



The Health Profession Opportunity Grants (HPOG): The First Two Years

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Research and Statistics

Jamie Hall and **Teresa Derrick-Mills** contributed to the report on Year 1 outcomes.

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URBAN INSTITUTE Data presented from the second year of HPOG are preliminary and may be subject to change.



About HPOG

- Authorized by the **Affordable Care Act of 2010** to provide training programs in high-demand health care professions to TANF recipients and other low-income individuals
- Administered by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS)



Goals of HPOG

- Prepare participants for employment in the healthcare sector in positions that pay well and are expected to either experience labor shortages or be in high demand
- Target skills and competencies demanded by the healthcare industry
- Support career pathways
- Result in employer- or industry-recognized, portable educational credentials
- Combine supportive services with education and training services
- Provide training services at times and locations that are easily accessible to targeted populations



HPOG Key Elements

- The program designs vary based on the setting and employer demand, but they all include:
 - Outreach and screening
 - Pre-training activities
 - Healthcare occupational training
 - Support services
- Partnerships are important



HPOG Research and Evaluation Strategy

- Sponsored by ACF's Office of Planning, Research, and Evaluation (OPRE)
- Six related evaluation efforts:
 - 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



Overview of the HPOG Programs in the First Two Years

- Basic Grant Information
- Participants
- Activities and Services
- Outcomes
- Implementation Lessons
- Summary



Basic Grant Information

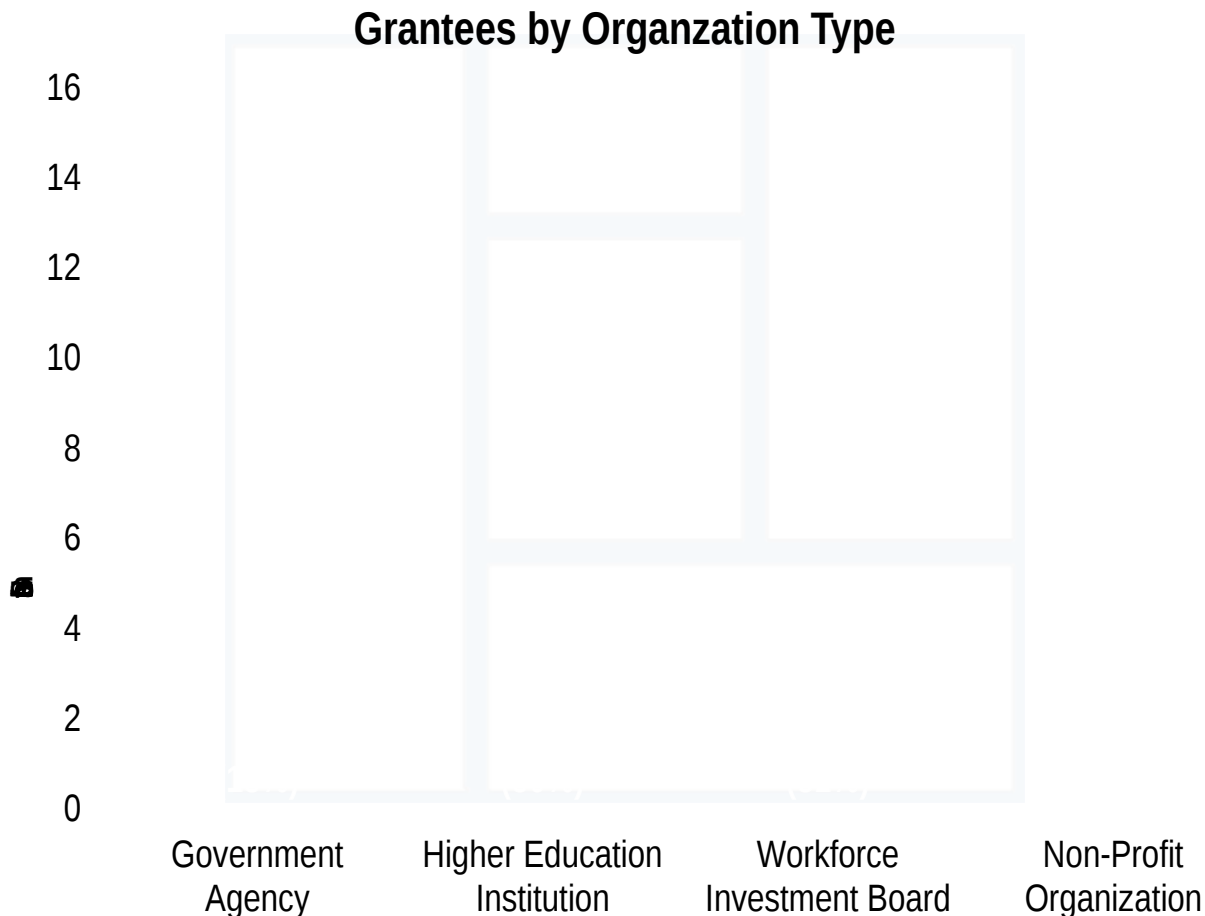


HPOG Programs Varied in Size

- Grantees expect enrollments from fewer than 500 to more than 2,000 over the five years of the grant
- Awards range from \$1 million to \$5 million each year
 - Most are between \$1 million and \$2 million



Half of HPOG Grantees Are Higher Education Institutions



Participants



HPOG Enrollment

Year 1

6,481

Year 2

8,973

Total

15,454

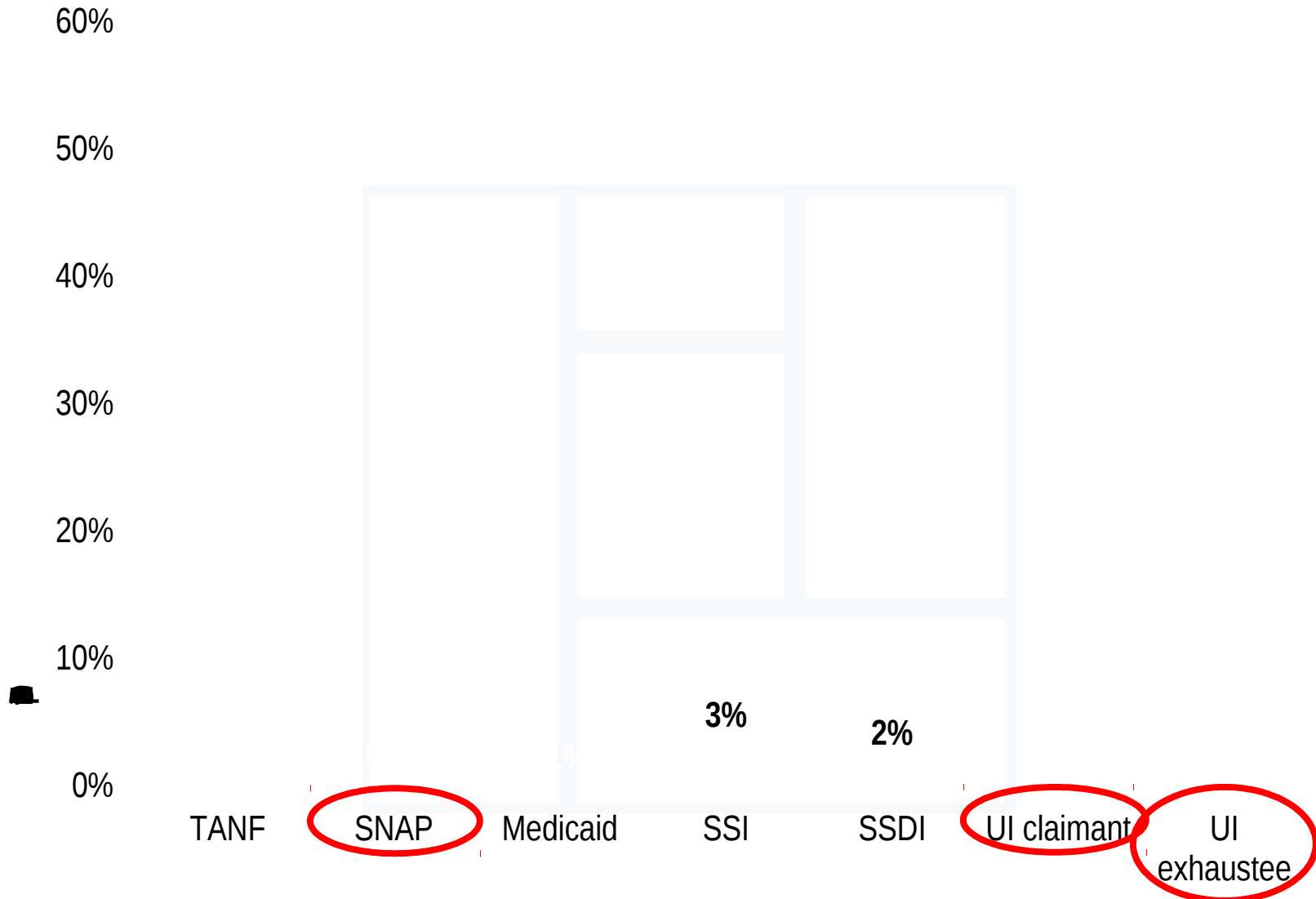


At enrollment, HPOG participants were overall...

- Overwhelmingly female (89%)
- Disproportionately Non-Hispanic Black/African-American (36%)
- In their 20s and 30s (73%)
- Never married (61%)
- Caring for dependent children (69%)
- Not college attendees (58% have a high school diploma or less)
- In households with less than \$15,000 in annual income (66%)
- Earning less than \$5,000 in personal income (50%)



Public Assistance Receipt by HPOG Participants



Activities and Services



Considering Participants in Year 2...

Pre-Training

33% did a pre-training
12% did more than one pre-training

Most common:
Orientation to healthcare careers or occupations (41%)

Others include:
Adult basic education, prerequisite courses, and English language classes

Training

74% did a training
11% did more than one training

Most common:
“Nursing, psychiatric, and home health aid,” specifically nursing assistants and aids and home health aids (37%)

Others include:
Licensed practical and licensed vocational nurses, registered nurses, medical records and health information technicians

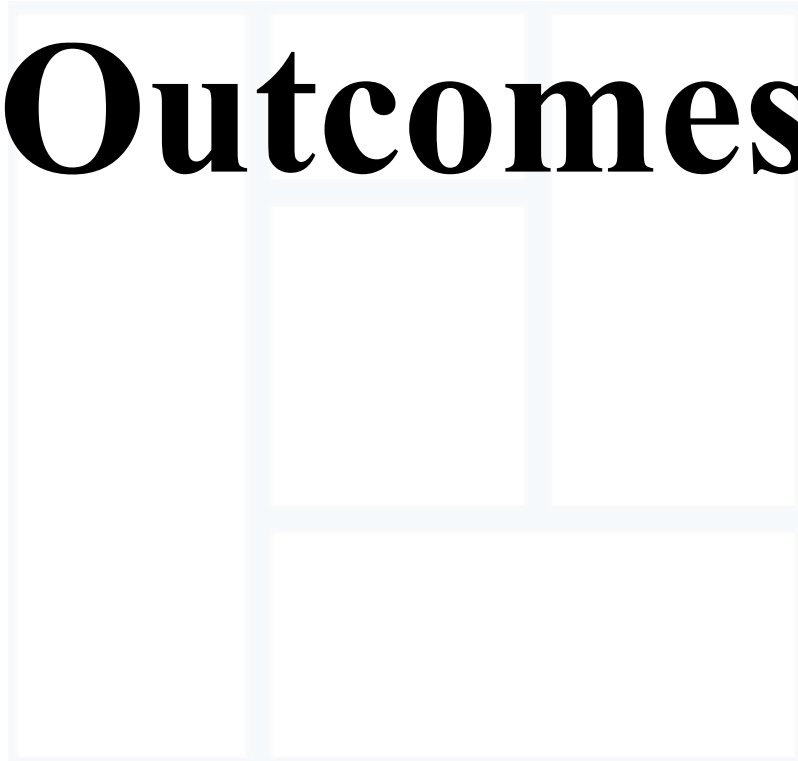
Support Services

Average of 6.7 support services each

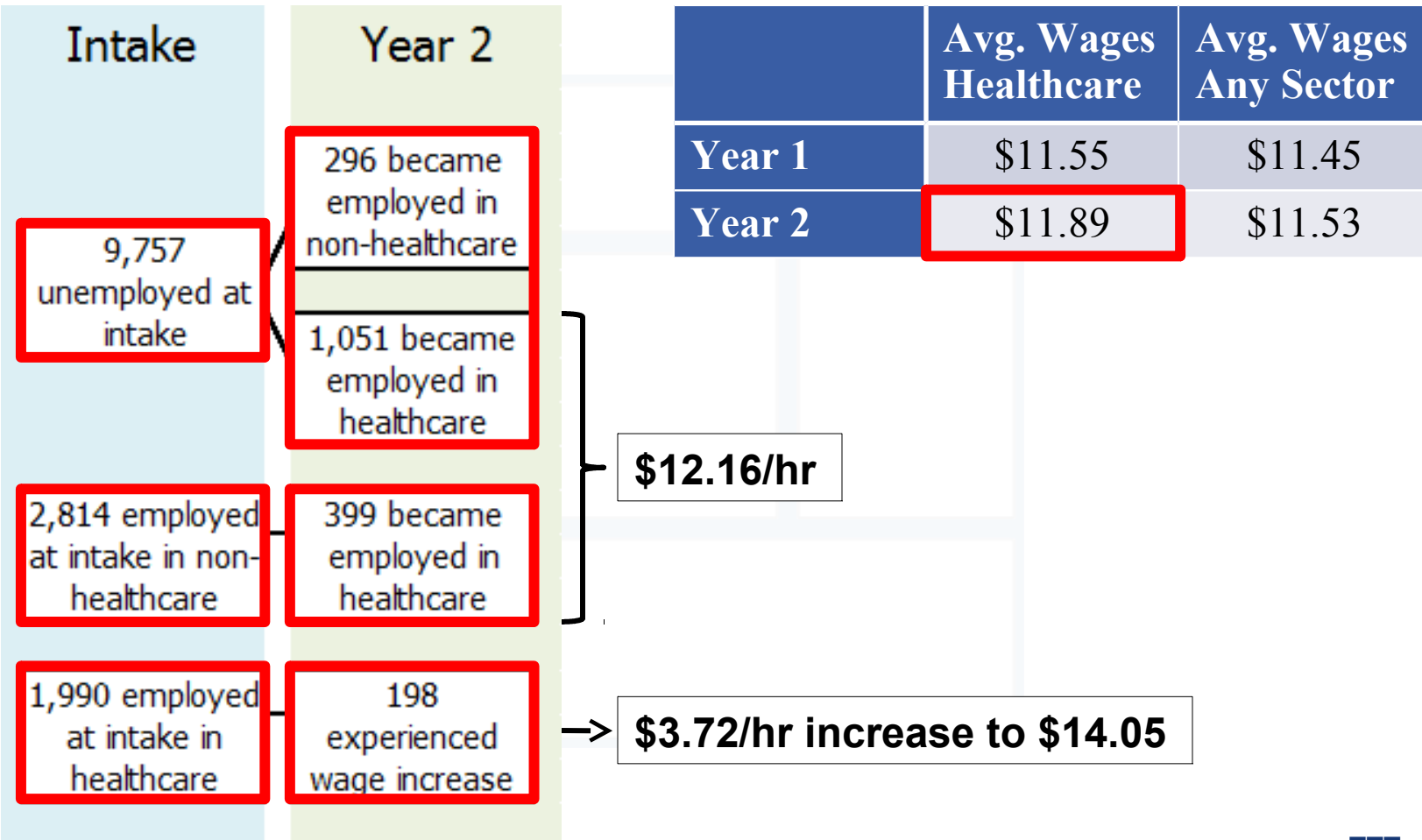
Most common:
Counseling services, including mentoring, academic counseling/advising, assessment, and tutoring (17%)

Others include:
Training- and work-related resources, case management services, and social service resources

Outcomes



Early Outcomes Have Been Promising



Implementation Lessons



HPOG Programs Faced Early Start-Up Challenges in Year 1

- 2 out of 3 of grantees reported delays in getting programs running for administrative reasons
- Recruitment was delayed, but enrollment activity was strong
- Grantees put a lot of energy into building partner relationships
- Grantees tended not to have trouble aligning HPOG with existing systems
- Developing support services was a learning process



In Year 2, HPOG Grantees Further Refined their Programs

- Continued to tailor their programs to meet the needs of the population
- Adjusted to meet changing employer demands
- Adjusted to other constraints, such as training space shortage



Summary



In All, in the First Two Years, HPOG...

- Involved a diversity of grantees and participants
- Served nearly 15,500 participants
- Enrolled participants in over 18,000 trainings
- Provided pre-training opportunities and a large number of support services
- Saw some promising early outcomes:
 - Moving into healthcare employment
 - Increases in wages
- Provided grantees an opportunity to improve their programs and services to serve their clients more effectively



Stay tuned for...

- More annual reports – describing the activities that took place over the grant year
- Descriptive outcomes study – describing outcomes and doing detailed breakdown by attributes of participants and programs
- Implementation study – documenting and analyzing the processes behind HPOG
 - Network and systems change analysis – showing how HPOG has affected the structure of grantees' professional networks
- Impact evaluation – looking overall HPOG success and specific components that correlate with success
- NORC tribal evaluation, university partnership research, ISIS findings



Questions?

Full brief with Year 1 results available at:

[http://
www.acf.hhs.gov/sites/default/files/opre/opre
_report.pdf](http://www.acf.hhs.gov/sites/default/files/opre/opre_report.pdf)

Year 2 report forthcoming

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