Interim Outcome Study Report

National Implementation Evaluation of the Health Profession Opportunity Grants (HPOG) to Serve TANF Recipients and Other Low-Income Individuals

OPRE Report No. 2014-53

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Pamela Loprest, The Urban Institute
with Allison Stolte, The Urban Institute

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Molly Irwin and Mary Mueggenborg, Project Officers
Office of Planning, Research and Evaluation
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Project Director: Robin Koralek
Abt Associates Inc.
4550 Montgomery Ave.
Suite 800 North
Bethesda, MD 20814

Overview

The Health Profession Opportunity Grants (HPOG) Program, established by the Patient Protection and Affordable Care Act of 2010, funds training programs in high-demand healthcare professions, targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. In 2010, the Administration for Children and Families of the U.S. Department of Health and Human Services awarded 32 five-year HPOG grants to organizations in 23 states, with approximately $67 million dispersed each year to date. HPOG grantees are postsecondary educational institutions, workforce investment boards, state or local government agencies, and community-based organizations. Five are tribal organizations. Enrollments to date and HPOG grantee projections suggest that the program will serve more than 30,000 individuals over the five years of the grants (2010–15).

This report is part of the HPOG National Implementation Evaluation (NIE) and provides interim results on the key outcomes of HPOG healthcare training completion and employment, as well as on participants' pre-training activities and receipt of support services and employment assistance. This study includes 27 HPOG grantees; the five grants awarded to tribal organizations are being evaluated under a separate contract.[1] It is based primarily on administrative data from the first 12 months of HPOG participation for 8,634 individuals who enrolled in HPOG between September 30, 2010, and October 1, 2012. In the first year after enrollment, 84 percent of HPOG enrollees participated in at least one healthcare training course.[2] The most common enrollments were for training courses as nursing aides, orderlies, and attendants; licensed and vocational nurses; registered nurses; medical records and health information technicians; and medical assistants. Those not in a healthcare training course were in pre-training activities, waiting for a training course to begin, or dropped out before beginning a training course.

Of those who began a healthcare training course, 59 percent completed and 28 percent were still participating in healthcare training courses at the end of 12 months. Of those who completed at least one training course, 21 percent completed multiple courses. Shorter training courses, such as nursing aides and home health aides, had higher completion rates, while other courses can take over a year to complete.

Of those who exited the program after completing one or more healthcare training courses in the first year (19 percent of all enrollees), 66 percent were employed at exit. In contrast, among those who left the HPOG Program without completing training, 33 percent were employed at exit. Over half of training completers who exited (55 percent) were employed in a healthcare job with an average hourly wage of $11.68.

The findings of this report are interim, as the HPOG Program is ongoing and many more individuals are expected to begin training before the HPOG grants expire in September 2015. In addition, of the individuals included in this report, many were still in training 12 months after enrollment. Nevertheless, the interim findings indicate progress and provide insight into the HPOG Program's outcomes to date.

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[1] More information on the tribal HPOG evaluation can be accessed at www.acf.hhs.gov/programs/opre/research/project/evaluation-of-tribal-health-profession-opportunity-grants-ethpog.

[2] A healthcare training course (also referred to as occupational and vocational healthcare training course) is defined as one or more specific classes that together provide training for a particular occupation.

Contents

1. Introduction

The Health Profession Opportunity Grants (HPOG) Program, established by the Patient Protection and Affordable Care Act of 2010, funds training programs in high-demand healthcare professions targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. In 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services awarded 32 five-year HPOG grants to organizations in 23 states, with approximately $67 million dispersed each year to date. HPOG grantees are postsecondary educational institutions, workforce investment boards, state or local government agencies, and community-based organizations. Five are tribal organizations.[3] Grantees are implementing new and promising approaches to providing education and training activities and support services to low-income and low-skilled adults, many of whom have multiple barriers to employment. Enrollments to date and HPOG grantee projections suggest that HPOG will serve more than 30,000 individuals over the five years of the grants (2010–15). More specifically, the education and training programs funded through HPOG grants are expected to do the following:

- Prepare participants for healthcare sector employment in positions that pay well and are expected either to experience labor shortages or be in high demand.
- Target skills and competencies demanded by the healthcare industry.
- Support career pathways, such as articulated career ladders.
- Result in employer- or industry-recognized, portable educational credentials (e.g., certificates or degrees) and professional certifications and licenses (e.g., a credential awarded by a Registered Apprenticeship program).
- Combine support services with education and training services to help participants overcome barriers to employment.
- Provide training services at times and locations that are easily accessible to targeted populations.

To accomplish HPOG goals, grantee programs have many components. These include intake and enrollment strategies, such as marketing to recruit target populations; comprehensive assessments of participants' academic and nonacademic needs and skills; a core curriculum of basic skills and healthcare training courses;[4] academic and nonacademic supports; and connections to employers HPOG programs all use a career pathways framework. A key feature of this framework is providing postsecondary training as a series of manageable and well-articulated steps accompanied by strong supports and connections to

[3] This report includes findings on 27 HPOG grantees. The five tribal HPOG grantees are being evaluated separately.

[4] A healthcare training course (also referred to as occupational and vocational healthcare training course) is one or more specific classes that provide training for a particular occupation.

employment.[5] These articulated steps provide opportunities for program participants to advance through successively higher levels of education and training, leading to employment.

Each HPOG grantee designs and implements its own program elements within the broader career pathways framework. Grantees set their own eligibility criteria for income and skill level, choose which healthcare training activities to offer, and develop their own plans for support services and employment activities. All HPOG programs focus on the same goals: helping enrollees prepare for, enter, and complete healthcare training courses leading to healthcare jobs with good wages.

ACF's Office of Planning, Research and Evaluation is using a multipronged research and evaluation strategy to assess the success of the HPOG Program. These research and evaluation activities examine program implementation, systems change resulting from HPOG programs, and outcomes and impacts for participants. They are detailed in exhibit 1.1.

This report is part of the HPOG National Implementation Evaluation (NIE) and provides interim results on HPOG outcomes. It focuses on the collective progress of HPOG programs in meeting HPOG's goals. Specifically, it focuses on two key HPOG Program outcomes: completion of healthcare training courses, and employment and wages in a healthcare occupation or sector. Additionally, it describes participation in and completion of pre-training activities, including basic skills instruction; receipt of support services or employment assistance and development activities; and participation in healthcare training courses, including multiple training courses.

This report is based primarily on administrative data from the HPOG Performance Reporting System (PRS)[6] on the first 12 months of HPOG participation for 8,634 individuals who enrolled in HPOG between September 30, 2010 and October 1, 2012, allowing for 12 months of post-enrollment follow-up. However, to provide the most accurate picture to date of HPOG program participants, section 2 of this report is based on a broader sample: all participants who gave informed consent to be included in research data and who enrolled from the beginning of the program on September 30, 2010 through October 1, 2013 (17,269 participants).

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[5] For more information on career pathways programs, see David J. Fein, Career Pathways as a Framework for Program Design and Evaluation: A Working Paper from the Innovative Strategies for Increasing Self-Sufficiency (ISIS) Project, OPRE Report # 2012-30 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2012), https://www.acf.hhs.gov/programs/opre/resource/career-pathways-as-a-framework-for-program-design-and-evaluation-a-working.

[6] The PRS is a participant-tracking and management system that was developed for the HPOG Program. The PRS contains detailed individual-level data on participants' characteristics, program involvement, and outputs and outcomes, as well as program-level data on services. Grantees continue to enter information into the PRS on new activities of, and services received by, the enrollees included in this report. Grantees also are able to revise or update incorrect, missing, or not-yet-entered data. For this reason, results in this report are subject to change. See appendix A for a more detailed discussion of the data and sample.

Exhibit 1.1. OPRE's HPOG Research and Evaluation Strategy

The six related HPOG research and evaluation projects are designed to identify what types of approaches work well in achieving the goals of HPOG and in what circumstances and for whom they work, so they can be replicated in the future. The projects are as follows:

- **HPOG Implementation, Systems, and Outcome (ISO) Evaluation Design and Performance Reporting.** The HPOG ISO project has two parts. The first developed an evaluation plan for measuring the implementation, systems change, and outcomes of HPOG programs, including enrollment, program retention, training completion, job entry, employment retention and advancement, and earnings. The second built and maintains the HPOG Performance Reporting System (PRS), a management information system, to track grantee progress for program management and accountability and to record participant data for use in the evaluation.
- **HPOG National Implementation Evaluation (NIE).** The HPOG NIE is the execution of the study devised in the ISO evaluation plan (above). The NIE includes an in-depth examination of HPOG grantee program design and implementation, a systems analysis of networks created by HPOG programs (e.g., among grantees, employers, and other partners), and a quantitative descriptive analysis of HPOG program outputs and outcomes. Twenty-seven grantees—excluding the five tribal organizations—are included in this analysis.
- **HPOG Impact study.** The HPOG Impact Study uses an experimental design to examine the effect of the HPOG program on participants' educational and economic outcomes. This evaluation aims to identify which components of HPOG programs (e.g., types of support services, program structure, and training areas) contribute to participant success. For some grantees, a multi-arm experimental design will be implemented, creating a control group that will not have access to HPOG, an "HPOG service as usual" treatment group, and an "enhanced HPOG" group that will receive additional supports and services. The 20 grantees that are not part of the Tribal evaluation, University Partnership Research Grants, or ISIS evaluation are included in the HPOG Impact Study.
- **Evaluation of Tribal HPOG.** A separate evaluation has been designed for the five tribal grantees, given the unique contexts in which these programs operate. This evaluation focuses on the implementation and outcomes for the tribal grantees.
- **Innovative Strategies for Increasing Self-Sufficiency (ISIS) project.** The ISIS evaluation is a nine-program experimental study of promising career pathway programs. Three HPOG grantees are included in the ISIS study.
- **University Partnership Research Grants for HPOG.** These studies are being conducted by research partners at universities that have partnered with one or more HPOG program to answer specific questions about how to improve HPOG services within local contexts.

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

Abt Associates, in collaboration with the Urban Institute, is conducting the ISO, NIE, and Impact evaluation projects. NORC at the University of Chicago is conducting the Evaluation of tribal HPOG, in partnership with Red Star Innovations and the National Indian Health Board. Abt Associates is conducting the ISIS project. Five university research institutions are leading the University Partnership Research Grants, including the Institute for Policy Research at Northwestern University, the School of Social Work at Temple University, the Institute on Assets and Social Policy at Brandeis University, the School of Social Work at Loyola University Chicago, and North Dakota State University.

2. Characteristics of HPOG Enrollees

HPOG programs are required to serve TANF recipients and other low-income individuals. Beyond these broad guidelines, grantees have quite a bit of flexibility, and therefore vary in whom they serve.

The vast majority of participants (89 percent) are female (exhibit 2.1).[7] Close to equal proportions of enrollees are white non-Hispanic (39 percent) and black non-Hispanic (37 percent). Enrollees are generally young, with close to half in their 20s and another 8 percent younger than 20. Almost two-thirds have never married. Almost two-thirds have children. Each of the following groups is represented by fewer than 4 percent of enrollees: veterans, people with a disability, foster children, the homeless, limited English speakers, and ex-offenders (not shown in exhibit).

Exhibit 2.1. Demographic Characteristics of HPOG Enrollees at Intake

Characteristic	Number	Percent
Gender		
Male	1,971	11.4
Female	15,298	88.6
Race/Ethnicity		
White Non-Hispanic	6,615	38.9
Black Non-Hispanic	6,344	37.4
Hispanic/Latino, any race	2,963	17.4
Asian or Hawaiian, Pacific Islander	501	2.9
Native American or Alaska Native	118	0.7
Two or more races, non-Hispanic	443	2.6
Missing	285	
Age		
< 20	1,445	8.4
20–29	7,831	45.6
30–39	4,034	23.5
40–49	2,424	14.1
50+	1,455	8.5
Missing	80	
Marital status		
Married	2,713	16.8
Never married	10,029	62.0
Divorced, widowed, or separated	3,428	21.2
Missing	1,099	
Dependent children		
Yes	10,444	64.8
No	5,665	35.2
Missing	1,160	
Highest Educational Attainment		
Less than 12th grade	963	5.8
High school equivalency or GED	2,157	13.0
High school graduate	6,400	38.6
1-3 years of college/technical school	5,954	35.9
4 years or more of college	1,101	6.6
Missing	694	
Literacy at 8th grade or higher		
Yes	11,655	85.1
No	2,035	14.9
Missing	3,579	

[7] Throughout this report, “enrollee” and “participant” are used interchangeably.

Characteristic	Number	Percent
Numeracy at 8th grade or higher		
Yes	9,651	73.3
No	3,512	26.7
Missing	4,106	
Currently in school		
Yes	5,437	34.7
No	10,243	65.3
Missing	1,589	
Currently employed		
Yes	6,703	42.0
No	9,266	58.0
Missing	1,300	

Notes: Sample is all 17,269 HPOG enrollees as of October 1, 2013. Percentages are of nonmissing responses at intake. Characteristics of the sample of enrollees with 12 months post-enrollment data (the sample used in other sections of this report) can be found in appendix A.

HPOG serves individuals with diverse educational backgrounds, from high school dropouts to those with college experience. The majority of enrollees have 12 or fewer years of education; 6 percent have less than a 12th-grade education, 13 percent have a high school equivalency certificate or GED, and 39 percent have a high school diploma. However, more than one-third have some years of college or technical school, and almost 7 percent have four or more years of college. Most HPOG enrollees are also assessed for their level of literacy and numeracy at intake. Of those assessed, 15 percent have less than 8th grade literacy skills and 27 percent have less than 8th grade numeracy skills.[8] More than one-third of enrollees (35 percent) were in school at time of program entry. Forty-two percent of enrollees were working at intake (15 percent in a healthcare occupation and 17 percent for a healthcare employer—not shown in exhibit).

Exhibit 2.2 presents enrollees' income and benefit receipt at the time of program entry. The vast majority of enrollees had very low individual and household incomes. Two-thirds had individual annual incomes of less than $10,000, and almost half had household incomes of a similar amount. To put these income levels in context, the poverty level in 2013 was $11,490 for a one-person household and $19,530 for a household with one adult and two children.[9] Fifteen percent of enrollees were receiving TANF at program intake.. In addition, over half were low-income single mothers (not shown in exhibit) and likely to be eligible or near-eligible for TANF benefits.

[8] Approximately 20 percent of enrollees are missing this information. These enrollees may not have been administered an assessment for literacy or numeracy.

[9] Federal poverty level guidelines for 2013 can be found at http://aspe.hhs.gov/poverty/13poverty.cfm.

Exhibit 2.2. Income and Benefit Receipt of HPOG Enrollees at Intake

Characteristic	Number	Percent
Household income		
0	1,848	12.8
$1–$9,999	5,063	35.1
$10,000–$19,999	3,947	27.3
$20,000–$29,999	2,112	14.6
$30,000+	1,462	10.1
Missing	2,837	
Individual income		
0	3,984	25.8
$1–$9,999	6,178	40.0
$10,000–$19,999	3,483	22.6
$20,000–$29,999	1,380	8.9
$30,000+	413	2.7
Missing	1,831	
Receiving TANF		
Yes	2,368	14.9
No	13,527	85.1
Missing	1,374	
Receiving SNAP		
Yes	8,932	54.9
No	7,336	45.1
Missing	1,001	

Notes: Sample is all 17,269 HPOG enrollees as of October 1, 2013. Percentages are of nonmissing responses.

3. Basic Skills Education and Other Pre-training Activities

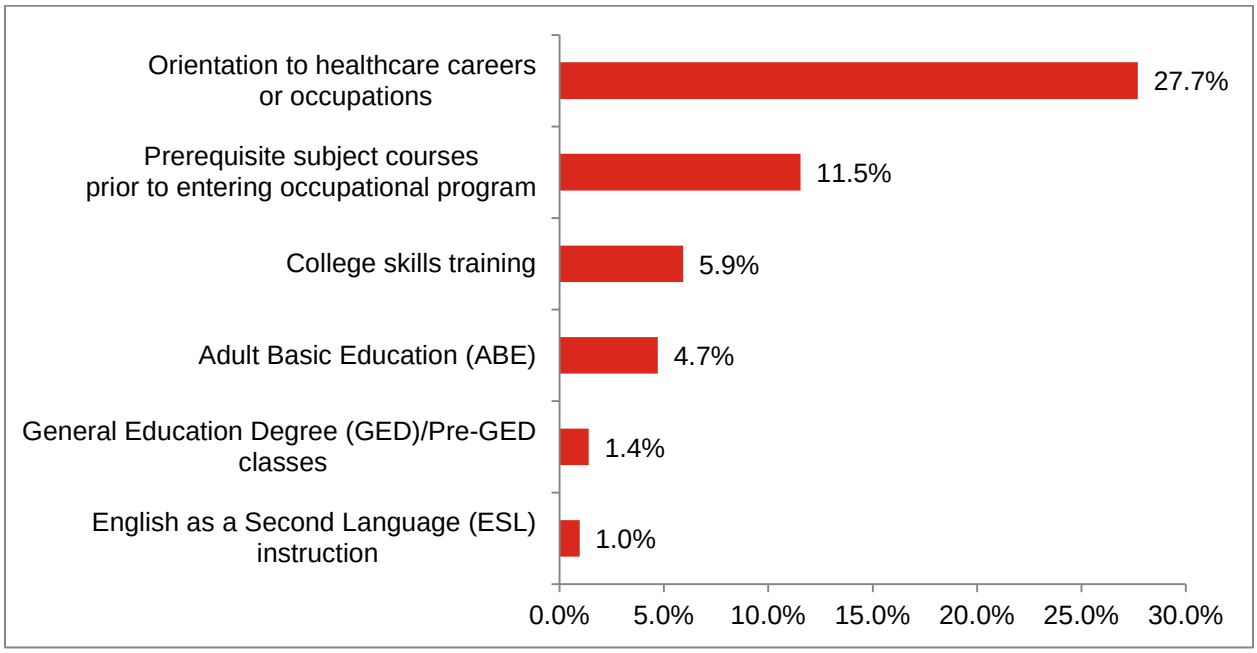
HPOG grantees offer pre-training activities designed to prepare participants for healthcare training. As the previous section indicates, many HPOG enrollees have limited education or poor English and math skills when they enter the program. Others do not have previous job experience or exposure to healthcare occupations and may be unfamiliar with available courses and the demands of different occupations. For these individuals, HPOG grantees provide pre-training activities.

Pre-training activities include career exploration or orientation classes (including pre-training "boot camps" that prepare enrollees for the rigors of training), and college skills workshops.[10] Some grantees make participation in these orientations or workshops mandatory, while others do not. In addition, some grantees require participants to complete college prerequisites before beginning certain healthcare training courses. Finally, pre-training activities include pre-GED, GED, English as a second language (ESL), and adult basic education (ABE) classes—activities we call "basic skills education." Some programs provide basic skills education before occupational training, while others integrate it into healthcare training.

Almost a third of HPOG enrollees participated in at least one pre-training activity in the first 12 months after enrollment (exhibit 3.1). The most commonly attended pre-training activity is orientation to healthcare careers or occupations workshops, with 28 percent of enrollees participating. About 12 percent engaged in college prerequisite classes. Basic skills education classes were the least commonly attended activities. About 5 percent participated in ABE classes and 1 percent each participated in GED/pre-GED and ESL classes. These numbers likely understate the proportion of enrollees receiving basic skills education, since basic skills education can be integrated into occupational training or provided as a support, such as through tutoring. Some HPOG programs have eligibility criteria that screen out individuals with low basic skills or education levels and recommend that those participants work on raising basic skills before entering the HPOG Program.

[10] College skills training workshops provide information about college and being a student, such as study skills, time management skills, teamwork, and selecting and meeting prerequisites.

Exhibit 3.1. HPOG Enrollees' Participation in Pre-training Activities

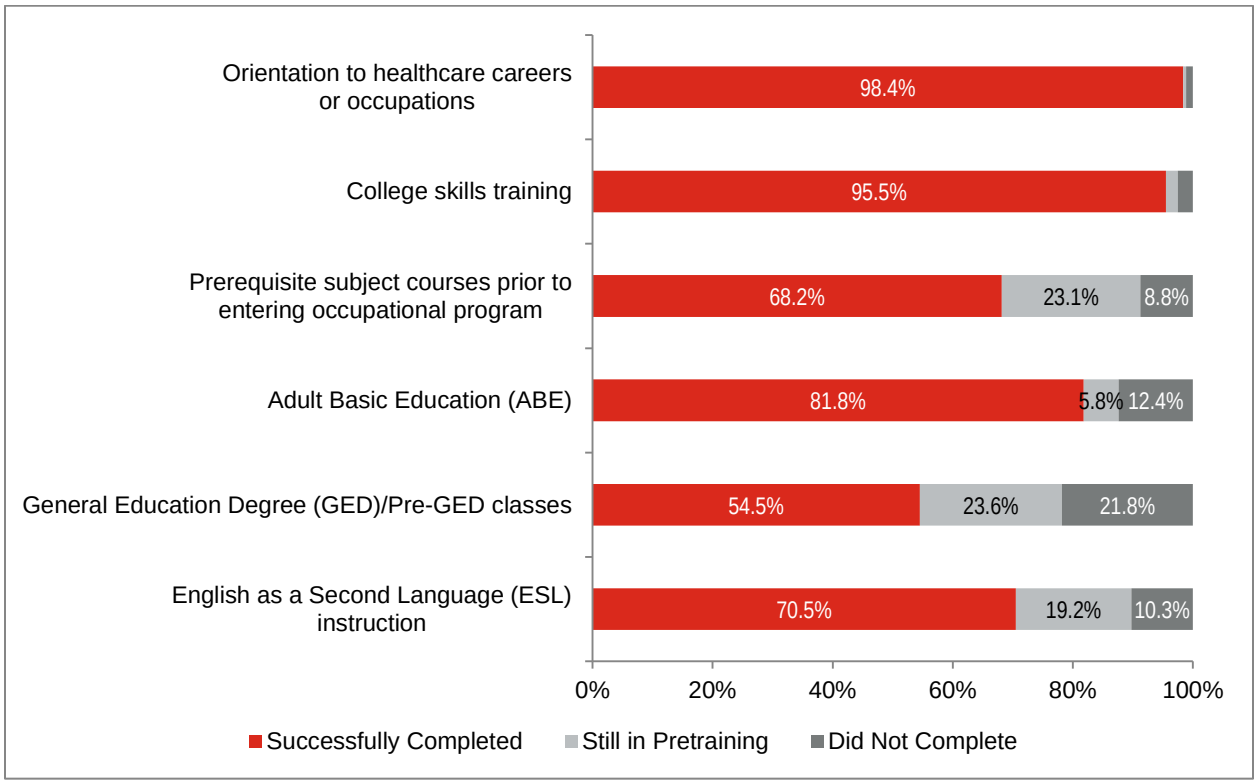


Notes: Sample is 8,634 enrollees with 12 months post-enrollment data. Individuals who participated in more than one type of pre-training are included in multiple rows. Individuals who participated in multiple training courses within the same category are only counted once in that category.

Exhibit 3.2 presents the percentage of those beginning training who completed, are still in, or did not complete pre-training activities. Completion rates for orientation to healthcare careers and college skills training workshops are high: 98 and 96 percent, respectively. These are often short, sometimes only involving one meeting; in some cases, they are also mandatory.

Completion rates for basic skills education classes vary, with 55 percent of those in GED/pre-GED classes, 71 percent in ESL classes, and 82 percent in ABE classes completing in the first year after enrollment. Fewer GED/pre-GED students (22 percent) completed this activity compared to any other pre-training activity.

Exhibit 3.2. HPOG Enrollees' Pre-training Activity Completion Status



Notes: Sample is 2,821 enrollees with 12 months post-enrollment data who began a pre-training activity. Each bar shows percentages out of those who began the corresponding pre-training activity. Enrollees participating in multiple pre-training activities are included in multiple rows. Percentages are of participants with known completion status. Less than 1 percent of participants are missing completion status.

4. Support and Employment Services

Providing support services to facilitate participants' success in healthcare training and subsequent employment is a key HPOG Program component. Supports can be academic and nonacademic, acknowledging that nontraditional students—the HPOG target population—face both academic and personal challenges.[11] HPOG requires grantees to provide support services to participants and to leverage key support resources through partners. HPOG programs also provide employment assistance and employment development activities to improve participants' prospects for achieving, retaining, and advancing in healthcare employment. While all HPOG programs offer support and employment services, the specific mix varies by program.

4.1 Receipt of Support Services

HPOG grantees offer two broad categories of support services: academic/training support services and personal/family support services.

Academic/training support services include assessments of skills using formal tools or informal reviews; case management by a staff member assigned to work with a participant throughout the program (sometimes also referred to as career advisors or navigators); academic and personal counseling services; financial assistance for training-related costs; and cultural programming, where cultural traditions and practices are integrated with healthcare training (most common in tribal HPOG programs). In addition to these support services, all grantees directly paid all or part of tuition for training and education for some or all of their participants.

Almost all HPOG enrollees received an academic or training support service within the first 12 months in the program. As exhibit 4.1 shows, case management was almost universally received (91 percent). A high proportion of enrollees (86 percent) received a skills assessment to determine if basic skills education activities were needed and to help determine appropriate training courses. Counseling services were also common: almost 80 percent of enrollees received counseling in such areas as academic advising, mentoring, and tutoring.

Given the low-income status of the HPOG target population, resource assistance—for tuition or other training or work-related expenses—is common. Seventy percent of participants received training and work-related resource assistance, such as with books, exam fees, or supplies.

[11] Fein, *Career Pathways as a Framework for Program Design and Evaluation*.

Exhibit 4.1. HPOG Enrollees' Receipt of Academic or Training Support Services

Service	Number	Percent
Pre-enrollment/intake assessment	**7,451**	**86.3**
Case management/career advisor/navigator	**7,829**	**90.7**
Counseling services	**6,751**	**78.2**
Academic counseling/advising	5,680	65.8
Mentoring/peer support	2,723	31.5
Comprehensive assessment	3,947	45.7
Tutoring	1,311	15.2
Other counseling services	1,120	13.0
Cultural programming	**516**	**6.0**
Training- and work-related resource assistance	**6,034**	**69.9**
Books	4,952	57.4
Exam/exam prep fees (for licensing/certification)	2,844	32.9
Licensing and certification fees	2,630	30.5
Work/training uniforms, supplies, tools	4,611	53.4
Computer/technology	1,351	15.6
Any academic/training support	**8,310**	**96.2**
No academic/training support	**324**	**3.8**

Notes: Sample is 8,634 HPOG enrollees with 12 months post-enrollment data. Enrollees receiving multiple types of service are included in multiple rows.

Personal and family support services are the second group of supports provided by HPOG programs, and can help address emergency or longer-term barriers that impede a participant's ability to complete or succeed in training. These include social and family services for short-term or emergency assistance; housing assistance services; and various other social support resources.

Over half of enrollees (58 percent) received personal or family support services within 12 months (exhibit 4.2). Transportation assistance was the most commonly received support (48 percent of enrollees). Other commonly received personal and family services were child or dependent care and help accessing primary/medical care services, which includes assistance accessing healthcare screenings or physicals required by employers.[12]

Exhibit 4.2. HPOG Enrollees' Receipt of Personal or Family Support Services

Service	Number	Percent
Social and family services	**1,043**	**12.1**
Home heating assistance	130	1.5
Car repair	282	3.3
Car insurance	112	1.3
Food and shelter	307	3.6
Utilities assistance	410	4.7
Other emergency assistance	186	2.2
Housing services	**486**	**5.6**
Security deposit	37	0.4
First month's rent	104	1.2
Funds for housing program	41	0.5
Short-term/temporary housing program	110	1.3
Other housing support services	268	3.1

[12] HPOG funds cannot be used for medical care unless it is an integral but subordinate part of a social service for which grants may be used.

Service	Number	Percent
Social support resources	**4,618**	**53.5**
Child/dependent care assistance	875	10.1
Transportation assistance	4,135	47.9
Driver's license assistance	91	1.1
Food assistance (non-SNAP)	345	4.0
Addiction and substance abuse services	17	0.2
Family preservation services	134	1.6
Family engagement services	147	1.7
Legal assistance	42	0.5
Primary/medical care	831	9.6
Any personal/family supports	**5,026**	**58.2**
No personal/family supports	**3,608**	**41.8**

Notes: Sample is 8,634 HPOG enrollees with 12 months post-enrollment data. Enrollees receiving multiple types of service are included in multiple rows.

4.2 Employment Assistance and Job Development Activity Participation

Many enrollees participate in employment assistance services or employment development activities to help them gain employment, employability skills, and work experience.

Employment assistance services include career counseling or job coach and navigator services, where a staff member works with participants to explore career options and find new or different employment; job search and placement assistance; and job retention services, providing assistance such as counseling for specific job-related issues, workplace behavior, or career advancement.

Almost 75 percent of enrollees received employment services in the first 12 months of enrollment (exhibit 4.3). The most common services were career counseling from a job coach or career navigator (71 percent) and job search or job placement assistance (45 percent). Almost one-fifth (19 percent) received job retention services.

Exhibit 4.3. HPOG Enrollees' Receipt of Employment Services

Service	Number	Percent
Any employment services	**6,407**	**74.2**
Career counseling/job coach/navigator	6,140	71.1
Job search/placement assistance	3,913	45.3
Job retention services	1,646	19.1
No employment services	**2,227**	**25.8**

Notes: Sample is 8,634 HPOG enrollees with 12 months post-enrollment data. Enrollees receiving multiple types of service are included in multiple rows.

Employment development activities include training to develop personal behaviors valued by employers (such as responsibility, punctuality, self-confidence, and ability to work well in a group); job-readiness workshops to address occupation- and job-specific issues and job-search skills; work experience or transitional employment, which are unpaid or government-subsidized jobs (usually short-term); on-the-job training, which is a formal agreement where employers can be reimbursed for the costs associated with employee training if they hire and provide training to participants engaged in productive work; job shadowing, which is a short-term activity (e.g., a day or a week) where trainees follow a worker to learn about a certain occupation; and regular unsubsidized employment while participating in an HPOG program.

Exhibit 4.4 shows participation in employment development activities and the average hours of participation. The most common employment development activities were other skills/life skills training (40 percent) and job-readiness workshops (12 percent). These are typically short-term, averaging five and six hours, respectively.

Other employment development activities are less common. Eight percent of enrollees participated in work experience assignments, 3 percent in on-the-job training, and less than 1 percent in job shadowing. Participation in some of these activities is time intensive; for example, work experience participants averaged 150 hours of participation.

A final employment development activity is paid employment experience. HPOG programs help participants find jobs while participating in the program. Some of these jobs are related to healthcare and will provide relevant skills and experience for the participant. In other cases, the jobs may simply generate income, providing the resources that participants need to continue in training. Almost one-third (31 percent) of enrollees began employment while enrolled in HPOG. Twenty-four percent of all enrollees began a job in a healthcare occupation or with a healthcare employer while in HPOG.

Exhibit 4.4. HPOG Enrollees' Participation in Employment Development Activities

Activity	Number of enrollees	Share of enrollees (%)	Average hours completed[a]
Other skills/life skills training	3,437	39.8	5
Job-readiness workshop	1,021	11.8	6
Work experience or transitional job	706	8.2	150
On-the-job training	214	2.5	58
Job shadowing	46	0.5	8
Paid employment	2,682	31.1	
Paid healthcare employment	2,082	24.1	

Notes: Sample is 8,634 enrollees with 12 months post-enrollment data. Enrollees participating in multiple activities are included in multiple rows.[a] Median hours completed per participant are for those reporting hours. Approximately 20 percent of participants in employment development activities are missing hours.

5. Healthcare Training

A key HPOG program outcome is completion of healthcare training. The large majority of HPOG participants enroll in healthcare training courses, but these courses vary considerably in their occupational focus, duration, and the ultimate degree or credential earned. Additionally, HPOG participants can take multiple courses or a series of shorter training segments or modules in a specific occupation.

5.1 Healthcare Training Participation

Eighty-four percent of HPOG enrollees (7,240 individuals) started a healthcare training course within 12 months of enrollment. Exhibit 5.1 shows the types of occupations for which HPOG participants trained.

Of those who began a healthcare training course, 41 percent trained to become a nursing aide, orderly, or attendant, making it the most common occupational area of training. This category includes training to become a certified nursing assistant. Licensed vocational nurse training was the next-most common course among participants who began training (14 percent). Ten percent of enrollees who began a healthcare training course participated in a registered nurse program. This trio of training types is an example of a career pathway or sequence of courses, starting with shorter nursing assistant training and progressing through licensed vocational nurse and registered nurse training, which could end with an associate's degree or higher.

About 9 percent of enrollees who began a healthcare training course participated in medical records and health information technician courses; a similar proportion participated in medical assistant training courses. The next-most common training courses were nursing, psychiatric and home health aides (7 percent of training participants), followed by phlebotomists (5 percent of training participants), and pharmacy technicians (3 percent of training participants).

The remaining types of healthcare training courses listed in exhibit 5.1 show the breadth of training in which participants engaged. Examples include diagnostic-related technologists and technicians (such as cardiovascular technicians), emergency medical technicians and paramedics, occupational therapy aides, and community and social service specialists (such as community health workers).

Exhibit 5.1. HPOG Enrollees' Participation in Healthcare Training Courses, by Type

Healthcare training course	Number	Percent who began training
Nursing aides, orderlies, and attendants	2,995	41.4
Licensed and vocational nurses	999	13.8
Registered nurses	737	10.2
Medical records and health information technicians	675	9.3
Medical assistants	674	9.3
Nursing, psychiatric and home health aides	516	7.1
Phlebotomists[a]	334	4.6
Pharmacy technicians[a]	238	3.3
Diagnostic-related technologists and technicians	235	3.2
Healthcare support occupations (all others)	172	2.4
Emergency medical technicians and paramedics	158	2.2
Health practitioner support technologists and technicians	101	1.4
Physical therapist assistants and aides	92	1.3
Clinical laboratory technologists and technicians	76	1.0
Community and social service specialists	52	0.7
Occupational therapy assistants and aides	38	0.5
Health diagnosing and treating practitioners	35	0.5
Health technologists and technicians	25	0.3
Counselors	9	0.1
Other	42	0.6

Notes: Sample is 7,240 enrollees with 12 months post-enrollment data who began healthcare training courses. Enrollees who participated in more than one type of training are included in multiple rows. The types of training courses listed correspond to standard occupational classifications from the Bureau of Labor Statistics. Grantees use these categories in the performance reporting system to identify their training programs. [a] Phlebotomists and pharmacy technicians are healthcare support occupations but are recorded separately from the rest of the category given high rates of participation.

The length of HPOG healthcare training courses, as measured by hours of training time, varies greatly from less than 40 hours to more than 1,500 hours.[13] Exhibit 5.2 shows participation in healthcare training by the length of training course in hours. This number does not reflect actual time spent in a training activity, as some participants drop out before training is completed. Twenty percent of enrollees who began a healthcare training course participated in courses that are relatively short-term—40 or fewer hours—and 31 percent in courses between 41 and 80 hours. There are also much longer courses; 8 percent of enrollees who began a healthcare training course participated in courses that were more than 1,000 hours long.

[13] The hours of training time (referring to hours of actual instruction) associated with each training activity is reported by HPOG grantees for their training courses.

Exhibit 5.2. HPOG Enrollees' Participation in Healthcare Training Courses, by Hours

Length of training course (hours)	Number	Percent who began training
0–40	1,122	20.2
41–80	1,742	31.3
81–120	1,012	18.2
121–160	953	17.1
161–480	656	11.8
481–1,000	376	6.8
1,000+	416	7.5

Notes: Sample is 5,566 enrollees with 12 months post-enrollment data who began training. Twenty-three percent of training course participants (1,674) are excluded because of missing data. Enrollees who participated in more than one training course of different lengths are included in multiple rows.

5.2 Healthcare Training Completion

Within 12 months of enrollment, 59 percent of HPOG enrollees who started a healthcare training course completed that training. Another 28 percent were still participating in a healthcare training course one year after enrollment.[14] This is not surprising since some training activities are longer and some enrollees require basic skills education or prerequisites before starting a healthcare training course. About 13 percent of those who began training did not complete it. With more than one-quarter of HPOG enrollees still in training one year after enrollment, the completion rate for any cohort of participants will likely increase over time.[15]

5.2.1 Healthcare Training Completion by Training Type

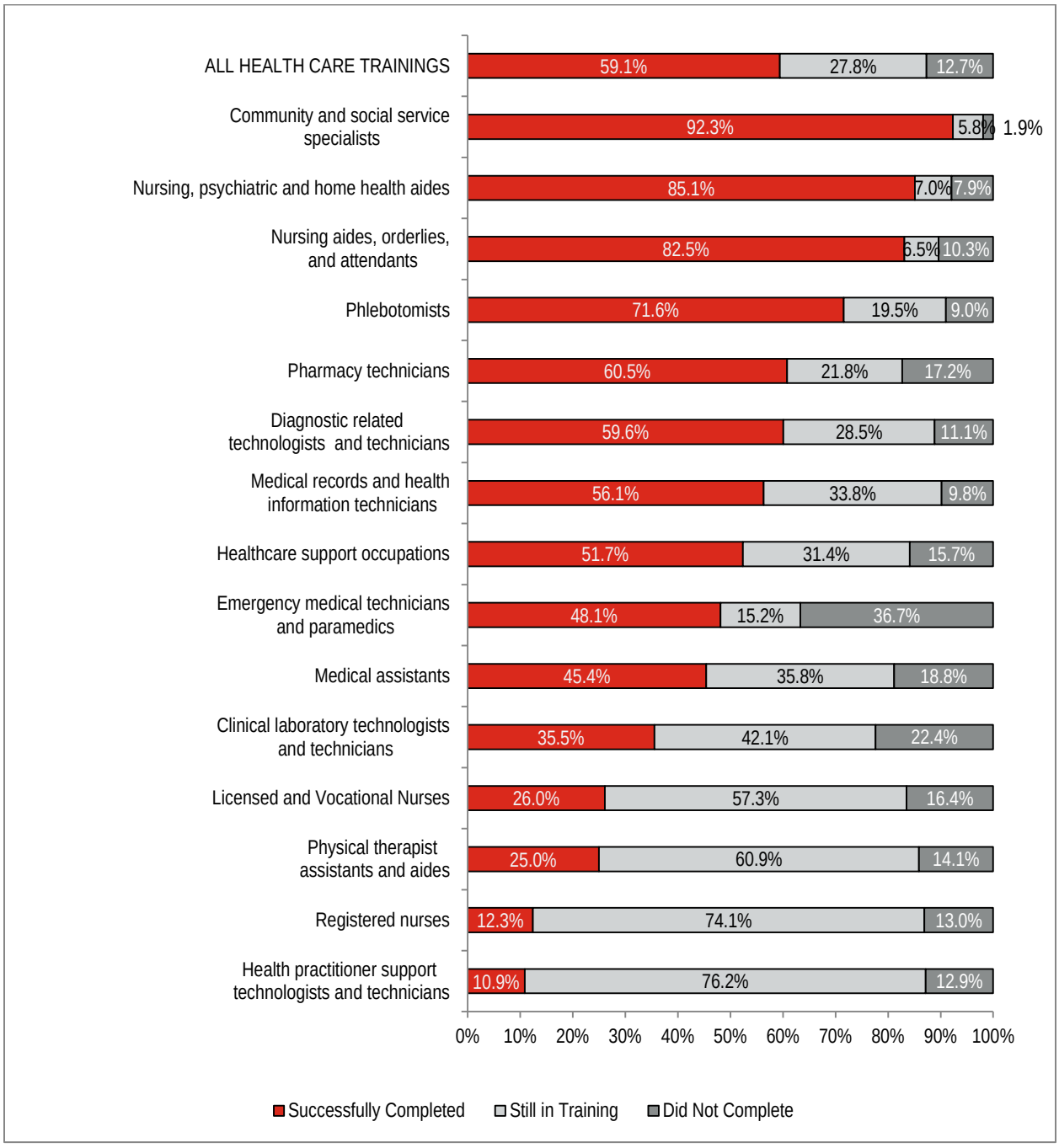
Exhibit 5.3 shows 12-month completion rates for those who began a healthcare training course by training type. A number of training courses have higher completion rates than the HPOG-wide average of 59 percent. These include community and social service specialists (92 percent); nursing, psychiatric and home health aides (85 percent); nursing aides, orderlies, and attendants (83 percent); phlebotomists (72 percent); pharmacy technicians (61 percent); and diagnostic-related technologists and technicians (60 percent). Healthcare training courses with the highest rates of noncompletion are emergency medical technicians and paramedics (37 percent) and clinical laboratory technologists and technicians (22 percent).

Low completion rates are to be expected for some courses after just one year (e.g., registered nurse training, where only 12 percent of those who began had completed one year after enrollment). Registered nurse programs lead to associate's or bachelor's degrees, which are not generally completed in one year. In cases such as this, it is important to note the percentage who were still in training after 12 months (in the case of registered nurse, almost three-quarters of participants).

[14] This percentage reflects those who have not yet completed a healthcare training and are participating in training one year after enrollment. Because some enrollees begin multiple courses within the first year of enrollment (that is, complete one training and go on to another), the actual percentage of all enrollees in training one year after enrollment (regardless of prior training completion) is higher, 35 percent.

[15] A limitation of these data is that some enrollees who still appear to be in training may have dropped out without informing the program. Over time, as training courses end and grantees update their records, some of those recorded as still in training may change status to "did not complete." See section 7 of this report for preliminary results on training completion for 18 months after enrollment.

Exhibit 5.3. Completion Status at 12 Months by Healthcare Training Course Type, among Participants Who Began Training



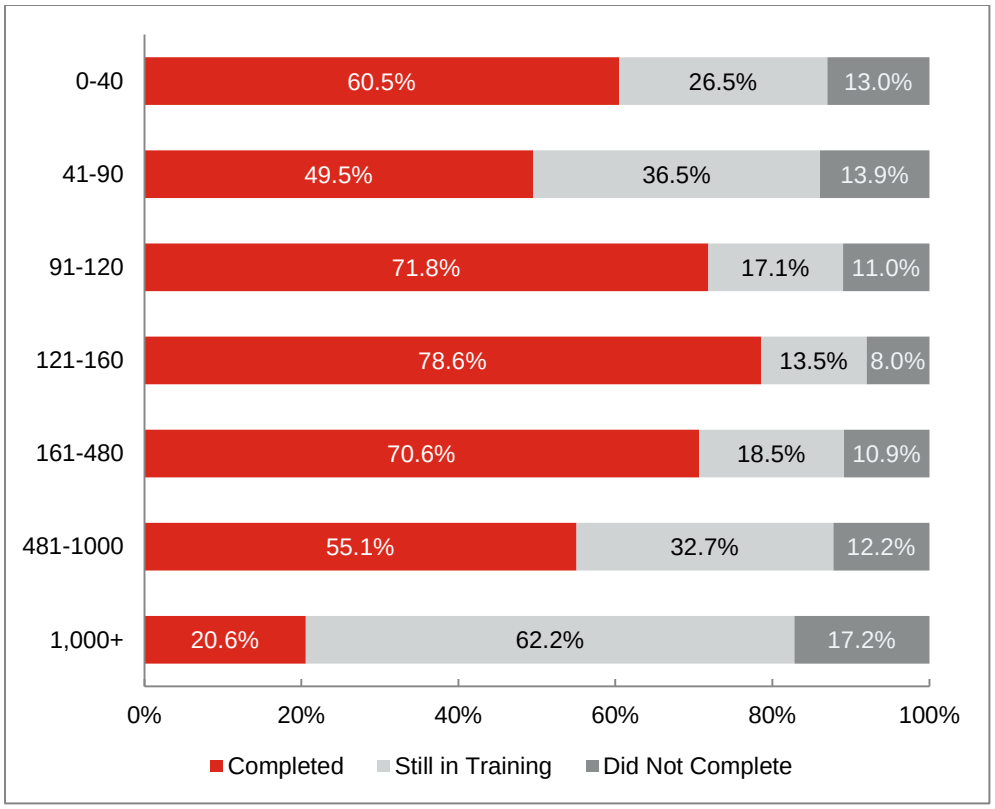
Notes: Sample is 7,240 enrollees with 12 months post-enrollment data who began a healthcare training course. Enrollees who participated in more than one type of training course are included in multiple rows. Each bar shows percentages out of those who began the corresponding training course listed in exhibit 5.1. Percentages are of participants with known completion status. Less than 1 percent of participants are missing completion status. Only healthcare training courses with more than 50 participants are shown.

5.2.2 Healthcare Training Completion by Hours

Exhibit 5.4 shows 12-month completion rates by the length of the training in class hours. The longest healthcare training courses tend to have lower 12-month completion rates. For example, only 21 percent of participants completed courses of more than 1,000 hours within 12 months. This is expected, given that longer programs may span more than one year. Many enrollees (62 percent) that began a training course of more than 1,000 hours were still in courses at the end of the first year.

However, the shortest training courses do not necessarily have the highest completion rates. Healthcare training courses of 90 hours or less have lower completion rates at one year than courses between 91 and 480 hours long.

Exhibit 5.4. Completion Status by Length of Training in Hours, among Participants Who Began Training



Notes: Sample is 7,240 enrollees with 12 months post-enrollment data who began a healthcare training course. Enrollees who participated in more than one training course of different lengths are included in multiple rows. Each bar shows percentages out of those who began a training course of corresponding length listed in exhibit 5.2. Percentages are of participants with known training course hours. Twenty-three percent of training course enrollments are missing hours.

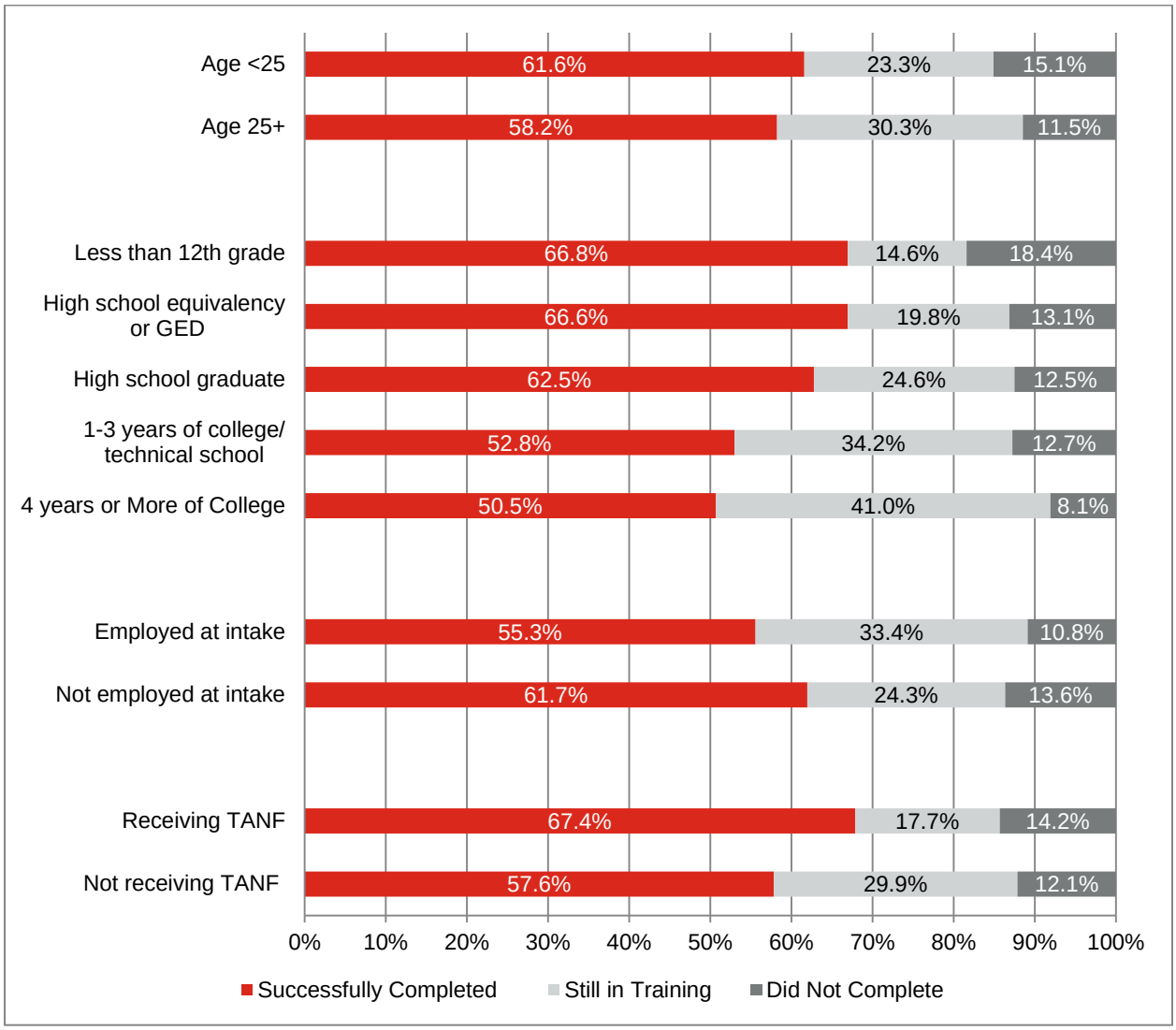
5.2.3 Healthcare Training Completion by Subgroups

Completion of training varies by subgroup (exhibit 5.5).[16] For example, healthcare training course completion rates are higher for those with lower education levels at program entry. Sixty-seven percent of training enrollees with less than a high school education completed their training, while 51 percent of those with four or more years of college completed courses. Additionally, 12-month healthcare training course completion rates are higher for TANF recipients (67 percent) than those not receiving TANF at program entry (58 percent); however, TANF recipients have a slightly higher dropout rate. Individuals who did not receive TANF benefits at intake are more likely to still be in training 12 months after enrollment than TANF beneficiaries (30 percent vs. 18 percent). Completion rates by age and employment at intake do not vary substantially. However it is important to note that completion rates and training length are associated (as was shown in Exhibit 5.4), so higher completion rates for a subgroup could just be signaling that individuals in that group are more likely to take shorter training courses.[17]

[16] The subgroups presented here were chosen because of the potential for differences in outcomes along these dimensions. Those with less education, receiving TANF, or older than age 24 (the cutoff age in the National Council on Education Statistics' definition of nontraditional students) could have greater difficulties completing healthcare training courses. Being employed at intake could signal greater ease in finding employment after completing healthcare training.

[17] Future outcome reporting using longer follow-up post training will be able to provide additional information.

Exhibit 5.5. Completion of Healthcare Training Courses by Subgroup, among Participants Who Began Training



Notes: Sample is 7,240 enrollees with 12 months post-enrollment data who began a healthcare training course. Each bar shows percentages out of those in the listed subgroup. Percentages are of participants with known completion status.

5.3 Multiple Healthcare Training Courses: Participation and Completion

One goal of a career pathways program is providing postsecondary training as a series of manageable and well-articulated steps so program participants can advance through successively higher levels of education and training, leading to employment. HPOG grantees have flexibility to develop or help participants enroll in a sequence of courses that help a student advance toward a specific goal, such as a degree or occupational license. Six of 27 grantees reported that more than half of their participants enrolled in multiple healthcare training courses within 12 months. A quarter of all HPOG enrollees participated in more than one healthcare training course in their first year.

Exhibit 5.6 shows the share of participants who enrolled and completed multiple healthcare training courses in 12 months. Each row represents a different stage in the healthcare training process. The table is read as the percentage of enrollees in the row status category who have achieved the column heading category. For example, row 1, column 2 shows that 48 percent of enrollees completed a first training course. Row 2, column 2 shows that 57 percent of those who entered a first training course, completed it.[18] Of those who completed a first training course, 33 percent started a second healthcare training course (row 3, column 3). Of those who started a second course, 63 percent completed that course (row 4, column 4)—a rate higher than the average completion rate for all training courses. This is even more surprising given that the percentage still in training among those who began a second training is also higher. Among all enrollees, 10 percent completed multiple healthcare training courses within 12 months of enrollment (row1, column 4).

Exhibit 5.6. Progress of Enrollees through Multiple Healthcare Training Courses

	Percentages of Row Status			
HPOG program status	**Entered first training course *N* = 7,240**	**Completed first training course *N* = 4,128**	**Entered second training course *N* = 1,374**	**Completed second training course *N* = 864**
Enrolled *N* = 8,634	83.9	47.8	15.9	10.0
Entered first training course *N* = 7,240		57.0	19.0	11.9
Completed first training course *N* = 4,128			33.3	20.9
Entered second training course *N* = 1,374				62.9

Note: Sample is 8,634 HPOG enrollees with 12 months post-enrollment data.

[18] This percentage is slightly lower than the healthcare training completion rate reported in the previous section. That rate includes all enrollees who completed at least one healthcare training course. A number of enrollees who began more than one healthcare training activity are missing completion status for the first training. These enrollees are not included as completing a first training in this exhibit.

6. Employment

Employment is a primary goal of HPOG. This section examines employment at the time of program exit.[19] One year after enrollment, 33 percent of HPOG enrollees had exited the program. Exhibit 6.1 shows employment status separately for those who exited HPOG after completing at least one healthcare training course and for those who exited the program without completing any healthcare training course.

Of those who completed one or more training course before exit, about two-thirds (66 percent) were employed; more than half (55 percent) were employed in a healthcare occupation or the healthcare sector. Employment was lower among those who exited without completing training: 33 percent were employed and only 15 percent were employed in healthcare.[20] It is important to note that these are descriptive findings; they cannot be interpreted as healthcare training completion caused higher employment rates since they do not control for other potential reasons for these differences.

Exhibit 6.1. HPOG Enrollees' Employment at Exit, by Training Completion

	Exited, Completed Healthcare Training		Exited, Did Not Complete Healthcare Training	
	Number	Percent	Number	Percent
Employed	842	65.7	261	33.2
Employed in healthcare	699	54.6	118	15.0
Missing	357		418	

Notes: Samples are 1,638 enrollees who left HPOG in the 12 months after enrollment after completing healthcare training and 1,203 enrollees who left HPOG in the 12 months after enrollment after not completing healthcare training. Percentages are of nonmissing responses.

6.1 Job Quality

Another goal of HPOG is for its participants to secure high-quality jobs as measured by average hourly wage, full-time hours, and availability of employer health insurance. According to the data, those who completed training are in higher-quality jobs than those who did not complete training.

Exhibit 6.2 shows job characteristics by training completion and by job type. Those who completed training had somewhat higher hourly wages at program exit, were more likely to work full time, and were much more likely to have health insurance benefits from their employer than those who did not complete training.

For both completers and non-completers, healthcare jobs appear to be higher-quality than non–healthcare jobs. Among completers, hourly wages and the share working full time were slightly higher for those employed in healthcare ($11.68 and 40 percent). Forty-six percent of this group had employer health insurance coverage compared with 40 percent of completers in any sector. Among non-completers,

[19] Employment is measured in the PRS at program exit. In the PRS, an exit indicates a participant is no longer enrolled in HPOG. The exit date is either (1) the date a participant is determined by the grantee to have completed the HPOG Program, according to the grantee's program requirements and structures; or (2) for participants who drop out or exit the program early (before completion), the date on which a participant received his or her last service funded by the program or a partner program.

[20] These figures must be interpreted with caution, given the large amount of missing employment status data at exit. Future studies reporting on HPOG outcomes will include more complete information on employment after training from matched administrative records on employment and earnings. See appendix A for additional discussion.

healthcare hourly wages were about a dollar higher ($11.90) than those working in any sector and more had employer health insurance coverage (26 percent versus 19 percent). In addition, those exiting after healthcare training course completion were more likely to work full time than those who did not complete.

Exhibit 6.2. Job Characteristics of Employed HPOG Enrollees, by Training Completion

	Exited, Completed Healthcare Training		Exited, Did Not Complete Healthcare Training	
	All jobs	Healthcare jobs	All jobs	Healthcare jobs
Average hourly wage	$11.37	$11.68	$10.64	$11.90
Full-time (35+ hours/week)	38.5%	40.2%	26.8%	27.1%
Health insurance coverage	40.0%	45.9%	18.8%	26.3%

Notes: Sample is enrollees with 12 months post-enrollment data who left their program employed, after completing or not completing healthcare training. See exhibit 6.1 for *sample size* for each column. Average hourly wage is among those reporting wages.

6.2 Employment by Subgroups

Employment rates for those exiting HPOG differ by characteristics at program intake and training completion. Exhibit 6.3 shows employment at exit by subgroup separately by whether an enrollee completed at least one healthcare training course. Across all subgroups, employment at exit for those not completing a healthcare training course was lower than employment for those who completed a healthcare training course. For example, of those younger than 25 years old who exited and completed training, 65 percent were employed, compared with 30 percent employed of those in this age group who exited and did not complete training.

For healthcare training course completers, employment at exit was higher among participants who had higher education levels, were employed at intake, and were not in school at program intake. For example, among training completers with a high school degree, 67 percent were employed, compared with 46 percent employed among those with less than a 12th-grade education. There were not large differences in employment rates by participant age, age of youngest child, or TANF receipt for those who completed a healthcare training course. These patterns across subgroups are similar for employment in healthcare, with the exception that training completers receiving TANF at intake were somewhat less likely to be employed in healthcare.

Exhibit 6.3. Employment at Exit by Healthcare Training Course Completion and Subgroup (percent)

	Exited, Completed Healthcare Training		Exited, Did Not Complete Healthcare Training	
Subgroup	**Employed**	**Employed in healthcare**	**Employed**	**Employed in healthcare**
Age at enrollment				
< 25	65.4	52.4	29.5	10.3
25+	65.7	54.9	35.7	17.4
Education				
Less than 12th grade	45.8	34.4	22.7	7.6
High school graduate	66.8	53.9	34.1	13.5
High school equivalency or GED	62.1	55.3	29.0	10.8
1–3 years of college/technical school	67.5	56.8	34.6	18.3
4 or more years of college	69.9	55.4	45.5	24.2
Employment at intake				
Yes	77.0	60.5	52.5	25.0
No	59.9	50.8	25.0	10.1
In school at intake				
Yes	62.9	53.4	28.7	13.2
No	66.0	53.9	35.6	15.1
Age of youngest child				
0–5	64.5	52.6	33.2	14.8
6–26	63.9	52.0	30.3	13.2
Receiving TANF at intake				
Yes	64.2	50.9	29.1	11.8
No	65.8	55.2	34.5	15.4

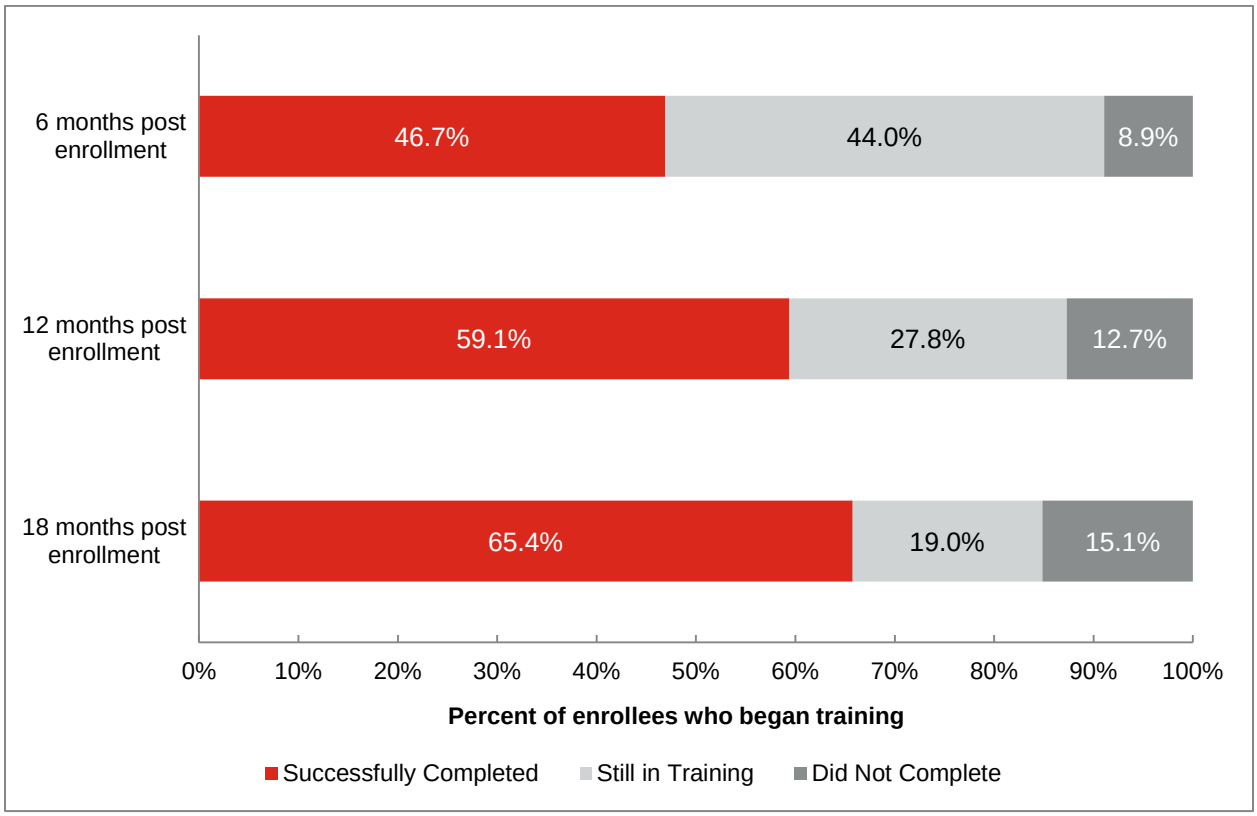
Notes: Sample is enrollees with 12 months post-enrollment data who exited and completed healthcare training or did not complete healthcare training. Percentages are of participants in subgroup who exited, completed healthcare training (or did not complete healthcare training), and were employed (or employed in healthcare).

7. HPOG Outcomes Over Time

Up to this point we have focused on participation patterns and outcomes of HPOG enrollees at 12 months after enrollment. This section reviews how HPOG status and outcomes change over time. Exhibit 7.1 shows healthcare training course completion results, comparing HPOG enrollees at 6, 12, and 18 months after enrollment.[21]

As expected, the share of enrollees who completed training increased steadily across these periods, from 47 percent completing at the 6-month mark to 65 percent completing at the 18-month mark. The percentage that did not complete a healthcare training course also increased, from 9 percent to 15 percent. These results suggest that many participants continue in and complete the program over 12 to 18 months.[22]

Exhibit 7.1. HPOG Enrollees' Healthcare Training Course Completion Status Over Time



Note: Samples are enrollees with 6 months (*N* = 9,779), 12 months (*N* = 7,240), and 18 months (*N* = 3,768) post-enrollment data who began healthcare training.

[21] These are three separate but overlapping samples: all those for whom we have post-enrollment information for at least 6, at least 12, and at least 18 months. The 18-month sample is limited to those enrolled at an earlier point in the program (through April 2012), so it may not represent later enrollees' experience at 18 months. See discussion in appendix A for information about how this comparison differs from a comparison of the same sample of enrollees at three points in time.

[22] The "still in training" status includes some participants who dropped out of training but have not yet come to the attention of program staff or not yet been recorded as such in the PRS.

8. Summary and Future Reports

This report presented interim outputs and outcomes from the HPOG Program. The purpose is to describe results for participants in the initial years of the HPOG Program and provide insight into the HPOG Program's early performance. The findings are *interim* in two senses. First, the program is ongoing, and many more individuals are expected to begin and complete training before the HPOG grants expire in September 2015. Second, the time required to prepare for and complete available HPOG training courses ranges from several weeks to four years or more. Of the sample included in this report, many were still in training 12 and even 18 months following enrollment. In addition, it is important to remember these results are descriptive- we cannot use them to draw conclusions about the impact of the HPOG Program. Future reports will provide evidence on the impact of the HPOG program on participant outcomes based on experimental methods. Nevertheless, the interim findings indicate progress and provide a picture of the HPOG Program's early performance overall.

In the first year after enrollment, 84 percent of enrollees participated in a healthcare training course. Half of all enrollees completed one or more healthcare training courses (59 percent of those who started a healthcare training course). In addition, 10 percent of enrollees completed multiple courses within 12 months. Sixty-six percent of enrollees who completed training and left the program were employed at exit, compared with 33 percent of those who exited without completing training.

To put HPOG program outcomes in perspective, we can compare them to similar programs such as career pathways programs, sectoral training programs in healthcare and other industries, and employment and training programs focused on TANF recipients and other disadvantaged, low-income individuals. These interim training completion and employment findings are consistent with outcomes published for similar programs.[23]

Future reports for the NIE study include a *Descriptive Implementation and Outcome Report*, which will use additional data for more enrollees and for longer periods. It will use administrative employment and earnings data from the National Directory of New Hires (NDNH), thereby reducing reliance on PRS employment data, which has a large percentage of records with missing employment status. NDNH data will also enable the research team to measure employment and earnings for many years after enrollment, regardless of program experiences. The final report for the NIE study will also include information from participant surveys 15 months after enrollment. Additionally, the HPOG Impact Study is using an experimental design to assess the impact of HPOG on training, employment, and earnings by comparing results for individuals randomly assigned to have access to the HPOG Program (treatment group members) to those who cannot participate in HPOG programs but can access other resources in the community (control group members). The Impact Study will describe whether and to what extent outcomes for HPOG enrollees represent better results than would have happened in the absence of HPOG.

[23] A review of some of these studies can be found in Alan Werner, Catherine Dun Rappaport, Jennifer Bagnell Stuart, and Jennifer Lewis *Literature Review: Career Pathways Programs*, Report #2013-24 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2013); and Gayle Hamilton and Susan Scrivener, "Facilitating Postsecondary Education and Training for TANF Recipients," Temporary Assistance for Needy Families Program Research Synthesis Brief 7 (Washington, DC: Urban Institute, 2012).

Appendix A. Data and Sample

The data used in this report are from the HPOG PRS, a participant-tracking and management system developed for the HPOG Program. The PRS contains detailed individual-level data on participants' characteristics, program involvement, outputs, and outcomes, as well as program-level data on services, education, and training offered by grantees. Data in this report were drawn from the PRS on October 1, 2013.

This report includes information about participants in the 27 nontribal grantee programs. It includes only those who gave informed consent to have their information used in the evaluation.[24] Most findings are based on a sample of 8,634 participants who enrolled between September 30, 2010 (the beginning of the HPOG Program), and October 1, 2012, and for whom we have 12 months of post-enrollment data. The HPOG enrollment date is the date when a participant begins or receives his or her first substantive service in pre-training, healthcare training, or support services as entered into the PRS.[25] The characteristics of the 12-month sample are presented in exhibits A.1 and A.2.

Two places in the report use a sample other than the one described above. The description of characteristics of HPOG program enrollees in section 2 uses the sample of all enrollees from the beginning of the program on September 30, 2010 through October 1, 2013 (17,269 participants). We use this sample to provide the most accurate picture to date of the composition of HPOG program participants.

The second place is section 7, where the 12-month timeframe data sample is compared with two additional samples: those with 6 months of post-enrollment data (12,518 individuals) and those with 18 months of post-enrollment data (4,426 individuals). Note that these are three *different* samples, not one sample followed longitudinally at 6, 12, and 18 months. The longitudinal comparison has the advantage of knowing any observed differences across the points in time do not stem from changes in the composition of the sample being used. The evaluation team chose the three different samples for two reasons: (1) to present more recent data (the 6-month sample includes those who enrolled up to March 30, 2013), and (2) to provide larger sample sizes for the 12-month group that is the focus of the report. The team compared the percentage of HPOG participants in different statuses (completed training, still in training, exited without completion, etc.) at 6, 12, and 18 months across both these methods (the three sample windows and the longitudinal 18-month window) and found very little difference. In addition, the demographic characteristics of the three samples are similar, as shown in exhibit A.1.

[24] The PRS was implemented on September 30, 2011, one year after the beginning of the HPOG Program. Grantees were not required to seek informed consent of first-year enrollees entered into the PRS. Of all first-year enrollees in the PRS, 19 percent gave informed consent and are included in this report. Informed consent rates for enrollees in years 2 and 3 were 87 and 96 percent, respectively. Sensitivity analyses comparing the degree of missing demographic and other information at intake for year 1 enrollees with informed consent and year 2 enrollees with informed consent do not show substantial differences.

[25] Support services considered include the first support service in any of the following major categories: (1) employment activities, (2) counseling services, (3) case management, (4) cultural programming, (5) social and family services, (6) housing support services, (7) social services, and (8) training and work-related services. These are defined in section 5.

There are two items in the PRS that have substantial percentages of missing data: hours of training courses and employment at exit. Specific percentages missing for each of these are noted in the report. Interpretation of results based on these items should be made carefully.

All statistics in this report are based on a cell size of N=50 or greater, with one exception. In exhibit 6.3, the percentage of those with 4 or more years of college who exited, but did not complete training has an N=28. We included this for completeness of the education category.

PRS Data

PRS data are entered by multiple grantee staff at many different points in an individual's enrollment. This may lead to inconsistencies or incompleteness in data entry. Quality control procedures and grantee training and support around using the PRS are ongoing to reduce missing data and increase consistent understanding and reporting of data elements. PRS measures have specific definitions to encourage consistency across grantees. Also, the PRS is the data source for grantee progress reports to ACF; as such, it may be more complete and accurate than if the data system was being used only for grantee or evaluation purposes.

Despite these efforts, some missing data are inevitable; the percentage of missing data on specific items is noted throughout this report. Missing data are particularly high for employment status at exit and for six-month follow-ups.[26] Grantee staff collect employment status information from participants. Collecting employment information at the point of exit may be difficult for staff, depending on the regularity of contact with exiters, and is likely particularly difficult to collect for participants who drop out of the program.

To mitigate missing PRS employment data, analyses for future reports on outcomes will include quarterly employment and earnings data from the NDNH that are matched to PRS data. The evaluation team will have these data for at least two years before HPOG enrollment and up to 10 years following enrollment.

Another limitation of the PRS data is the inability to measure employment consistently at the time of healthcare training course completion. The PRS records employment at program exit which, as described above, may or may not coincide with training completion. Many enrollees remain in the HPOG Program after training completion to participate in additional training or employment development activities or to receive support services. For these participants, the PRS does not provide a consistent way to ascertain employment status.[27] An advantage of using the NDNH data is the ability to match employment records to the quarter of training completion.

[26] In the sample used in this report, roughly 25 percent of enrollees who have left HPOG are missing employment status at exit. In addition, almost half of enrollees who left more than six months before the data extraction date are missing six-month follow-up information, including employment status.

[27] Grantees can enter employment before exit as a job development activity in the PRS. This was not intended to be a consistent record of employment after training completion. Preliminary analysis shows that many jobs recorded as employment development activities have start dates before training completion.

Exhibit A.1. Demographic Characteristics of HPOG Enrollees for Three Samples by Months after Enrolment

	6-Month Sample		12-Month Sample		18-Month Sample	
Characteristic	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Gender						
Male	1,412	11.3	926	10.7	448	10.1
Female	11,106	88.7	7,708	89.3	3,978	89.9
Race/Ethnicity						
White Non-Hispanic	4,890	39.6	3,506	41.2	1,801	41.2
Black Non-Hispanic	4,649	37.7	3,219	37.8	1,682	38.5
Hispanic/Latino, any race	2,060	16.7	1,309	40.4	642	14.7
Asian or Hawaiian, Pacific Islander	319	2.6	202	2.4	104	2.4
Native American or Alaska Native	99	0.8	56	0.7	30	0.7
Two or more races, non-Hispanic	325	2.6	228	2.7	111	2.5
Missing	176		114		56	
Age						
< 20	1,065	8.6	1,200	14.0	353	8.0
20–29	5,688	45.7	3,752	43.7	2,059	46.7
30–39	2,954	23.7	1,914	22.3	1,039	23.6
40–49	1,725	13.9	1,134	13.2	624	14.2
50+	1,021	8.2	587	6.8	333	7.6
Missing	65		47		18	
Marital status						
Married	1,989	17.1	1,377	17.3	725	17.9
Never married	7,189	61.7	4,896	61.6	2,415	59.7
Divorced, widowed, or separated	2,473	21.2	1,681	21.1	903	22.3
Missing	867		680		383	
Dependent children						
Yes	7,721	61.2	4,944	66.6	2,831	68.5
No	3,951	33.9	2,702	33.4	1,301	31.5
Missing	846		544		294	
Age of youngest child						
0–5	4,664	64.3	3,245	64.7	1,699	64.8
6–24	2,589	35.7	1,772	35.3	924	35.2
Missing	1,314		915		502	

Characteristic	6-Month Sample		12-Month Sample		18-Month Sample	
	Number	Percent	Number	Percent	Number	Percent
Education						
Less than 12th grade	740	6.1	489	5.9	249	5.8
High school equivalency or GED	1,583	13.1	1,102	13.2	606	14.2
High school graduate	4,875	40.4	3,581	43.0	2,037	47.7
1–3 years of college/technical school	4,118	34.2	2,666	32.0	1,154	27.0
4 or more years of college	739	6.1	494	5.9	226	5.3
Missing	463		302		154	
Literacy at 8th grade or higher						
Yes	4,146	85.8	5,725	85.4	1,560	85.5
No	7,140	14.5	981	14.6	2,396	14.5
Missing	1,232		1,928		470	
Numeracy at 8th grade or higher						
Yes	4,885	74.1	4,664	75.1	1,718	74.1
No	6,318	25.9	1,614	24.9	2,213	25.9
Missing	1,315		2,156		495	
Currently in school						
Yes	8,405	36.7	3,001	38.6	2,965	39.4
No	1431	63.3	4,778	61.4	503	60.6
Missing	2,682		855		958	
Currently employed (at intake)						
Yes	4,787	41.5	3,275	43.3	1,608	39.5
No	6,760	58.5	4,282	56.7	2,459	60.5
Missing	971		949		359	
N	**12,518**		**8,634**		**4,426**	

Exhibit A.2. Income and Benefit Receipt of HPOG Enrollees

	6-Month Sample		12-Month Sample		18-Month Sample	
Characteristic	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Household income						
0	1,426	13.7	1,074	14.9	642	17.6
$1–$9,999	3,659	35.1	2,474	34.3	1,281	35.0
$10,000–$19,999	2,897	27.8	1,981	27.5	930	25.4
$20,000–$29,999	1,448	13.9	1,006	13.9	476	13.0
$30,000+	997	9.6	681	9.4	327	8.9
Missing	2,091		1,418		770	
Individual income						
0	2,974	26.8	2,137	28.1	1,187	31.1
$1–$9,999	4,391	39.6	2,912	38.3	1,464	38.3
$10,000–$19,999	2,524	22.7	1,712	22.5	792	20.7
$20,000–$29,999	922	8.3	641	8.4	299	7.8
$30,000+	288	2.6	196	2.6	76	2.0
Missing	1,419		1,036		608	
Receiving TANF at intake						
Yes	1,791	15.7	1,261	15.9	717	17.6
No	9,629	84.3	6,675	84.1	3,351	82.4
Missing	1,098	9.6	698		358	
Receiving SNAP at intake						
Yes	6,527	55.7	4,522	55.8	2,379	57.6
No	5,189	44.3	3,579	44.2	1,753	42.4
Missing	802	6.8	533		294	
N	**12,518**		**8,634**		**4,426**	