

**The Health Profession
Opportunity Grants
(HPOG) 1.0:
Eligibility Criteria
and Application
Procedures**



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The Health Profession Opportunity Grants (HPOG) 1.0: Eligibility Criteria and Application Procedures

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Alan Werner and Jennifer Buell, Abt Associates, with Nathan Sick, The Urban Institute

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Hilary Forster, Project Officer
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Project Director: Alan Werner
Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138

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Overview

The Health Profession Opportunity Grants (HPOG) Program funds training programs in high-demand healthcare professions targeted to TANF recipients and other low-income individuals. This paper summarizes descriptive findings about HPOG programs' eligibility criteria and application processes and participant characteristics related to those criteria.

While the HPOG grant announcement mandated that grantees serve TANF recipients and other low-income individuals, it did not define "low-income" nor specify other eligibility factors. In addition to setting income limits, HPOG grantees developed a range of eligibility criteria based on program applicants' academic achievement and ability; criminal background; and personal qualities. Grantees' goals were to enroll individuals who were likely to succeed in training and in finding employment in the healthcare industry. Eligibility criteria were thus influenced by the academic and behavioral requirements of training providers and healthcare employers.

In order to recruit and screen appropriate applicants, HPOG programs developed marketing strategies and thorough application processes. Application processes included both formal and informal assessments of a variety of applicant skills and personal characteristics, as well as screenings for criminal backgrounds and general suitability as a healthcare employee. The application process took an average of 22 days to complete and most programs required two or more in-person applicant meetings.

When reviewing HPOG participant characteristics in the context of the various types of eligibility criteria, the paper finds that HPOG grantees generally enrolled individuals that met their programs' expected standards. On average, participants lived in households well below income eligibility thresholds. Similarly, a large majority of participants met programs' requirements for educational attainment and academic skills. HPOG applicants were rarely found unsuitable for healthcare training or employment.

The paper closes with a comparison of HPOG Program income eligibility criteria and participant characteristics with those of five other means-tested training programs. The paper finds that HPOG income eligibility criteria are roughly comparable to those of the other programs, and that HPOG enrolled a higher proportion of TANF recipients than all but one of the other programs. Similarly, HPOG enrolled participants that had roughly the same academic attainment as all but one of the other programs, enrolling over 90 percent with the high school diploma or some postsecondary training.

Contents

Introduction.....	1
HPOG Eligibility Criteria	2
HPOG Income Eligibility Criteria	2
HPOG Educational Attainment and Academic Skill Requirements	4
Screening for Potential Barriers to Employment	9
Recruitment for HPOG	11
HPOG Application Procedures.....	13
HPOG Eligibility Criteria in Context	16
Summary and Conclusion	20
References.....	22

Introduction

The Health Profession Opportunity Grants (HPOG) Program, established as a demonstration program by the Patient Protection and Affordable Care Act of 2010, funds training programs in high-demand healthcare professions, targeting Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals.¹ In 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) awarded a first round of 32 HPOG grants (referred to as HPOG 1.0²) for five-year project periods to organizations in 23 states, with approximately \$67 million dispersed each year through fiscal year 2015. Twenty-seven of the HPOG grantees were postsecondary educational institutions, workforce investment boards, state or local government agencies, and community-based organizations; five were Tribal organizations. In September 2015, HHS awarded a second round of five-year grants (referred to as HPOG 2.0) totaling \$72 million to 32 organizations (including 5 Tribal organizations) in 21 states.³

The HPOG Funding Opportunity Announcement (<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OFA-FX-0126>) mandated that grantees serve TANF recipients and other low-income individuals, but gave grantees discretion in defining “low-income.”⁴ In addition to setting income limits, grantees also made decisions about whom among the TANF recipient and low-income population could benefit from and likely succeed in HPOG and subsequent employment in the healthcare industry. In pursuing that goal, HPOG grantees developed a range of eligibility criteria based on program applicants’; academic achievement and ability; criminal background; and personal characteristics.

This paper describes the eligibility criteria and application procedures adopted by the 27 non-Tribal HPOG grantees for the 49 distinct programs they operated (2010 – 2016).⁵ The paper provides descriptive information about choices HPOG grantees made about whom to serve among the low-income population and compares that information with eligibility criteria for similar programs.

This paper is part of a larger ongoing evaluation conducted by ACF’s Office of Planning, Research and Evaluation (OPRE) to assess the success of the HPOG Program. It draws on several sources of primary data, including the HPOG Performance Reporting System (PRS), a management information system ACF developed to support program management and evaluation research; a 2014 Grantee Survey conducted under the HPOG National Implementation Evaluation; and notes from site visits to 39 programs operated by 20 of the 27 non-Tribal HPOG grantees for the HPOG Impact Study.⁶

¹ Note that “HPOG Program” refers to the national HPOG initiative, while “HPOG program” refers to an HPOG grantee’s individual HPOG-supported program.

² This paper focuses on HPOG 1.0 and uses the term “HPOG” throughout to refer to HPOG 1.0.

³ To learn more about HPOG 2.0, go to <http://www.acf.hhs.gov/ofa/programs/hpog>.

⁴ Note that ACF issued two Funding Opportunity Announcements for HPOG -- the one referenced here and a separate one intended for tribal organizations.

⁵ Many grantees continued to operate HPOG programs beyond the official five-year period (9/2101 – 9/2015) due to no-cost extensions.

⁶ The PRS is the main data source for the characteristics of program participants, as well as their participation in HPOG activities and services and their outputs and outcomes. Researchers administered the Grantee Survey to designated liaisons from each grantee program; it primarily gathered data on program design, content, and implementation strategies. For the implementation study portion of the HPOG Impact evaluation, site teams visited programs to collect detailed information about how programs operated.

HPOG Eligibility Criteria

HPOG Income Eligibility Criteria

All HPOG programs granted TANF recipients financial eligibility. For applicants who were not TANF recipients, grantee programs used a variety of criteria. Those criteria included some percentage of the federal poverty level (FPL), a measure that varies by household size; income eligibility for TANF (whether receiving TANF benefits or not); income eligibility for the Supplemental Nutrition Assistance Program (SNAP); a program-specific income threshold; and other standards, such as eligibility for Workforce Investment Act (WIA) services, for the National School Lunch or School Breakfast program, or for housing subsidies (Exhibit 1). HPOG programs that used the FPL—whether alone or in combination with other standards—set eligibility thresholds from 150 to 250 percent of the FPL.

Exhibit 1: Financial Eligibility Criteria

Financial Eligibility Measure	Number of Programs	Percentage of Programs
A percentage of the FPL, TANF eligibility, or SNAP eligibility	21	43
A percentage of the FPL or TANF eligibility	12	24
A percentage of the FPL	7	14
TANF or SNAP eligibility	7	14
SNAP eligibility	1	2
Program-specific income threshold	1	2

Note: Twelve programs also combined the measures in the exhibit with one or more other financial measures.

Source: HPOG Grantee Survey, 2014, Q7.8a.

N=49

Missing: 0 programs

Programs used one or more of three different measures to determine financial eligibility: household income (31 programs, 61 percent); individual income (15 programs, 31 percent); and individual earnings (14 programs, 29 percent).

Income Level of HPOG Program Participants

The financial eligibility limits helped determine the low-income status of HPOG Program participants. Exhibit 2 shows the income ranges and TANF and SNAP recipient status of HPOG participants at the time they enrolled. As the table shows, incomes were low, as expected, with 65 percent of participants reporting individual annual incomes of less than \$10,000 and 74 percent reporting residing in households with annual incomes of less than \$20,000.

Exhibit 2: Income Levels and Benefit Receipt of HPOG Participants

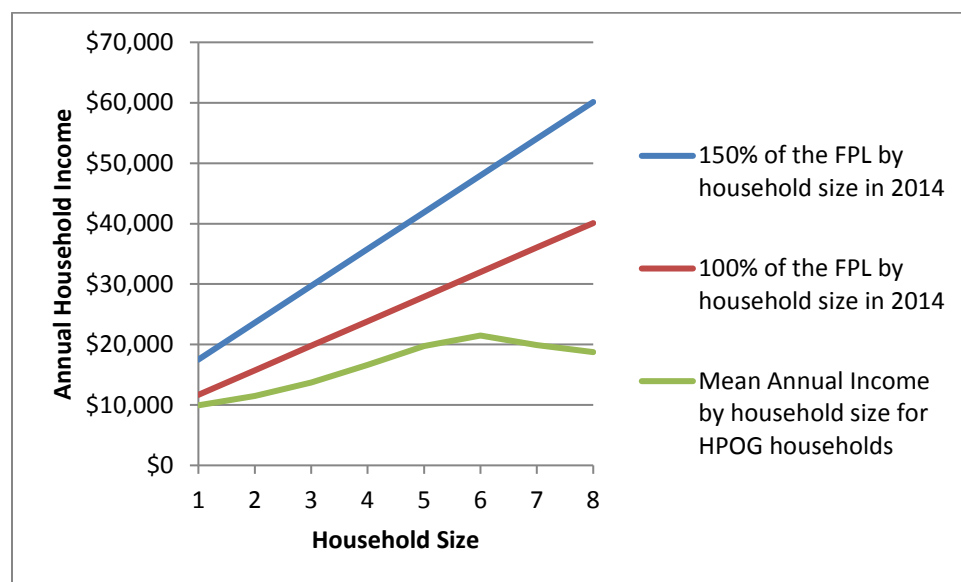
Characteristic	Number of Participants	Percentage of Participants
Individual income		
\$0–\$9,999	17,980	65
\$10,000–\$19,999	64316	23
\$20,000–\$29,999	2,537	9
\$30,000+	776	3
Missing	2,333	
Household income		
\$0–\$9,999	12,014	46
\$10,000–\$19,999	7,157	28
\$20,000–\$29,999	3,857	15
\$30,000+	2,777	11
Missing	4,137	
Receiving TANF		
Yes	3,973	14
No	24,506	86
Missing	1,463	
Receiving SNAP		
Yes	15,270	53
No	13,597	47
Missing	1,075	

Notes: Sample is 29,942 HPOG participants in the PRS as of September 30, 2015 who consented to be included in the research. Percentages are of non-missing responses at intake.

Source: PRS, 2015.

How do the income levels of HPOG participants compare with eligibility standards for applicants? To address this question, Exhibit 3 below presents the mean reported household income for participants in households of specific sizes and compares those incomes with the 2014 FPL for the appropriate size households.

Exhibit 3: HPOG Participant Household Incomes and the Federal Poverty Level



Notes: Sample is 29,942 HPOG participants in the PRS as of September 30, 2015 who consented to be included in the research. Percentages are of non-missing responses at intake.

Source: PRS, 2015.

Missing: Missing responses range from 4 to 15 percent across household sizes.

Source for FPL in 2014: <https://aspe.hhs.gov/2014-poverty-guidelines#thresholds>

As Exhibit 3 demonstrates, HPOG grantees were successful in recruiting and enrolling low-income individuals. Depending on the size of the household in which participants resided, on average they had incomes between 47 and 85 percent of the FPL, well below the eligibility thresholds of 150–250 percent of the FPL.

HPOG Educational Attainment and Academic Skill Requirements

Success in completing postsecondary healthcare occupational training courses requires adequate basic educational skills. In developing academic eligibility standards, grantees had to balance the goal of helping individuals who could benefit from HPOG with the goal of enrolling those likely to succeed in HPOG within a reasonable amount of time. Programs wanted to ensure that participants had the basic academic skills needed to complete coursework successfully. Additionally, healthcare occupations have certification requirements that include formal education credentials. In fact, among the professions for which HPOG programs prepared participants, the only job that normally does not require at least a high school diploma or equivalent is home health aide.⁷

Only about half of HPOG programs required a high school diploma or equivalent at program entry (24 programs, 49 percent). Those programs that did require the high school diploma appear to have had a widespread commitment to eligibility criteria based on academic achievement as well as on academic attainment. Almost all of the programs with the high school requirement (22 out of 24) also had minimum literacy and numeracy skill requirements. Conversely, of the programs that did not have the high school diploma as an eligibility requirement, only about half (12 out of 25) had literacy and numeracy skill level

⁷ See <http://www.bls.gov/ooh/occupation-finder.htm?pay=&education=No+formal+educational+credential&training=&newjobs=&growth=&submit=GO> Also see http://www.bls.gov/emp/ep_table_112.htm

requirements, Exhibit 4 summarizes HPOG programs' academic requirements for grade-level skills, analyzed separately for programs with and without the high school requirement.

Exhibit 4: Requirements for Academic Skills and Educational Attainment

High School Diploma and Skill Requirements	Number of Programs	Percentage of Programs
High school diploma or equivalent required	24	49
...and minimum skill level in math and reading required	22	45
...and minimum skill level in reading only required	1	2
...but no minimum skill requirement	1	2
No high school diploma or equivalent required	25	51
...but minimum skill level in math and reading required	12	24
...but minimum skill level in reading only required	3	6
...and no minimum skill level required	10	20

Source: HPOG Grantee Survey, 2014, Q7.6, Q7.7a.

N=49

Missing: 0 programs

The 38 programs that set eligibility standards for reading and/or math skills varied in grade-level requirements (Exhibit 5). Most of them required reading skills either at an eighth-grade level (12 programs, 32 percent) or above (15 programs, 41 percent). Among the 34 programs that required minimum math skills, the results are similar: 7 programs (21 percent) requiring an eighth-grade skill level and 13 programs (39 percent) requiring above an eighth-grade skill level.

Exhibit 5: Grade-Level Eligibility Requirements

Minimum Grade Level	Programs with Minimum Reading Levels (N=38)		Programs with Minimum Math Levels (N=34)	
	Number	Percentage	Number	Percentage
Below eighth grade	10	27	13	39
Eighth grade or equivalent	12	32	7	21
Above eighth grade	15	41	13	39

Source: HPOG Grantee Survey, 2014, Q7.7b, 7.7c.

N=48

Missing: 1 program

The results of educational assessments were useful in helping participants choose from a range of occupational training choices and a career path. For example, various programs required minimum scores on specific formal academic assessments, often depending on the industry standard for a specific occupation. A participant who scored below the required minimum might have been placed in college remediation courses or basic skills bridge programs, or referred to an Adult Basic Education program. Some HPOG programs assessed participants again as they progressed to the next sequence of courses in a given career pathway and/or to determine whether they should be awarded a certificate of completion for a specific course or courses. The level of academic skills needed to complete a training course is related to the credentialing requirements of specific occupations. Exhibit 6 presents the educational credential required for employment in the most popular occupations in which HPOG participants enrolled within 18 months of entering the program.

Exhibit 6: Most Popular Healthcare Training Courses by Type of Occupation and Credential Needed for Entry

Training Activity	Percentage of Participants Enrolling	Typical Credential(s) Needed for Employment
Nursing aides, orderlies, and attendants	36	Postsecondary non-degree award for nursing aides High school diploma or equivalent for others
Licensed and vocational nurses	10	Postsecondary non-degree award
Registered nurses	9	Bachelor's degree
Medical records and health information technicians	9	Postsecondary non-degree award
Medical assistants	8	Postsecondary non-degree award
Psychiatric and home health aides	6	High school diploma or equivalent for psychiatric aide No formal educational credential required for home health aide

Note: Sample is 20,384 participants in the PRS with at least 18 months post-enrollment data as of September 30, 2015 who began healthcare training programs and who consented to be in the research. Participants who enrolled in more than one type of training are included in multiple rows. Activities are categorized following BLS Standard Occupational Classifications.

Source for enrollment data: PRS, 2016.

Source for required credentials: http://www.bls.gov/emp/ep_table_112.htm

As Exhibit 6 shows, the vast majority of HPOG participants trained for occupations that require at least a high school diploma or its equivalent, with many occupations also requiring a postsecondary certificate.

Academic Skills and Educational Attainment of HPOG Participants

Exhibit 7 below presents participants' academic skills levels and educational attainment assessed at enrollment. As the exhibit demonstrates, a large majority of participants attained the high school diploma or its equivalent and tested at literacy and numeracy levels at eighth grade or above.

Exhibit 7: Educational Attainment and Academic Skills of HPOG Participants at Enrollment

Characteristic	Number of Participants	Percentage of Participants
Highest educational attainment		
Less than 12 th grade	1,736	6
High school equivalency or GED	3,677	13
High school graduate	10,721	37
1 to 3 years of college/technical school	10,990	38
4 years or more of college	2,050	7
Missing	768	
Literacy at eighth grade or higher		
Yes	21,051	85
No	3,657	15
Missing	5,234	
Numeracy at eighth grade or higher		
Yes	17,640	74
No	6,304	26
Missing	5,498	

Notes: Sample is 29,942 HPOG participants in the PRS as of September 30, 2015 who consented to be included in the research. Percentages are of non-missing responses at intake.

Source: PRS, 2015.

The finding that 94 percent of HPOG participants had the high school diploma or its equivalent at program entry complements the finding that only 2 percent of those enrolled in HPOG for 18 months or more took part in a high school equivalency degree or pre-high school equivalency degree class. Similarly, the relatively high rates of eighth-grade-level literacy and numeracy skills also complement the finding that only 5 percent of participants enrolled in Adult Basic Education classes within 18 months of entering HPOG (Werner et al., 2016).⁸

Exhibit 7 presented HPOG participants' educational attainment and academic skills overall. To observe how well programs performed in enrolling participants who met their standards, Exhibit 8 presents the same measures for participants in programs with differing academic requirements. The exhibit presents results for programs with a requirement for a high school diploma or equivalent separately from those programs that have no such eligibility requirement.

⁸ The very low rate of participation in Adult Basic Education is also partly explained by the fact that many HPOG programs integrated basic training with occupational training programs (see Werner et al., 2016, pp. 47-48).

Exhibit 8: Educational Attainment and Academic Skills of HPOG Participants at Enrollment, by Program Requirements

HD Diploma or Equivalent Requirement/ Requirement for Skill Level	Number of Programs	Percentage of Participants with Eighth Grade Skill Level or Higher	Percentage of Participants with HS Diploma
Programs with Requirement for HS Diploma or Equivalent (N = 24 programs; 13,430 participants)			
Literacy Requirement			
None	1	90	96
Below eighth grade	5	93	99
Eighth grade or equivalent	10	97	98
Above eighth grade	7	88	98
Participants missing = 2,276			
Numeracy Requirement			
None	2	54	98
Below eighth grade	8	75	98
Eighth grade or equivalent	6	95	98
Above eighth grade	7	87	98
Participants missing = 2,368			
Programs without Requirement for HS Diploma or Equivalent (N = 25 programs; 16,512 participants)			
Literacy Requirement			
None	10	68	92
Below eighth grade	5	85	86
Eighth grade or equivalent	2	97	93
Above eighth grade	8	80	92
Participants missing = 2,938			
Numeracy Requirement			
None	13	65	90
Below eighth grade	5	64	89
Eight grade or equivalent	1	85	94
Above eighth grade	6	64	95
Participants missing = 3,609			

Notes: Sample is 29,942 HPOG participants in the PRS as of September 30, 2015 who consented to be included in the research. Percentages are of non-missing responses at intake.

Source: PRS, 2015.

Missing: 1 program

Most of the programs that required the high school diploma also had literacy and numeracy skill level requirements. As expected, almost all participants in those programs entered with the high school diploma or equivalent (98 percent, not shown in table). When broken out by grade-level requirements for basic academic skills, those programs with requirements were generally successful in enrolling participants that met grade-level standards for literacy and numeracy. The programs that did not require the high school diploma or equivalent were also less likely to impose eligibility requirements for academic skills. Nevertheless, those that did impose such requirements were generally successful in enrolling participants that met literacy skill level standards. Although more than half of the participants in these programs also met the numeracy requirements, they did so at lower percentages than for the literacy skill levels. Also of

note is the fact that although this group of programs did not require the high school diploma or equivalent, 91 percent (not shown in table) of their participants had attained the high school diploma at program entrance.

Nearly all HPOG programs reported using standardized assessment instruments recognized by the healthcare industry and by postsecondary education institutions (Exhibit 9). Forty-seven HPOG programs (96 percent) reported requiring one or more of these formal assessments as part of the eligibility process or as part of the intake and enrollment process.⁹ Of these, 31 programs (66 percent) used TABE and 11 programs (23 percent) used the Comprehensive Adult Student Assessment Systems (CASAS). Of those reporting whether they used a particular tool, 10 programs (22 percent) used COMPASS, 6 programs (13 percent) used WorkKeys, and 5 programs (11 percent) used ACCUPLACER. Most programs also used other assessment tools, usually developed more locally.

Exhibit 9: Formal Assessments at Intake

Formal Assessments	Number of Programs	Percentage of Programs
TABE (N=47)	31	66
CASAS (N=47)	11	23
COMPASS (N=45)	10	22
WorkKeys (N=45)	6	13
ACCUPLACER (N=45)	5	11
Other (N=45)	13	29

Note: Responses do not sum to 100 percent because multiple responses were permitted.

Source: HPOG Grantee Survey, 2014, Q7.12.

N=45 to 47

Missing: 2–4 programs

Screening for Potential Barriers to Employment

Due in large part to state licensing regulations and employer practices, most HPOG programs screened applicants for conditions that might pose barriers to employment, such as criminal records or current use of illegal drugs. Although HPOG programs had discretion in deciding which screenings to implement and how to use the results, their decisions reflected the fact that state boards generally place restrictions on who may be awarded licenses or certifications for specific occupations. Healthcare employers may impose even more stringent requirements for employment.

To ensure that individuals would not be training for jobs they could not obtain, most HPOG programs checked applicants' criminal backgrounds (Exhibit 10). Thirty-five programs (73 percent) checked for past felonies, and 32 programs (68 percent) also checked for misdemeanors. Similarly, 25 programs (52 percent) tested at least some applicants for signs of current drug use. Finally, almost half of all programs (23 programs, 48 percent) tested applicants for medical conditions that might interfere with employment in healthcare or pose a risk for participants, patients, or staff. Although most HPOG programs used one or more of these additional screenings, program staff indicated they did not necessarily reject all applicants who failed them. For example, some programs tried to find appropriate training courses and career ladders for applicants with criminal records. One HPOG program developed a course for dental prosthesis technicians specifically for individuals with felony convictions, since that occupation entails no direct

⁹ *Source:* HPOG Grantee Survey, 2014, Q7.12.

patient contact and does not ordinarily disqualify otherwise qualified individuals with felony convictions.¹⁰

Exhibit 10: Applicant Screenings

Screenings Used at Application	Number of Programs	Percentage of Programs
Background check for felonies)	35	73
Background check for misdemeanors	32	68
Drug screening	25	52
Physical or other medical exam	23	48

Note: Responses do not sum to 100 percent because multiple responses were permitted.

Source: HPOG Grantee Survey, 2014, Q7.4.

N=49

Missing: 1–2 programs

To ensure that HPOG applicants were suited to careers in healthcare—particularly those that involve direct patient contact and care and might involve irregular work hours—almost all HPOG programs (46 programs, 94 percent) assessed relevant personal qualities and situations of applicants before enrolling those who were eligible based on objective criteria.¹¹ Those programs included in their application process an evaluation of applicants' general suitability for training and employment in healthcare, including comfort with healthcare work; personal circumstances, such as work schedules that conflict with course schedules, which might make program retention challenging; and motivation. All but one of the programs assessing suitability did so through one or more in-person interviews with program management and staff and also used the results of competency and personality tests. Although programs varied in the use of these additional criteria (as well as how, when, and by whom the personal assessments were conducted), most applicants were required to pass a suitability screening.

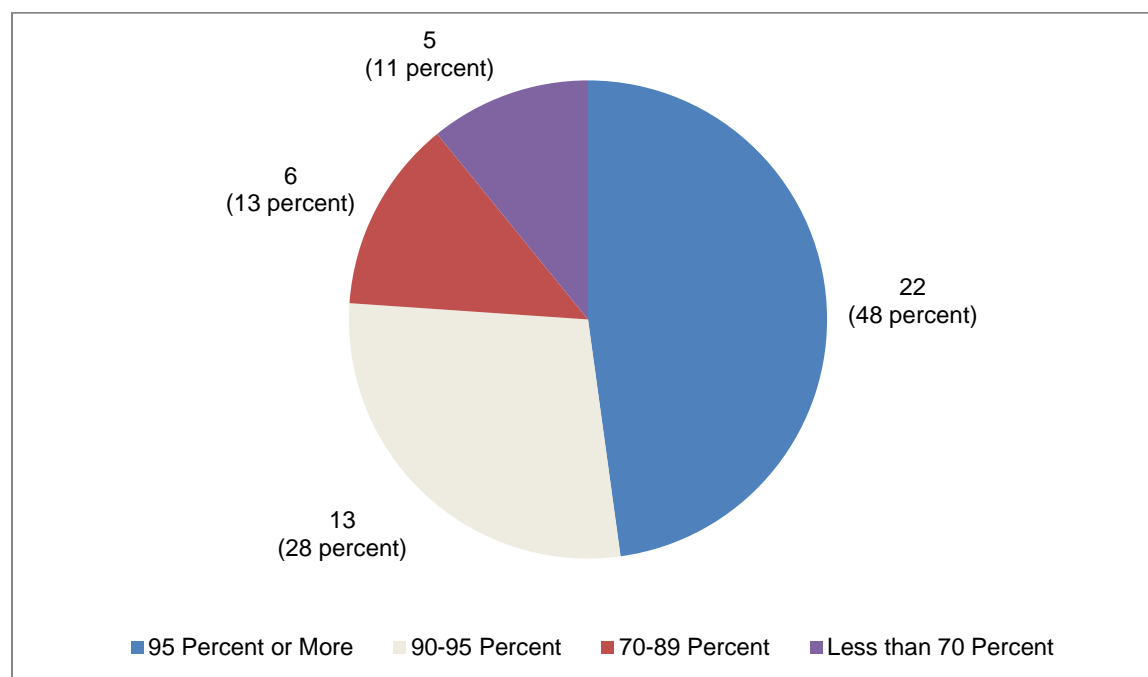
Despite the wide use of suitability criteria in the application process, programs screened out very few otherwise eligible applicants because of unsuitability (Exhibit 11). For example, of the 46 programs that used suitability criteria, nearly half (22 programs, 48 percent) reported that more than 95 percent of applicants who met all other eligibility criteria were found to be suitable for their programs. Only 5 of such programs (11 percent) found that fewer than 70 percent of applicants met suitability standards. Among the reasons staff cite for unsuitability are poor communication skills, apparent lack of compassion, and poor motivation.¹²

¹⁰ *Source:* HPOG Impact Study site visits, 2014.

¹¹ *Source:* HPOG Grantee Survey, 2014 Q7.13a.

¹² *Source:* HPOG Impact Study site visits, 2014.

Exhibit 11: HPOG Programs by Percentage of Eligible Applicants Meeting Suitability Criteria



Source: HPOG Grantee Survey, 2014, Q7.13d.

N=46

Missing: 0 programs

Recruitment for HPOG

Once eligibility standards were set, grantees had to recruit the appropriate individuals to apply for HPOG. Most programs used a variety of strategies to inform prospective applicants about HPOG (Exhibit 12). Programs used some strategies more extensively than others. For example, all 49 programs relied on partnerships and referrals from other organizations, and more than 95 percent relied on word-of-mouth and print materials to reach prospective applicants (48 and 47 programs, respectively). Other common modes of marketing and recruitment included using the Internet (41 programs, 84 percent) and making in-person presentations at various locations in the communities served by HPOG (39 programs, 80 percent). Less common modes included referrals from employers (32 programs, 65 percent) and TV or radio public service announcements (17 programs, 35 percent). All programs also used other strategies, including toll-free information hotlines, direct mail campaigns, and door-to-door marketing. As reported in in-person interviews, program management and staff in most sites believed word-of-mouth was the most successful strategy.¹³

¹³ Source: HPOG Impact Study site visits, 2014.

Exhibit 12: Modes of Outreach and Recruitment

Mode	Number of Programs	Percentage of Programs
Partnerships with or referrals from other organizations	49	100
Word-of-mouth	48	98
Distributed print materials	47	96
Internet-based strategies	41	84
In-person presentations in the community	39	80
Partnerships with or referrals from employers	32	65
TV or radio public service announcements	17	35
Other strategies	49	100

Note: Responses do not sum to 100 percent because multiple responses were permitted.

Source: HPOG Grantee Survey, 2014, Q6.1.

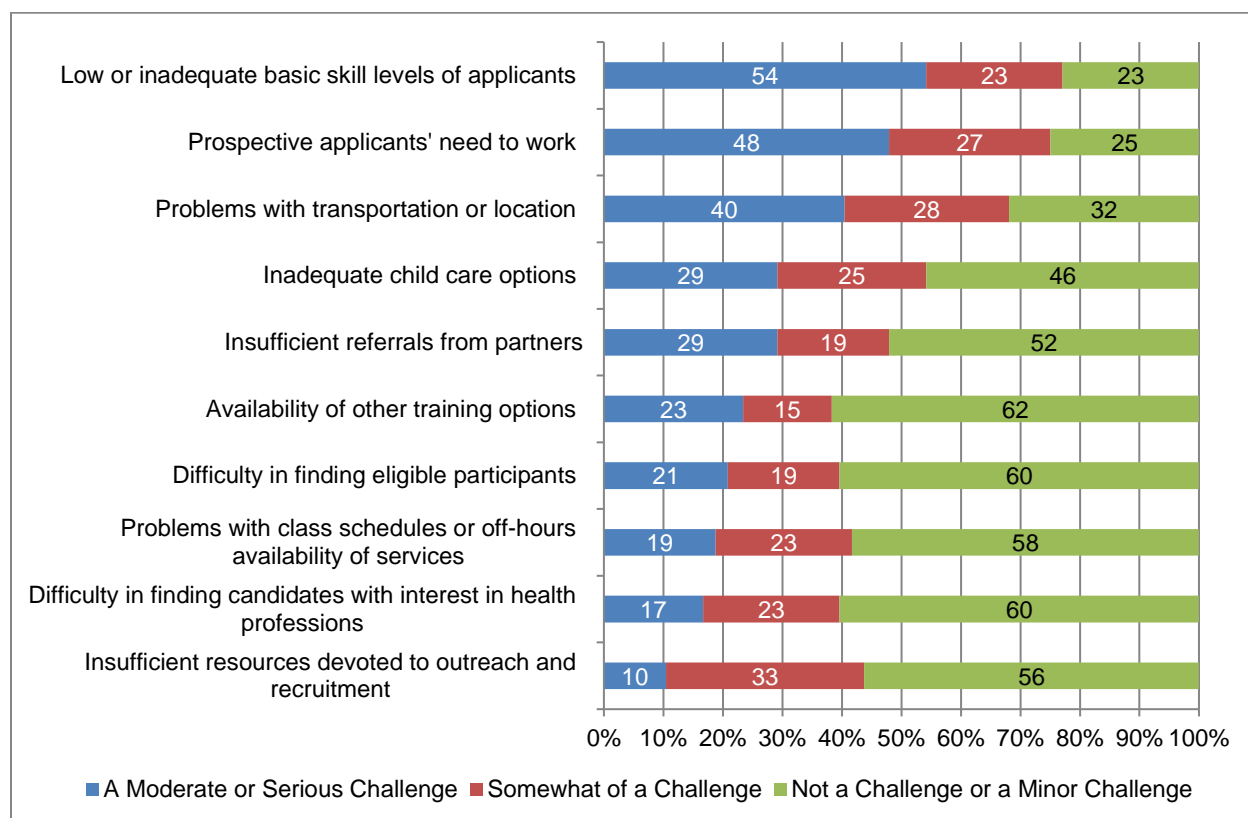
N=49

Missing: 0 programs

Notwithstanding the variety of recruitment strategies, HPOG Program management and staff encountered a number of challenges in recruiting and enrolling eligible participants. Exhibit 13 presents HPOG grantee opinions on the specific challenges to recruitment. The two challenges considered most serious by program operators illustrate the tensions in designing high-quality training programs for low-income individuals: relatively low academic skill levels and low-income individuals' need to work.¹⁴

¹⁴ HPOG programs generally aimed to recruit participants who already had the minimal educational requirements for occupational training, as opposed to accepting those with substandard skills and committing resources to raise their academic levels to meet training requirements. Exhibit 7 above indicates that at the time of enrollment, 85 percent of participants had literacy skills, and 74 percent had numeracy skills at or above the 8th grade level, a general skill-level standard for two-year colleges.

Exhibit 13: HPOG Recruitment Challenges



Note: “Insufficient referrals...” averages responses to the four related items in the Grantee Survey and rounds up to nearest whole number.

Source: HPOG Grantee Survey, 2014, Q6.3.

N=49

Missing: 1–2 programs

HPOG Application Procedures

In addition to developing eligibility criteria, HPOG programs had to design and implement application and intake procedures. Programs sought to balance the need to determine applicants’ eligibility with the need to minimize applicant burden. For those applicants found eligible, programs also had to assess those their academic, personal, and family needs.

HPOG programs differed in the locations where they made applications available, the modes and timing of application submissions, and the length and behavioral requirements of their application processes. In addition to having applications available on site, 25 programs (51 percent) made applications available at workforce development agency offices, One-Stop career centers, or Unemployment Insurance offices (Exhibit 14). Applications also were available for 25 programs (51 percent) at postsecondary education institutions; 21 programs (43 percent) made applications available at TANF or SNAP offices. Fewer programs had applications available at other government agencies, secondary schools, community action agencies, and hospitals or health clinics. Ten programs (20 percent) developed online applications.

Exhibit 14: Where HPOG Applications Were Available

Places	Number of Programs	Percentage of Programs
Workforce development offices, One-Stop career centers, or Unemployment Insurance offices	25	51
Postsecondary education institutions	25	51
TANF or SNAP offices	21	43
Other government agencies	11	22
Online (including email from staff)	10	20
Community action agencies	9	18
Secondary schools	8	16
Hospitals or health clinics	6	12

Note: Responses do not sum to 100 percent because multiple responses were permitted.

Source: HPOG Grantee Survey, 2014, Q7.2.

N=49

Missing: 0 programs

Almost all programs accepted applications in person (48 programs, 98 percent), with 39 of them (80 percent) accepting applications in person only. Other submission modes were relatively uncommon, with only 7 programs (17 percent) allowing applicants to mail or fax submissions, 5 programs (12 percent) allowing email submissions, and 3 programs (6 percent) allowing online submissions (Werner et al., Appendix Exhibit D-25).

Programs varied in the number of in-person meetings applicants were required to attend and in the length of time needed for the application process (Exhibit 15). Only 7 programs (15 percent) required only one in-person meeting with applicants; almost three-quarters (34 programs, 72 percent) required two or three applicant meetings. Six programs (13 percent) required four or more meetings.

The length of time needed to complete the application process also varied. Across all 47 programs that reported completion time for the entire application process, the average was 22 days (Werner et al., Appendix Exhibit D-25).¹⁵

Exhibit 15: Number of Required Meetings and Length of Time Needed for the Application Process

	Number of Programs	Percentage of Programs	Average Length of Time for Application Process (Days)
One required in-person meeting	7	15	18
Two to three required in-person meetings	34	72	22
Four or more required in-person meetings	6	13	23

Source: HPOG Grantee Survey, Q7.16b, 7.17.

N=47

Missing: 2 programs

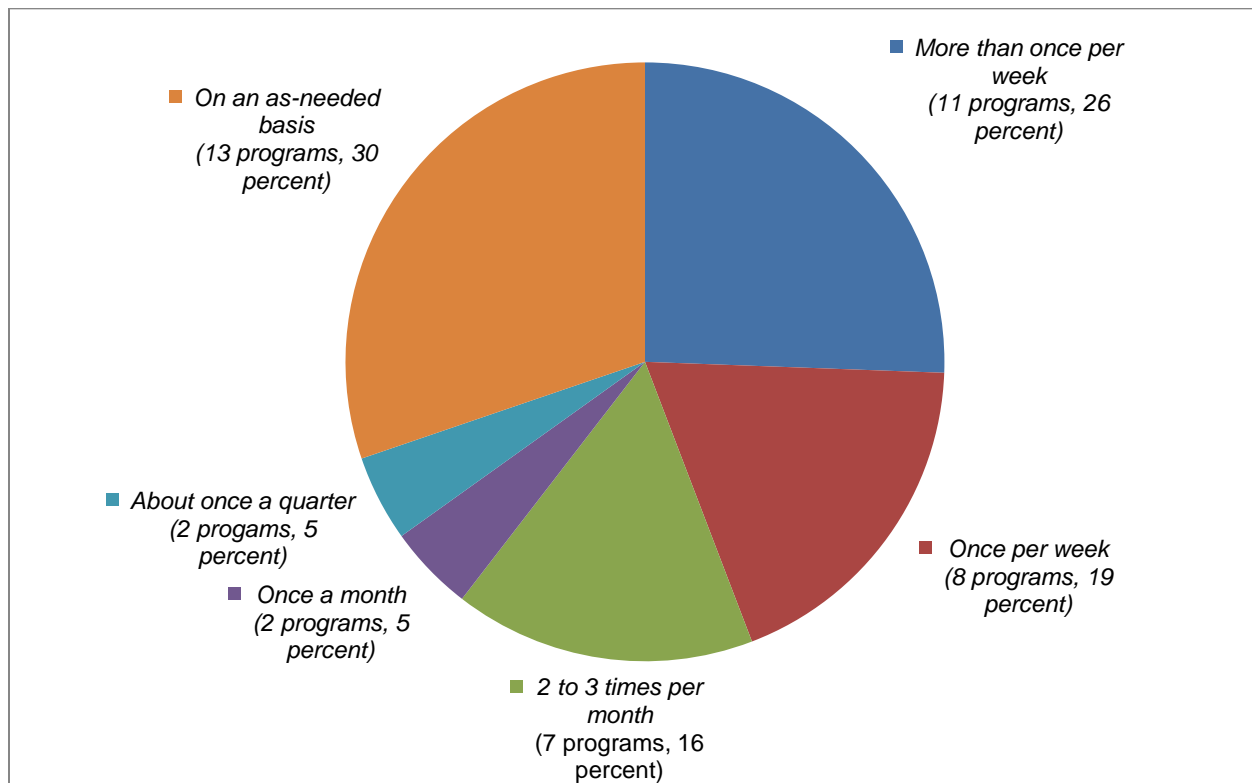
In addition to requiring in-person interviews, most programs (43 programs, 88 percent) held mandatory program orientation sessions for applicants.¹⁶ Programs designed orientations to offer prospective

¹⁵ *Source:* HPOG Grantee Survey, 2014, Q7.17. The survey question asked for average number of days “from initial meeting to official acceptance.”

¹⁶ *Source:* HPOG Grantee Survey, 2014, Q7.5A.

applicants information that could assist in their decision to apply for HPOG. For example, they usually informed applicants about what courses were available, their academic requirements, and what types of jobs required which credentials. The requirement to attend orientations as a condition for applying likely added to applicant burden and to the time needed to complete the application process. Most programs held the mandatory orientations relatively frequently or as needed. For example, only 4 of the 43 programs (9 percent) held the orientations less frequently than two to three times a month (Exhibit 16).

Exhibit 16: Frequency of Mandatory Applicant Orientation Sessions



Source: HPOG Grantee Survey, 2014, Q7.5b.
N=43

Comprehensive assessments were an important part of the HPOG application process. Programs conducted assessments (1) to determine whether applicants met minimum academic skill levels for eligibility, (2) to identify the supports needed by eligible applicants, and (3) to help determine appropriate academic and occupational training choices for applicants.¹⁷ Career pathways programs often use multiple assessments to monitor students' skill development and provide information for adjusting instructional plans (Laird & Holcomb, 2011).

While all HPOG programs conducted assessments, they varied in the scope and breadth of the process (Exhibit 17). Most programs assessed basic educational skills at some point in the application process (45 programs, 92 percent). A high percentage of programs also used the application process to assess support service needs (42 programs, 86 percent), career interests (34 programs, 69 percent), personal motivation (32 programs, 65 percent), and job-readiness or soft skills (28 programs, 57 percent). More than half of

¹⁷ Source: HPOG Impact Study site visits, 2014.

HPOG programs also assessed English language proficiency and life skills, such as the ability to set and attain goals, persistence, and self-control.

Exhibit 17: Applicant Competencies Assessed During Intake

Skills or Needs Areas	Number of Programs	Percentage of Programs
Basic educational skills	45	92
Support service needs	42	86
Career interests	34	69
Motivation	32	65
Job-readiness skills	28	57
Life skills, coping skills, or social skills	27	55
English language proficiency	26	53
Career aptitudes	14	29
Learning styles	10	20

Note: Responses do not sum to 100 percent because multiple responses were permitted.

Source: HPOG Grantee Survey, 2014, Q7.11.

N=49

Missing: 0 programs

Most HPOG programs used comprehensive assessments to help determine a viable range of occupational training choices and a career path for each participant. For example, most programs required minimum scores on formal academic assessments, depending on the industry standard for a specific occupation. Applicants who scored below the required minimum might have been referred to community resources, such as basic skills bridge programs or Adult Basic Education programs, and asked to return when they had raised their scores on academic skills tests. A small number of programs accepted those who scored low at application and provided in-program basic skills training or integrated basic skills training with occupational training courses (Werner et al., 2016, pp. 47–48). Some HPOG programs assessed participants again as they progressed to the next sequence of courses in a given career pathway and/or to determine whether they should be awarded a certificate of completion for a specific course or courses. The process of ongoing assessment is a core principle of the career pathways framework (Fein, 2012). For example, one program had participants take the Test of Adult Basic Education (TABE) as part of intake and again after participation in basic skills education. Other programs sometimes repeated assessments to determine whether an individual could continue on to more-advanced healthcare training.

HPOG Eligibility Criteria in Context

Many other public-sector programs, including demonstration programs, providing education and training services are means-tested. The nation’s largest workforce development program—the Workforce Innovation and Opportunity Act (WIOA) program—uses household income and public benefits receipt to determine applicants’ priority status for its more resource-intensive training services. Similarly, the Pell Grants program awards grants to support postsecondary education for individuals in families with annual incomes less than \$50,000, although most Pell Grants go to families with annual incomes below \$20,000.

How do the financial eligibility choices made by HPOG grantees compare with other means-tested programs associated with education and training for low-income individuals? Exhibits 18–20 compare HPOG with five other means-tested programs, described in the text box. Exhibit 18 compares the eligibility income ranges for the six programs. As the exhibit shows, income eligibility standards for

HPOG are roughly comparable, if on the relatively high end of the range. Exceptions are priority status for WIOA’s intensive services and eligibility for one of the Pathways for Advancing Careers and Education (PACE) programs, which both have lower income cutoffs than the low end of the range for HPOG programs (150 percent of the FPL). Importantly, however, the mean annual income of HPOG participant households was well below the FPL (see Exhibit 3, above).

Exhibit 18: Financial Eligibility for Training Programs for Low-Income Individuals

Training Program	Eligibility Limit (as percentage of FPL)
WIOA*	100
Pell Grants	250
HPOG	150–250
PACE	70–200
WorkAdvance	200
Sectoral Employment Impact Study**	NA

* Income eligibility limit for WIOA is for priority status for resource-intensive training.

** The Sectoral Employment Impact Study programs did not have explicit income eligibility cutoffs. They served “low-income, disadvantaged workers and job-seekers (e.g., formerly incarcerated individuals, welfare recipients and people with only a high school education or less)” (Maguire et al., 2009, p. 2).

Sources: Fein, 2016; <https://aspe.hhs.gov/2014-poverty-guidelines>; Hendra et al., 2016

Other Means-Tested Occupational Training Programs

Pathways for Advancing Careers and Education (PACE)

The PACE evaluation is a random assignment study of nine career pathways programs serving low-income adults in 18 locations across the United States. These programs are housed in community colleges, community-based organizations and nonprofits, and workforce agencies. Three HPOG grantees are participating in the PACE evaluation. Abt Associates is conducting the evaluation with funding from OPRE. For more information on PACE, visit <http://www.career-pathways.org/acf-sponsored-studies/pace/>.

Pell Grants

The Federal Pell Grant Program provides need-based grants to low-income undergraduate and certain post-baccalaureate students. Grant amounts depend on the student's expected family contribution, the cost of attendance, the student's enrollment status, and whether the student attends for a full academic year or less. The maximum Pell grant for the 2015–16 award year (July 1, 2015, to June 30, 2016) was \$5,775. For more information on Pell grants, visit <http://www2.ed.gov/programs/fpg/index.html>.

Sectoral Employment Impact Study

In 2003, the social research and policy organization Public/Private Ventures (<http://ppv.issuelab.org/>; disbanded in 2012) conducted the Sectoral Employment Impact Study, a random assignment study of three organizations operating workforce programs that provided skills training as a strategy to increase the employment and earning potential of disadvantaged workers. (The programs were Jewish Vocational Service, in Boston; Per Scholas, in New York City; and the Wisconsin Regional Training Partnership, in Milwaukee.) Each organization developed a unique sectoral approach, but they shared several key elements: (1) sector focus (including healthcare); (2) screened applicants for interest and aptitude, including basic skills; (3) integrated skills training including technical job-specific training, work readiness “soft” skills workshops, and basic English and math skills; and (4) provided support services. For details, see Maguire et al. (2009).

Workforce Innovation and Opportunity Act (WIOA) Program

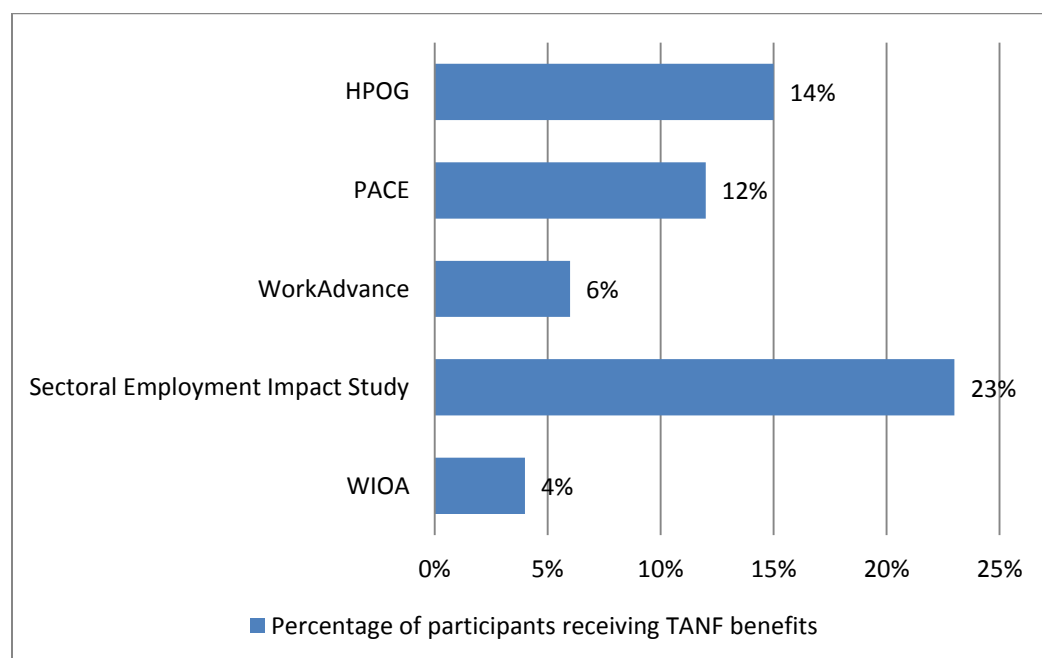
Signed into law in 2014, WIOA supersedes the Workforce Investment Act of 1998 (WIA) and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973. Under WIOA's Adult and Dislocated Worker Program, eligible individuals can receive financial support—termed an “Individual Training Account, or ITA—for training from qualified training providers, intensive services such as comprehensive assessments, career counseling and planning, and other supportive services including transportation and child care assistance. For more information on WIOA, visit https://www.doleta.gov/programs/general_info.cfm.

WorkAdvance

The New York City Center for Economic Opportunity, a unit of the Mayor's Office, and MDRC, a nonprofit, nonpartisan education and social policy research organization, developed WorkAdvance, launched as a research demonstration project under the Corporation for National and Community Service's Social Innovation Fund. The WorkAdvance model is designed to help low-income adults prepare for, enter, and succeed in quality jobs, in high-demand fields with opportunities for career growth. Four providers in four locations (New York City; Tulsa, Oklahoma; and Cleveland and Youngstown, Ohio) operated WorkAdvance programs. Core components across the programs were (1) intensive screening of applicants to ensure participants had the ability to complete the training offered and potential to meet employers' needs; (2) sector-focused pre-employment supports such as sector-targeted career planning, resume prep, and work-readiness soft skills instruction; (3) occupational skills training that was sector specific, including healthcare; (4) sector-specific job development and placement support; and (5) postemployment retention and advancement services. For details, see Hendra et al. (2016).

Another indication of the degree to which occupational training programs serve low-income individuals is the percentage of program participants who receive TANF benefits. Many of the other five programs either apply TANF receipt as a categorical eligibility factor or have income eligibility cutoffs well above the income limits for TANF. As Exhibit 19 shows, HPOG had a higher percentage of its participants receiving TANF at enrollment than all but one of the other programs cited.¹⁸

Exhibit 19: Percentage of Program Participants Receiving TANF at Time of Enrollment



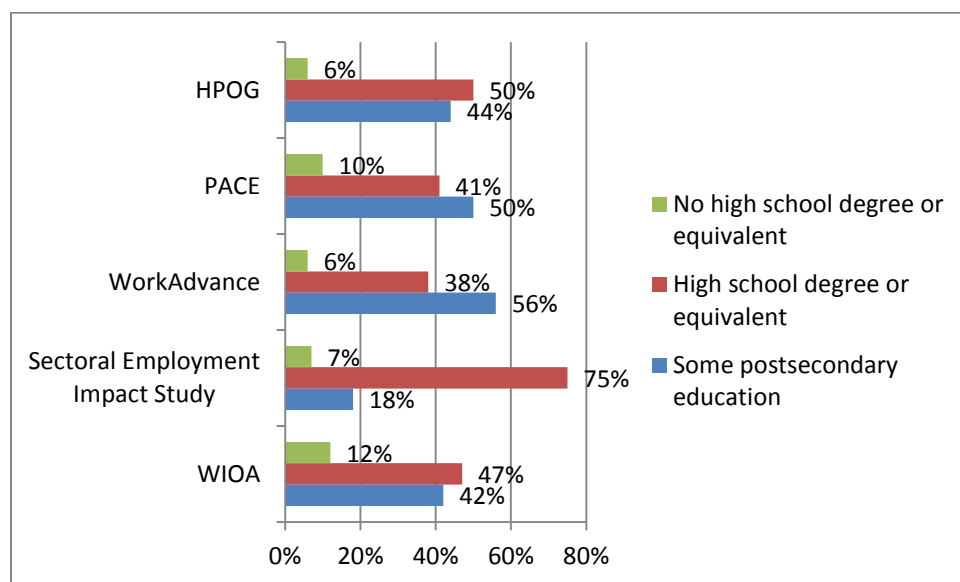
Sources: PRS, 2014; PACE baseline questionnaires; Hendra et al., 2016; Maguire et al., 2009; Social Policy Research Associates, 2015. WIOA numbers refer to the characteristics of adult workers who received WIOA training or intensive services between 4/1/14 and 3/31/15.

Note: Data for WIOA are for the Adult Program, which does not include dislocated workers.

Another point of comparison for HPOG with other, similar programs is the academic attainment of participants at the time of enrollment (Exhibit 20). As the exhibit shows, HPOG served one of the smallest proportions of individuals without the high school diploma or its equivalent, although no program's portion of those without the high school diploma exceeded 12 percent. Additionally, although HPOG enrolled a relatively high proportion of participants who had some postsecondary training, that proportion was roughly the same as that for the comparable programs, with the exception of programs in the Sectoral Employment Impact Study. When interpreting these results, recall that most healthcare occupations require the high school diploma or equivalent for employment, although some HPOG programs admitted those without the degree and provided high school equivalency preparation for appropriate individuals.

¹⁸ Note that the legislation enacting HPOG explicitly mandated grantees to serve TANF recipients and other low-income individuals. While the other programs in the exhibit may have targeted TANF recipients for service, the programs did not have the same mandate as HPOG.

Exhibit 20: Academic Attainment of Program Participants at Time of Enrollment



Sources: PRS, 2014; PACE baseline questionnaires; Hendra et al., 2016; Maguire et al., 2009; Social Policy Research Associates, 2015. WIA numbers refer to the characteristics of adult workers who received WIA training or intensive services between 4/1/14 and 3/31/15.

Summary and Conclusion

In the funding opportunity announcement for HPOG, ACF mandated that grantees serve low-income individuals and TANF recipients, but did not further specify income limits or other eligibility criteria. HPOG grantees had to define their target populations on several dimensions: financial need, academic skill level, and work-related attitudes and behaviors.

In setting those criteria, grantees had to balance the mandate to serve TANF recipients and other low-income populations with the goal of successfully enrolling individuals in training courses and then supporting them through course completion and into stable healthcare jobs with career potential. To help ensure that participants could meet academic skill requirements of healthcare training courses, many programs reported setting minimum academic grade-level standards, with a majority setting eligibility standards at the eighth-grade skill level or above.

To assess and enroll eligible applicants, HPOG programs had to develop and implement recruitment and application procedures. Many programs had a relatively lengthy application process. To complete the application and eligibility determination process, all programs required applicants to attend at least one in-person meeting, with a majority of programs requiring two or more. Additionally, most programs used formal assessments of academic skills and screened applicants for drug use and criminal records.

Despite several challenges that HPOG grantees reported in identifying and recruiting individuals that met income and academic eligibility criteria, overall recruitment was successful. Nationally, the non-tribal HPOG programs achieved within 4 years the 5-year projection of approximately 30,000 individuals

enrolled, with about 85 percent beginning a course of training within 18 months, and more than two-thirds of those completing a course in that same time period.¹⁹

In comparison with other national and demonstration occupational training programs and workforce development services for low-income individuals, HPOG programs had roughly comparable income eligibility cutoffs, with some exceptions. Additionally, with the exception of the group of programs included in the Sectoral Employment Impact Study, HPOG enrolled a higher proportion of TANF recipients than comparable programs did.

When considering the educational attainment of program participants, HPOG served a smaller proportion of individuals without the high school diploma than most other comparable programs did. This finding in part reflects the fact that most healthcare professions require the high school diploma or its equivalent and the decision of many HPOG grantees not to invest heavily in Adult Basic Education and high school equivalency training. In an effort to expand the opportunities to prepare for stable careers represented by HPOG, ACF encouraged HPOG 2.0 grantees to provide more Adult Basic Education and other academic preparatory services and enroll more individuals needing academic skills upgrades to be able to complete healthcare occupational training.

This paper summarized descriptive findings about HPOG 1.0 grantee program eligibility criteria and application processes from the HPOG National Implementation Evaluation's *Descriptive Implementation and Outcome Study Report* (Werner et al., 2016). The final report for the HPOG Impact Study will present findings on overall HPOG Program impacts, as well as impacts on individuals entering the HPOG grantee programs at different income levels and different academic skill and educational attainment levels. In particular, the impact results for subgroups defined by academic skill levels will be helpful in further refining eligibility guidelines and the design of services needed to prepare lower-skilled individuals to succeed in healthcare training.²⁰

¹⁹ As of September 30, 2014, the 32 HPOG grantees had enrolled 32,123 individuals (Sick et al., 2015).

²⁰ The HPOG Impact Study final report is expected in 2017. For a description of its design, see Peck et al. (2014).

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