

# How a National Healthcare Training Program's Impacts Vary Locally



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## Introduction

The Health Profession Opportunity Grants (HPOG) Program funds education, training, support services, and employment assistance for Temporary Assistance for Needy Families (TANF) recipients and other low-income adults for occupations in the healthcare field. Funded by the Office of Family Assistance, the program has dual goals: to improve trainees' own economic well-being and also to meet demand for healthcare workers. It does so nationwide through a set of 32 local grantee programs that are diverse in their administration, trainings, service offerings, participants, and local contexts.

Abt Associates is evaluating the second round of HPOG grants (HPOG 2.0), focusing on all of the non-Tribal programs. To date, the evaluation has reported the short-term impacts (through 15 months of follow-up), both for the overall funding stream and also for each of the 38 local programs within the 27 non-tribal grantees that are part of the evaluation. This brief summarizes select impacts that appear in the *Short-Term Impact Report*, including overall impacts and some local program-specific impacts.

## What this Brief Reports

This brief reports estimates of the impact of the HPOG 2.0 grants, both overall and for each local grantee program. That impact is computed as the difference between the treatment and control group outcomes (where the treatment group had access to HPOG and the control group did not; see the Methodology box).

For the following four outcomes, **Exhibit 1** graphically displays the impacts of and **Exhibit 2** shows the specific numbers for the 38 local HPOG 2.0 programs

that were in the evaluation, all as of about the 15-month, or fifth quarter, follow-up:

- Educational progress (completed or still in training)
- Months in training (a count of months with any training)
- Healthcare employment
- Quarterly earnings

A **third exhibit** reports the impact results for six additional variables, which are included in the *Short-Term Impact Report's* Appendix H.

## HPOG 2.0 Local Programs' Impacts

Collectively, HPOG programs improve educational progress and increasing employment in healthcare, but are not generally increasing earnings.



**Collectively, the local HPOG 2.0 programs—and most of them individually—are improving educational progress in the short term.**

The HPOG 2.0 *Short-term Impact Report* indicates that the average impact of HPOG 2.0 programs on educational progress—that is, the share of participants who completed or are still in training—is +16 percentage points, raising levels to 63 percent in the HPOG treatment group from the 46 percent who would have made progress if not offered access to HPOG (the control group).

Of the 38 HPOG 2.0 programs, 29 clearly improve educational progress. The remaining 9 programs had impacts that are likely positive, but also may be negative. Among the highest performing programs, our best estimate is that the impacts are roughly +25 percentage points. Even among the lowest performing programs, our best estimate is that the impacts are roughly +9 percentage points.



**Collectively, the local HPOG 2.0 programs—and about half of them individually—increase the number of months in training.**

Prior work suggests that longer training has larger impacts on earnings (Stevens, 2019). On the measure of the number of months in training, the average for the

control group was 4.3 months, compared to 5.7 months for the treatment group, across all of the programs combined. This impact of +1.4 months represents a 31 percent increase in the treatment group over the control group.

Looking at the program-specific impacts, about half of the 38 HPOG 2.0 programs are extremely likely to increase the number of months in training. Among the rest, just 2 have impacts that are more likely to be negative than positive.



### **In the short term, the HPOG 2.0 programs modestly increase healthcare employment.**

An important policy goal of HPOG is to respond to local demand and train additional healthcare workers. On average, 45 percent of the treatment group versus 41 percent in the control group were employed in the healthcare field, an impact of +4 percentage points.

Considering the programs individually, we are less confident in local accomplishments in moving people into healthcare work than we are in the success of the overall HPOG Program in achieving this goal. Just 1 of the 38 HPOG 2.0 programs clearly increases employment in the healthcare field (Hostos Community College). The remainder have impacts that are qualitatively similar to the overall impact (pooled across all programs) and perhaps are not statistically different from zero because of the smaller size within each program. All of the local programs' range of likely impacts include the overall impact of 4 percentage points.



### **In the short term, one of the local HPOG 2.0 programs increases earnings, one decreases earnings, and the evidence is ambiguous for the rest.**

In the longer term, an important measure of success is whether and by how much a job training program increases earnings for participants. As of this short-term follow-up, just one program (again, Hostos Community College) clearly had a favorable earnings impact; and one program (the Community College of Allegheny County) had an unfavorable earnings impact.

The rest of the programs had impacts that were not clearly different from zero. Especially in the early months of follow-up, it is common for participants in job training programs to experience lower earnings than they would otherwise because they are in training and therefore not in the labor market. Although most trainings were only a few weeks long, some were longer, so perhaps this is part of the explanation for the general lack of earnings impacts. It appears that programs that have larger impacts on months in training are those that seem to have more negative earnings impacts as of this follow-up. Participants' longer absence from the labor market while in training could be a reason.

Another plausible explanation is that the HPOG 2.0 programs appear to have been offered where similar training was available outside of HPOG, reducing the contrast between the control group's experience and the treatment group's and therefore reducing the comparative educational progress gains that might otherwise lead to earnings gains.

## **Why Do Impacts of Local HPOG 2.0 Programs Vary?**

After only 15 months of follow-up, any answers to the question of why some local program impacts are much larger than others would be highly speculative. Certainly local programs vary on the many potential factors that might contribute to program impacts, such as:

- Length of supported programs
- Screening of applicants, or specific types of participants served
- Quantity and quality of counseling
- Instructional quality
- Proactive case management
- Availability and use of various support services
- Alignment of offered programs with local labor demand
- Availability of alternative training programs
- Local demand for healthcare workers
- Local wages

This brief may spur ideas among grantees—to the extent that they are familiar enough with other grantees'

programs—about what program characteristics might associate with impacts.

Future research will explore factors that influence success for HPOG 2.0 programs.

Some factors that might contribute to impacts are within the control of local programs and some are not. Although programs shape their designs in light of local conditions, those conditions—for example, local unemployment rate, demand and wages for healthcare workers, or the demographic makeup of their community—are outside of programs' direct control. In contrast, the specific program components that a local program chooses to implement and the strategies it uses to implement them may also contribute to impacts, as well.

The HPOG 1.0 Impact Study's analyses along these lines (Harvill et al., 2018; Walton et al., 2019) reached some tentative conclusions about what factors matter. The HPOG 2.0 team will advance this line of analysis further, with three-year follow-up data.

## In Closing

Information on the difference that each local program made on its participants (i.e., its “impacts”) can be used for at least three purposes:

- 1. To guide funding decisions, both by the federal government and potentially by other funders:**  
*For example, we should be investing in this program over that program.*
- 2. To guide individual applicants’/trainees’ enrollment decisions:**  
*For example, I should enroll in this program over that program.*
- 3. To identify local programs that might be worthy of replication or further study:**  
*For example, the current version of these programs is worthy of further study and perhaps replication; those programs only after retooling and another round of evaluation to see whether the changes increase their effectiveness.*

That said, the results presented here do not clearly distinguish which are the more and less effective local HPOG 2.0 programs, a conclusion we reach by observing that the “margin of error” lines in Exhibit 1 generally overlap each other across the programs for most outcomes. Future analysis as part of the HPOG 2.0 evaluation will explore why impacts vary across programs.

## Methodology

### Evaluation Design

HPOG 2.0 local programs randomly assigned eligible applicants into a control group (whose members were not offered access to HPOG) or into a treatment group (whose members were offered access to HPOG). Because these two groups are not systematically different, the difference between outcomes is a strong estimate of the “impact” of being offered access to HPOG’s training and supports. The overall study sample is upwards of 51,000. The analysis for this brief includes those who had five quarters of administrative data available (22,443), and it includes a subset (2,974 control and 6,646 treatment group members) when analyzing the self-reported outcomes based on the survey data. Within the survey data used in this analysis, the sample sizes vary by program, with the smallest having roughly 25 study participants and the largest having roughly 810.

### Analytic Methods

For the evaluation’s overall impact analysis, we compute the impact as the difference between the treatment group’s and control group’s average outcomes (as is standard practice, adjusting for sample member characteristics at baseline). Though the HPOG 2.0 *Short-Term Impact Report* (Klerman et al., 2021) presents overall impact estimates for the cohort of HPOG 2.0 programs, the impact estimates reported in this brief focus on impacts of the local programs individually. These results come from a Bayesian analysis, which the HPOG 2.0 *Short-Term Impact Report* (Judkins et al., 2021) explains in Appendix C.9 and its Appendix H reports in full. These Bayesian methods are useful when sample sizes are small, as is the case for the local program-specific impact analysis. We use this type of analysis because it both improves the precision of local impacts and facilitates measurement of that precision.

### Data Sources & Outcome Measures

Although the evaluation uses other data and measures, this brief is based on analyses for measures that use data from two sources:

- 1. HPOG 2.0 Short-Term Follow-Up Survey** was fielded to about one-fifth of the study sample and had a 76% response rate. The survey provided 15-month follow-up data on three measures reported in this brief:
  - *Educational progress defined as completed or still in training*
  - *Months in training defined as a count of months with any training*
  - *Employment in healthcare defined as reporting being in a job in the healthcare field*

- 2. National Directory of New Hires (NDNH)** data is available for the full study sample, providing data on one measure reported in this brief:

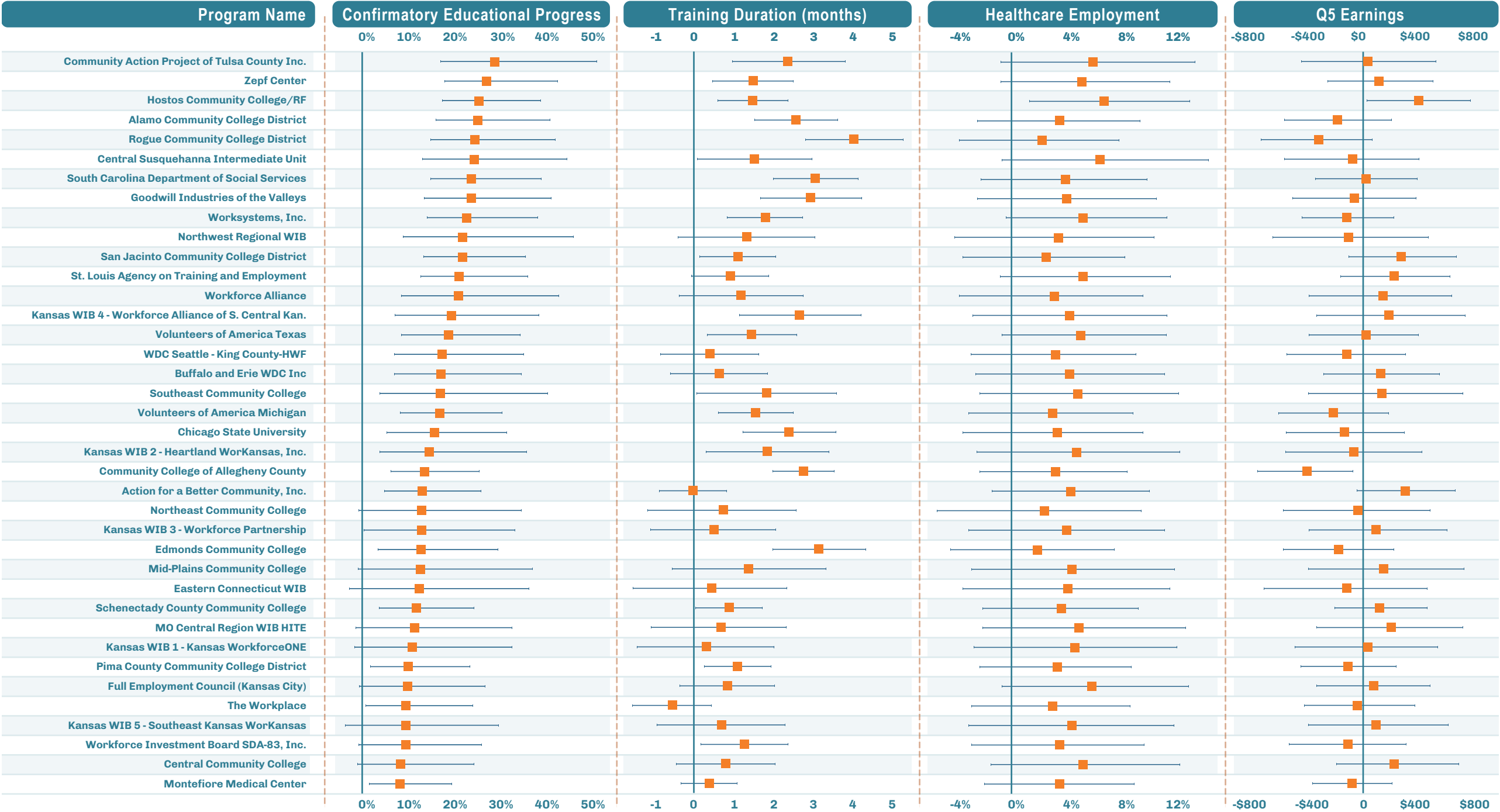
- *Quarterly earnings defined as earnings as of 15 months of follow-up, or the fifth quarter.*

### Reading Exhibit 1

For each of the four outcomes, the exhibit shows a dot and a line for each program. The dot is the best estimate we have for how much difference the program made (impact); and the line is the margin of error (technically, there is a 95 percent chance that the program’s impact falls within that range). If that line does not cross 0, then there is a high probability that the program’s impact is larger or smaller than 0. Exhibit 2 shows the four specific impact values, alphabetically by program, that appear graphically in Exhibit 1.

Exhibit 1

Short-Term Impacts of Local HPOG 2.0 Programs on Educational Progress, Months in Training, Healthcare Employment, and Earnings (ordered by size of educational progress impact)



**Note:** Educational progress measure is having completed or still being enrolled in training as of the short-term (15-month) follow-up.  
■ Impact value computed via Bayesian analysis. — Margin of error around mean impact value (the “credible interval”; there is a 95 percent probability that the impact lies within this interval).  
**Source:** Klerman et al. (2021; Appendix H) analysis of HPOG 2.0 Short-Term Follow-Up Survey and National Directory of New Hires data.

## Exhibit 2

### Short-Term Impacts of Local HPOG 2.0 Programs on Educational Progress, Months in Training, Healthcare Employment, and Earnings (ordered alphabetically)

Program Name	Educational Progress (%)	Months in Training	Healthcare Employment (%)	Q5 Earnings (\$)
Action for a Better Community, Inc.	<b>13.0%</b> ✓	-0.02	4.3%	306.92
Alamo Community College District	<b>25.2%</b> ✓	<b>2.59</b> ✓	3.5%	-184.89
Buffalo and Erie WDC Inc	<b>17.1%</b> ✓	0.64	4.2%	126.32
Central Community College	8.3%	0.81	5.2%	222.77
Central Susquehanna Intermediate Unit	<b>24.4%</b> ✓	<b>1.54</b> ✓	6.4%	-75.53
Chicago State University	<b>15.7%</b> ✓	<b>2.41</b> ✓	3.3%	-137.03
Community Action Project of Tulsa County Inc.	<b>28.8%</b> ✓	<b>2.38</b> ✓	5.9%	36.02
Community College of Allegheny County	<b>13.5%</b> ✓	<b>2.78</b> ✓	3.2%	<b>-408.57</b> ✓
Eastern Connecticut WIB	12.5%	0.46	4.1%	-117.00
Edmonds Community College	<b>12.9%</b> ✓	<b>3.17</b> ✓	1.9%	-180.03
Full Employment Council (Kansas City)	9.8%	0.85	5.8%	74.33
Goodwill Industries of the Valleys	<b>23.7%</b> ✓	<b>2.95</b> ✓	4.0%	-63.34
Hostos Community College/RF	<b>25.4%</b> ✓	<b>1.48</b> ✓	<b>6.7%</b> ✓	<b>402.62</b> ✓
Kansas WIB 1 - Kansas WorkforceONE	10.9%	0.32	4.6%	35.09
Kansas WIB 2 - Heartland WorkKansas, Inc.	<b>14.6%</b> ✓	<b>1.87</b> ✓	4.7%	-65.91
Kansas WIB 3 - Workforce Partnership	<b>12.9%</b> ✓	0.52	4.0%	94.23
Kansas WIB 4 - Workforce Alliance of S. Central Kan.	<b>19.4%</b> ✓	<b>2.67</b> ✓	4.2%	187.50
Kansas WIB 5 - Southeast Kansas WorkKansas	9.5%	0.70	4.4%	93.89
Mid-Plains Community College	12.6%	1.38	4.4%	149.80
MO Central Region WIB HITE	11.3%	0.68	4.9%	201.84
Montefiore Medical Center	<b>8.2%</b> ✓	0.39	3.5%	-80.42
Northeast Community College	13.0%	0.74	2.4%	-38.13
Northwest Regional WIB	<b>21.8%</b> ✓	1.34	3.4%	-107.37
Pima County Community College District	<b>10.0%</b> ✓	<b>1.11</b> ✓	3.3%	-110.50
Rogue Community College District	<b>24.5%</b> ✓	<b>4.05</b> ✓	2.2%	-322.31
San Jacinto Community College District	<b>21.8%</b> ✓	<b>1.12</b> ✓	2.5%	274.04
Schenectady County Community College	<b>11.8%</b> ✓	<b>0.90</b> ✓	3.6%	120.24
South Carolina Department of Social Services	<b>23.8%</b> ✓	<b>3.07</b> ✓	3.9%	22.02
Southeast Community College	<b>17.0%</b> ✓	<b>1.84</b> ✓	4.8%	133.85
St. Louis Agency on Training and Employment	<b>21.0%</b> ✓	0.92	5.2%	224.67
The Workplace	<b>9.5%</b> ✓	-0.54	3.0%	-42.75
Volunteers of America Michigan	<b>16.9%</b> ✓	<b>1.56</b> ✓	3.0%	-215.54
Volunteers of America Texas	<b>18.7%</b> ✓	<b>1.46</b> ✓	5.0%	19.96
WDC Seattle - King County-HWF	<b>17.4%</b> ✓	0.41	3.2%	-120.43
Workforce Alliance	<b>20.9%</b> ✓	1.19	3.1%	142.99
Workforce Investment Board SDA-83, Inc.	9.4%	<b>1.28</b> ✓	3.5%	-109.29
Worksystems, Inc.	<b>22.8%</b> ✓	<b>1.81</b> ✓	5.2%	-119.65
Zepf Center	<b>27.0%</b> ✓	<b>1.50</b> ✓	5.1%	116.44

**Note:** Educational progress measure is having completed or still being enrolled in training as of the short-term (15-month) follow-up. Impact values are computed via Bayesian analysis; and **bold** values with a check mark (✓) are those in which we have confidence that the impact value is different from zero.

**Source:** Klerman et al. (2021; Appendix H) analysis of HPOG 2.0 Short-Term Follow-Up Survey and National Directory of New Hires data.



## Exhibit 3

## Short-Term Impacts of Local HPOG 2.0 Programs on Six Additional Outcomes (ordered alphabetically)

Program Name	Completed Training (%)	Earned Exam-based Certification/License (%)	Completed 6+ Month Training (%)	Job Offers Health Insurance (%)	Career Connectedness (%) <sup>a</sup>	Perception of Progress (1-4 scale) <sup>b</sup>
Action for a Better Community, Inc.	13.0% ✓	7.4% ✓	-1.0%	4.5%	2.6%	0.14 ✓
Alamo Community College District	25.2% ✓	14.2% ✓	24.3% ✓	0.6%	4.4% ✓	0.21 ✓
Buffalo and Erie WDC Inc	19.8% ✓	7.8%	3.7%	0.6%	2.3%	0.14
Central Community College	9.4%	-1.1%	6.2%	3.2%	2.7%	0.15 ✓
Central Susquehanna Intermediate Unit	26.5% ✓	18.2% ✓	9.9%	1.9%	3.1%	0.20 ✓
Chicago State University	13.0% ✓	1.6%	18.8% ✓	-0.9%	2.7%	0.05
Community Action Project of Tulsa County Inc.	31.0% ✓	10.7% ✓	17.7% ✓	2.0%	2.9%	0.25 ✓
Community College of Allegheny County	9.4% ✓	2.2%	21.3% ✓	0.6%	2.3%	0.25 ✓
Eastern Connecticut WIB	12.7%	10.4%	2.0%	1.3%	3.3%	0.15
Edmonds Community College	11.4% ✓	4.9%	22.2% ✓	-0.6%	2.4%	0.30 ✓
Full Employment Council (Kansas City)	12.3% ✓	7.0%	7.4%	3.8%	3.4%	0.16 ✓
Goodwill Industries of the Valleys	25.8% ✓	10.0% ✓	24.0% ✓	1.3%	3.6%	0.19 ✓
Hostos Community College/RF	25.4% ✓	13.1% ✓	6.0%	4.3%	4.7% ✓	0.26 ✓
Kansas WIB 1 - Kansas WorkforceONE	13.5% ✓	7.7%	7.0%	2.0%	3.2%	0.18 ✓
Kansas WIB 2 - Heartland WorKansas, Inc.	18.5% ✓	15.1% ✓	13.7%	1.5%	2.9%	0.20 ✓
Kansas WIB 3 - Workforce Partnership	17.4% ✓	11.0%	5.7%	1.0%	3.6%	0.16
Kansas WIB 4 - Workforce Alliance of S. Central Kan.	16.0% ✓	14.0% ✓	24.8% ✓	0.9%	3.2%	0.22 ✓
Kansas WIB 5 - Southeast Kansas WorKansas	9.9%	8.8%	4.5%	1.8%	3.2%	0.15
Mid-Plains Community College	13.6%	6.7%	9.2%	2.6%	3.4%	0.18
MO Central Region WIB HITE	10.4%	8.3%	4.1%	1.2%	2.8%	0.19 ✓
Montefiore Medical Center	9.0% ✓	2.2%	3.9% ✓	1.6%	3.0%	0.07
Northeast Community College	15.8% ✓	5.3%	8.0%	0.8%	2.1%	0.15
Northwest Regional WIB	22.7% ✓	15.4% ✓	8.6%	0.7%	3.3%	0.18
Pima County Community College District	11.1% ✓	7.0% ✓	9.5% ✓	0.4%	1.9%	0.29 ✓
Rogue Community College District	19.3% ✓	7.9% ✓	35.4% ✓	1.5%	4.2% ✓	0.35 ✓
San Jacinto Community College District	21.6% ✓	9.4% ✓	6.7%	2.5%	2.9%	0.12
Schenectady County Community College	12.4% ✓	2.3%	8.2%	0.3%	2.6%	0.10
South Carolina Department of Social Services	20.2% ✓	4.1%	26.7% ✓	-1.3%	2.4%	0.15 ✓
Southeast Community College	21.8% ✓	9.4%	14.5% ✓	1.0%	2.4%	0.21 ✓
St. Louis Agency on Training and Employment	22.3% ✓	9.2% ✓	3.6%	2.7%	3.2%	0.21 ✓
The Workplace	13.6% ✓	7.5%	-4.1%	1.9%	4.0% ✓	0.06
Volunteers of America Michigan	21.6% ✓	10.2% ✓	14.5%	1.0%	2.9%	0.18 ✓
Volunteers of America Texas	18.0% ✓	11.7% ✓	9.4%	1.8%	3.9%	0.22 ✓
WDC Seattle - King County-HWF	21.5% ✓	13.4% ✓	5.8%	0.8%	2.7%	0.08
Workforce Alliance	22.5% ✓	16.3% ✓	4.6%	0.7%	3.4%	0.14
Workforce Investment Board SDA-83, Inc.	10.6% ✓	5.7%	12.1% ✓	-0.4%	1.8%	0.09
Worksystems, Inc.	22.1% ✓	10.4% ✓	13.8% ✓	2.4%	3.7%	0.29 ✓
Zepf Center	26.9% ✓	6.6% ✓	8.3%	2.8%	3.0%	0.27 ✓

<sup>a</sup> A person is considered to have “career connectedness” if any one of the following three conditions is met: working full-time; enrolled full-time in training; both working and training at least part-time.

<sup>b</sup> The Perception of Progress scale is based on people’s self-reported progress towards long-range educational goals; progress towards long-range employment goals; and whether the individual sees themselves on a career path.

**Note:** Impact values are computed via Bayesian analysis; and **bold** values with a check mark (✓) are those in which we have confidence that the impact value is different from zero. **Source:** Klerman et al. (2021; Appendix H) analysis of HPOG 2.0 Short-Term Follow-Up Survey.

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## For More Information

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