



# Evaluating HPOG: Where Have We Been and Where are We Going?

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# What have we learned so far?



- How programs were designed and implemented
- Who participated
- Which healthcare training courses participants enrolled in and completed
- How participants fared

*\*Note that the findings presented in these slides are from the forthcoming Descriptive Implementation and Outcome Study Report from the National Implementation Evaluation of HPOG. This report is expected to be released early spring 2016.*

# Who were the HPOG 1.0 grantees?



- 27 HPOG 1.0 non-tribal grantees
  - 12 higher education institutions
  - 10 workforce development agencies
  - 5 public agencies and non-profit organizations
- 49 distinct programs
- Programs worked with partners or stakeholders for:
  - recruitment
  - occupational training
  - support services
  - employment assistance

# Who was eligible to participate?



- Most programs used the federal poverty level to set eligibility (ranging from 150 to 250 percent)
- Most set minimum grade-level standards
- Many checked for past felonies or misdemeanors
- Most screened for suitability

# What training courses were provided?



- Most programs offered pre-training activities, including soft-skills and introduction to healthcare careers
- Almost all offered training for nursing aides, orderlies, and attendants
- Other common training included medical records and health information technicians, medical assistants, and pharmacy technicians
- Some also offered longer-term training courses (licensed vocational nursing, registered nursing)
- Most incorporated career pathways elements (work-based learning, flexible and accelerated scheduling, stackable credentials, contextualized basic skills)

# What support services were provided?



- Virtually all programs had case managers:
  - Monitored progress; provided personal, financial, academic, career, and employment counseling; referred participants to other support services
- Most programs provided other academic supports:
  - Academic and career counseling, tutoring, peer support groups, mentoring
- Most programs provided financial supports:
  - Tuition assistance/waivers; free course materials, supplies, and uniforms; financial support for outside exams, license, and certifications
- Most programs provided personal and family supports:
  - Child care assistance, transportation assistance

# What employment assistance was provided?



- All programs provided multiple types of assistance
  - Individual job search assistance, career and employment counseling, job listings
- Employer partners played a role in most programs
  - Requesting referrals for job openings, placing job lists with programs, and asking programs to screen candidates

# Who were HPOG Participants?



- 23,664 participants through September 2014
- Nearly two-thirds had household income <\$10,000 at intake
- 15 percent were receiving TANF cash assistance at intake
- Majority were female, never married, with one or more dependent children



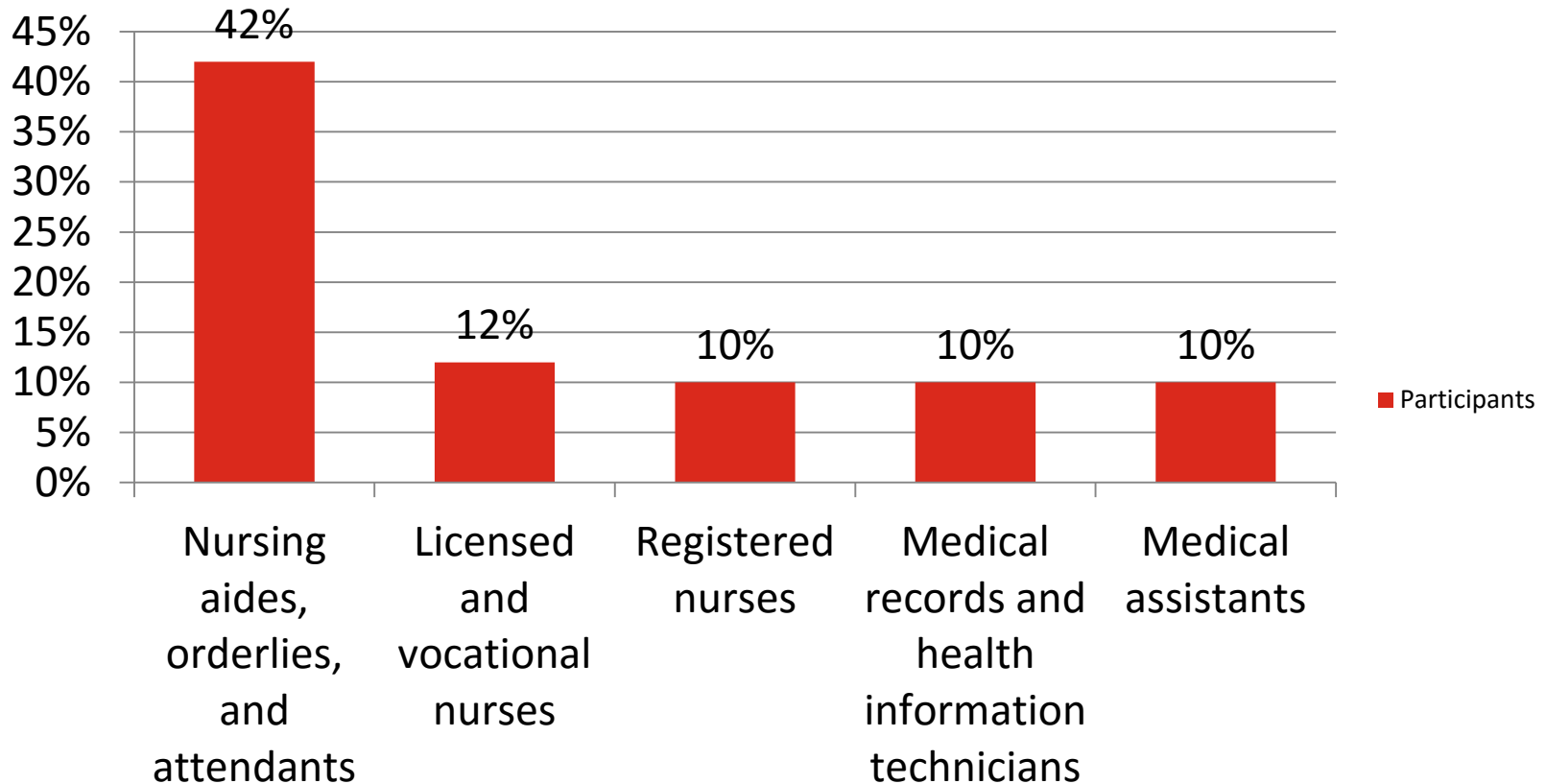
# What Happened in First 18 Months of Enrollment?



In first 18 months after enrollment:

- 85 percent participated in at least one healthcare training course
- 70 percent completed at least one healthcare training course
  - Average time in training was 3.5 months
  - About two-thirds received a license or third-party certification
  - A small number began at least one additional healthcare training course

# What Healthcare Training Courses Did Participants Begin?



# How Many Participants were Employed at Program Exit?



	Completed healthcare training course (N=4,126)	Did not complete healthcare training course (N=2,613)
Employed	72%	36%
Employed in healthcare	61%	16%

Percentages are of nonmissing responses.

# What did these Jobs Look Like?



	Completed Healthcare Training		Did Not Complete Healthcare Training	
	Non-healthcare jobs	Healthcare jobs	Non-healthcare jobs	Healthcare jobs
<b>Average hourly wage</b>	\$9.98	\$12.42	\$9.61	\$11.443
<b>Full-time (35+ hrs/week)</b>	32.0%	42.4%	27.7%	32.3%
<b>Health insurance coverage</b>	14.0%	43.4%	9.0%	23.4%
<b>N</b>	328	1,902	310	247

# What Resources are Available?



- <http://www.career-pathways.org/>
  - information about current ACF-funded career pathways studies
  - links to reports and other resources
- Resources from HPOG 1.0 include:
  - Annual reports
  - Literature reviews
    - Career pathways programs
    - Healthcare occupational training
  - Report on TANF recipients' engagement and experiences in the HPOG Program

# What to expect from the HPOG 1.0 evaluation?



<b>We will learn about....</b>	<b>We will report about it...</b>
<b>Participant Impacts: What are the training, employment and earnings outcomes for HPOG participants compared to non-participants?</b>	Impact Reports (2017; 2019) PACE site-specific reports (2016-2017)
<b>Program characteristics and implementation strategies – what makes a difference for programs and for participants?</b>	Descriptive Implementation and Outcome Study Report (2016); Impact Reports (2017; 2019) PACE site-specific reports (2016-2017)
<b>Changes to local systems for providing training and employment assistance</b>	Systems Change Analysis Report (2016)



## ***What will we evaluate for HPOG 2.0?***

- Informed by HPOG 1.0 portfolio – continue building the evidence base
- Components of evaluation
  - PAGES
  - National and Tribal Evaluations

# Preview of the National Evaluation



Who?

- 27 Non-tribal grantees
- 38 distinct programs

What?

- Impact and implementation evaluations
  - Random assignment of most new applicants
  - Site visits and telephone discussions to learn more about program implementation and systems change (planned for Year 3)
  - Cost study



# What do we hope to learn?



- What impact does HPOG have on:
  - Earnings
  - Education/Training progress
  - Employment in the healthcare field
  - Readiness to work in healthcare field
  - Job quality
  
- Data Sources
  - Surveys (about 1 and 3 years after enrollment)
  - Administrative data on earnings and enrollment in school

# How will we build on past and on-going efforts?



- Work collaboratively with grantees to provide support, minimize burden
- Use common data elements, data collection strategies, programming, etc., to enable synthesis of findings across evaluations
- Build on lessons learned (e.g., data collection improvements, selection of outcomes of interest)
- Maintain close communication among project directors and with ACF

# Contact Information



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