Introduction to the Health Profession Opportunity Grants (HPOG) Program and First Year Implementation and Outcomes

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The Health Profession Opportunity Grants (HPOG) Program was established by the Affordable Care Act of 2010 (ACA) to provide training programs in high-demand health care professions to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Beginning in 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) provided five-year grants to 32 grantees in 23 states across the United States. HPOG grantees include post-secondary educational institutions, workforce investment boards (WIBs), state or local government agencies, and non-profit organizations (NPOs). Five grantees are Tribal organizations. In its first year of funding, HPOG grantees were able to launch their programs and enroll and train substantial numbers of participants. This brief describes the HPOG Program and progress made by grantees in the first year of funding. It also describes the evaluation efforts sponsored by ACF to assess the success of the HPOG Program.

Purpose and Origin of HPOG

The ACA provides federal funding for training in the health care field that is intended both to meet growing employer demand for skilled health care workers and to expand the opportunities for economically disadvantaged individuals to obtain health care jobs. Specifically, Congress authorized the HPOG Program “to conduct demonstration projects that provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.” This program is an important federal effort to improve the labor market opportunities of disadvantaged populations within the health care field.

In 2010, ACF awarded $67 million in HPOG grants to 32 post-secondary educational institutions, government agencies, WIBs, and NPOs in 23 states. Five grantees are Tribal entities. The five-year grants, which are administered by ACF, may be used for training, education, and supportive services to prepare TANF recipients and other low-income individuals to enter and advance in the health care sector. HPOG health care occupational fields include nursing, long-term care, allied

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HPOG TANF and Low-Income Grantees

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<thead>
<tr>
<th>State</th>
<th>Institution Name</th>
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<tbody>
<tr>
<td>AZ (Tucson)</td>
<td>Pima County Community College District</td>
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<tr>
<td>CA (San Diego)</td>
<td>San Diego Workforce Partnership</td>
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<tr>
<td>CT (Bridgeport)</td>
<td>The Workplace, Inc.</td>
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<tr>
<td>FL (Pensacola)</td>
<td>Pensacola State College</td>
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<td>IL (Chicago Heights)</td>
<td>Southland Health Care Forum, Inc.</td>
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<td>IL (Joliet)</td>
<td>Workforce Investment Board of Will County</td>
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<td>KS (Topeka)</td>
<td>Kansas Department of Commerce</td>
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<tr>
<td>KY (Florence)</td>
<td>Gateway Community and Technical College</td>
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<tr>
<td>LA (Monroe)</td>
<td>Workforce Development Board SDA-83</td>
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<tr>
<td>MO (Kansas City)</td>
<td>Full Employment Council</td>
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<tr>
<td>NE (Grand Island)</td>
<td>Central Community College</td>
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<tr>
<td>NH (Concord)</td>
<td>New Hampshire Department of Health and Human Services, Office of Minority Health</td>
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<tr>
<td>NJ (Hackensack)</td>
<td>Bergen Community College</td>
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<tr>
<td>NY (Buffalo)</td>
<td>Buffalo and Erie County Workforce Development Consortium, Inc.</td>
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<tr>
<td>NY (Bronx)</td>
<td>Research Foundation of the City of New York</td>
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<tr>
<td>NY (Schenectady)</td>
<td>Schenectady County Community College</td>
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<td>NY (Suffolk)</td>
<td>Suffolk County Department of Labor/Suffolk County WIB</td>
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<tr>
<td>OH (Steubenville)</td>
<td>Eastern Gateway Community College</td>
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<td>OK (Tulsa)</td>
<td>Community Action Project of Tulsa County Inc.</td>
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<td>PA (Lewisburg)</td>
<td>Central Susquehanna Intermediate Unit</td>
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<td>PA (Philadelphia)</td>
<td>Temple University of the Commonwealth System of Higher Education</td>
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<td>SC (Columbia)</td>
<td>South Carolina Department of Social Services</td>
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<td>TX (San Antonio)</td>
<td>Alamo Community College District and University</td>
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<td>WA (Lynnwood)</td>
<td>Edmonds Community College</td>
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<td>WA (Seattle)</td>
<td>Workforce Development Council of Seattle-King County</td>
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<tr>
<td>WI (Kenosha)</td>
<td>Gateway Technical College</td>
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<tr>
<td>WI (Milwaukee)</td>
<td>Milwaukee Area Workforce Investment Board</td>
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health, health information technology, and child care health advocacy.

Types of Grantees

The 32 HPOG Program grantees vary across a number of characteristics, including type of lead organization, level of funding, total projected program enrollment, and region.

- Half of grantees are higher education institutions (16). Other grantee organization types are WIBs (10), state or local government agencies (4), and non-profit organizations (2).
- More than half of the grantees (19) received five-year grants of between $1 and $2 million per year. Another nine received grants from $2 to $3 million and the remaining four received grants from $3 to $5 million.
- About one-third of the grantees (10) have total enrollment goals of less than 500. Nine have enrollment goals between 500 and 999, 10 have goals between 1,000 and 1,999, and three have goals of 2,000 or more.
- Grantees are located across the country, with representation in 23 states and in all regions of the country.

Programs and Services Offered

HPOG grantees offer training in a range of health care occupations using various models. Because of the different structures of the grantee organizations, the nature of the training programs varies. All HPOG programs use a career pathways approach where training is organized as a series of manageable steps leading to successively higher credentials and employment opportunities. Some programs prepare participants to transfer to four-year colleges. Others focus on the attainment of an industry-recognized, marketable credential or the completion of an associate’s degree. ACF classifies the programs into broad occupational categories, described below.

The programs most commonly offered in the first year of the grant were in the nursing and medical assistance fields. Specifically, 74 percent of grantees (23) enrolled individuals in training programs for nursing assistants and home health aides. The second most common type of training was for licensed practical nurses, included by 58 percent of all grantees (18). Half of the grantees (16) offered training for medical records and health information technicians, registered nurses, or personal care technicians. Other common occupational fields included emergency medical technicians and paramedics and occupational therapy aides.

Many grantees offer “pre-training” activities for participants who need to improve basic academic skills or English language proficiency before entering occupational training. The nature of pre-training activities varies across grantees, depending on the needs of the participants and the types of trainings offered.

In addition, grantees provide support services to HPOG participants to help them succeed in and complete their training programs. In the first year, the two most common supports
grantees reported providing were social service resources (28 grantees)—including child care and transportation assistance—and case management services (25). Many grantees also provided training- and work-related resources. This includes books, supplies, or license fees (23), counseling services such as mentoring or tutoring (19), and employment services, such as placement assistance (18). Some grantees also offered emergency financial support (12) and housing services (8).

**HPOG Outcomes in the First Year**

In the first year, 31 grantees enrolled 6,481 participants, exceeding the total projected number of participants.\(^2\) As of the end of 2012, 89 percent of entrants into HPOG were female, 40 percent were non-Hispanic White/Caucasian, 36 percent were non-Hispanic Black/African-American, and 16 percent were Hispanic/Latino of any race. Over half received SNAP (formerly “Food Stamps”), 38 percent were on Medicaid, and about 16 percent received TANF. Over a quarter of entrants had no earnings and an additional 52 percent had earnings of less than $15,000 in the year preceding HPOG entry.

Employment of HPOG participants in a health care job related to their training is the ultimate goal of the program. Grantees reported that of the 987 participants employed in any occupation by the end of the first year of the program, 551 had obtained employment in health care occupations. While training completion is an important indicator of program progress and success, HPOG grantee programs differ considerably in length of their programs. As a result, some enrollees were still actively participating in training by the end of the first year, so the completion figures are likely to grow.

The median wage for those who were employed in a health care occupation was $11.26 per hour, $23,421 annually with a full-time work schedule. While a relatively low wage level, this is above the HHS poverty threshold for a family of four.\(^3\)

**Early Experiences with HPOG Implementation**

HPOG program grantees’ early experiences implementing their programs included accomplishments and challenges. Grantees provided reports to ACF in which they described these accomplishments and challenges in the first year of the grant in four areas specified by ACF: (1) administrative milestones, (2) inter-agency collaboration, (3) programmatic elements, and (4) systems alignment. This information is important for understanding differences in early program outcomes among grantees. Though many grantees reported challenges, these initial barriers led to refinements in their HPOG programs.

**Administrative Milestones**

Administrative milestones are grantee or partner agency activities that do not involve direct service to clients but advance the program’s implementation. Within this area, grantees reported they were ultimately successful in defining staff roles, hiring staff, training staff, finalizing and signing contracts,

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\(^2\) The Workplace, Inc. received grant funds later than the other grantees, so their data are not included in these outcome measures.

\(^3\) HHS thresholds are used to determine eligibility for social assistance programs. This income level would lift a family of three (but not four) above the HHS threshold in Alaska and Hawaii, where the cost of living and the HHS thresholds are higher than in other states.
accessing or renovating needed space, developing data management systems, and developing program policies and procedures. These policies and procedures relate to administering grant funds for services such as transportation assistance, childcare assistance, emergency or short-term housing, mental health assessment, and counseling. Nonetheless, two-thirds of grantees reported delays in getting programs running for a number of administrative reasons. Delay in hiring key staff was the most-cited administrative challenge for grantees. Generally, the difficulty in hiring staff was due to internal administrative impediments, particularly in post-secondary education institutions. Despite this initial delay, all grantees eventually succeeded in staffing their programs.

**Inter-Agency Collaboration**

Building relationships with organizational partners to provide the range of services was an important initial activity for grantees. Many grantees reported as significant accomplishments their development of relationships with partners, including state human service agencies, commerce and economic development agencies, community-based organizations, local TANF and workforce development agencies, and employers. Some grantees reported that they experienced issues with varying levels of participation and commitment by the partners, the time required to establish relationships, defining roles and responsibilities across partners, and partnerships that did not develop as planned.

**Programmatic Elements**

Programmatic elements are the activities grantees undertake to serve participants. These include recruitment, assessment, support services, training, and employment activities. Grantees experienced some challenges in initial implementation of program activities, but reported that working through these issues motivated program improvement. One common challenge was recruitment, particularly due to program start-up delays described above. In some cases, recruitment was delayed because relationships with partners had not developed as expected. Other grantees reported difficulties with carrying out orientation and assessments as planned, in some cases due to unexpected results from applicants’ criminal background checks. Once programs got started, a number of grantees reported strong enrollment activity, exceeding projected goals in some cases.

Some grantees also faced difficulty coordinating support services. The services that proved the most challenging were child care, mostly due to program hours conflicting with hours of available care and financial assistance for pre-training activities because need for pre-training was higher than expected. To overcome these challenges, grantees reworked their support options in various ways to address student needs. The Tulsa Community Action Project (see below) is an example of a grantee that adapted childcare services to suit the program structure.

Some grantees reported overcoming some challenges in setting up training. Many grantees modified existing

**Integrating Tutoring and Counseling Services with Academic Programs**

*Workforce Development Board SDA-83 (Louisiana)*

Professional Healthcare Opportunities-Careers and Support Project (PHOCAS) Education Centers are being developed at Louisiana Delta Community College (LDCC) and other colleges with the HPOG grant. These centers support participants through tutoring and academic counseling. For the centers, LDCC purchased software that is specifically designed to improve motivation and time management and improve the way students study science. LDCC located its education center in the middle of the nursing simulation lab and classroom area to enable instructors and other students to more fully engage the PHOCAS students in the nursing programs.

**Expanding Support Services to Accommodate Participant Needs**

*Tulsa Community Action Project (Oklahoma)*

When they implemented the HPOG program, the Tulsa Community Action Project (CAP) found that if they chose to keep the regular hours of their Early Childhood Program (which was to provide childcare to HPOG students), the HPOG health care courses would need to be extended over a longer period of time because the required hours in class did not match the hours provided by the child care program. In response, CAP provided more hours of daily childcare, allowing HPOG participants to complete their coursework in a shorter time and allowing individuals to take additional classes on the career ladder within the HPOG timeframe.
curricula or developed new curricula for HPOG, and some reported that this development did not proceed as quickly as anticipated. Some HPOG programs struggled to provide sufficient training slots in popular nursing programs. Others were challenged in finding on-the-job training opportunities (such as internships, practica, and clinical rotations) for students. Many grantees reported they were able to meet and overcome these challenges.

Few grantees reported problems with employment-related services. Most were able to develop relationships with employers and place students in jobs upon program completion, although a few grantees expressed difficulties in finding placements given the slow economy.

**Systems Alignment**

Systems alignment is the process of trying to align requirements of the grant with requirements or expectations of the systems in which grantees operate, such as community colleges. Most grantees did not report any problems aligning new HPOG programs with their existing institutional structure. The example under “Adaptations for More Effective Services” describes how one grantee managed systems alignment issues. One of the challenges for those who did encounter roadblocks was aligning the semester system with the grant’s timeline.

### Adaptations for More Effective Services

**Edmonds Community College (Washington)**

The experience of the Creating Access to Careers in Healthcare (CATCH) program in implementing their HPOG program led to adaptations that could result in more effective education and support services in the future. First, in response to the needs of their HPOG participants, CATCH began providing select students the option of a slower paced program with strong support services. They also added an assessment of writing skills and online learning to the CATCH initial assessment process to help clarify unique needs and characteristics of student learning.

Staff at Edmonds Community College reported that establishing the roles and expectations of a mentor early in program participation is important. In addition, staff improved the monitoring of student progress by enhancing the CATCH rapid notification and support system for students demonstrating low academic performance at each of the four transition points in the program. Because of quicker updates on student performance, mentors can address issues as they arise.

Finally, due to the compressed nature of the program, CATCH found that clearly establishing student expectations and enhancing participant understanding of the rapid pace of the program was important. CATCH initiated intensive tutoring supports earlier in each core course to support HPOG participants with lower initial reading assessment scores. They also supplemented a job development class with additional lessons on decision-making and college navigation skills.

**Research and Evaluation of HPOG**

ACF’s Office of Planning, Research, and Evaluation (OPRE) is using a multi-pronged 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. The research components are being closely coordinated to avoid duplicative efforts, 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. OPRE’s HPOG evaluation projects include:

- The HPOG Implementation, Systems, and Outcomes (ISO) Evaluation Design and Performance Reporting
- HPOG National Implementation Evaluation (NIE)
- HPOG Impact Study
- Evaluation of Tribal HPOG
- Innovative Strategies for Increasing Self-Sufficiency (ISIS) Project
- University Partnership Research Grants for HPOG

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. 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 (IASP) at Brandeis University, the School of Social Work at Loyola University Chicago, and North Dakota State University.

**HPOG Implementation, Systems, and Outcomes (ISO) Evaluation Design and Performance Reporting**

The HPOG ISO project has two parts. The first is to develop an evaluation plan for measuring the implementation, systems change, and outcomes of HPOG programs, including enrollment, retention, training
completion, job entry, employment retention and advancement, and earnings. The second is to build and maintain a management information system, the HPOG Performance Reporting System (PRS), 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 design project described above. The NIE will include an in-depth examination of the 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 analysis of how HPOG program features and implementation strategies are associated with 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 impact of the HPOG Program on participants’ education 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 would 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-site experimental study of promising career pathway programs also being sponsored by ACF. Three HPOG grantees are included in the ISIS study.

**University Partnership Research Grants for HPOG**

The University Partnership Research Grants for HPOG are being conducted by research partners at universities that have specific questions about how to improve HPOG services within local contexts. This partnership between ACF, the grantees, and the universities will inform and improve HPOG program performance and policy decisions and solutions.

**Conclusion**

The HPOG Program launched successfully despite some start-up challenges during the first year. The grantees have been able to resolve early issues and enroll more participants than anticipated in the first year. In addition to occupational training, HPOG programs include pre-training academic and support services to improve the success of program participants. The planned evaluations of HPOG provide a range of learning opportunities for ACF and for others designing and operating similar programs in the future.