5%	5%
Medical insurance coder		98%		2%
Emergency medical technician	22%	67%	2%	8%
Medical records and health information technician	30%	67%		2%
Medical and clinical laboratory technician, other	10%	87%		3%
Substance abuse and behavioral disorder counselor	21%	79%		
Community health worker	42%	45%		12%
EKG technician	14%	86%		
Radiologic technologist	4%	96%		
Community health service worker/liaison/counselor	68%	16%	5%	11%

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 3,543. Participants may have enrolled in more than one healthcare occupational training.

Exhibit 33 shows the percentage of participants who received a license or certification after completing training for the top 20 most common healthcare occupational trainings. Of those completing a healthcare occupational training, more than two-thirds (70 percent) went on to receive a license or certification. Not all occupations require a license or certification to gain employment, and licensing and certification requirements can vary by state. For example, medical insurance coders and community health workers generally do not need a license or certification to work. Nursing assistant and medical assistant jobs vary in certification requirements by state. In addition to licenses and certifications, five percent of those completing healthcare occupational training received an associate's degree.

Exhibit 33. 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	663	408	62%
Home health aide	335	298	89%
Licensed practical and vocational nurse	80	69	86%
Registered nurse	57	42	74%
Personal care aide	44	40	91%
Phlebotomist	39	20	51%
Patient care technician	36	16	44%
Medication technician/aide	35	30	86%
Medical assistant	33	19	58%
Pharmacy technician	29	13	45%
Medical office clerk/ secretary/specialist	15	13	87%
Medical records and health information technician	14	9	64%
Community health worker	14	0	0%
Community health services/liaison/counseling	13	11	85%
Emergency medical technician	11	11	100%
Substance abuse and behavioral disorder counselor	7	1	14%
Medical and clinical laboratory technician, other	4	2	50%
EKG technician	4	1	25%
Radiologic technologist	1	0	0%
Medical insurance coder	0	0	0%
Overall	**1456**	**1019**	**70%**

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 1,456. Participants may have completed more than one healthcare occupational training.

4.3   Other Skill-Development Activities Enrollment and Completion

Forty percent of HPOG 2.0 participants enrolled in other skill-development activities in Year 1 and most of them (84 percent) completed these activities. The most common activity was an Introduction to Healthcare Career Workshop (see Box 4 in Chapter 2 for definitions). As can be seen in Exhibit 34, nearly one-quarter of participants (23 percent) participated in this workshop and 81 percent completed it.

Exhibit 34. Other Skill-Development Activities Enrollment and Completion in Year 1

Other Skill-Development Activities	Number enrolled in activity	Percentage enrolled in Activity of all participants	Number completed	Percentage completed of those enrolled in activity
Introduction to healthcare career workshop	1,190	23%	966	81%
Work-readiness	955	19%	789	83%
College-readiness	763	15%	595	78%
CPR	533	10%	510	96%
Digital literacy	404	8%	356	88%
Other	203	4%	145	71%
Overall	**2,069**	**40%**	**1,745**	**84%**

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 5,150. Participants may have participated in more than one other skill-development activity.

Many Year 1 participants engaged in work-readiness training (19 percent), and 83 percent completed it. Another common activity was college-readiness training. Fifteen percent of HPOG 2.0 participants enrolled in a college-readiness training, and 78 percent completed it. A smaller percentage of participants received specific skill training in CPR and digital literacy (computers), and the vast majority of those participants completed it.

5. What Support Services and Work-Based Opportunities Have HPOG 2.0 Participants Received?

As discussed, HPOG 2.0 grantees offer academic, personal and logistic, and employment support services to help participants enter and complete training and gain employment. Results on the receipt of these support services (shown below) reflect both access to services as well as participants' need for services. Receipt of support services is shown regardless of who provided or funded the service.

5.1   Receipt of Support Services

The number of participants who received academic supports varied by service type. As shown in Exhibit 35, nearly nine out of 10 participants (87 percent) received case management in Year 1. Over half of Year 1 participants received academic advising (57 percent), and just under half (47 percent) received financial assistance with training-related costs other than tuition. Less-commonly received supports included peer support (15 percent), post-eligibility assessments (14 percent), mentoring (12 percent), and tutoring (nine percent).

Exhibit 35. Receipt of Academic Supports by Participants in Year 1
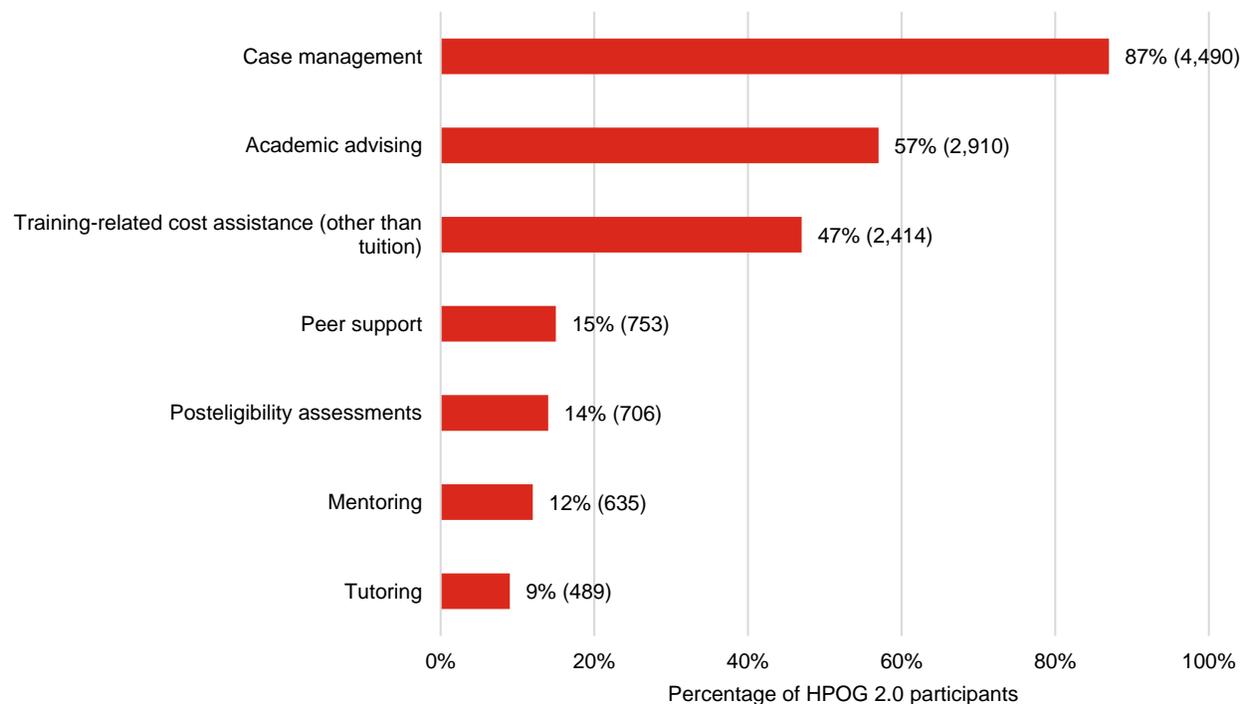
Case management	87% (4,490)
Academic advising	57% (2,910)
Training-related cost assistance (other than tuition)	47% (2,414)
Peer support	15% (753)
Posteligibility assessments	14% (706)
Mentoring	12% (635)
Tutoring	9% (489)

Percentage of HPOG 2.0 participants

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 5,150.

Fewer participants received personal and logistical support services than academic supports in Year 1. Transportation assistance was the most commonly received personal and logistical support. As shown in Exhibit 36, 44 percent of participants received payments or assistance that enabled them to travel to and from training, education, employment, or other HPOG services. Other personal and logistical supports were much less commonly received. Only four percent of participants received child or dependent care assistance, and similarly, four percent received nonemergency food assistance. Fewer participants received emergency assistance (three percent) and housing support or assistance (two percent) through HPOG 2.0.

Exhibit 36. Receipt of Personal and Logistical Supports by Participants in Year 1
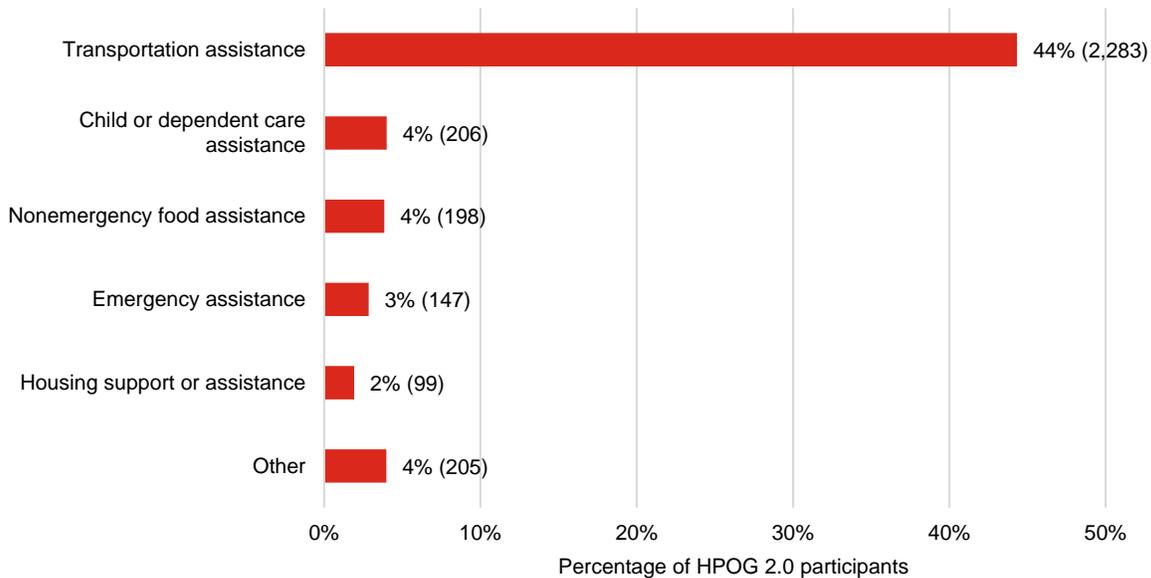
Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 5,150.

Some HPOG 2.0 participants received employment assistance to help them find and keep jobs. As shown in Exhibit 37, 16 percent of participants received assistance with job search. Eleven percent of participants received job placement assistance. Only four percent of Year 1 participants received assistance with retaining employment, likely because many participants in Year 1 were still enrolled in training, had only recently completed training, or were newly employed. Some HPOG grantees provide employment assistance to participants looking for work while participating in training.

Exhibit 37. Receipt of Employment Supports by Participants in Year 1
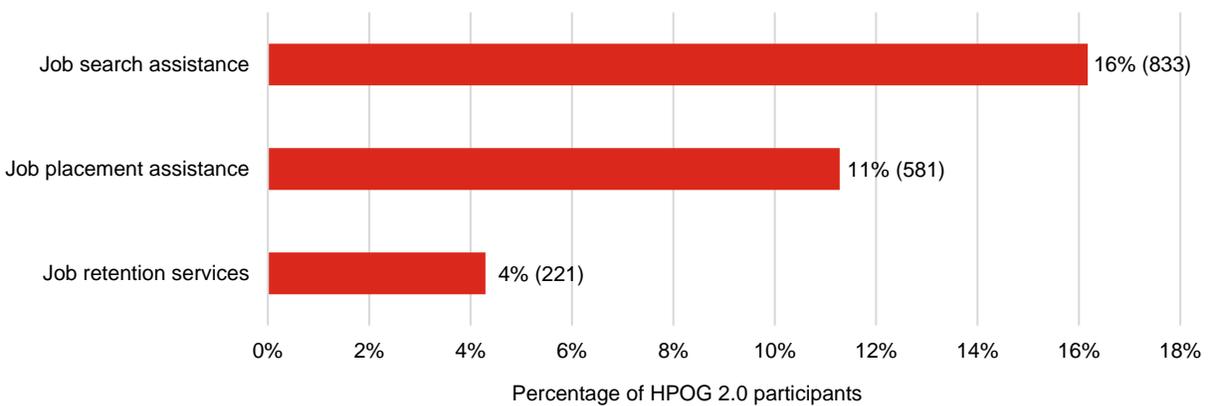
Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: N = 5,150.

5.2   Work-Based Learning Opportunities

As shown in Exhibit 38, only a small proportion of Year 1 participants engaged in work-based learning opportunities. The most common activity was job shadowing, but less than three percent of Year 1 participants participated. Further, less than one percent of Year 1 participants were in an unpaid internship or externship, less than one percent participated in work experience, and less than one percent received on-the-job training as part of their HPOG services.

Exhibit 38. Participation in Work-based Learning Opportunities in Year 1
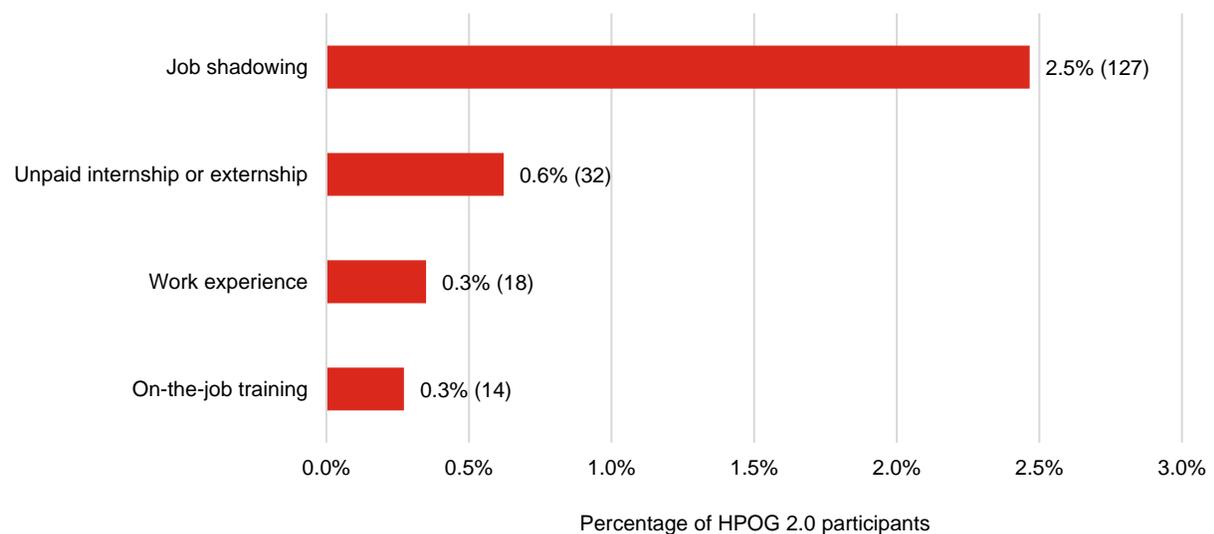
Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.
Note: N = 5,150.

6. What Are Participant Employment Outcomes to Date?

A major goal of HPOG is to enable participants to find employment in healthcare professions. This section describes employment outcomes during Year 1 for the six to eight months in which grantee programs were enrolling participants. During Year 1, about half of participants were still in training (51 percent) or had just finished training. This section includes jobs that participants started (or received a promotion in) after enrollment. Jobs could have begun before, during, or after training.

Exhibit 39 shows that 953 (19 percent) participants started jobs (or received promotions on jobs) during Year 1after enrollment in HPOG 2.0. Of those, 813 were employed in healthcare occupations while the remaining 140 participants were employed in non-healthcare occupations.

Exhibit 39. Employment during Year 1

Characteristic	Number	Percentage of participants
Total employed	953	19%
Employed in healthcare occupation	813	16%
Employed in non–healthcare occupation	140	3%

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.
Note: N = 5,150.

As shown in Exhibit 40, the majority of employed HPOG 2.0 participants, overall and in healthcare occupations, earned between $10 and $12.49 an hour. This reflects the fact that program completers at this juncture are in short-term, lower-level trainings. About half of HPOG 2.0 participants employed in the first year worked part time (fewer than 35 hours per week) and half worked full time.

Grantee staff report whether any employments started during HPOG 2.0 were in a registered apprenticeship, a cooperative education placement, a paid internship or externship, or a work-study position. In Year 1, less than two percent of participants were engaged in any of those activities.

Exhibit 40. Wages and Hours Worked for those Employed during Year 1

Characteristic	All Employed		Employed in Healthcare Occupation		Employed in Non–Healthcare Occupation	
	Number	Percentage of participants	Number	Percentage of participants	Number	Percentage of participants
Wages						
$7.25 or less	16	2%	3	0.4%	10	8%
$7.26 to $9.99	89	10%	51	6%	41	32%
$10.00 to $12.49	525	57%	471	59%	54	42%
$12.50 to $14.99	115	12%	102	13%	13	10%
$15.00 or more	178	19%	166	21%	12	9%
Missing	30		20		10	
Hours worked per week						
Less than 20 hours	139	16%	115	15%	24	19%
20 to 34 hours	327	37%	274	36%	53	42%
35 hours or above	416	47%	368	49%	48	38%
Missing	71		56		15	
N	953		813		140	

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: Percentages are of participants without missing data.

In future annual reports, when a larger number of participants likely will have gained employment, the report will provide information on employment starts before and after training completion, employment gains among those unemployed at intake, and wage gains for those employed at intake and later in the Program.

7. Summary

This Year 1 annual report summarizes HPOG 2.0 Program offerings, participant characteristics, training participation and support receipt, and outcomes from the Program's first year (September 30, 2015, to September 29, 2016). HPOG 2.0 grantees began enrolling participants between February and April 2016 after an initial four to six month planning period, so the report describes six to eight months of grant activities.

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. Under HPOG 2.0, an even greater emphasis has been placed on encouraging 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 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.

The HPOG 2.0 Program allows grantees flexibility in their program design within the overall program goals. The results here show some variation in the components grantees choose to offer and in providers of those trainings and services. Overall, most grantees offer most types of basic skills training and support services. The main variation across grantees is the number of healthcare occupations they support. Some offer only the most common trainings (e.g., nursing assistant), while others have a more expansive list of options. Although the majority of healthcare trainings offered are for entry-level occupations, grantees also offer training in mid- and high-level occupations as part of a career pathways strategy. Grantees were strongly encouraged in the FOAs to analyze local labor market information and to consult with local employers in deciding for which occupations to offer training.

Results also show that the participants in HPOG 2.0 are mainly single, female, and have dependent children. Almost one-fifth were receiving TANF benefits at enrollment and the majority was low income. More than one-third had some college education, already had a professional license or certification, or were in school at the time of enrollment.

Healthcare occupational training is the focus of the HPOG 2.0 Program, and two-thirds of participants enrolled in such trainings in the first year. Some participants needed to improve their basic academic skills before enrolling in occupational trainings; about one-quarter enrolled in basic skills training. In addition, participants enrolled in many other skill-development activities and support services to help them enter in and complete training and gain employment. At the end of Year 1, more than two-fifths of those who started training had completed it, and more than two-thirds of completers had received an occupational license or certification. Most of the remaining participants were still enrolled in training.

ACF will release annual reports summarizing grantee and participant activities in each of the next three years. In future years, the National and Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants will produce reports on HPOG 2.0 Program implementation and impact on participant outcomes.

Appendix A. OPRE's HPOG Research and Evaluation Portfolio

The three related HPOG 2.0 research and evaluation projects 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 they can be replicated in the future. The projects are as follows:

- **Evaluation and System Design for Career Pathways Programs: HPOG 2.0, 2014-2019.** 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 the second round of HPOG awarded in September 2015. 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.

- **HPOG 2.0 National Evaluation, 2015-2025.** The HPOG 2.0 National Evaluation is rigorously assessing the impacts of HPOG programs administered by the non-tribal grantees. The 27 non-tribal grantees operate 38 HPOG programs across 17 states. The National Evaluation includes several key components. The impact study is using random assignment of eligible participants to either a treatment group that will be allowed to receive HPOG services or a control group that will not have access to HPOG but will be allowed to receive other services available in the community ("business as usual") to assess the impacts of the HPOG programs. The descriptive study includes implementation, systems change, and outcomes studies and will help interpret findings from the impact study. The cost benefit study will assess the costs and benefits of a standard HPOG program. Data sources for all three components of the National Evaluation 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.

- **Tribal HPOG 2.0 Evaluation, 2015-2021.** The Tribal HPOG 2.0 evaluation is rigorously assessing the HPOG programs administered by the Tribal grantees, using sound scientific methods and grounded in culturally appropriate approaches. The Tribal evaluation is guided by the principles outlined in the *Roadmap for Collaborative and Effective Evaluation in Tribal Communities*, developed by the Child Welfare Research and Evaluation Tribal Workgroup.[23] 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.

- **HPOG University Partnership 2.0 (HPOGUP 2.0) Research Grants, 2016-2020.** The HPOGUP 2.0 grants augment OPRE's multi-pronged evaluation strategy for HPOG 2.0 by funding university research teams that partner with HPOG program grantees. Research teams from Brandeis University, Loyola University of Chicago, and Northwestern University, in partnership with selected HPOG 2.0 programs, are studying career pathways programs in Bridgeport, CT; Chicago, IL; and Tulsa, OK, respectively. Through these partnerships, the teams aim to conduct research and evaluation studies focused on questions relevant to HPOG program goals and objectives and benefit the broader employment and self-sufficiency research field.

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[23] Tribal Evaluation Workgroup. A Roadmap for Collaborative and Effective Evaluation in Tribal Communities. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. September 2013

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

Abt Associates is conducting the Evaluation and System Design for Career Pathways Programs: HPOG 2.0. Abt Associates, in partnership with MEF Policy Associates, Insight Policy Research, and Urban Institute is conducting the impact, descriptive, and cost-benefit studies under the HPOG 2.0 National Evaluation. NORC at the University of Chicago is conducting the Evaluation of Tribal HPOG 2.0, under contract to Abt Associates.

Appendix B. Additional Exhibits

Exhibit B.1 All Healthcare Occupational Trainings Offered by HPOG 2.0 Grantees

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings (N = 1,622)	Number of grantees offering training	Percentage of grantees offering training (N = 32)
Nursing assistant	259	16%	31	97%
Registered nurse	182	11%	22	69%
Licensed practical and vocational nurse	137	8%	23	72%
Medical assistant	104	6%	23	72%
Phlebotomist	97	6%	21	66%
Medical records and health information technician	74	5%	17	53%
Emergency medical technician	71	4%	16	50%
Patient care technician	65	4%	10	31%
Pharmacy technician	64	4%	21	66%
Dental assistant	50	3%	13	41%
Home health aide	49	3%	12	38%
Medical office clerk/secretary/specialist	40	2%	16	50%
Medication technician/aide	36	2%	6	19%
Medical and clinical laboratory technician	34	2%	14	44%
Medical insurance coder	33	2%	13	41%
Paramedic	30	2%	11	34%
Surgical technologist	23	1%	10	31%
Radiologic technologist	21	1%	8	25%
EKG technician	20	1%	8	25%
Occupational therapy assistant	19	1%	6	19%
Physical therapist assistant	19	1%	8	25%
Medical and clinical laboratory technologist	16	1%	2	6%
Respiratory therapist	15	0.9%	7	22%
Community health worker	13	0.8%	8	25%
Pharmacy technician	13	0.8%	5	16%
Substance abuse and behavioral disorder counselor	12	0.7%	4	13%
Community health service worker/liaison/counselor	12	0.7%	1	3%
Dental hygienist	12	0.7%	5	16%
Cardiovascular technologist	10	0.6%	1	3%
Personal care aide	10	0.6%	4	13%
Social and human service assistant	8	0.5%	4	13%
Medical receptionists and information clerk	7	0.4%	5	16%
Medical insurance biller	6	0.4%	4	13%
Medical transcriptionist	5	0.3%	2	6%
Healthcare social worker	4	0.2%	1	3%
Nurse practitioner	4	0.2%	2	6%
Renal/dialysis technologist/technician (hemodialysis technician)	4	0.2%	3	9%

Continued on next page

Exhibit B.1 All Healthcare Occupational Training Courses Offered by HPOG 2.0 Grantees (continued)

Occupation	Number of trainings offered (aggregate)	Percentage of total trainings (*N* = 1,609)	Number of grantees offering training	Percentage of grantees offering program (*N* = 32)
Sterile processing technology/technician	4	0.2%	3	9%
Radiologic technician	3	0.2%	2	6%
First-line supervisor of office and administrative support workers	3	0.2%	1	3%
Medical equipment repairer	3	0.2%	1	3%
Medical and health services manager	2	0.1%	2	6%
Health educator	2	0.1%	2	6%
Occupational therapist	2	0.1%	2	6%
Kinesiotherapy/kinesiotherapist	2	0.1%	1	3%
Magnetic resonance imaging technologist	2	0.1%	2	6%
Direct support/service professional	2	0.1%	1	3%
Toxicologist	1	0.1%	1	3%
Biological technician	1	0.1%	1	3%
Dietitian	1	0.1%	1	3%
Nutritionist	1	0.1%	1	3%
Pharmacist	1	0.1%	1	3%
Physical therapist	1	0.1%	1	3%
Recreational Therapist	1	0.1%	1	3%
Speech-language pathologist	1	0.1%	1	3%
Diagnostic related health technician	1	0.1%	1	3%
Respiratory therapy technician	1	0.1%	1	3%
Athletic training/trainer	1	0.1%	1	3%
Psychiatric aide	1	0.1%	1	3%
Advanced nursing assistant	1	0.1%	1	3%
Nursing assistant, geriatric specialty	1	0.1%	1	3%
Orderly	1	0.1%	1	3%
Health aide	1	0.1%	1	3%
Occupational therapy aide	1	0.1%	1	3%
Physical therapist aide	1	0.1%	1	3%
Massage therapist	1	0.1%	1	3%
Overall	**1,622**	**1,622**	**32**	**32**

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Exhibit B.2 Enrollment and Completion for All Healthcare Occupational Trainings

Occupation	Enrollment	Percentage of Year 1 participants	Completions	Percentage of completions among enrolled
Nursing assistant	1,075	21%	663	62%
Licensed practical and vocational nurse	505	10%	80	16%
Home health aide	424	8%	335	79%
Registered nurse	349	7%	57	16%
Medical assistant	184	4%	33	18%
Phlebotomist	102	2%	39	38%
Pharmacy technician	101	2%	29	29%
Patient care technician	89	2%	36	40%
Medical office clerk/secretary/specialist	81	2%	15	19%
Personal care aide	69	1%	44	64%
Medication technician/aide	64	1%	35	55%
Medical insurance coder	55	1%	0	0%
Emergency medical technician	49	1%	11	22%
Medical records and health information technician	46	1%	14	30%
Medical and clinical laboratory technician	39	1%	4	10%
Substance abuse and behavioral disorder counselor	34	1%	7	21%
Community health worker	33	1%	14	42%
EKG technician	29	1%	4	14%
Radiologic technologist	27	1%	1	4%
Community health service worker/liaison/counselor	19	<1%	13	68%
Respiratory therapist	19	<1%	3	16%
Surgical technologist	19	<1%	2	11%
Dental assistant	17	<1%	5	29%
Medical equipment repairer	14	<1%	6	43%
Social and human service assistant	12	<1%	0	0%
Healthcare social worker	10	<1%	0	0%
Radiologic technician	10	<1%	0	0%
Psychiatric aide	10	<1%	0	0%
Dental hygienist	8	<1%	1	13%
Physical therapist assistant	8	<1%	0	0%
Medical insurance biller	6	<1%	0	0%
Pharmacist	5	<1%	0	0%
Occupational therapy assistant	5	<1%	0	0%
Medical receptionists /information clerk	5	<1%	0	0%
Massage therapist	4	<1%	0	0%
Sterile processing technology/technician	4	<1%	0	0%
Cardiovascular technologist	2	<1%	1	50%
Paramedic	2	<1%	0	0%
Respiratory therapy technician	2	<1%	0	0%
Health educator	1	<1%	1	100%
Occupational therapist	1	<1%	0	0%
Physical therapist	1	<1%	0	0%
Nurse practitioner	1	<1%	1	100%
Athletic training/trainer	1	<1%	0	0%
Nursing assistant, geriatric specialty	1	<1%	1	100%
Orderly	1	<1%	1	100%
Total	**3,543**	**69%**	**1456**	**41%**

Source: Participants enrolled and entered into PAGES between HPOG 2.0 start and September 29, 2016.

Note: *N* = 5,150.