

Improving Economic Opportunity through Healthcare Training:

Short-Term Impact Results from the First Round of the Health Profession Opportunity Grants (HPOG 1.0)



The first round of Health Profession Opportunity Grants (known as HPOG 1.0) funded education, training, support services, and employment assistance for Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for jobs in the healthcare field. It did so nationwide through a diverse set of programs.

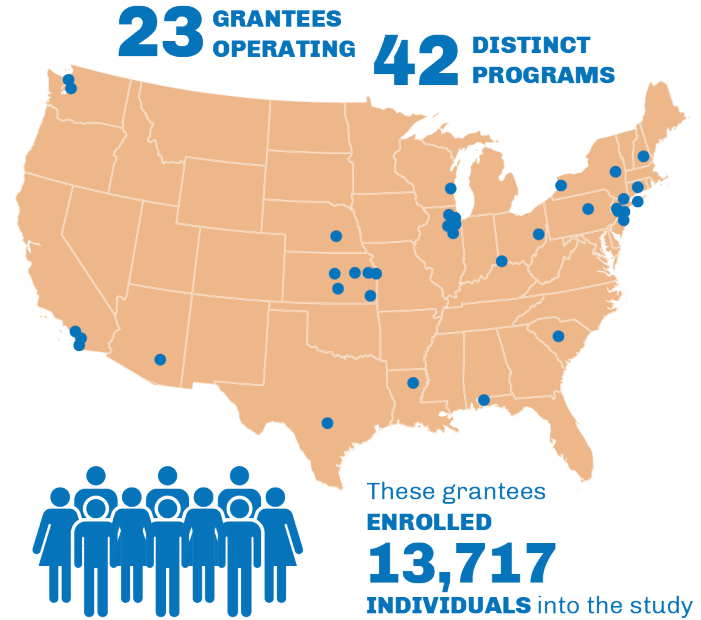
The HPOG 1.0 Impact Study seeks to answer the question:

How do individuals with access to HPOG fare compared to similar individuals who did not have access to HPOG?

The study uses an **experimental evaluation design**: applicants were randomly assigned either to a “**treatment**” group that could access the HPOG program, or to a “**control**” group that could not. The difference in outcomes between the treatment and control groups is HPOG’s “**impact**.” This brief summarizes HPOG’s impacts measured about 15 months after people enrolled in the study.

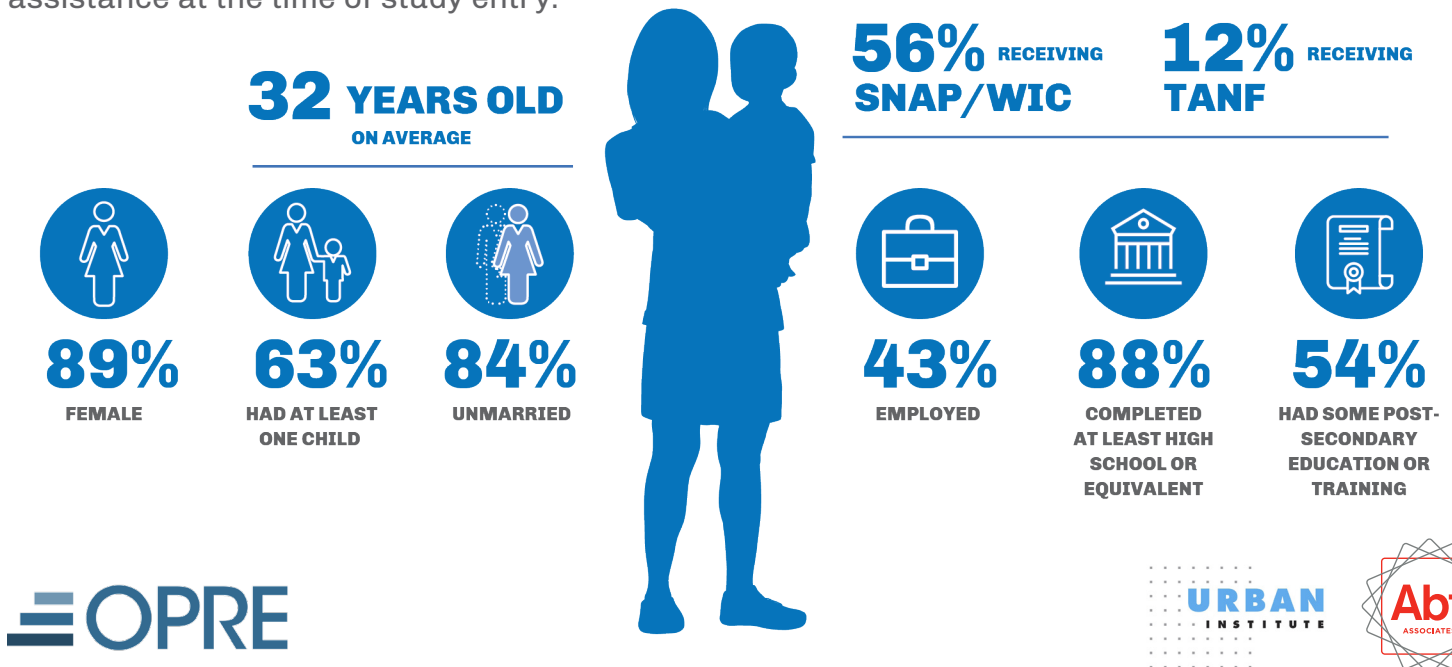
Where are the HPOG 1.0 Programs?

The HPOG Impact Study included 23 grantees operating 42 distinct programs, and enrolled 13,717 individuals into the study.



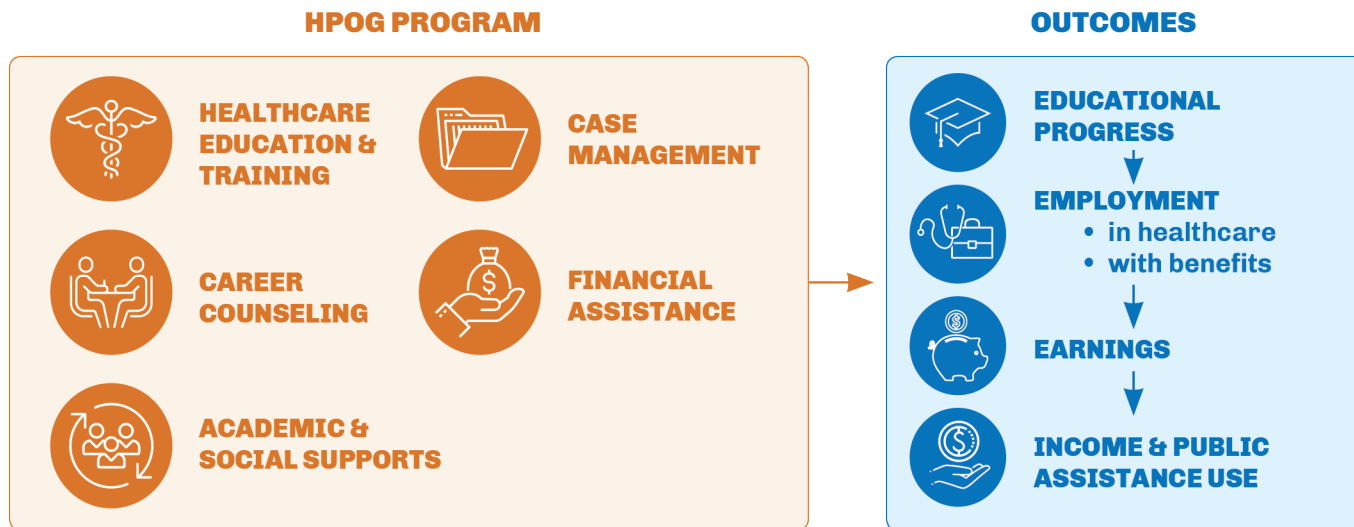
Who are the Program Participants?

Most HPOG study participants were female, over 30 years old, and were receiving public assistance at the time of study entry.



What do the HPOG 1.0 Programs Offer? What are the Objectives?

HPOG provided low-income adults with education and training in high-demand healthcare professions, along with a range of support services. The HPOG program was intended to help participants secure high-quality healthcare sector jobs with better earnings.

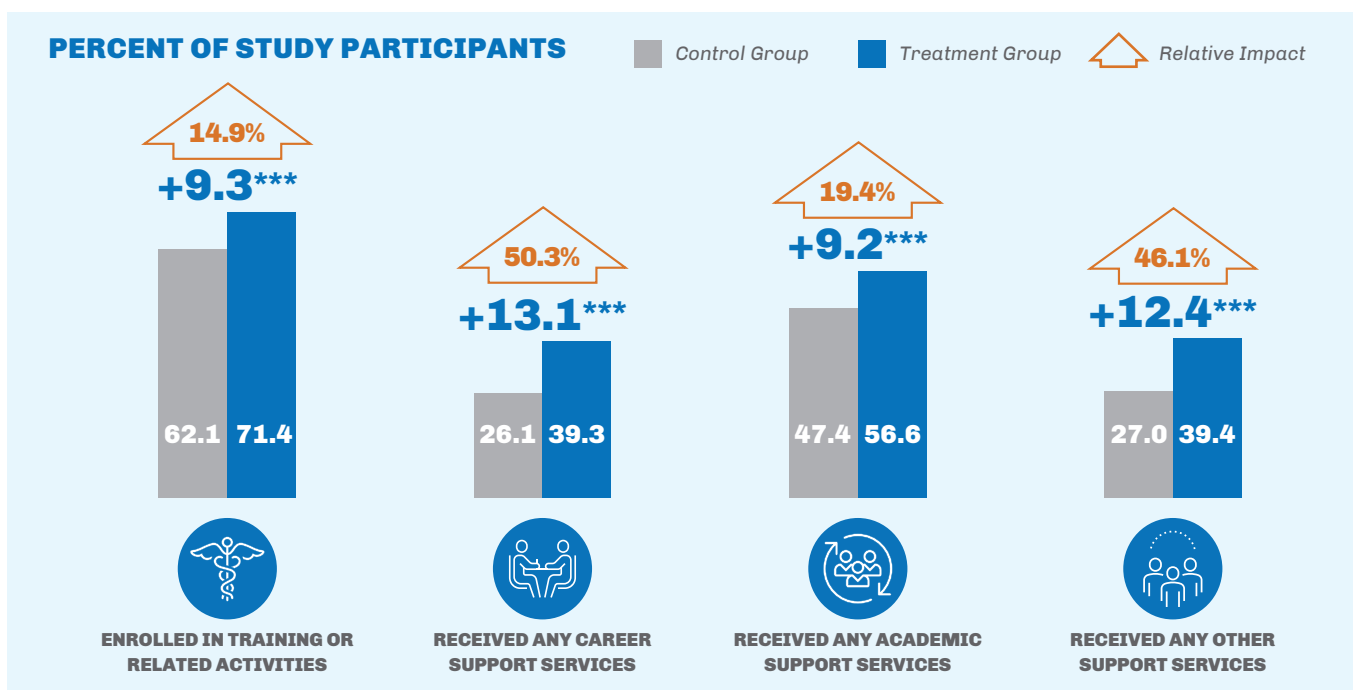


The main difference between the HPOG programs and other programs in the community was **support services**. HPOG programs not only provided training for jobs in healthcare, but they also offered more extensive financial supports, academic supports (e.g., tutoring, study groups), career support services (e.g., career counseling, job fairs, mock interviews), and other support services (e.g., transportation, childcare, home heating help, rental assistance, car repair, etc.) than other similar programs in the community.

Did the HPOG 1.0 Programs Meet Their Objectives?

HPOG increased occupational training and receipt of academic support, career support, and other services.

(For more information on the statistical tests used in this study, see informational box at the end of this brief.)

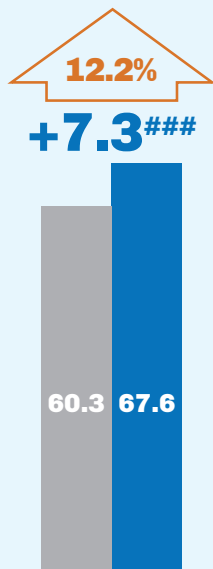


Did the HPOG 1.0 Programs Meet Their Objectives? (Continued)



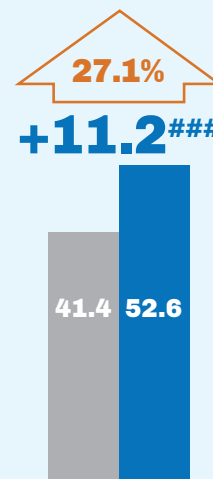
EDUCATIONAL PROGRESS

These increases in training and service receipt led to an **increase in educational progress**, which is the study's main marker of success. More HPOG participants had completed or were currently enrolled in occupational training than would have been without HPOG.



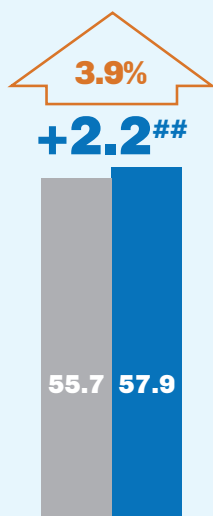
EMPLOYED IN THE HEALTHCARE SECTOR

Although there was no impact on employment (about 69 percent of both the treatment and control group were employed after about five quarters), **treatment group members were more likely to be working in healthcare**,



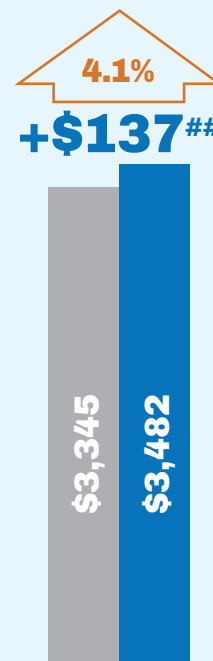
JOB OFFERS HEALTH INSURANCE

...they were more likely to have a job that offers health insurance,



EARNINGS

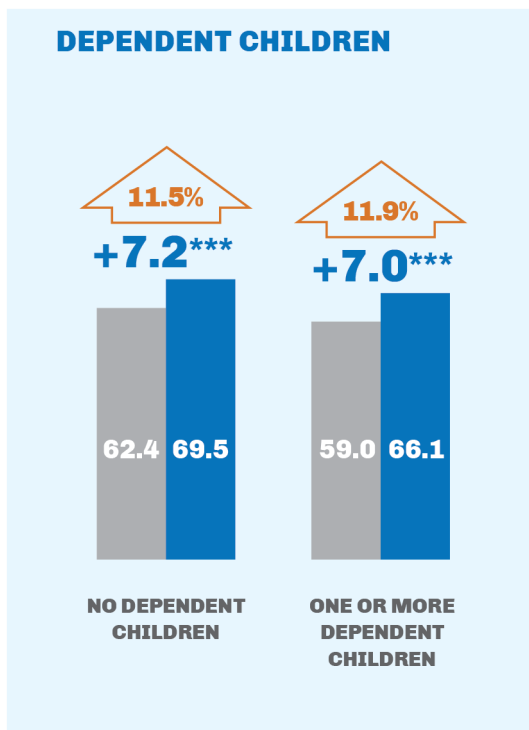
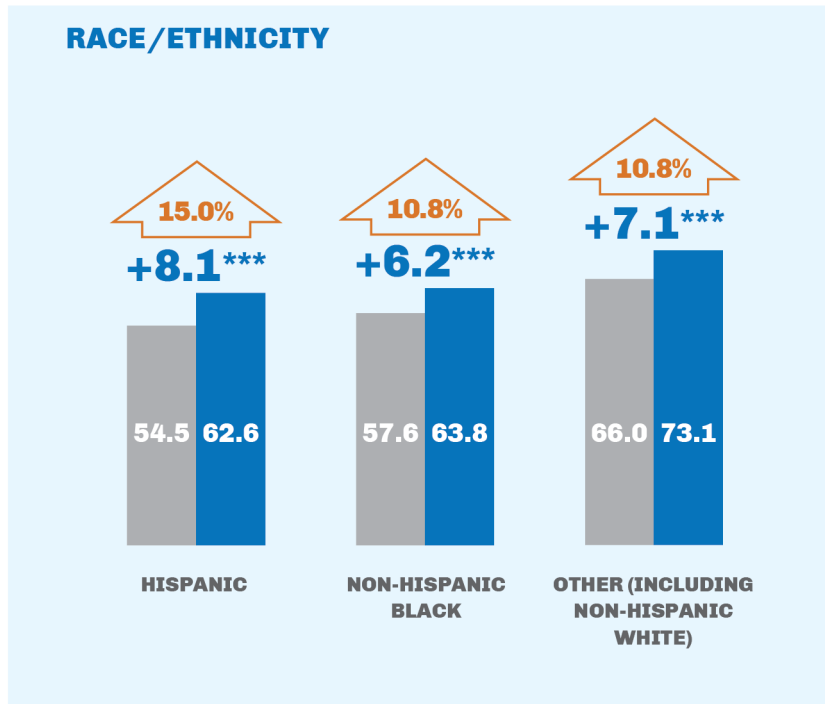
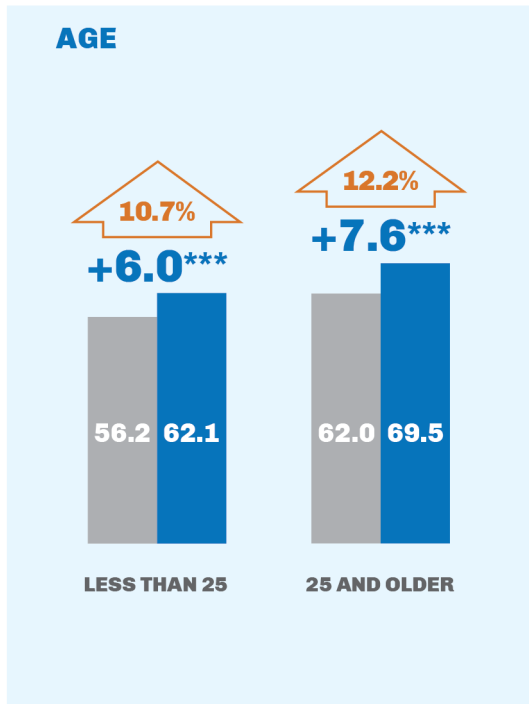
...and these better jobs resulted in slightly higher earnings in the fifth quarter after enrolling in the study.



■ Control Group ■ Treatment Group ▲ Relative Impact

How Did Impacts Vary for Different Kinds of Participants?

HPOG INCREASED EDUCATIONAL PROGRESS FOR A WIDE VARIETY OF PEOPLE:



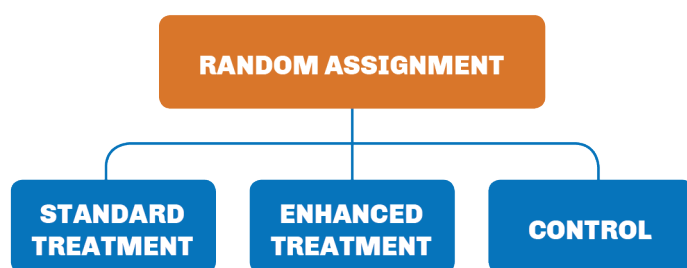
HPOG WAS EVEN MORE EFFECTIVE FOR PEOPLE WHO ENTERED THE PROGRAM WITH SOME ADVANTAGES.

When we compare more advantaged people in the treatment group to similarly advantaged people in the control group, we find:

- Those with some college or a college degree at baseline experienced **larger improvements** in educational progress, were more likely to be employed in healthcare, and earned more than did participants without a high school diploma or equivalent.
- Those employed at baseline experienced **larger improvements** in educational progress, employment, employment in healthcare, and earnings than those not employed.
- Those who were not receiving TANF at baseline experienced **larger improvements** in healthcare sector employment and earnings than those who were receiving TANF.

Which Components of HPOG 1.0 seem to be Most Important?

The HPOG 1.0 Impact Study was designed to examine the contribution of selected program components to HPOG's impacts. In 19 of the 42 programs, the study included a **three-arm experimental evaluation design**: applicants were randomly assigned either to a **control** group without access to the HPOG program, a **standard treatment** group that could access the standard HPOG program, or an **enhanced treatment** group with access to an enhanced version of HPOG. The enhanced treatment group was offered one of three additional services: emergency assistance, non-cash incentives, or facilitated peer support groups.



HPOG PROGRAM ENHANCEMENTS



EMERGENCY ASSISTANCE

Provided support to HPOG program participants for sudden financial needs such as car repair, childcare, eviction prevention, and payment of utilities. Emergency assistance aims to prevent program dropout due to these kinds of events.



NON-CASH INCENTIVES

Allowed participants to earn points for achieving specific program milestones and then convert those points into tangible rewards, such as vouchers redeemable at the college bookstore, work-related equipment, or gift cards to support meeting basic needs.



FACILITATED PEER SUPPORT

Facilitated activities to foster social and emotional connections among students and with faculty and staff, to support program retention and completion.

The main conclusion we draw from this analysis is that **the standard HPOG program is sufficient to generate the overall impacts observed.**

Members of the enhanced treatment group received the enhancements at a much greater rate than members of the standard treatment group. This indicates that programs were able to provide these services to those in the enhanced treatment group.

Adding any of these three enhancements to an HPOG program's standard offerings did not lead to more favorable impacts on any key outcome (educational progress, employment, employment in healthcare, earnings) relative to the program's standard version. This suggests that none of these three single add-on components offers a meaningful improvement to the HPOG standard program.

What's Next?

- Additional studies will expand the follow-up period to examine impacts three years and six years after random assignment.
- Both of these longer-term follow-up analyses will cover a range of educational and labor market outcomes, as well as career progress and family and child well-being
- These results will be available in late 2019 (three-year) and 2021 (six-year), respectively.
- In addition, an evaluation of the implementation and impacts of the second round of HPOG grants (awarded in 2015) is also underway.

HPOG 1.0 IMPACT STUDY

In 2010, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services awarded the first round of five-year HPOG grants (HPOG 1.0) to 32 organizations in 23 states; five were tribal organizations. The purpose of the HPOG Program is to provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals for occupations in the healthcare field that pay well and are expected either to experience labor shortages or be in high demand.

To assess its effectiveness, HPOG 1.0 was evaluated using an experimental design in which program applicants were assigned at random to a “treatment” group that could access the program or a “control” group that could not, and then had their outcomes compared. The evaluation also considered the relative contribution of three selected program enhancements to overall program impacts. This brief presents results that arose about 15-18 months after random assignment, based on a follow-up survey and administrative earnings and employment data across the sample of 13,717 individuals. More detailed findings from the enhancement test appear in the study’s full report, which is available at <https://www.acf.hhs.gov/opre/resource/health-profession-opportunity-grants-hpog-10-impact-study-interim-report-implementation-short-term-impacts>

Impacts that are statistically significant are marked with asterisks (for two sided-tests) and hashtags (for one-sided tests) and identify that they are not likely to have arisen by chance alone. Statistical significance tests are indicated, as follows:

*** or ### = 1 percent;

** or ## = 5 percent;

* or # = 10 percent.

This brief is funded by the Career Pathways Intermediate Outcomes (CPIO) project, which continues the evaluation of HPOG 1.0 and other promising career pathways programs. The CPIO project is examining impacts on education and employment outcomes that arise three years after random assignment. Future planned research will explore impacts on longer-term outcomes six years after random assignment.

More information about the Health Profession Opportunity Grants Program and its Impact Study, including the full Short-Term Impacts Report (2018), can be found here: <https://www.acf.hhs.gov/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog> and <https://www.acf.hhs.gov/opre/research/project/health-profession-opportunity-grants-hpog-impact-studies>.



Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services

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Career Pathways Intermediate Outcome Study

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