HEALTH PROFESSION OPPORTUNITY GRANTS 2.0:

Year Two Annual Report (2016–2017)

OPRE Report No. 2018-77 | July 2018

HPOG

Health Profession Opportunity Grants

OFFICE OF FAMILY ASSISTANCE

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Overview

This Year 2 Annual Report describes results through the second year (Year 2) of the second round of the Health Profession Opportunity Grants (HPOG) Program. HPOG grants are awarded to organizations that provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for 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 the first round of five-year HPOG grants in 2010.

This current, second round of five-year grants ("HPOG 2.0") was awarded in 2015, with grant funds disbursed annually to 32 grantees in 21 states, including five tribal organizations. Through the end of Year 2 of HPOG 2.0, grantees enrolled more than 14,700 participants.

Primary Research Questions

1. What entities operate HPOG 2.0 programs, and what trainings, activities, and services do the programs provide?

2. Who participated in HPOG 2.0 in the first two years, and what trainings have they engaged in and completed?

3. What skill-development and work-based learning opportunities and what support services have HPOG 2.0 participants received?

4. What are HPOG 2.0 participants' employment outcomes by the end of Year 2?

Purpose

The purpose of this Year 2 Annual Report is to summarize the status of the HPOG 2.0 Program, its grantees' programs, and participants' activities and outcomes from the start of the Program on September 30, 2015, through September 29, 2017, the end of grant Year 2. HPOG 2.0 grantees began enrolling participants after an initial planning period of three to six months. Because grantees continue to enroll participants over the course of the program, these findings are based on outcomes for participants who had been enrolled in the study for as long as 20 months as well as outcomes for those who had only just begun to participate. On average, participants had been in HPOG 2.0 for eight months.

Key Findings and Highlights

Key findings from HPOG 2.0 Year 2 Annual Report include:

- More than two-thirds (69 percent) of participants started healthcare training; of all healthcare trainings started, 88 percent were completed or still in progress at the end of Year 2.
- About one-third of all participants engaged in standalone basic skills training (not combined with occupational training); of them, 93 percent completed or were still engaged in this training at the end of Year 2. Of those who completed, 71 percent moved on to healthcare training.
- About half of participants (55 percent) who completed healthcare training went on to earn a professional license or certification.

- Half of training completers (50 percent) started a job or were promoted in the healthcare industry after completion in the first two years of HPOG 2.0.
- HPOG participants typically are low-income women in their 20s and 30s, many of whom are parents (68 percent had dependent children). Many HPOG 2.0 participants already had educational experience, credentials, and work experience when they enrolled.
- Across the variety of supportive services offered, participants' receipt varies substantially. For example, almost all participants received case management (90 percent), about one-third received transportation assistance (35 percent), and 15 percent received job placement services.

Methods

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

Contents

List of Exhibits

Appendix C: Exhibits

List of Boxes

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." Building on the first round of HPOG awards in 2010, the Administration for Children and Families (ACF) in the US Department of Health and Human Services awarded a second round of HPOG five-year awards in 2015 ("HPOG 2.0").[1] ACF is funding an evaluation of HPOG 2.0 to determine whether it improves training and employment outcomes for participants.

The HPOG 2.0 Program is structured to demonstrate new ways to increase the supply of healthcare workers and create career opportunities for recipients of Temporary Assistance for Needy Families (TANF) benefits and other low-income, low-skilled adults. HPOG 2.0 builds upon HPOG 1.0, with 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.

This report is the second in a series of annual reports providing information on what activities and services grantees are offering participants, the characteristics of participants, and participant training and employment outcomes. The report includes participants' experiences from the Program's start (September 30, 2015) to the end of Year 2 (September 29, 2017). HPOG 2.0 grantees began enrolling participants between February and April 2016 after a planning period. Grantees continued to enroll participants throughout the time period covered by this report. This means the outcomes and activities reported here are for participants with between 1 and 20 months of time in the Program. On average, participants had been in HPOG 2.0 for eight months. The outcomes described here represent a snapshot of *all* participants' progress to date at the end of Year 2, regardless of when they enrolled or how much progress they made on their career pathway.

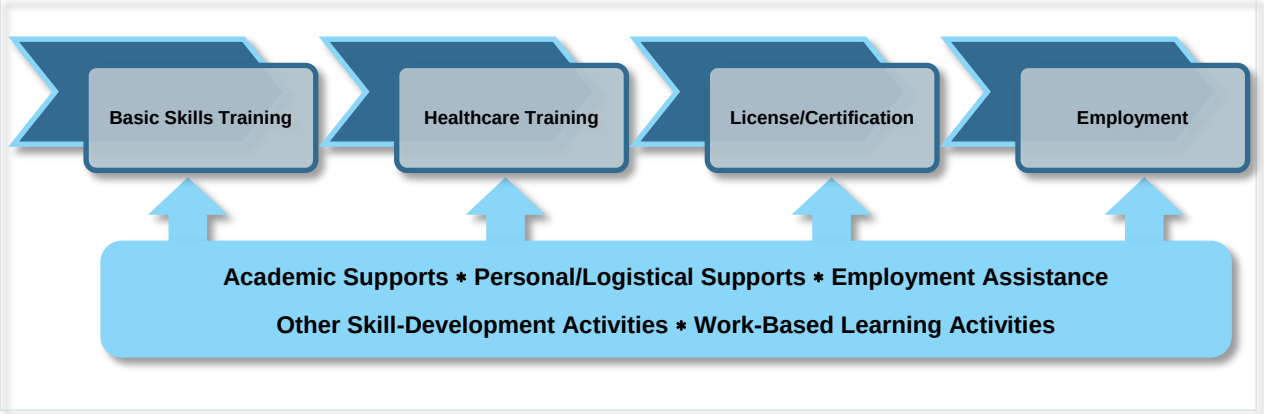
Participant Progression through the HPOG Program

Once participants enter HPOG 2.0, grantee programs work with participants to help them determine the specific program activities and supports that are right for them. Exhibit E1 shows a generalized example of participants' movement through HPOG 2.0. Participants enter basic skills training (if needed), progress to healthcare training, earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment

1 HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), "Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs," adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a), and extended by the Bipartisan Budget Act of 2018, Pub. L. 115-123, through fiscal year 2019.

in their chosen field. Along the way, programs provide supports and supplemental skill-building activities to help participants succeed.

Exhibit E1. Example of Participant Movement through HPOG 2.0



Overview of Outcomes

From the beginning of the HPOG 2.0 Program through Year 2, grantee programs enrolled 14,738 participants.[2] Exhibit 2 presents some of the key findings on participant outcomes through Year 2.

- **Exhibit 2 shows that 10,302 participants (69 percent of all participants) began healthcare training in the first two years of HPOG 2.0 and 88 percent of trainings were completed or still in progress at the end of Year 2.**

Of all healthcare trainings participants began, more than half were completed (54 percent) and in another third of trainings (34 percent) participants were still enrolled at the end of Year 2. Only 12 percent of healthcare trainings were not successfully completed (in 9 percent of trainings participants dropped out and in 3 percent participants did not pass.)

- **About one-third of all participants engaged in basic skills training; of these, 93 percent completed or were still engaged in basic skills at the end of Year 2. Of those who completed, most (71 percent) moved on to healthcare training.**

Of the 4,736 participants in standalone basic skills training classes, almost two-thirds completed (63 percent) and another 30 percent were still engaged at the end of Year 2. This means only 7 percent were unsuccessful (5 percent dropped out and 2 percent did not pass). Of those who completed basic skills training, 71 percent continued on to healthcare training. Some HPOG 2.0 healthcare training programs integrate basic skills into their technical skills curriculum, and participants in such programs are not included in this finding. In addition about 23 percent of healthcare training participants are in training that is integrating basic skills into the healthcare curriculum.

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

- **About half (55 percent) of participants who completed healthcare training went on to earn a professional license or certification.**

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

- **Of those completing training in the first two years of HPOG 2.0, half started a job or were promoted on a previously held job in the healthcare industry after completing training.**

Half of participants who completed healthcare training in the first two years of HPOG 2.0 subsequently started a job or were promoted in existing jobs in the healthcare industry. This figure does not represent total employment after training completion, however, as some training completers remained in jobs they held prior to or during training. In addition, program administrative data may be missing some jobs held by participants of which HPOG 2.0 program staff are unaware.

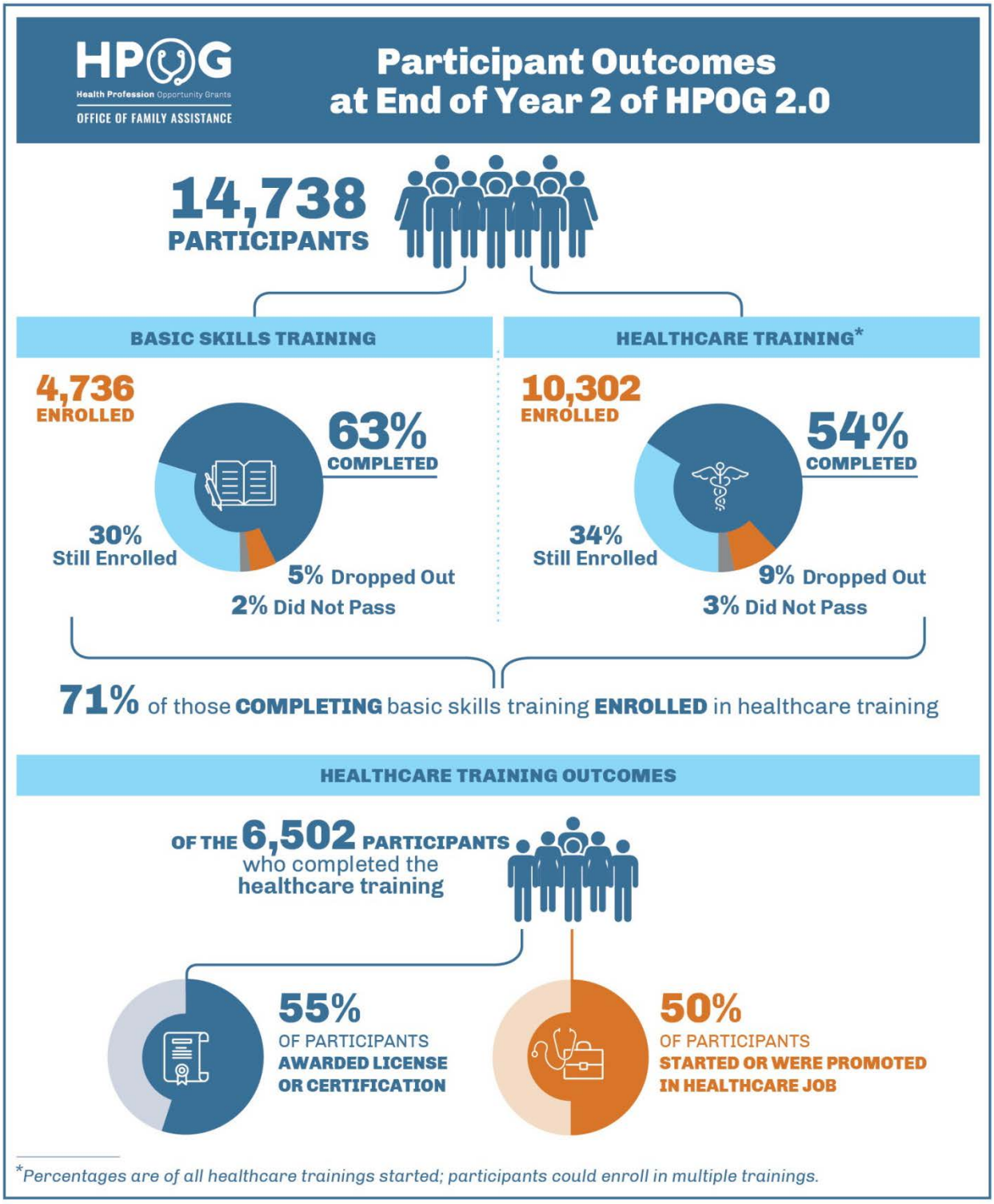
- **In the first two years of HPOG 2.0, the majority of healthcare training enrollments were at entry-level, but more than a third were at mid- or high-level, suggesting career progression for those participants.**

Grantees categorized their health occupational trainings as entry-, mid-, or high-level, depending on the average expected wages of completers. Of all training enrollments through Year 2, 60 percent were entry-level, 29 percent mid-level, and 11 percent high-level occupational training (not shown in exhibit).

- **Another measure of movement along a career pathway for HPOG 2.0 is taking multiple trainings. Few participants had done this by the end of Year 2.**

Relatively few participants (836, or 8 percent of all those who enrolled in any healthcare training) completed one healthcare training and started another during the first two years of HPOG 2.0. For half of those participants taking additional training, their second training was at a higher level than the first. The number of participants taking multiple trainings as part of the HPOG 2.0 Program can be expected to increase over time as more participants have been enrolled for longer periods.

Exhibit E2. Participant Outcomes at End of Year 2



Participant Characteristics

By the end of Year 2, HPOG 2.0 was on track to meet its five-year cumulative enrollment goal, its grantees together having enrolled 40 percent of that goal. Participants enrolled were typically low-income women in their 20s and 30s, many of whom had dependent children (68 percent). About one-fifth were TANF recipients at program enrollment.

Many HPOG 2.0 participants already had educational experience, credentials, and work experience before joining the Program. At the time of enrollment, the majority of participants had at least some college experience (55 percent); 15 percent had at least an associate's degree. One-third had an occupational certificate or license (in any occupation) at the time of enrollment, and one-third had previously completed an occupational training course. Twenty-seven percent were already enrolled in a training program when they entered HPOG 2.0. Note that a subset of all HPOG 2.0 participants, eight percent, were continuing participants from HPOG 1.0.

Almost all participants (94 percent) had some prior work experience, with half reporting they had previously worked in a healthcare occupation. Somewhat fewer than half of participants (45 percent) were already employed at enrollment, with nearly one-quarter of participants employed in healthcare.

Other Skill-development Activities and Supports

HPOG 2.0 programs offer additional activities to help participants develop skills necessary to succeed in training and employment. These include skill-development activities such as college-readiness training, CPR training, digital literacy training, an Introduction to Healthcare Careers workshop, and work-readiness training. The majority of grantees offer activities in each of these categories. Almost half of HPOG 2.0 programs also offer work-based learning opportunities such as job shadowing, on-the-job training, and unpaid internships or externships.

Almost half (47 percent) of HPOG 2.0 participants engaged in at least one skill-development activity by the end of Year 2. Despite most grantees offering each activity type, only a minority of participants engaged in each. The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, each attended by about one-quarter of participants. Fewer than 5 percent of participants engaged in each of the work-based learning activities.

Another important aspect of the HPOG 2.0 Program is the provision of support services to help participants succeed, following the career pathways model. HPOG 2.0 programs offer academic supports to help participants prepare for and complete training; personal and logistical supports that help participants meet and overcome any life challenges they may face that would interfere with training; and employment assistance to help them find work before, during, and after training.

A key support HPOG 2.0 provides is funding participants' training tuition. **By the end of Year 2, HPOG 2.0 programs had funded the majority (80 percent) of participants' healthcare occupational training.** Sources other than HPOG, such as Pell grants and a small number of training-cost waivers, funded the remainder of participants' trainings.

Across the variety of other supportive services offered, participants' receipt of supports varied substantially, with some services used by most participants and other services used by only a

small number of participants. Case management was the most common support, received by 90 percent of participants. More than half of participants received academic advising (61 percent) and assistance with training-related costs other than tuition (55 percent). Fewer participants received personal/logistical support services. Some 35 percent of participants received transportation assistance that enabled them to travel to and from HPOG-related training, employment, or services. Fewer than 4 percent of participants received child/dependent care assistance, emergency assistance, non-emergency food assistance, or housing support/assistance through HPOG 2.0. Some HPOG 2.0 participants received employment assistance to help them find and keep jobs. Fifteen percent received assistance with job placement and 10 percent with job search. Only 3 percent received assistance retaining employment. Differences in receipt reflect both the extent to which services are offered and participants' need for them.

Summary

These results highlight that through the end of Year 2, the HPOG 2.0 Program was successful in enrolling participants in healthcare training. The vast majority of those participants had completed or were still in training at the end of Year 2. HPOG 2.0 was working to meet participants' basic skill needs, with about one-third of participants engaged in stand-alone basic skills training. In addition, almost a quarter of healthcare training participants were in courses that integrated basic skills into the healthcare curriculum.

The results here also show that HPOG 2.0 programs are assisting participants to move along career pathways. While the majority of healthcare training enrollments in the first two years of HPOG 2.0 were at entry-level, more than a third were at mid- or high-level. In addition, about 8 percent of those completing a healthcare training went on to start another healthcare training.

ACF will continue to 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 the Program has on participant outcomes.

1. Introduction

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."[3] 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 ("HPOG 1.0") and funded an evaluation of the Program.[4]

In 2015, ACF awarded a second round of five-year HPOG grants ("HPOG 2.0") to 32 grantees across 21 states, including five tribal organizations. In the first two years of HPOG 2.0, grantees enrolled 14,738 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.[5]

Box 1: HPOG 2.0 Goals

- Provide Temporary Assistance for Needy Families recipients and other low-income individuals with opportunities for training that lead to employment and advancement in the healthcare workforce.
- Address the increasing shortfall in the supply of healthcare professionals in the face of expanding demand.
- Target skills and competencies demanded by the healthcare industry.
- Support career pathways, such as an articulated career ladder—that is, a 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: 2015 HPOG 2.0 Funding Opportunity Announcement.

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[3] HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), "Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs," adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a), and extended by the Bipartisan Budget Act of 2018, Pub. L. 115-123, through fiscal year 2019.

[4] Reports of initial findings from the national evaluation of HPOG 1.0 can be found on its website at "Health Profession Opportunity Grants (HPOG) Implementation, Systems and Outcome Project, 2010–2016," Administration for Children and Families, Office of Planning, Research, and Evaluation, accessed February 23, 2017, https://www.acf.hhs.gov/opre/research/project/health-profession-opportunity-grants-hpog-implementation-systems-and. Reports of the final implementation, outcome, and impact findings are forthcoming.

[5] See the 2015 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 2015 Funding Opportunity Announcement "Health Profession Opportunity Grants for Tribes, Tribal Organizations or Tribal

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

About the HPOG 2.0 Evaluation

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

For the 27 nontribal grantees, the strategy consists of an experimental impact study, a descriptive study (to include program implementation, systems change, and participant outcomes), and a cost-benefit analysis (collectively called the "National Evaluation"). For the five tribal grantees, the strategy consists of an implementation and outcomes evaluation (the "Tribal Evaluation").

About This Report

This is the second annual report for the HPOG 2.0 Program. It presents information describing HPOG 2.0 from the start of the Program on September 30, 2015 through September 29, 2017, the end of grant Year 2.[6] It includes information on all 32 HPOG 2.0 grantees. All results in this report are descriptive and should not be interpreted as causal impacts. Impacts of the HPOG 2.0 Program for nontribal grantees will be reported as part of the HPOG 2.0 National Evaluation's impact study. Outcomes for the HPOG 2.0 tribal grantees will be reported separately as part of the HPOG 2.0 Tribal Evaluation.

This report builds on the *Health Profession Opportunity Grants 2.0: Year One Annual Report (2015–16)*.[7] That report provides basic information on the characteristics of the 32 grantees (including their locations and organizational types), detailed descriptions of the activities and services their programs offer, and the characteristics of participants. Because there has been limited change in program offerings and participant characteristics since Year 1, the body of this Year 2 report provides only brief updates on these areas.

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.

6 Funds were awarded on September 30, 2015. Grantees spent part of the first grant year on initial planning and implementation activities, such as finalizing eligibility criteria, hiring staff, and developing recruitment materials. Grantees started enrolling participants in the demonstration project between February and April 2016. Thus, findings in this report are based on 18 to 20 months of participant data.

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

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 grantee programs offer.

Grantee program staff enter data in PAGES.[8] Grantees must each submit semi-annual and annual Performance Progress Reports (PPR) using data entered into PAGES; that PPR data is also used for this annual report. PAGES links users to a *Glossary of Terms* document that defines the terms used in PAGES; Box 2 provides selected definitions used in this report from that glossary.[9]

This second annual report on HPOG 2.0 provides information for the first two years of the Program on the training and employment outcomes of program participants (**Chapter 2**); characteristics of participants (**Chapter 3**); and activities and services offered by HPOG 2.0 grantee programs and the extent to which participants engaged in them (**Chapter 4**).[10]

Box 2: HPOG Terminology

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).

Source: Glossary of Terms, HPOG 2.0 PAGES.

8 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 2 by October 31, 2017, in order to submit their Year 2 PPR. All results in this report are based on data extracted on December 1, 2017.

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

10 Appendix C provides exhibits that update all participant information reported in the first annual report.

2. HPOG 2.0 Program Outcomes

Within ACF's overall goals for HPOG 2.0 described earlier (see Box 1), grantees have flexibility to design programs to meet the needs of their target populations and local employers. Thus, despite differences in design, the HPOG 2.0 grantee programs have similar objectives: to help participants' complete healthcare training, earn necessary licenses and certifications, and find healthcare employment. As part of its career pathways approach, HPOG 2.0 seeks to move participants forward in careers in healthcare to improve their economic opportunities and meet employer needs.

2.1 Career Pathways Approach

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

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

As part of the career pathways approach, HPOG programs offer multiple points of entry for training and related employment. Depending on their initial 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 assistance, 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.[11]

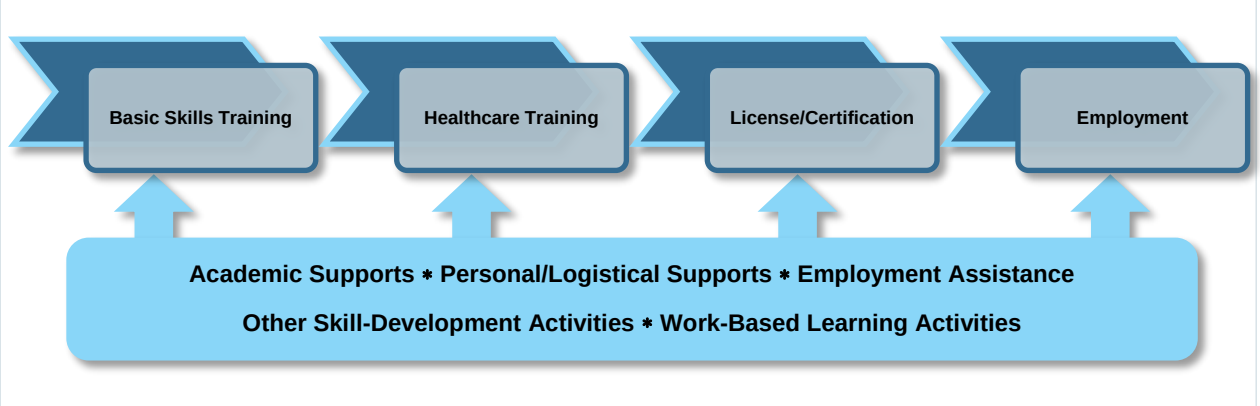
2.2 Participant Progression through HPOG Program

Once participants enter HPOG 2.0, grantee programs work with participants to help them determine the specific program activities and supports that are right for them. Exhibit 1 shows a generalized example of participants' movement through HPOG 2.0. Participants enter basic skills training (if needed), progress to healthcare training, earn a license and/or certification upon completion (if required or beneficial for their occupation of choice), and enter employment

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

in their chosen field. Along the way, programs provide supports and supplemental skill-building activities to help participants succeed.

Exhibit 1. Example of Participant Movement through HPOG 2.0



2.3 Overview of Outcomes

From the beginning of the HPOG 2.0 Program through Year 2, grantee programs enrolled 14,738 participants. These individuals' participated in activities, enrolled in and completed trainings, and found a new job or got promoted.[12] Exhibit 2 presents some of the key findings on participant outcomes through Year 2.

Because HPOG 2.0 grantees enrolled participants at the earliest in February 2016 due to the initial planning period, by the end of Year 2 (September 2017), some had been participating in programs for as many as 20 months, while others had only just begun to participate. On average, participants had been in HPOG 2.0 for eight months. The outcomes described here thus represent a snapshot of *all* participants' progress to date at the end of Year 2, regardless of when they enrolled or how much progress they made on their career pathway.

- **Programs were successful in enrolling participants in healthcare training and having them progress toward completion. Of all healthcare trainings started, 88 percent were completed or still in progress by the end of Year 2.**

Exhibit 2 shows that 10,302 participants (69 percent of all participants enrolled in HPOG 2.0) began healthcare training in the first two years of HPOG 2.0. Of all healthcare trainings participants began, more than half were completed (54 percent) and in another third of trainings (34 percent) participants were still enrolled at the end of Year 2. Only 12 percent of healthcare trainings were not successfully completed (in 9 percent of trainings participants dropped out and in 3 percent participants did not pass.) [13]

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

[13] Participants could enroll in multiple trainings, so we report on the completion status of trainings, not participants. The 12,063 participants that started at least one healthcare training enrolled in 11,469 trainings.

- **About one-third of all participants engaged in basic skills training; of them 93 percent completed or were still engaged in it at the end of Year 2. Of those who completed, most (71 percent) moved on to healthcare training.**

Of the 4,736 participants in standalone basic skills training classes, almost two-thirds completed (63 percent) and another 30 percent were still engaged at the end of Year 2. This means only 7 percent were unsuccessful (5 percent dropped out and 2 percent did not pass). Of those who completed basic skills training, 71 percent continued on to healthcare training. In addition, not included in this finding are participants (513) who began healthcare training before completing basic skills training. Some HPOG 2.0 healthcare training programs integrate basic skills into their technical skills curriculum, and participants in such programs are also not included in this finding. About 23 percent of healthcare training participants are in training that is integrating basic skills into the healthcare curriculum.

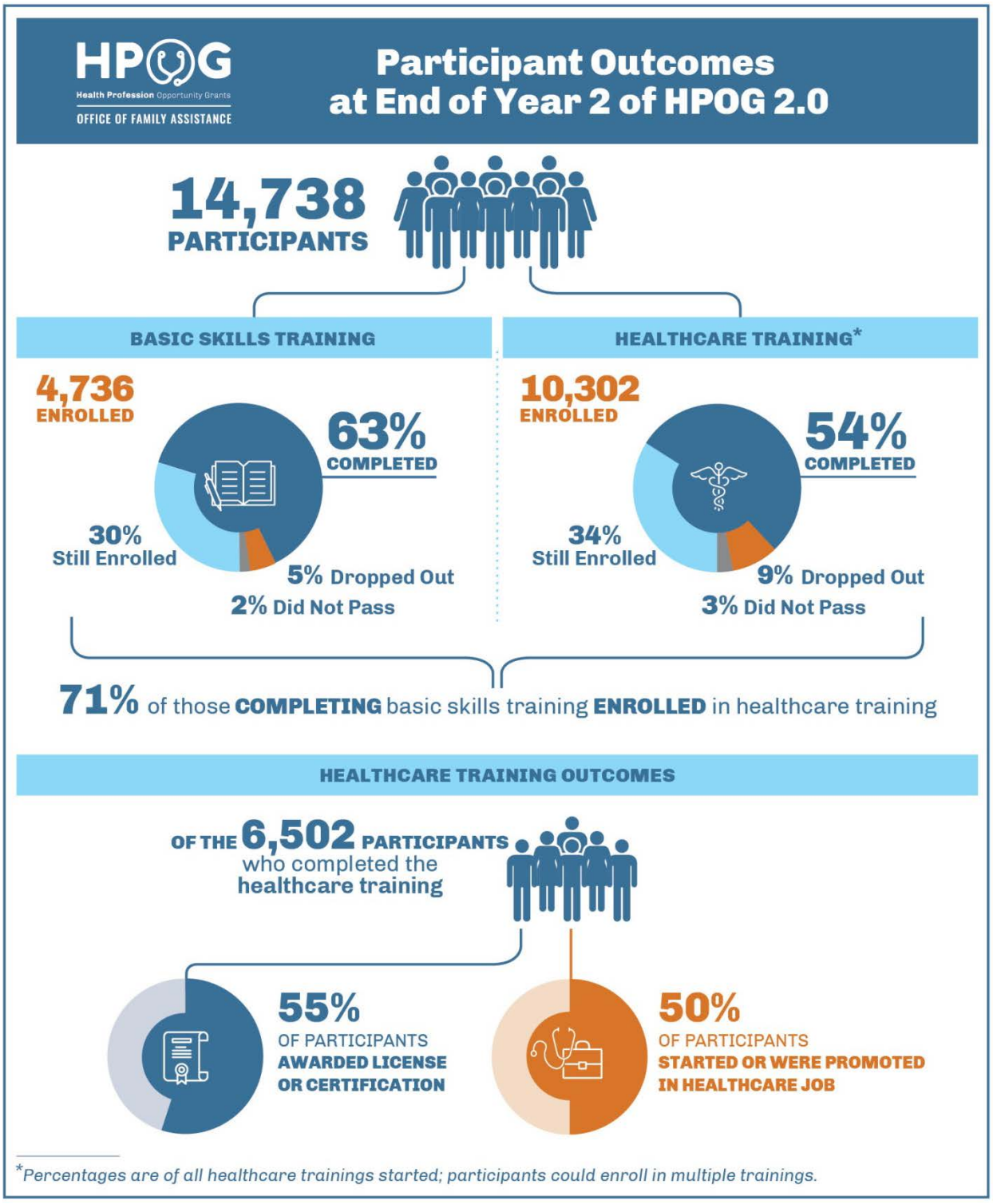
- **About half (55 percent) of participants who completed healthcare training went on to earn a professional license or certification.**

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

- **Of those completing healthcare training in the first two years of HPOG 2.0, half started a job or were promoted on an existing job in the healthcare industry after completing training.**

Half of participants (50 percent) who completed healthcare training in the first two years of HPOG 2.0 subsequently started a job or were promoted in existing jobs in the healthcare industry. This figure does not represent total employment after training completion, however, as some training completers remained in jobs they already held prior to or during training. In addition, program administrative data may be missing some jobs held by participants of which HPOG 2.0 program staff are unaware.

Exhibit 2. Participant Outcomes at End of Year 2



2.4 Career Progress in Healthcare Training

The outcomes described above provide a picture of healthcare training enrollment and completion. However, HPOG 2.0 is also interested in the career progress of participants. As mentioned earlier, HPOG 2.0 offers multiple points of entry for training. Depending on their skill level, participants can train for entry-level, mid-level, or high-level work, in order to move along their career pathway. Career progress includes participants who are able to enter an HPOG 2.0 program in a mid- or high-level occupational training, due to prior work or training experience, as well as participants who take multiple trainings starting at entry-level and move to higher levels as part of HPOG 2.0.

HPOG 2.0 grantees offered training in 66 different healthcare occupations.[14] As part of PAGES data entry, grantees categorized their healthcare trainings into "career pathway levels" of *entry-level, mid-level,* and *high-level* occupations (Box 3).[15] Altogether, the grantees offered 563 unique healthcare training programs. This number is the sum of all the types of occupational training offered by each grantee. This means, for example, that Certified Nursing Assistant training (offered by all grantees) is counted 32 times. On average, grantees offered 18 different occupational training programs.

Box 3: Examples of Occupations in Career Pathway Levels

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

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

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

Source: PAGES.

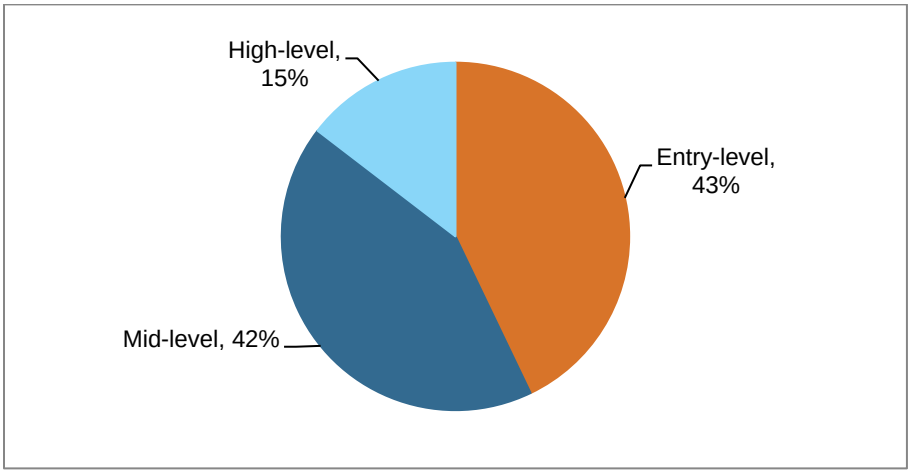
- **HPOG 2.0 programs embrace the goal of providing multiple points of entry to training as demonstrated by offering healthcare trainings at all levels.**

Of all the healthcare training programs grantees offered, 43 percent are at entry-level, 42 percent at mid-level, and 15 percent at high-level (Exhibit 3).

[14] Appendix Exhibit C.1 lists all the occupations for which training is offered and how many grantees offer each type.

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

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



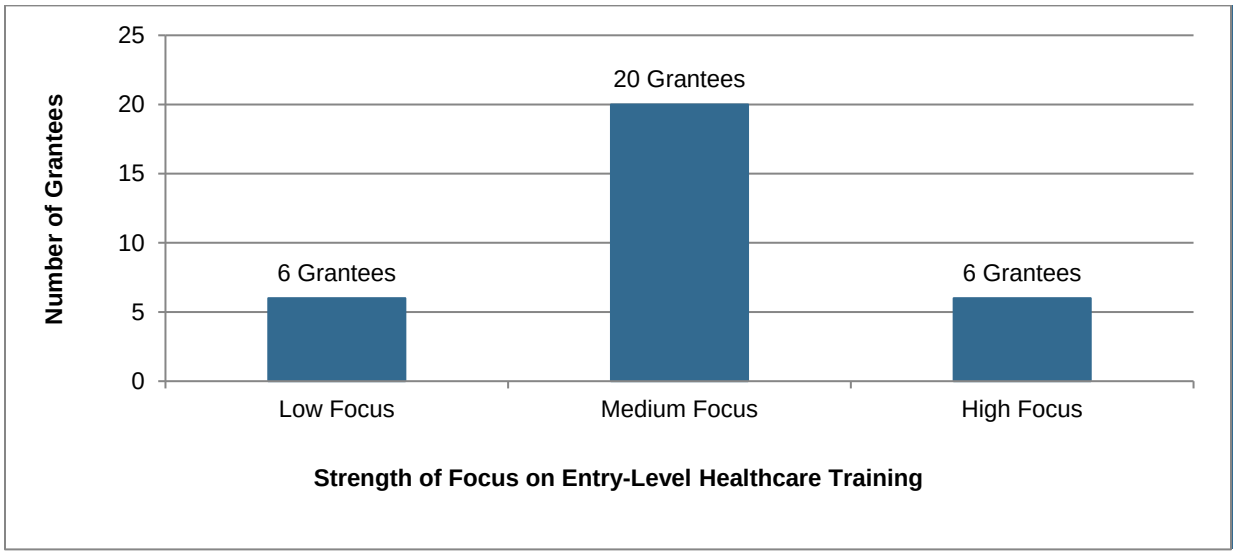
Source: PAGES program-level data.

Note: N=563 healthcare trainings.

- **Given their flexibility to design programs, HPOG 2.0 grantees vary in the extent to which they provide training opportunities beyond entry-level.**

Grantees differ in the extent to which they focus on offering entry-level trainings. Six of the 32 HPOG 2.0 grantees are highly focused on entry-level training, with more than two-thirds of their offered trainings at the entry-level (Exhibit 4). One grantee offers only entry-level training. In contrast, 6 grantees have a low focus on entry-level training, with fewer than one-third of their healthcare trainings in entry-level occupations. These grantees put more emphasis on providing mid- and high-level training opportunities. HPOG 2.0 program choices in what training to provide reflect differences in target populations, local labor markets, and other program context.

Exhibit 4. Focus on Entry-Level Training Among Grantees



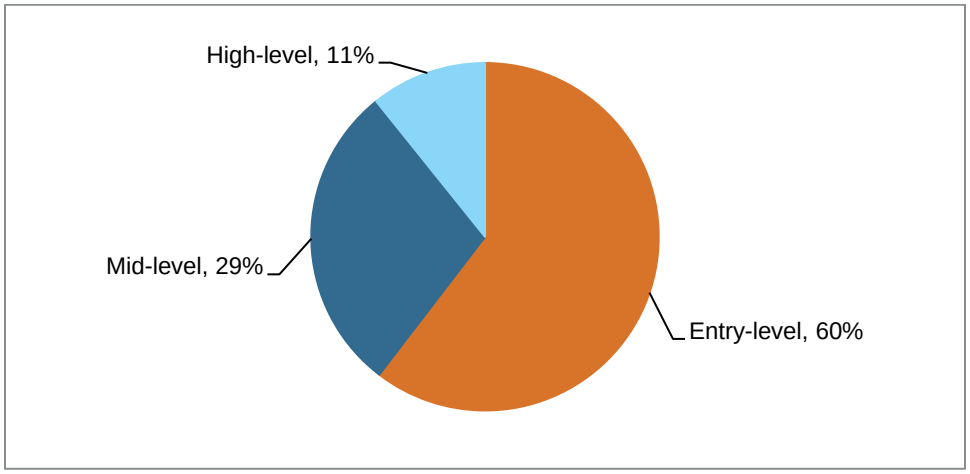
Source: PAGES program-level data.

Note: N=32 grantees. Focus on entry-level is defined as percent of trainings offered that are entry-level. Low = less than 33 percent; high = more than 66 percent; medium = from 33 to 66 percent.

- **In the first two years of HPOG 2.0, the majority of healthcare training enrollments were at entry-level, but more than a third were at mid- or high-level, suggesting career progression for those participants.**

Of all training enrollments through Year 2, 60 percent were entry-level, 29 percent mid-level, and 11 percent high-level occupational training (Exhibit 5).[16]

Exhibit 5. Participation in All Healthcare Trainings, by Career Pathway Level



Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.
Note: N=12,063 healthcare training participations. Participants may have engaged in multiple trainings.

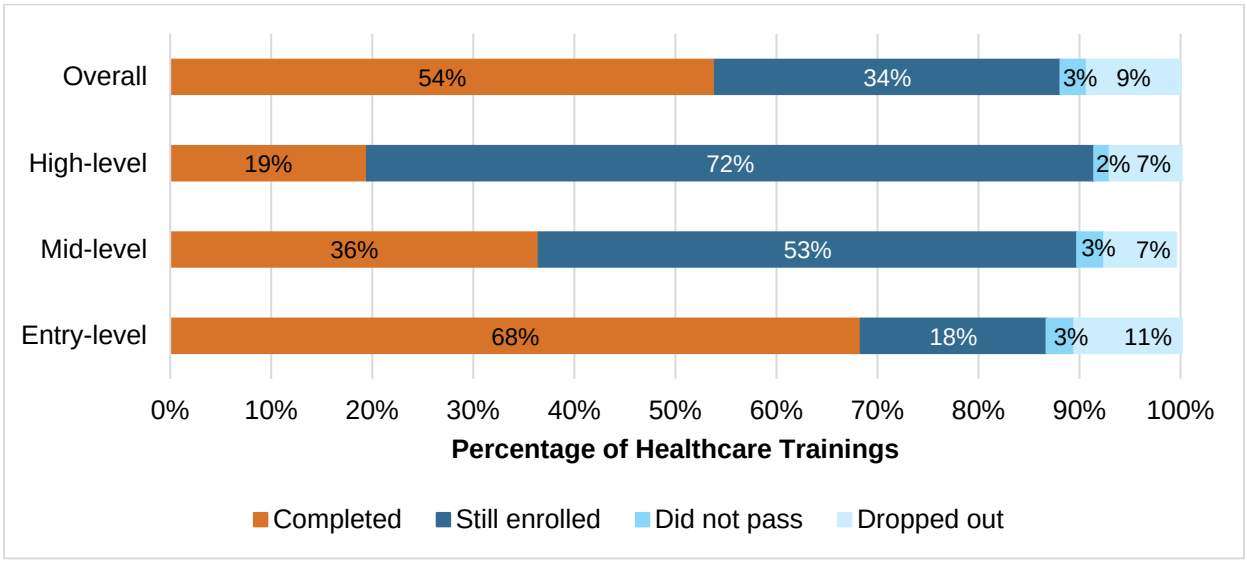
- **At all career pathway levels, the percentage of healthcare trainings that participants have completed or are still engaged in at the end of Year 2 is high, almost 9 out of 10 participants.**

Exhibit 6 shows the completion status of healthcare occupational training by career pathway level. Entry-level trainings are much more likely to have been completed than are high-level trainings, 68 percent compared to 19 percent. High-level and mid-level trainings, on the other hand, are more likely to still be under way at the end of Year 2 than are entry-level training, 74 percent and 56 percent compared to 19 percent. This is in part because entry-level trainings are usually shorter in length than mid- and high-level trainings. For example, the most common entry-level training is Nursing Assistant with an average length of about two months, whereas the most common high-level training is Registered Nurse with an average length of more than two years.[17]

[16] Appendix Exhibit C.11 provides enrollment data for each of the top 20 occupations in which participants trained.

[17] Appendix Exhibit C.13 provides completion status data for each of the top 20 occupations in which participants trained.

Exhibit 6. Healthcare Training Completion Status at End of Year 2, by Career Pathway Level



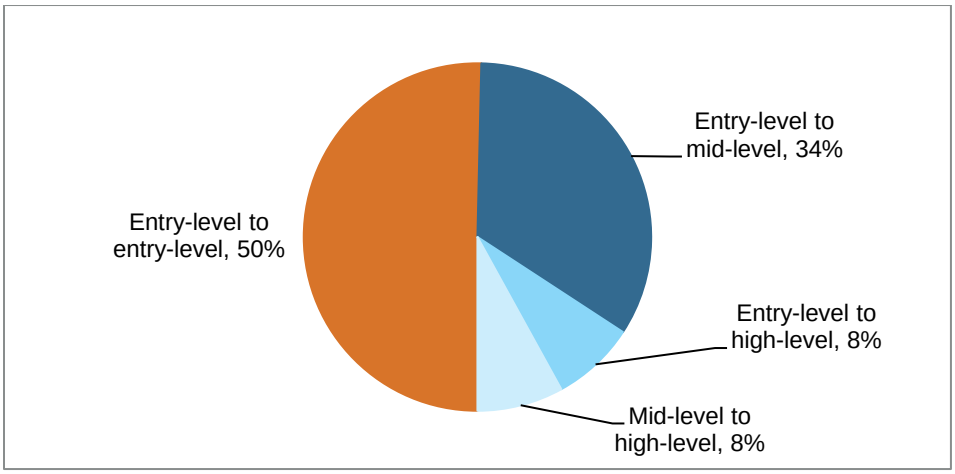
Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.

Note: N=12,063 healthcare trainings (7,288 entry-level, 3,476 mid-level, 1,299 high-level). Participants may have engaged in multiple trainings.

- **Another measure of movement along a career pathway for HPOG 2.0 is taking multiple trainings, although few participants had done this by the end of Year 2.**

Relatively few participants (836, or 8 percent of all those who enrolled in any healthcare training) completed one healthcare training and started another during the first two years of HPOG 2.0. For half of those participants taking additional training, their second training was at a higher level than the first. As shown in Exhibit 7, the other half of them enrolled in a second entry-level occupational training.

Exhibit 7. Career Pathway Progression for Those in Multiple Trainings



Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.

Note: N=836 participants who completed one healthcare training and started another.

Review of the specific occupations in which training occurred shows that most of these participants are taking multiple short-term direct-care entry-level trainings (such as Certified Nursing Assistant, Phlebotomist, Home Health Aide, or Medical Assistant). Taking multiple entry-level trainings could

afford an individual more versatile skill sets and opportunities for employment. There are also individuals training to move from non-direct patient care occupations, such as Medical Office Clerk, to direct patient care, such as Certified Nursing Assistant or Medical Assistant. Finally, a few participants took more than one training in the same occupation—typically Certified Nursing Assistant—which could be training to enhance existing skills. This could allow participants to take on more responsibility (for presumably higher wages) than those without the additional training.

The number of participants taking multiple trainings as part of the HPOG 2.0 Program can be expected to increase over time as more participants have been enrolled for longer periods.

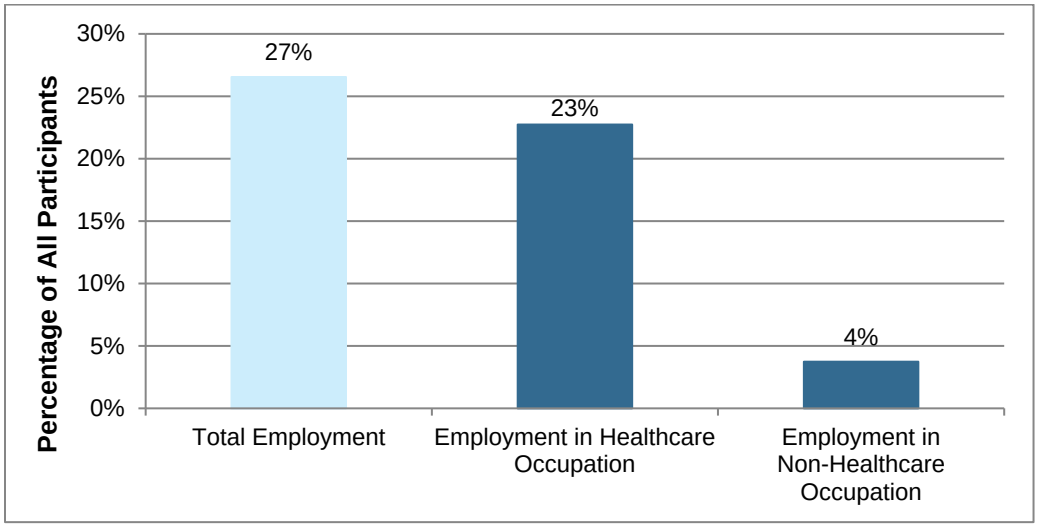
2.5 Employment Outcomes

A primary goal of HPOG is to enable participants to find well-paying employment in in-demand healthcare professions. The employment outcomes for HPOG 2.0 in this report include only jobs and promotions that were obtained after enrollment in HPOG 2.0. Employment outcomes defined this way likely reflect jobs or promotions obtained with assistance from or as a result of participating in HPOG 2.0 training. Therefore, employment outcomes do not include jobs already held by participants at the time of enrollment. In addition, it is important to note that the employment outcomes consider all participants enrolled in the first two years of HPOG 2.0, including those who just recently entered and have yet to begin training, those who are still in training, and those who have completed training. At the end of Year 2, participants had been enrolled anywhere from 20 months to less than 1 month.

- **By the end of Year 2, about one-quarter (23 percent) of all participants in HPOG 2.0 programs had started a job or were promoted (subsequent to enrolling in HPOG) in a healthcare occupation.**

As shown in Exhibit 8, some 3,351 participants (or 23 percent of all participants) took new jobs or were promoted in a healthcare occupation at some point after their program enrollment. An additional 4 percent of participants obtained employment in non-healthcare jobs.

Exhibit 8. Employment (New Jobs or Promotions after Enrollment) at End of Year 2



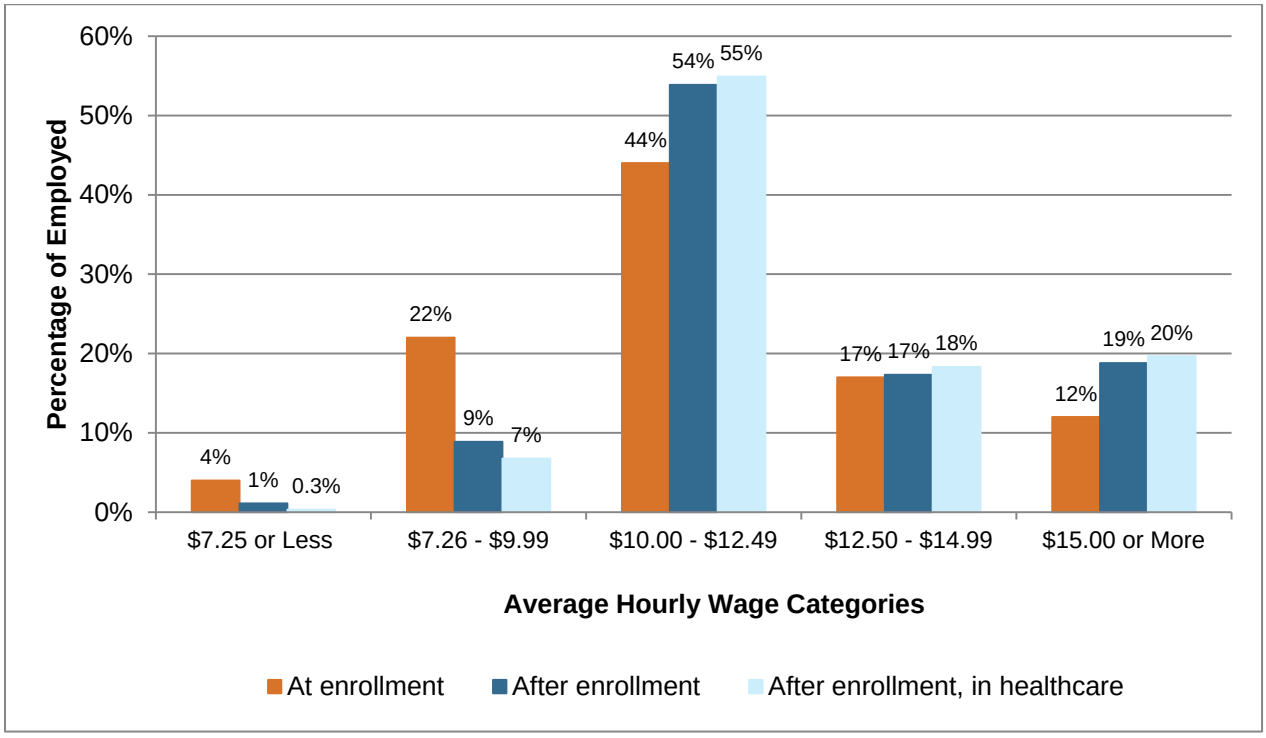
Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.
Note: N=14,738.

- **Wage levels also signal career progress for participants who move to higher-paying jobs. The average wage of those who started jobs or were promoted after enrolling in HPOG 2.0 was higher than the average wage of those who held jobs at the time of enrollment.**

Exhibit 9 compares the distribution of average wages of all participants who started a job or received a promotion while enrolled in HPOG 2.0 versus the wage distribution of all participants already working at the time of their enrollment in the study.

The exhibit shows that the wage distribution of employment after enrollment is higher. For example, 22 percent of participants working at the time of their enrollment in HPOG 2.0 were making between $7.26 and $9.99 per hour versus only 9 percent of participants who obtained employment or were promoted during HPOG 2.0. Conversely, only 12 percent of participants working at the time of enrollment were making at least $15 per hour versus 19 percent of participants who obtained employment or were promoted during HPOG 2.0.

Exhibit 9. Participant Wage Distribution at and after Enrollment through Year 2



Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.

Note: N=6,702 working at time of enrollment (14 missing), 3,902 obtained employment (found a job or received a promotion) after enrollment (380 missing). Individual participants can appear in both samples.

A similar comparison finds the wage distribution for participants who obtained employment during HPOG 2.0 in healthcare occupations is slightly higher than that for participants who

found any employment. However, the difference is minimal because *most* employment obtained after enrollment (90 percent) was in healthcare.[18]

[18] These comparisons do not show changes for specific individuals, but show the difference in the distribution of wages across all participants already working at enrollment, all who obtained employment after enrollment (during HPOG 2.0) in any occupation, and all who obtained employment after enrollment in a healthcare occupation. Individual participants may appear in all three distributions.

3. HPOG 2.0 Participants

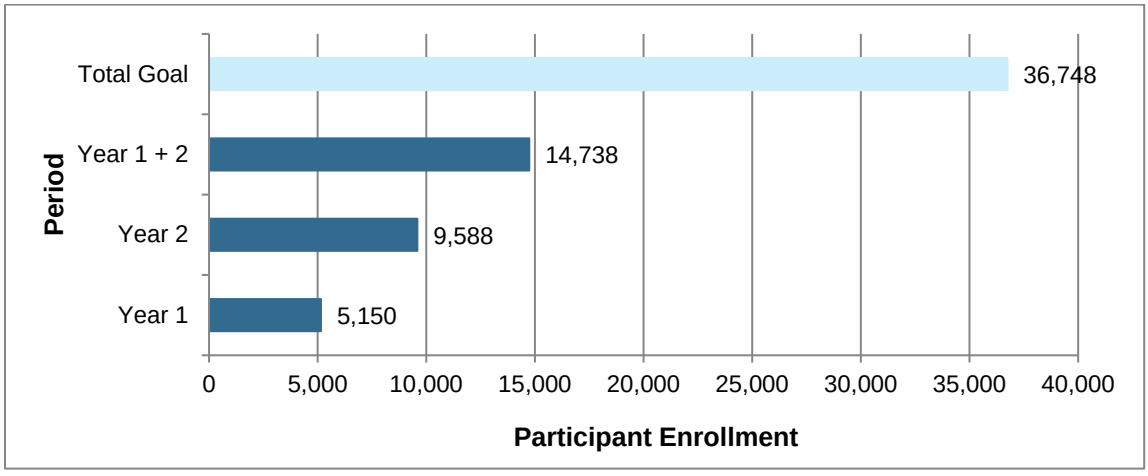
This chapter describes the number of participants enrolled in the first two years of HPOG 2.0 and how this compares to overall enrollment goals. In addition, it provides a review of participant characteristics at the time of enrollment.

3.1 Enrollment and Goals

- **By the end of Year 2, HPOG 2.0 was on track to meet its five-year cumulative enrollment goal, its grantees together having enrolled 40 percent of that goal.**

During the second year of the HPOG 2.0 Program, grantees enrolled 9,588 participants. This was in addition to the 5,150 participants enrolled in Year 1, giving a cumulative enrollment of 14,738 for Years 1 and 2. The total five-year enrollment goal across all grantees combined is 36,748 participants (Exhibit 10).

Exhibit 10. Cumulative Enrollment Goal and Actual, by Program Year

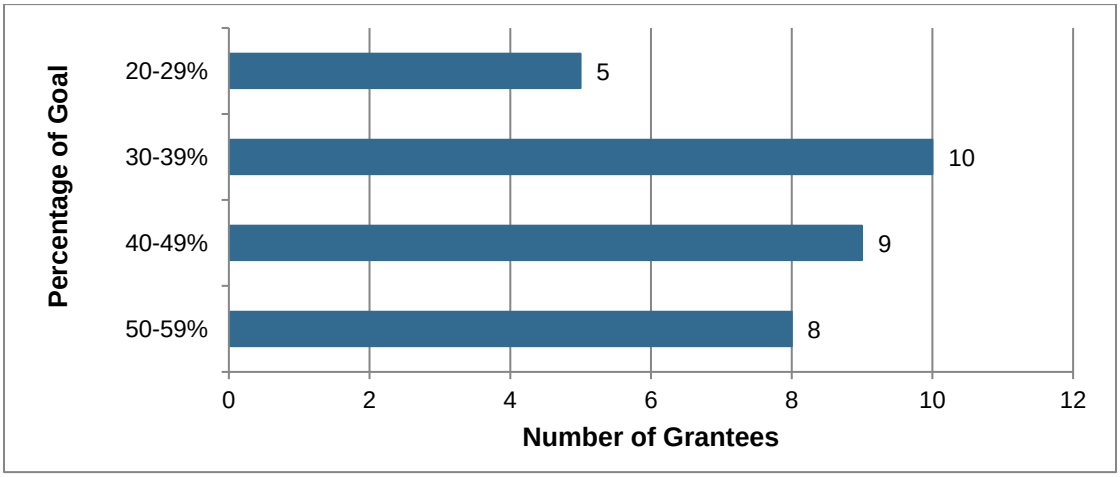


Source: PAGES. Participants enrolled between September 30, 3015 and September 29, 2017, and five-year grantee enrollment goals as reported in PAGES.

Note: N=32 grantees.

HPOG 2.0 grantees varied in their progress toward their individual five-year enrollment goals. These goals had been set by grantees, in discussion with ACF, at the beginning of the Program. Exhibit 11 shows grantees' progress. In the first two years of HPOG 2.0, more than half of grantees (17 of 32) had already enrolled more than 40 percent of their total enrollment goal. This is especially significant given programs hadn't begun enrolling participants until February–April 2016, or about halfway through the first grant year, due to the initial planning period. On the other hand, five grantees reported reaching less than 30 percent of their five-year goal by the end of Year 2.

Exhibit 11. Number of HPOG 2.0 Grantees, by Percentage of Five-Year Enrollment Goal Attained by End of Year 2



Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017, and five-year grantee enrollment goals as reported in PAGES.

Note: N=32.

3.2 HPOG 2.0 Participant Characteristics

HPOG 2.0 grantees serve participants of diverse backgrounds and life experience. On average, the characteristics of participants in Year 2 were similar to Year 1. This section of the report provides an overview of characteristics at the time of enrollment into HPOG 2.0 for all participants enrolled to date (Years 1 and 2).[19]

- **HPOG participants typically were low-income women in their 20s and 30s, many of whom were parents.**

A majority of HPOG 2.0 participants at enrollment were female (91 percent), had never married (57 percent), and had one or more dependent children (68 percent). Most participants identified as Black or African-American (42 percent) or White (37 percent). About one-quarter were younger than age 25, and 10 percent were age 50 or older.

Most participants had low incomes. Nearly three-quarters (72 percent) had an annual household income of less than $20,000, and nearly two-thirds (61 percent) had an individual annual income of less than $10,000. At enrollment, many HPOG 2.0 participants were receiving public benefits. The most common benefit received was Medicaid (65 percent), followed by the Supplemental Nutrition Assistance Program (58 percent) and Temporary Assistance for Needy Families (20 percent).

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

At the time of program enrollment, the majority of participants had at least some college experience (55 percent); 15 percent had at least an associate's degree.

[19] An update of the complete set of characteristics presented in the first annual report can be found in Appendix C.

One-third had an occupational certificate or license (in any occupation) at the time of enrollment, and one-third had previously completed an occupational training course. Twenty-seven percent were already enrolled in a training program when they entered HPOG 2.0. Note that a subset of all HPOG 2.0 participants, eight percent, were continuing participants from HPOG 1.0.

Almost all participants (94 percent) enrolled with prior work experience, with half reporting they had previously worked in a healthcare occupation. Somewhat fewer than half of participants (45 percent) were already employed at enrollment, with nearly one-quarter of participants employed in healthcare.

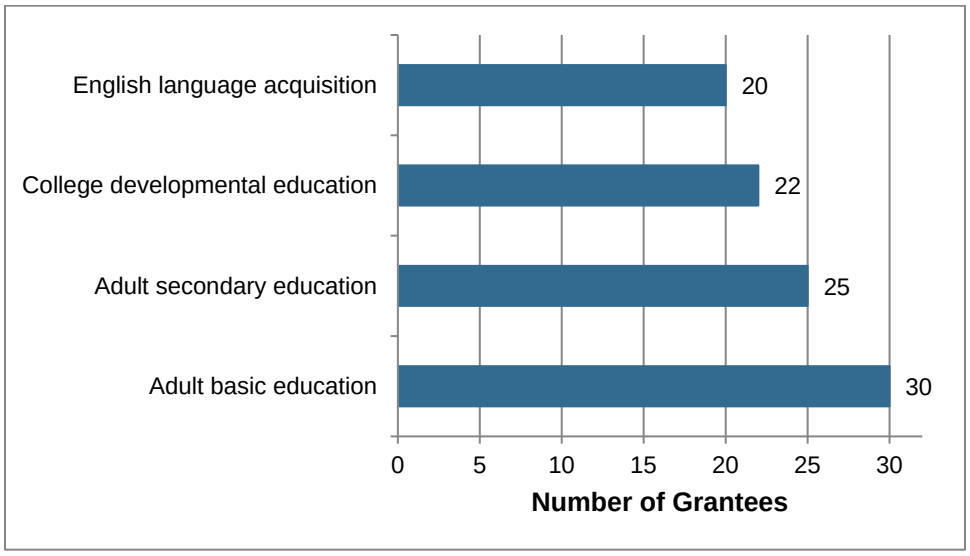
4. HPOG 2.0 Activities and Participation

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

4.1 Basic Skills Training

Typically, some applicants to healthcare training programs need to improve their reading and writing (literacy), math, and/or English language skills before they are eligible to enroll. In order to increase access to healthcare training, the HPOG 2.0 Program Funding Opportunity Announcement encouraged grantees to serve participants who had basic skills needs.[20] Grantees offer basic skills training, such as adult basic education, college developmental education, adult secondary education, and English language acquisition (all defined in Appendix B). All grantees offer at least one of these types of basic skills training, and each type is offered by more than half of all grantees (Exhibit 12).

Exhibit 12. Grantees Offering Basic Skills Training, by Training Type



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

Research shows that individuals seeking to gain occupational skills can be derailed by having to take basic skills training before getting to occupational training, due to the additional time and money required and potential loss in motivation.[21] Some HPOG 2.0 programs have adopted delivery modes that will help participants who need to strengthen their basic skills to complete healthcare training.

[20] See Funding Opportunity Announcements cited earlier.

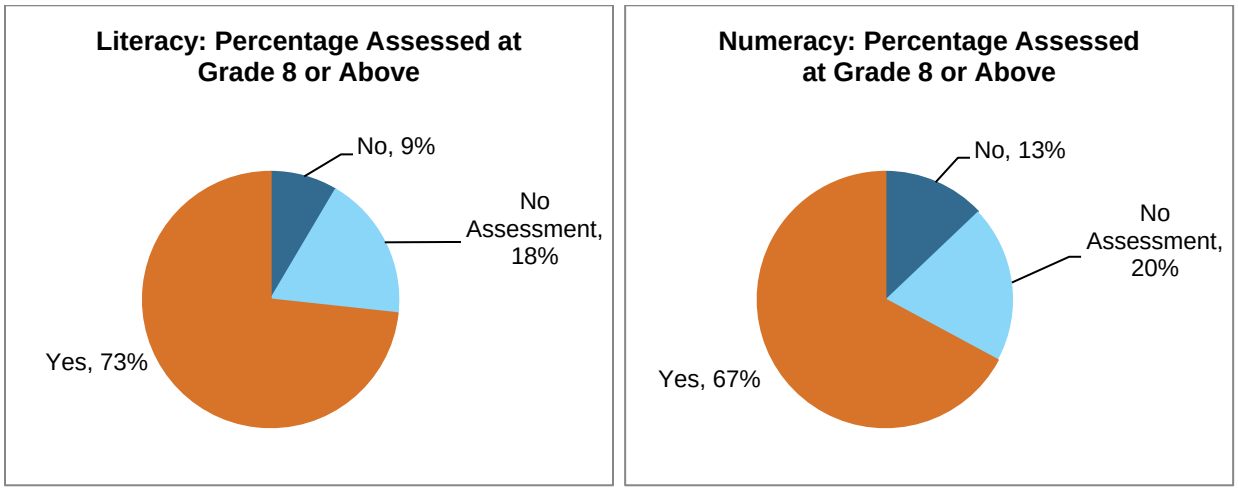
[21] Eric Bettinger, Angela Boatman, and Bridget Terry Long, 2013, "Student Supports: Developmental Education and Other Academic Programs," *Future of Children: Postsecondary Education in the US,* 23(1):93-115.

One mode is accelerated delivery, which organizes basic skills instruction and curricula in ways that allow participants to complete the coursework more quickly than in a traditional format. Participants might, for example, attend class for fewer weeks but for more hours per week. Another mode is contextualized training, an instructional approach that explicitly connects teaching basic skills with teaching occupational skills or occupational prerequisites (such as chemistry, anatomy and physiology, etc.). In some instances, participants are able to take basic skills and healthcare training concurrently, instead of having to complete basic skills training first. Finally, some HPOG 2.0 programs offer healthcare training that integrates basic skills into the occupational curricula. This approach allows participants to improve their basic skills *while* working toward an occupational credential.[22]

- **Through Year 2, HPOG 2.0 programs enrolled participants with relatively low basic skills levels.**

At least 9 percent of HPOG 2.0 participants had their literacy assessed at enrollment to be less than eighth-grade level, our measure of relatively low basic skills; 13 percent had numeracy skills below that level. About one-fifth of participants do not have an assessment, as some programs did not test participants' skills at enrollment (Exhibit 13).

Exhibit 13. Participants' Literacy and Numeracy Assessment Levels through Year 2

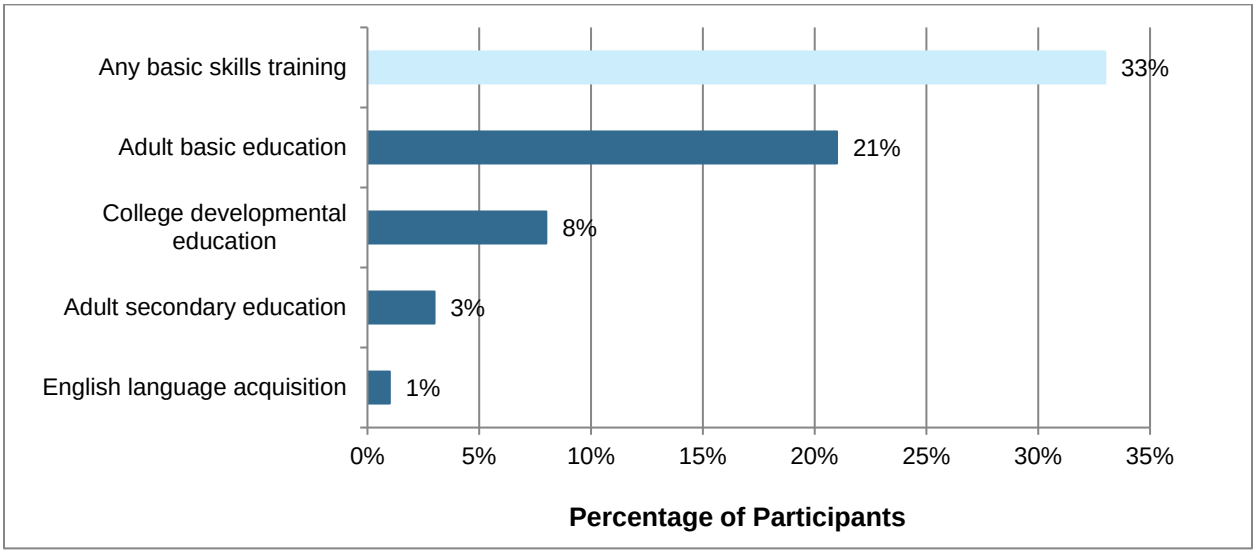


Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.
Note: N=14,738 (180 missing).

About one-third of HPOG program participants took basic skill classes. As shown in Exhibit 14, 33 percent of all enrollees through Year 2 of HPOG 2.0 enrolled in some type of basic skills training. This does not include participants enrolled in healthcare training where basic skills are integrated into the curriculum.

[22] Additional details on the extent to which HPOG 2.0 programs are offering basic skills training in these different ways can be found in the *HPOG 2.0 Year One Annual Report.*

Exhibit 14. Participation in Basic Skills Training through Year 2, by Training Type



Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N=14,738. Participants may be enrolled in more than one type of basic skills training. Does not include participants in healthcare training where basic skills are integrated into the curriculum.

4.2 Other Skill-Development and Work-Based Learning Activities

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

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

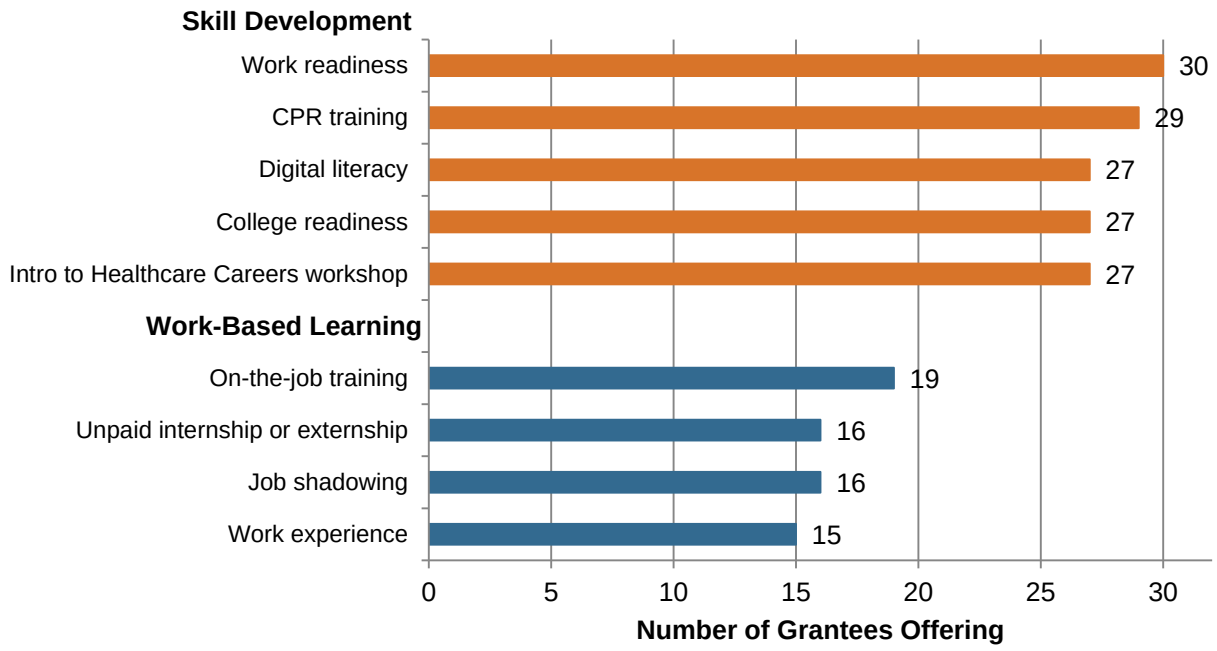
The majority of grantees are offering activities in each of the skill-development categories (Exhibit 15). Activities within a given category vary across grantees. For example, some grantees offer multiday "boot camps" incorporating an introduction to healthcare careers, sessions on study skills for college, and workshops on teamwork and positive work habits. Other grantees offer standalone workshops, such as a two-hour class on study skills or a one-hour orientation to healthcare careers. CPR training and digital literacy classes seek to provide supplemental skills helpful for specific healthcare careers.

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

Nineteen or fewer grantees offer each type of work-based learning activity (Exhibit 15). These activities provide ways for participants to gain experience in a work setting to supplement their healthcare training. Such activities usually require a program to develop strong connections with employers and opportunities are developed for one or a small set of participants at a time. These activities do not include clinical placements that are required for some healthcare

trainings and would be a normal part of completing those trainings (such as Registered Nurse training).

Exhibit 15. Grantees Offering Skill-Development and Work-Based Learning, by Activity Type

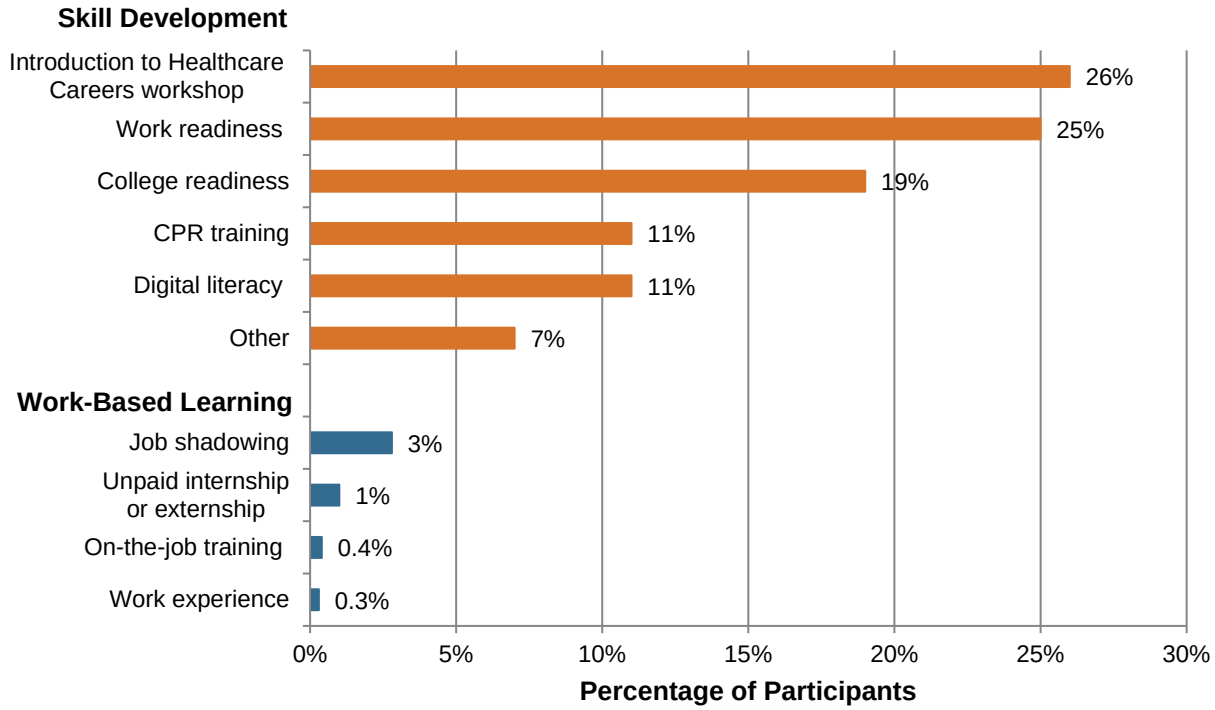


Source: PAGES program-level data.
Note: N=32 grantees.

While skill-development and work-based learning activities were less central elements of the HPOG 2.0 programs than was healthcare training, still almost half of participants engaged in them.

Almost half (47 percent) of HPOG 2.0 participants engaged in at least one skill-development activity by the end of Year 2. Despite most grantees offering each activity type, only a minority of participants engaged in them (Exhibit 16). The most common activities were an Introduction to Healthcare Careers workshop and work-readiness training, each attended by about one-quarter of participants.

Exhibit 16. Participation in Skill-Development and Work-Based Learning, by Activity Type



Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.
Note: N=14,738. Participants may be enrolled in more than one skill-development or work-based learning activity.

Fewer than 5 percent of participants engaged in each of the work-based learning activities (Exhibit 16). The most common activity was job shadowing, but fewer than 3 percent of participants engaged in it through the end of Year 2. Further, fewer than 1 percent of participants were in an unpaid internship or externship or engaged in on-the-job training or work experience through their HPOG 2.0 program.

4.3 Support Services

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

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

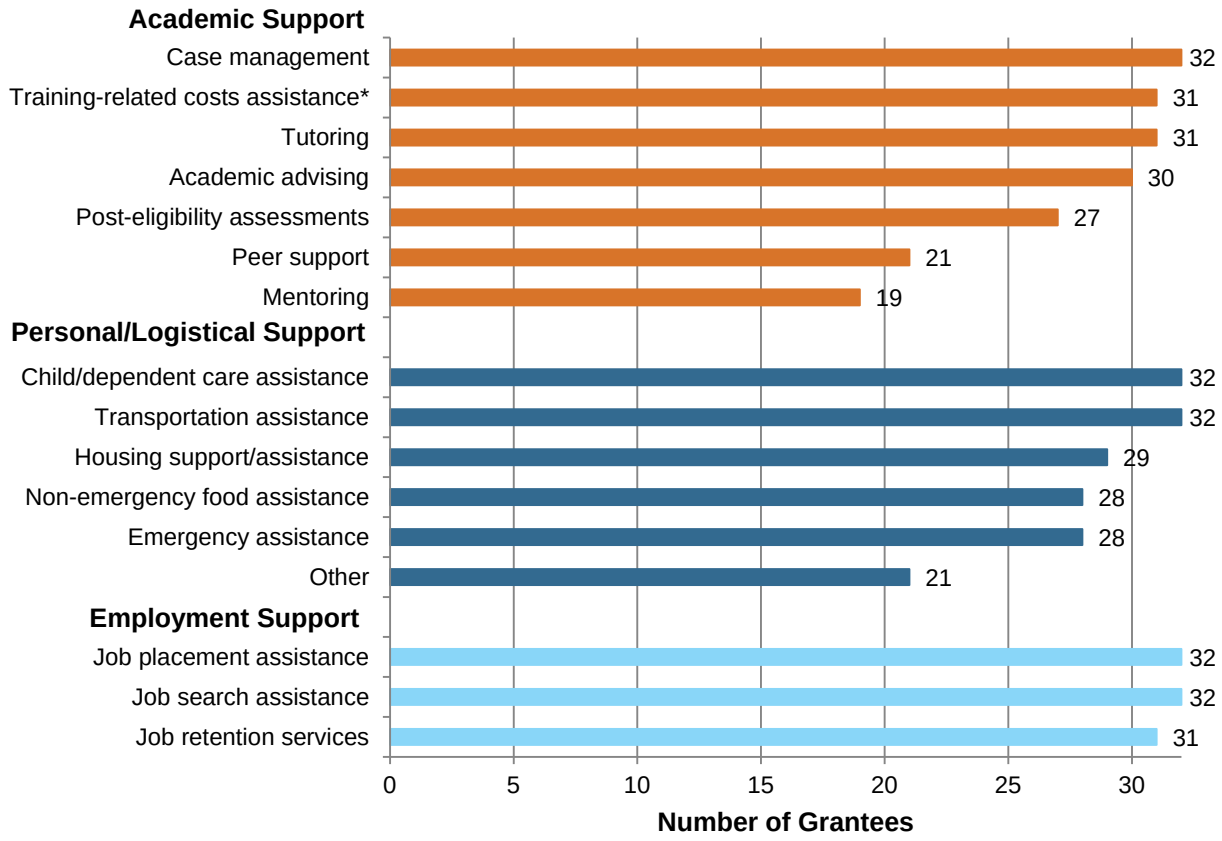
  By the end of Year 2, HPOG 2.0 programs had funded the majority (80 percent) of participants' healthcare occupational training. Sources other than HPOG, such as Pell grants and a small number of training-cost waivers, funded the remainder of participants' trainings.

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

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

As shown in Exhibit 17, almost all HPOG 2.0 grantees offer each of the various support services (all are defined in Appendix B).

Exhibit 17. Grantees Offering Support Services, by Service Type



Source: PAGES program-level data.

Note: N=32 grantees.

*Does not include tuition assistance.

Academic supports (Exhibit 17) include case management, academic advising, and post-eligibility assessments in which HPOG or partner organization staff help participants set, maintain, or adjust their goals and plans; and tutoring, mentoring, and peer support to help to keep students on track academically. In addition, almost all HPOG 2.0 grantees provide assistance with training-related costs such as books, uniforms, or required equipment.

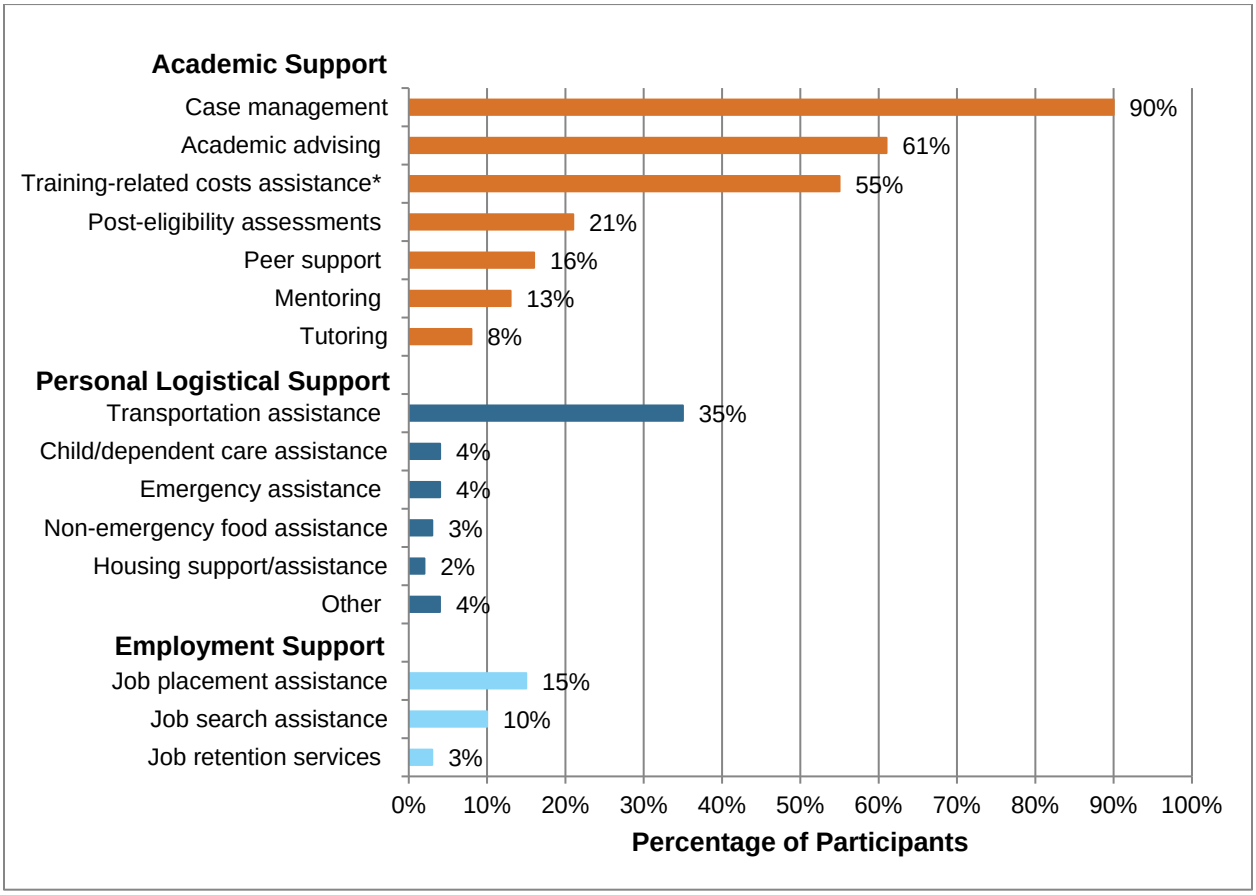
Personal/logistical supports (Exhibit 17) and employment assistance supports (Exhibit 17) are also offered by most HPOG 2.0 programs. Personal/logistical supports include assistance for participants with transportation costs, child care, and other emergency needs. Programs might pay for some of these supports out of HPOG 2.0 funds or might work closely with partner organizations to make these supports available to participants.

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

- **Across the variety of supportive services offered, participants' receipt of each support varies substantially, with some used by most participants and others used by few participants.**

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

Exhibit 18. Receipt of Support Services through Year 2, by Service Type



Source: PAGES. Participants enrolled between September 30, 2015 and September 29, 2017.

Note: N=14,738.

Participants may have received more than one support.

*Does not include tuition assistance.

As shown in Exhibit 18, case management was the most common support received by HPOG 2.0 participants through Year 2, with some 90 percent of participants receiving it. More than half of participants received academic advising (61 percent) and assistance with training-related costs other than tuition (55 percent). Fewer than one-quarter of participants received each of the other academic supports offered.

Fewer participants received personal/logistical support services than academic supports by the end of Year 2. Transportation assistance was by far the most commonly received personal/logistical support. Some 35 percent of participants received cash or other assistance that enabled them to

travel to and from HPOG-related training, employment, or services. Other types of personal/logistical supports were much less commonly received. Fewer than 4 percent of participants received child/dependent care assistance, emergency assistance, non-emergency food assistance, or housing support/assistance through HPOG 2.0.

Some HPOG 2.0 participants received employment assistance to help them find and keep jobs. Some 15 percent received assistance with job placement and 10 percent with job search. Only 3 percent received assistance retaining employment. These numbers may increase over time as more participants complete training.

5. Summary

This Year 2 Annual Report summarizes HPOG 2.0 Program offerings, participant characteristics, training participation and support receipt, and outcomes from the Program's start (September 30, 2015) to the end of Year 2 (September 29, 2017). HPOG 2.0 grantees began enrolling participants between February and April 2016, after an initial planning period of three to six months, and continued to enroll participants throughout this time period. This means the outcomes and activities reported here are for participants with between 1 and 20 months of time in the Program.

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.

Healthcare occupational training is the focus of the HPOG 2.0 Program. In the first two years, 69 percent of participants had enrolled in these trainings. By the end of Year 2, 88 percent of health trainings started were completed or still in progress. Some participants needed to improve their basic academic skills before enrolling in occupational trainings; about one-third enrolled in stand-alone basic skills training. Another 23 percent of participants were in healthcare trainings that integrated basic skills into the healthcare curriculum. More than one-half of healthcare training completers had received an occupational license or certification and half had started a job or were promoted on a previous job in the healthcare industry after completion.

The HPOG 2.0 Program allows grantees flexibility in their program design within the overall program goals. The results here show that HPOG 2.0 programs embrace the goal of providing multiple points of entry to training as demonstrated by offering healthcare trainings at entry-, mid-, and high-level. In the first two years of HPOG 2.0, the majority of healthcare training enrollments were at entry-level, but more than a third were at mid- or high-level, suggesting career progression for those participants.

Similar to results for Year 1, 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.

ACF will continue to 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 the Program has on participant outcomes.

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

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

Though conducted by multiple researchers, the projects are being coordinated to avoid duplication of effort, maximize the usefulness of collected data, reduce burden on grantees participating in the federal evaluation activities, meet performance management requirements, and promote cross-project learning.

Evaluation & System Design for Career Pathways Programs: HPOG 2.0 (2014–2019)

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 HPOG 2.0. Additionally, this project built and provides ongoing maintenance and support for the HPOG Participant Accomplishment and Grant Evaluation System (PAGES), a web-based management information system, to track grantee progress for program management and to record grantee and participant data for use in the evaluation.

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

HPOG 2.0 National Evaluation (2015–2025)

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

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

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

HPOG 2.0 Tribal Evaluation (2015–2021)

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

NORC at the University of Chicago is conducting this project.

HPOG 2.0 University Partnership Grants (2016–2020)

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

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

Appendix B. Glossary of Terms

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

Basic Skills Training

Adult basic education is a 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.

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

Adult secondary education is a 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.

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

Other Skill-Development Activities

College-readiness training is a course or workshop that educates participants about college and being a student, including study skills; stress-, financial-, and time-management skills; teamwork; academic prerequisites; and student responsibilities and expectations. This is distinct from developmental education (e.g., math or reading skills) 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; and how to evaluate and apply new knowledge gained from digital environments.

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

Work-readiness training is a course or workshop that focuses on world-of-work awareness and addresses the interpersonal and intrapersonal skills (or "soft skills") individuals need to be successful in the workplace. It encompasses daily living skills, positive work habits, attitudes, and behaviors, developing motivation and adaptability, obtaining effective coping and problem-

solving skills, acquiring an improved self-image, and can include cultural awareness skills appropriate for healthcare occupations.

Work-Based Learning Activities

Job shadowing is an activity in which participants learn about a particular occupation or profession to see 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 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.

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 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.

Academic Supports

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

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

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

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

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

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

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

Personal/Logistical Supports

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

Transportation assistance may include payments or other assistance that 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.

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

Housing assistance includes payments or other assistance that 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.

Employment Assistance Supports

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

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

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

Appendix C. Additional Exhibits–Updates to the Year 1 Annual Report

This appendix provides updated tables for all participant information reported in the Year 1 Annual Report. All data include program offerings and participant data through the end of Year 2.[23]

Exhibit C1. All Healthcare Occupational Trainings Offered by HPOG 2.0 Grantees

	Number of trainings offered (aggregate)	Percentage of total trainings offered (*N* = 1,981)	Number of grantees offering training	Percentage of grantees offering training (*N* = 32)
Nursing assistants	308	15.5%	32	100%
Medical assistants	130	6.6%	27	84%
Registered nurses	219	11.1%	26	81%
Licensed practical and vocational nurses	172	8.7%	24	75%
Phlebotomists	120	6.1%	22	69%
Medical records and health information technicians	92	4.6%	20	63%
Medical office clerk/secretary/specialist	53	2.7%	18	56%
Emergency medical technicians	90	4.5%	17	53%
Pharmacy technicians	58	2.9%	17	53%
Dental assistants	55	2.8%	16	50%
Surgical technologists	31	1.6%	15	47%
Medical insurance coder	37	1.9%	15	47%
Medical and clinical laboratory technicians, other	39	2.0%	14	44%
Home health aides	62	3.1%	12	38%
Paramedics	30	1.5%	12	38%
Pharmacy technician	45	2.3%	11	34%
Patient care technician	63	3.2%	9	28%
Medication technician/aide	53	2.7%	8	25%
Community health workers	13	0.7%	8	25%
EKG technicians	21	1.1%	8	25%
Radiologic technologists	21	1.1%	8	25%
Physical therapist assistants	19	1.0%	8	25%
Respiratory therapist	15	0.8%	7	22%
Occupational therapy assistants	20	1.0%	7	22%
Dental hygienists	14	0.7%	7	22%
Sterile processing technology/technician	11	0.6%	6	19%
Medical receptionists and information clerks	13	0.7%	6	19%
Social and human service assistants	10	0.5%	5	16%
Medical insurance biller	11	0.6%	5	16%
Substance abuse and behavioral disorder counselors	16	0.8%	5	16%
Radiologic technicians	5	0.3%	4	13%
Medical and clinical laboratory technologists, other	19	1.0%	4	13%
Personal care aides	14	0.7%	4	13%
Health educators	3	0.2%	3	9%

[23] Kelly S. Mikelson, Neil Damron, and Pamela Loprest. (2017). https://www.acf.hhs.gov/opre/resource/health-profession-opportunity-grants-20-year-one-annual-report-201516

Nurse practitioner	6	0.3%	3	9%
Medical and health services managers	5	0.3%	3	9%
Health aide	4	0.2%	2	6%
Medical transcriptionists	5	0.3%	2	6%
Athletic training/trainer	2	0.1%	2	6%
Renal/dialysis technologist/technician (hemodialysis technicians)	2	0.1%	2	6%
Occupational therapist	2	0.1%	2	6%
Psychiatric aide	2	0.1%	2	6%
Ophthalmic medical technicians	4	0.2%	2	6%
Direct support/service professional	4	0.2%	2	6%
Physical therapist aides	1	0.1%	1	3%
Medical equipment repairers	1	0.1%	1	3%
Physical therapist	1	0.1%	1	3%
Magnetic resonance imaging technologists	1	0.1%	1	3%
Medical office computer specialist/assistant	2	0.1%	1	3%
Health unit coordinator/ward clerk	1	0.1%	1	3%
Community health services/liaison/counseling	13	0.7%	1	3%
First-line supervisors of office and administrative support workers	5	0.3%	1	3%
Dietitians	1	0.1%	1	3%
Medical equipment preparers	1	0.1%	1	3%
Physician assistants	1	0.1%	1	3%
Massage therapists	1	0.1%	1	3%
Nursing assistants, geriatric specialty	1	0.1%	1	3%
Diagnostic medical sonographers	1	0.1%	1	3%
Biological technician	1	0.1%	1	3%
Toxicologists	1	0.1%	1	3%
Pharmacist	1	0.1%	1	3%
Health/medical claims examiner	1	0.1%	1	3%
Diagnostic related health technicians, other	1	0.1%	1	3%
Speech-language pathologist	1	0.1%	1	3%
Orderlies	1	0.1%	1	3%
Cardiovascular technologists	10	0.5%	1	3%
Interpreters and translators	1	0.1%	1	3%
Respiratory therapy technicians	1	0.1%	1	3%
Nutritionists	1	0.1%	1	3%
Advanced nursing assistants	1	0.1%	1	3%
Occupational therapy aides	1	0.1%	1	3%
Kinesiotherapy/kinesiotherapist	3	0.2%	1	3%
Healthcare social workers	5	0.3%	1	3%
Psychiatric technicians	1	0.1%	1	3%
Recreational therapist (including art, music and dance therapy)	1	0.1%	1	3%
All healthcare trainings	1,981	–	32	–

Source: PAGES program data.

Note: Number of trainings within each occupational type includes all individual trainings grantees offer for that occupation. For example, one grantee may offer five nursing assistant trainings that differ by provider or location; each provides the training necessary to become a nursing assistant.

Exhibit C2. Demographic Characteristics of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage of participants
Gender		
Female	13,342	91%
Male	1,371	9%
Missing	25	NA
Marital status		
Currently married	2,243	16%
Living with unmarried partner	803	6%
Separated or divorced	2,652	19%
Widowed	182	1%
Never married	8,444	59%
Missing	414	NA
Race or ethnicity		
White or Caucasian	3,650	25%
Black or African-American	6,171	42%
Asian	352	2%
Native Hawaiian or Pacific Islander	217	1%
American Indian or Native Alaskan	921	6%
Two or more races	584	4%
Hispanic or Latino of any race	2,700	18%
Missing	143	NA
Number of dependent children		
None	4,565	31%
One	4,003	27%
Two or more	6,001	41%
Missing	169	NA
Age		
Below 18	45	0.3%
18 to 24	3,502	25%
25 to 29	3,186	21%
30 to 34	2,477	17%
35 to 39	1,831	12%
40 to 44	1,221	8%
45 to 49	930	6%
50 to 54	704	4%
55 to 59	486	3%
60+ years	315	2%
Missing	41	NA

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. NA = not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

Exhibit C3. Additional Characteristics of HPOG 2.0 Participants at Enrollment

Characteristic	Number	Percentage of participants
Eligible for WIA or WIOA	4,164	28%
Has trouble with stable housing	970	7%
Has a child with special needs	879	6%
Has a disability	827	6%
Is homeless	543	4%
Has limited English proficiency	534	4%
Was formerly Incarcerated	308	2%
Is a refugee	296	2%
Is a veteran	245	2%
Is a foster care youth	44	<1%
None of the above	6,193	42%
Missing	108	NA

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. NA = not applicable. Percentages are of participants with data.

Exhibit C4. Education and Credentials of HPOG Participants at Enrollment

Characteristic	Number	Percentage of participants
Highest education attainment		
Less than 12th grade	1,373	9%
High school equivalency or GED	1,255	9%
High school graduate	3,800	26%
Some college, but less than one year	2,872	19%
One or more years of college credit, but no degree	3,131	21%
Associate's degree	1,279	9%
Bachelor's degree	758	5%
Graduate degree	148	1%
Missing	122	NA
Licenses and certificates		
Holds professional, state, or industry certification or license	5,073	35%
Missing	114	NA
Occupational certificates		
Received an occupational certificate or diploma (upon training course completion)	4,673	32%
Missing	141	NA
In school of training (includes healthcare and non-healthcare training)		
In school or training	5,243	36%
Missing	180	NA
In healthcare training		
In healthcare occupation training	3,874	27%
Missing	114	NA

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. NA = not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

Exhibit C5. Income of HPOG Participants at Enrollment

Characteristic	Number	Percentage of participants
Annual household income		
$0	1,257	9%
$1 to $9,999	5,305	36%
$10,000 to $19,999	4,008	28%
$20,000 to $29,999	2,357	16%
$30,000 to 39,999	992	7%
$40,000 or more	673	5%
Missing	146	NA
Annual individual income		
$0	2,764	19%
$1 to $9,999	6,166	42%
$10,000 to $19,999	3,543	24%
$20,000 to $29,999	1,606	11%
$30,000 or more	546	4%
Missing	113	NA

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. NA = not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

Exhibit C6. Receipt of Public Benefits by HPOG Participant Households at Enrollment

Program	Number	Percentage of participants
Temporary Assistance for Needy Families		
Yes	2,971	20%
No	11,550	80%
Missing	217	NA
Supplemental Nutrition Assistance Program		
Yes	8,558	59%
No	6,016	41%
Missing	164	NA
Medicaid		
Yes	9,623	66%
No	4,915	34%
Missing	200	NA
Special Supplemental Nutrition Program for Women, Infants, and Children		
Yes	3,174	22%
No	11,281	78%
Missing	283	NA
Section 8 or public housing		
Yes	2,668	18%
No	11,857	82%
Missing	213	NA
Free and reduced-price school lunch		
Yes	5,761	40%
No	8,661	60%
Missing	316	NA

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. NA = not applicable. Percentages are of participants with data.

Exhibit C7. Employment, Wages, and Hours Worked for HPOG Participants at Enrollment

Characteristic	Number	Percentage of participants
Employment		
Yes	6,702	46%
No	7,951	54%
Missing	85	NA
Wages per hour*		
$7.25 or less	290	4%
$7.26 – $9.99	1,498	22%
$10.00 – $12.49	2,942	44%
$12.50 – $14.99	1,135	17%
$15.00 or more	819	12%
Missing	14	NA
Hours worked per week*		
Less than 20 hours	1,367	20%
20 – 34 hours	2,869	43%
35 hours or above	2,443	36%
Missing	23	NA

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. NA = not applicable. Percentages are of participants with data. Percentages may not total 100 because of rounding.

*Out of employed participants (*N* = 6,702).

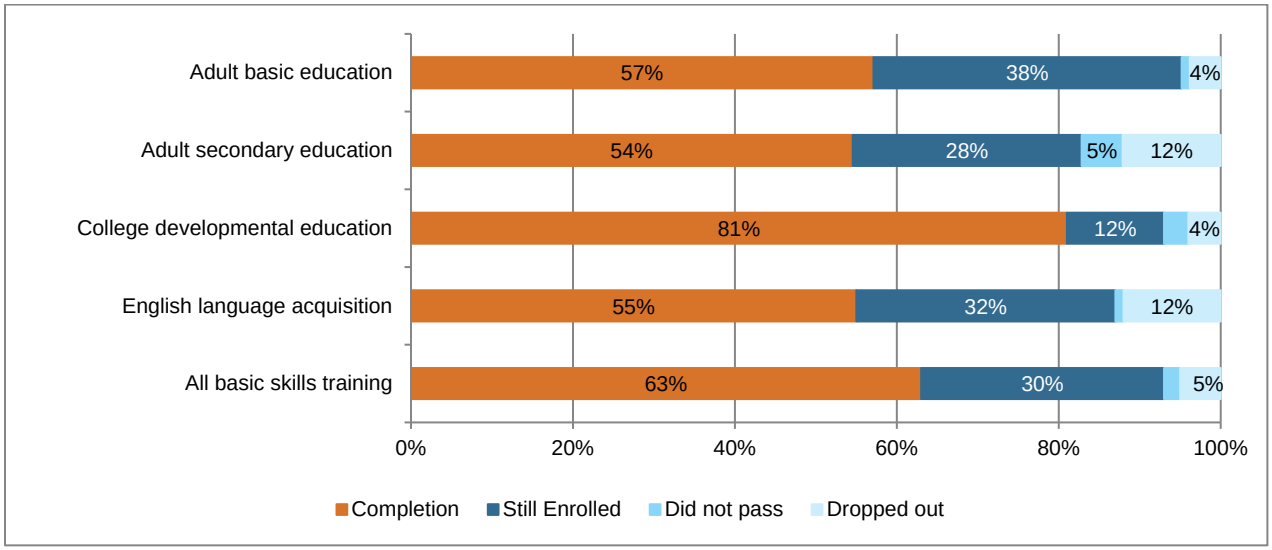
Exhibit C8. Accelerated and Contextualized Basic Skills Training Enrollment

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	3,058	1,440	47%	857	28%
Adult secondary education	401	158	39%	109	27%
College developmental education	1,178	489	42%	31	3%
English language acquisition	159	16	10%	93	58%

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N varies by row. Participants may be enrolled in more than one type of basic skills training.

Exhibit C9. Completion of Accelerated and Contextualized Basic Skills Training



Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: Overall *N* = 4,736. Participants may be enrolled in more than one type of basic skills training. For "did not pass" with percentage label not shown, percentages are 3 percent or less.

Exhibit C10. 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	1,757	1,344	76%
Adult secondary education	218	132	61%
College developmental education	960	588	61%
English language acquisition	88	82	93%
All basic skills training	3,023	2,146	71%

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: Participants may be enrolled in more than one type of basic skills training.

Exhibit C11. Top 20 Most Common Healthcare Occupational Trainings

Occupation	Enrollment	Percentage of participants
Nursing assistants	4,290	29%
Licensed practical and vocational nurse	1,585	11%
Registered nurse	1,386	9%
Home health aide	1,007	7%
Medical assistant	587	4%
Phlebotomist	409	3%
Pharmacy technician	291	2%
Medical records and health information technician	289	2%
Medical office clerk/secretary/specialist	229	2%
Medical insurance coder	227	2%
EKG technician	177	1%
Emergency medical technician	176	1%
Medication technician/aide	166	1%
Patient care technician	132	1%
Community health worker	107	1%
Substance abuse and behavioral disorder counselor	99	1%
Dental assistant	91	1%
Medical and clinical laboratory technician	82	1%
Social and human service assistant	76	1%
Surgical technologist	63	0.5%

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. Participants may be enrolled in more than one healthcare occupation training. All additional occupations (listed in Exhibit C.1) were taken by less than 0.5% of participants.

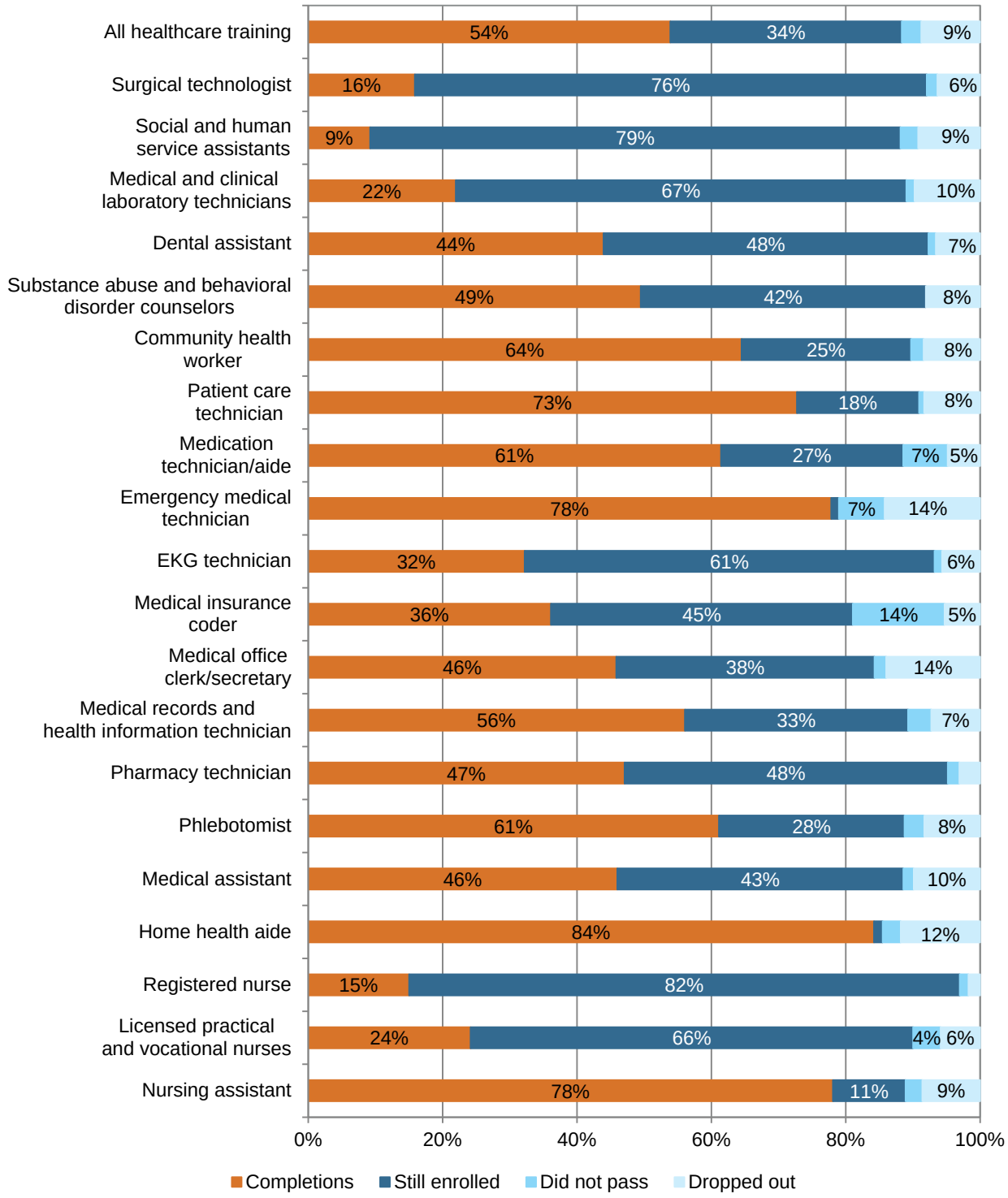
Exhibit C12. Funding Source of All HPOG 2.0 Healthcare Occupational Training Enrollments

Funding source	Enrollment	Percentage of total enrollment
HPOG	10,033	83%
Not HPOG	1,288	15%
Tuition payment waived	267	2%
Missing	475	NA

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 12,063. NA = not applicable.

Exhibit C13. Top 20 Healthcare Occupational Trainings by Completion Outcomes



Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 12,063. Participants may be enrolled in more than one healthcare occupational training. For categories with percentage label not shown, percentages are 3 percent or less.

Exhibit C14. 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	3,350	1,545	46%
Licensed practical and vocational nurses	383	232	61%
Registered nurse	208	115	55%
Home health aide	848	808	95%
Medical assistant	270	166	61%
Phlebotomist	250	155	62%
Pharmacy technician	137	50	36%
Medical records and health information technicians	165	32	20%
Medical office clerk/secretary/specialist	105	53	50%
Medical insurance coder	82	2	2%
EKG technician	57	22	39%
Emergency medical technician	137	41	41%
Medication technician/aide	102	94	92%
Patient care technician	96	54	56%
Community health worker	69	42	61%
Substance abuse and behavioral disorder counselors	49	17	35%
Dental assistant	40	7	18%
Medical and clinical laboratory technicians	18	9	50%
Social and human service assistants	7	0	0%
Surgical technologist	10	8	80%
All healthcare training	6,502	3,608	55%

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 6,502. Participants may be enrolled in more than one healthcare occupation training.

Exhibit C15. Other Skill-Development Activities Enrollment and Completion

Other skill-development activities	Number enrolled in activity	Percentage enrolled in activity of all participants	Number completed	Percentage completed of those enrolled in activity
CPR	1,786	11%	1,651	92%
College-readiness	2,905	19%	2,363	81%
Digital literacy	1,709	11%	1,309	77%
Introduction to Healthcare Careers workshop	4,121	26%	3,378	82%
Work-readiness	3,964	25%	3,402	86%
Other	1,084	7%	924	85%
Overall	6,870	47%	5,375	78%

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 14,738. Participants may be enrolled in more than one other skill-development activity.

Exhibit C16. Employment During Year 1 and Year 2

Characteristic	Number	Percentage of participants
Total employed	3,902	26%
Employed in a healthcare occupation	3,351	23%
Employed in a non-healthcare occupation	551	4%

Source: PAGES. Participants between HPOG 2.0 start and September 29, 2017.

Note: *N* = 14,738.

Exhibit C17. Wages and Hours Worked for Those Employed

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	42	1%	11	<1%	31	6%
$7.26 to $9.99	334	9%	219	7%	115	22%
$10.00 to $12.49	2,025	54%	1,781	55%	244	47%
$12.50 to $14.99	651	17%	594	18%	57	11%
$15.00 or more	707	19%	638	20%	69	13%
Missing	143	–	108	–	35	–
Hours worked per week						
Less than 20 hours	378	11%	308	10%	70	14%
20 to 34 hours	1,372	39%	1,152	38%	220	44%
35 hours or more	1,772	50%	1,565	52%	207	42%
Missing	380	–	326	–	54	–

Source: PAGES. Participants enrolled between HPOG 2.0 start and September 29, 2017.

Note: N = 3,902 employed, 3,351 employed in healthcare, 551 employed in non-healthcare. Percentages are of participants with data.