# Training TANF Recipients for Careers in Healthcare: The Experience of the Health Profession Opportunity Grants (HPOG) Program


OPRE Report No. 2015-89

September 2015

# Training TANF Recipients for Careers in Healthcare: The Experience of the Health Profession Opportunity Grants (HPOG) Program

**OPRE Report No. 2015-89**

**September 2015**

Alyssa Rulf Fountain, Alan Werner, Maureen Sarna, Elizabeth Giardino, Gretchen Locke, Abt Associates
Pamela Loprest, The Urban Institute
With Laura Peck, Lisa Zingerman, Abt Associates

Submitted to:
Hilary Forster, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number: HHSP23320095624WC, Task Order Number: HHSP23337012T
PO Number: P33095624WC37012

Project Director: Gretchen Locke
Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138





# Contents

Overview ..... 1
Introduction ..... 2
Characteristics of TANF and Non-TANF HPOG Participants ..... 4
TANF HPOG Participants' Training and Employment Outcomes ..... 8
TANF Recipients' Barriers to HPOG Participation ..... 11
TANF Program Policies and HPOG Participation ..... 12
HPOG Program Strategies for Engaging TANF Recipients ..... 14
Summary ..... 16

## Overview

The Health Profession Opportunity Grants (HPOG) Program funds training programs in high-demand healthcare professions targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. HPOG combines support services with education and training to help participants overcome barriers to training completion and employment. As the TANF recipient population is an intended target group for HPOG participation, this report focuses on TANF recipients' engagement and experiences in HPOG. Specifically, the report describes observed differences in the participation, outcomes, and experiences of HPOG participants who were receiving TANF benefits at intake (referred to here as **TANF HPOG participants**) compared to HPOG participants who were not receiving TANF at intake (referred to here as **non-TANF HPOG participants**), and explores possible reasons for those differences.[1] The report then addresses why TANF recipient participation levels vary across HPOG programs and identifies strategies HPOG programs have used to engage the TANF population and work cooperatively with local TANF agencies.

The findings presented in this report are descriptive and based on preliminary data. The report's goals are to help understand how HPOG programs serve TANF recipients and to develop hypotheses for further study.[2] Key findings include:

- As of April 2015, approximately 15 percent of HPOG participants were receiving TANF benefits at intake.[3]
- About 62 percent of TANF HPOG participants completed at least one training course within 18 months of enrollment, compared to 59 percent of non-TANF HPOG participants. However, a higher percentage of TANF HPOG participants completed training courses of shorter duration (such as for nursing aides) than non-TANF HPOG participants did.
- Almost three-quarters of TANF HPOG participants (72 percent) were employed after finishing training and exiting the HPOG Program, with the majority in healthcare occupations. Their employment rate is similar to non-TANF HPOG participants. However, TANF HPOG participants were more likely to enter lower-wage jobs in the healthcare field than were non-TANF HPOG participants.
- Although TANF HPOG participants had higher average levels of education at intake than the national TANF population, their educational attainment at program entry was lower than non-TANF HPOG participants.
- HPOG program staff reported anecdotally that TANF HPOG participants faced more challenges to program retention and completion than non-TANF HPOG participants, including greater housing and child care needs and lower income at program intake.

---

1 Information on receipt of TANF benefits is collected at HPOG intake. This was the basis for categorizing "TANF HPOG participants" throughout this report.

2 The data on participation and outcomes include follow-up information on HPOG participants 18 months after enrollment as of April 1, 2015. These data thus exclude information on participants who entered HPOG after September 30, 2013.

3 Based on a sample of over 15,000 HPOG participants who consented to be in the research data and who had enrolled at least 18 months prior to April 1, 2015.

- Although state TANF policies may present challenges to participation in education and occupational training programs, strong partnerships, communication, and collaboration between TANF agencies and training programs can mitigate obstacles.

In summary, TANF HPOG participants have slightly different characteristics, participation patterns, and outcomes than non-TANF HPOG participants. These differences may be due, in part, to TANF eligibility criteria, as well as to TANF requirements to work or prepare for work. Those policies may pose challenges to HPOG grantees to recruit and serve TANF recipients and may also affect TANF recipients' participation choices. Despite these challenges, many HPOG programs worked cooperatively with local TANF agencies to serve TANF recipients. The strategies used by those programs and their TANF agency partners may inform future efforts to train TANF recipients for occupations with meaningful career paths.

## Introduction

The Health Profession Opportunity Grants (HPOG) Program, established by the Patient Protection and Affordable Care Act of 2010 (ACA), funds training programs in high-demand healthcare professions targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. TANF, administered by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services, provides cash assistance and other benefits to low-income families with children.[4] Moving participants to employment is a key goal of the TANF Program, supported by federal work participation requirements for recipients.

TANF recipients are a target population for HPOG. The HPOG Program aims to combine support services with career-building education and training to help participants complete training and obtain employer- or industry-recognized educational credentials. The HPOG Program's goal is to prepare participants for employment in high-demand healthcare occupations. To facilitate the participation of TANF recipients in HPOG, the grant announcement required programs to coordinate with their state agencies responsible for administering TANF.

To help understand the challenges and opportunities that a program like HPOG faces in serving TANF recipients and to inform future efforts to train TANF recipients for in-demand, high-quality jobs, this report addresses two main questions:

- How did HPOG participants receiving TANF benefits at intake differ from other low-income HPOG participants in characteristics, program participation, and program outcomes, and what might account for those differences?
- Why did TANF recipient participation levels vary across HPOG programs and what are potential strategies for increasing TANF recipient participation?

The report describes and compares TANF and non-TANF HPOG participant characteristics, participation patterns, and outcomes. The report then discusses how TANF policies and TANF recipients' circumstances may affect TANF recipient participation levels and training choices in HPOG. The report goes on to describe promising strategies HPOG programs use to engage the TANF population and work cooperatively with local TANF agencies. The report concludes with considerations for future education and training programs serving

[4] http://www.acf.hhs.gov/programs/ofa/programs/tanf

TANF recipients and a summary of findings. Note that the findings presented here are descriptive and intended to develop hypotheses for further study.[5]

## Background

In 2010, ACF awarded 32 five-year HPOG grants to organizations in 23 states, with approximately $68 million dispersed each year. This report focuses on findings from the 27 non-tribal grantee organizations, which include institutions of higher education, Workforce Investment Boards (WIBs), local or state government agencies, and community-based organizations (CBOs).[6] The 27 non-tribal grantees comprise 49 separate programs.[7] As of the end of its fourth year, the HPOG Program has served over 32,000 individuals. To assess the success of the HPOG Program, ACF's Office of Planning, Research and Evaluation (OPRE) is using a multipronged research and evaluation strategy. The strategy includes examining program implementation, systems change resulting from HPOG programs, and outcomes and impacts for participants.[8] This report draws from data collected for this research.

Approximately 15 percent of HPOG participants included in this report's sample were receiving TANF benefits at intake. This proportion varies greatly by program, from about 3 percent to 38 percent. These differences reflect different program approaches, TANF policies, and the profiles of the communities in which grantees implemented HPOG programs.

### *Data, Sample, and Analysis Approach*

This report uses data from the HPOG Performance Reporting System (PRS) on participant characteristics and program outcomes as of April 1, 2015, for all participants in the 49 non-tribal HPOG programs with at least 18 months of post-enrollment data.[9] The report also uses data from evaluation planning documents created jointly by the HPOG Impact Study evaluation team and program representatives, and from interviews with HPOG program directors, staff, instructors, and employers conducted during evaluation site visits to selected HPOG programs during the spring and summer of 2014.

The descriptive analyses in this report compare participants who were receiving TANF benefits at HPOG intake to those who were not. The analyses compare participants who were receiving TANF benefits at HPOG

---

5 A future report will answer questions about the impacts HPOG programs have on the outcomes of participants and their families and to what extent those impacts vary across selected subpopulations, including TANF recipients. The final report for the HPOG Impact Study is expected to be released in the Fall of 2017.

6 ACF made five additional grants to tribal organizations. A separate evaluation was designed for the five Tribal HPOG grantees, given the unique contexts within which these programs operate.

7 Grantees are the lead organizations with overall management responsibility for the HPOG grant. A program is a distinct set of services, training courses, and personnel; grantees may fund more than one program. There are 49 programs among the 27 non-tribal HPOG grantees.

8 More detail on HPOG research and evaluation projects is provided on the ACF website at http://www.acf.hhs.gov/programs/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog.

9 The report uses the sample cohort of those with at least 18 months post-enrollment data to allow sufficient time for the possibility of training completion and employment at program exit. The data were drawn from the PRS on April 1, 2015. The report uses data on the 27 non-tribal grantees and their participants who provided informed consent to be included in research studies. Note that 18 months post-enrollment includes individuals who have exited HPOG at any time prior to18 months following enrollment.

intake to both *all* HPOG participants not receiving TANF at intake and HPOG participants *with children* who were not receiving TANF at program intake. The comparison between all TANF and non-TANF participants in the HPOG program provides information on how participants' characteristics and outcomes differ between these two populations. However, because having one or more children is a TANF eligibility criterion and may also affect the program experiences and outcomes of non-TANF HPOG participants, the report also compares TANF HPOG participants with non-TANF HPOG participants with children. In the remainder of this report, unless otherwise noted, differences are those between TANF and all non-TANF HPOG participants.[10]

***Limitations***

The findings reported in this report rely on PRS data and interviews conducted with program staff. Information on program experiences with TANF HPOG participants and TANF agencies is largely anecdotal and based on semi-structured interviews with program personnel. Therefore, the study cannot determine with rigor the scope of the specific observations made by program staff. Further, statements linking specific factors to TANF HPOG participation levels are hypotheses and should not be taken as proven causal factors.

Data in the PRS are generally limited to information collected while participants are in the HPOG program. Therefore, post-program and longer-term outcomes and differences in outcomes between TANF and non-TANF HPOG participants may change over time. In addition, post-program employment numbers should be interpreted with caution due to missing data. About 28 percent of all HPOG participants who exited are missing employment information.[11] Finally, the average statistics on TANF recipient experiences and outcomes in HPOG are driven by programs that were able or chose to serve TANF recipients in greater numbers.

## Characteristics of TANF and Non-TANF HPOG Participants

In comparing characteristics of TANF and non-TANF HPOG participants, the data show differences in demographic characteristics, educational attainment, income, and receipt of other public benefits. Exhibit 1 below presents the demographic characteristics at program intake of TANF HPOG participants, non-TANF HPOG participants, and non-TANF HPOG participants with children. Key differences include:

- A significantly higher proportion of TANF HPOG participants were female relative to non-TANF participants (95 percent compared to 87 percent of all non-TANF participants and 93 percent of non-TANF participants with children) and a significantly smaller proportion were married (11 percent compared to 18 percent of all non-TANF participants and 24 percent of those with children).
- TANF HPOG recipients were significantly more likely to identify as non-Hispanic Black/African-American than non-TANF HPOG participants (49 percent compared to 34 percent of each of the non-TANF groups).
- TANF HPOG participants were generally younger than non-TANF participants. For example, a larger proportion of TANF participants were ages 20 to 29 than non-TANF participants (55 percent of TANF

[10] In the exhibits, indicators of statistical significance are provided for each comparison (TANF as compared to all non-TANF participants, and TANF as compared to non-TANF participants with children).

[11] A future report on HPOG program impacts will use national administrative data on individuals' quarterly employment and earnings. The data are compiled from mandatory reports from employers, which will address the issue of missing employment data in the PRS.

HPOG participants compared to 45 percent of all non-TANF participants and 43 percent of those with children).

## Exhibit 1. Demographic Characteristics of TANF and Non-TANF HPOG Participants

| Characteristic | Receiving TANF at Intake (N=2,409) Percent | Not Receiving TANF at Intake (N=13,336) Percent | Not Receiving TANF at Intake and Has a Child (N=7,489) Percent |
|---|---|---|---|
| **Gender** | | | |
| Female | 94.9 | 87.4 * | 92.8 * |
| Male | 5.1 | 12.6 * | 7.2 * |
| **Marital Status** | | | |
| Married | 11.3 | 17.7 * | 24.3 * |
| Separated or Divorced | 18.0 | 20.5 * | 23.8 * |
| Widowed | 0.5 | 1.2 * | 1.1 * |
| Never Married | 70.1 | 60.6 * | 50.7 * |
| **Number of Dependent Children** | | | |
| None | 5.0 | 41.2 * | 0.0 * |
| One or More | 95.0 | 58.8 * | 100.0 * |
| **Race/Ethnicity** | | | |
| Non-Hispanic White/Caucasian | 28.2 | 41.4 * | 40.9 * |
| Non-Hispanic Black/African-American | 49.0 | 34.2 * | 34.1 * |
| Asian, Native Hawaiian, or Pacific Islander | 2.1 | 3.2 * | 2.5 |
| American Indian or Alaska Native | 0.7 | 0.7 | 0.7 |
| Two or More Races | 3.0 | 2.5 | 2.6 |
| Hispanic/Latino of Any Race | 16.9 | 17.9 | 19.4 * |
| **Age** | | | |
| Less than 20 Years | 5.6 | 8.9 * | 5.2 |
| 20 to 29 Years | 54.7 | 44.8 * | 42.9 * |
| 30 to 39 Years | 27.4 | 22.7 * | 31.8 * |
| 40 to 49 Years | 10.1 | 14.6 * | 15.9 * |
| 50+ Years | 2.3 | 9.0 * | 4.2 * |

*Source:* PRS

*Notes:* Sample is all participants with informed consent who enrolled at least 18 months before April 1, 2015, in 49 non-tribal grantee programs. Percentages are of non-missing responses. Missing responses vary from less than 1 percent for gender and age to 5 percent for marital status.

* indicates differences with the group of TANF recipient means are statistically significant at $p<0.05$ level, using a two-tailed t-test

Overall, at intake TANF HPOG participants had lower educational attainment and incomes than non-TANF participants (Exhibit 2). Specifically, a smaller proportion of TANF HPOG participants had any post-secondary education at intake compared to the other groups. In addition, TANF HPOG participants had lower individual earnings and household income than non-TANF participants. This, in part, reflects the lower income thresholds for TANF eligibility in most states relative to HPOG eligibility and the reality that TANF recipients are often unmarried mothers[12] without additional adults in the household.[13]

A higher proportion of TANF HPOG participants had annual household incomes below $10,000 at intake (79 percent compared to 42 percent for non-TANF HPOG participants overall and 39 percent for those with children). In addition, a significantly smaller proportion of TANF HPOG participants than non-TANF participants were employed at intake (17 percent versus 44 percent of all non-TANF participants and 45 percent of non-TANF participants with children).

---

[12] Administration for Children and Families of the U.S. Department of Health and Human Services report, *Characteristics and Financial Circumstances of TANF Recipients*, Fiscal Year 2012 (2014).

[13] Each state sets the income and resource standards that they will use to determine TANF eligibility; therefore income eligibility criteria vary by state and many states have asset and other income tests. However, all states have set the maximum income threshold a family can have and still be eligible for benefits at the federal poverty line or lower. (Welfare Rules Databook Tables I.E.3 and I.E.4 http://anfdata.urban.org/databooks/Welfare%20Rules%20Databook%202013.pdf.) Because the HPOG Program allowed grantee organizations to define "low income," HPOG program income eligibility limits vary as well, but the federal poverty line is generally the lowest threshold, with a number of programs having higher income thresholds. Source: Nathan Sick, Thomas Callan, Pamela Loprest, and Alan Werner. (2015). *Health Profession Opportunity Grants: Year Four Annual Report (2013–2014)*. OPRE 2015-64. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services: Abt Associates and the Urban Institute.

**Exhibit 2. Education and Income Characteristics of TANF and Non-TANF HPOG Participants**

| Characteristic | Receiving TANF at Intake (N=2,409) Percent | Not Receiving TANF at Intake (N=13,336) Percent | Not Receiving TANF at Intake and Has a Child (N=7,489) Percent |
|---|---|---|---|
| **Highest Educational Attainment** | | | |
| Less than 12th Grade | 8.3 | 5.1 * | 5.3 * |
| High School Equivalency/GED | 20.3 | 12.0 * | 13.5 * |
| High School Graduate | 42.3 | 38.8 * | 39.0 * |
| 1-3 Years of College/Technical School | 26.2 | 37.2 * | 36.9 * |
| 4 Years or More of College | 2.9 | 6.9 * | 5.4 * |
| **Annual Household Income** | | | |
| $9,999 or Less | 79.1 | 42.4 * | 39.2 * |
| $10,000 to $19,999 | 14.6 | 29.9 * | 29.4 * |
| $20,000 to $29,999 | 3.9 | 16.1 * | 17.7 * |
| $30,000 to $39,999 | 1.1 | 6.5 * | 7.7 * |
| $40,000 or More | 1.2 | 5.1 * | 6.0 * |
| **Annual Individual Income** | | | |
| $0 | 42.9 | 22.9 * | 22.8 * |
| $1 to $9,999 | 46.0 | 39.4 * | 36.9 * |
| $10,000 to $19,999 | 8.0 | 24.9 * | 25.0 * |
| $20,000 to $29,999 | 2.6 | 9.7 * | 11.3 * |
| $30,000 or Over | 0.5 | 3.0 * | 3.9 * |
| **Employed at Intake** | | | |
| Yes | 17.0 | 44.0 * | 44.6 * |

*Source:* PRS.

*Notes:* Sample is all participants with informed consent who enrolled at least 18 months before April 1, 2015, in 49 non-tribal grantee programs. Percentages are of non-missing responses. Missing responses vary from 2 percent for highest educational attainment to 15 percent for household income.

* indicates differences with the group of TANF recipient means are statistically significant at $p<0.05$ level, using a two-tailed t-test

Exhibit 3 presents public benefit receipt for TANF and non-TANF HPOG participants. TANF HPOG participants were more likely than non-TANF HPOG participants to receive benefits from other means-tested programs. A significantly higher proportion of TANF HPOG participants received Supplemental Nutrition Assistance Program (SNAP) and Medicaid benefits. About 90 percent of TANF HPOG participants received SNAP benefits compared to 47 percent of all non-TANF participants and 60 percent of those with children. Just over two-thirds of TANF HPOG participants received Medicaid (67 percent) compared to 30 percent of all non-TANF HPOG participants and 43 percent of those with children. These differences almost certainly reflect the lower incomes of TANF recipients at HPOG intake. In addition, in many states, TANF recipients are automatically eligible for Medicaid and apply for SNAP at the same time as TANF. TANF HPOG participants are less likely to receive benefits dependent on past employment, such as Social Security Disability Insurance (SSDI) and Unemployment Insurance (UI).

**Exhibit 3. Public Benefit Receipt by TANF and Non-TANF HPOG Participants**

| Characteristic | Receiving TANF at Intake (N=2,409) Percent | Not Receiving TANF at Intake (N=13,336) Percent | Not Receiving TANF at Intake and Has a Child (N=7,489) Percent |
|---|---|---|---|
| Receiving Supplemental Nutrition Assistance Program (SNAP) | 92.3 | 47.0 * | 60.2 * |
| Receiving Medicaid | 76.5 | 31.2 * | 44.9 * |
| Receiving Supplemental Security Income (SSI) | 4.3 | 3.3 * | 4.0 |
| Receiving Social Security Disability Insurance (SSDI) | 1.4 | 2.1 * | 2.1 * |
| | | | |
| Unemployment Insurance (UI) Claimant | 4.8 | 14.4 * | 13.9 * |
| UI Exhaustee | 4.7 | 4.1 * | 3.8 * |
| Not UI Claimant or Exhaustee | 90.5 | 81.5 * | 82.2 * |

*Source:* PRS.

*Notes:* Sample is all participants with informed consent who enrolled at least 18 months before April 1, 2015, in 49 non-tribal grantee programs. Percentages are of non-missing responses. Missing responses vary from 3 percent for SNAP to 13 percent for SSDI.

* indicates differences with the group of TANF recipient means are statistically significant at p<0.05 level, using a two-tailed t-test

## TANF HPOG Participants' Training and Employment Outcomes

PRS data indicate differences between TANF and non-TANF HPOG participants' training choices and training and employment outcomes. Exhibit 4 illustrates the percentage of TANF and non-TANF participants completing HPOG training by standard occupational classification (SOC). These data show that a higher percentage of TANF HPOG participants completed training courses that require less time and prepared them for generally lower-paying occupations.[14] Most notably, 75 percent of TANF HPOG participants completed training for the occupational groups "nursing aides, orderlies, and attendants" and "nursing, psychiatric, and home health aides," as opposed to about 58 percent of non-TANF HPOG participants. Training courses for those professions are generally among the shortest-term, and the jobs have the lowest entry-level wages. In HPOG, nursing aide training was completed in 1.9 months on average, and home health aide training was completed in 1.6 months on average. The average hourly wage HPOG participants earned in these occupations was $11.05 for nursing aides and $10.58 for home health aides.[15]

By contrast, a greater percentage of non-TANF HPOG participants enrolled in and completed training for generally higher-paying occupations. For example, 1 percent of HPOG TANF participants completed registered nurse training compared to 5 percent of all non-TANF participants. Similarly, 3 percent of TANF HPOG participants completed licensed/vocational nurse training. Nearly 9 percent of all non-TANF HPOG participants and 10 percent of those with a child completed licensed/vocation nurse training. HPOG participants in these two occupations earned average hourly wages of $22.46 and $17.09, respectively.[16]

---

[14] A "training course" is defined as one or more classes preparing enrollees for a specific healthcare occupation.

[15] Data on training completion length and wages are averages from the PRS across all participants in the first four years of the HPOG Program.

[16] Data on training completion length and wages are averages from the PRS across all participants in the first four years of the HPOG Program.

These differences in participation and completion may be related to the fact that TANF recipients had, on average, lower levels of educational attainment at intake and therefore may be less academically prepared for longer-term, more academically demanding training programs. While registered nurse training typically requires a two- or four-year degree, short-term training programs such as nursing aides and home health aides may be the more appropriate starting points for HPOG participants with lower academic skill levels. Further, state TANF policies that encourage finding work and limit time allowed for training may encourage TANF recipients to choose short-term training.

**Exhibit 4. Percentage of TANF and Non-TANF HPOG Participants Completing Training by Standard Occupational Classification**

| Occupational Group | Receiving TANF at Intake (N=2,409) Percent | Not Receiving TANF at Intake (N=13,336) Percent | Not Receiving TANF at Intake and Has a Child (N=7,489) Percent |
|---|---|---|---|
| Nursing Aides, Orderlies, and Attendants | 64.0 | 49.7 * | 51.1 * |
| Nursing, Psychiatric, and Home Health Aides | 11.0 | 7.9 * | 6.4 * |
| Medical Records and Health Information Technicians | 7.8 | 9.3 | 9.6 * |
| Medical Assistants | 7.9 | 8.4 | 8.2 |
| Licensed and Vocational Nurses | 2.6 | 8.7 * | 9.8 * |
| Phlebotomists | 6.6 | 6.0 | 6.1 |
| Pharmacy Technicians | 4.1 | 3.4 | 2.9 * |
| Registered Nurses | 0.8 | 5.1 * | 5.2 * |
| Diagnostic Related Technologists and Technicians | 4.0 | 3.2 | 3.1 |
| Healthcare Support Occupations (all others) | 3.4 | 2.7 | 2.4 * |
| Other | 0.5 | 0.6 | 0.7 |

*Source:* PRS.

*Notes:* Sample is all participants with informed consent who enrolled at least 18 months before April 1, 2015, in 49 non-tribal grantee programs.

* indicates differences with the group of TANF recipient means are statistically significant at p<0.05 level, using a two-tailed t-test

Exhibit 5 shows training and employment outcomes for TANF and non-TANF HPOG participants. Most HPOG enrollees participated in a healthcare training course, with a slightly lower percentage of TANF participants compared to non-TANF HPOG participants (82 versus 84 percent).[17] Of those HPOG participants who enrolled in training, a larger proportion of TANF HPOG participants (62 percent) completed a training course in 18 months relative to non-TANF participants (59 percent). However, significantly more non-TANF than TANF participants (12 percent versus 6 percent) were still in training at 18 months. PRS data confirm that courses for occupations for which non-TANF participants trained take longer to complete, as noted above.

As shown in the middle panel of Exhibit 5, TANF and non-TANF participants who completed HPOG training and exited HPOG were equally successful in finding jobs in any sector (just under three-quarters for each group) and in the healthcare sector (just over 60 percent for each group). Conversely, TANF HPOG participants who dropped out of training and exited HPOG had significantly lower employment rates overall and in healthcare than their non-TANF peers. Specifically, 30 percent of TANF HPOG participants who dropped out were employed at exit, compared to 40 percent of non-TANF HPOG non-completers. Similarly, 10 percent of TANF HPOG dropouts were employed in healthcare, as opposed to 18 percent of non-TANF HPOG dropouts. These employment numbers should be interpreted with caution due to missing data. About

[17] HPOG enrollees who are not participating in a healthcare training course are in pre-training activities, waiting for a training course to begin, or dropped out before beginning a training course.

28 percent of all HPOG participants who exited are missing employment information. For specific subsamples, missing rates range from 21 percent for non-TANF HPOG participants who completed training to 41 percent for TANF HPOG participants who did not complete training. TANF HPOG participants' lower attachment to the labor market may be explained by such factors as their lower employment rates at intake or a greater number of severe barriers to program completion and employment, as reported anecdotally by program staff. Staff mentioned that TANF HPOG participants are more likely to face challenges such as physical and mental health issues, domestic violence, and housing instability.

**Exhibit 5. Training and Employment Outcomes for TANF and Non-TANF HPOG Participants**

| | Receiving TANF at Intake | Not Receiving TANF at Intake | Not Receiving TANF at Intake and Has a Child |
|---|---|---|---|
| **Percent of all enrollees who:** | | | |
| *N* | *2,409* | *13,336* | *7,489* |
| Began occupational training | 81.6 | 83.9 * | 84.4 * |
| Completed occupational training in 18 months | 61.7 | 59.4 * | 59.2 * |
| Were still in occupational training at 18 months | 5.6 | 11.9 * | 12.3 * |
| Were employed at any time during program | 30.3 | 27.3 * | 28.1 * |
| **Percent of enrollees who completed training and exited who were:** | | | |
| *N* | *606* | *3,418* | *1,843* |
| Employed in any job | 72.4 | 74.1 | 74.3 |
| Employed in healthcare job | 62.0 | 62.7 | 63.6 |
| **Percent of enrollees who did not complete training and exited who were:** | | | |
| *N* | *351* | *1,709* | *933* |
| Employed in any job | 30.5 | 39.4 * | 41.7 * |
| Employed in healthcare job | 10.5 | 18.0 * | 21.0 * |

*Source:* PRS.

*Notes:* Sample is all participants with informed consent who enrolled at least 18 months before April 1, 2015, in 49 non-tribal grantee programs. Percentages of employment are out of non-missing data. About 28 percent of all HPOG participants who exited are missing employment information. For specific subsamples, missing rates range from 21 percent for non-TANF HPOG participants who completed training to 41 percent for TANF HPOG participants who did not complete training

* indicates differences with the group of TANF recipient means are statistically significant at $p<0.05$ level, using a two-tailed t-test

Exhibit 6 presents PRS wage data for participants who completed training and exited for employment in any sector and in the healthcare sector. These data suggest that HPOG participants who received TANF benefits at program intake were earning a lower hourly wage after completing training than non-TANF participants, regardless of job sector.

In sum, the training and employment outcomes data show that relative to non-TANF HPOG participants, a higher proportion of TANF HPOG participants completed shorter training programs and entered lower-paying healthcare occupations and jobs.

**Exhibit 6. Hourly Wage Outcomes for TANF and Non-TANF HPOG Participants Who Completed HPOG Training and Exited**

| Characteristic | Receiving TANF at Intake | Not Receiving TANF at Intake | Not Receiving TANF at Intake and Has a Child |
|---|---|---|---|
| **Hourly Wage, Any Sector** | | | |
| *N* | *433* | *2,450* | *1,326* |
| Mean | $10.94 | $12.33 * | $12.36 * |
| **Hourly Wage, Healthcare Sector** | | | |
| *N* | *373* | *2,093* | *1,141* |
| Mean | $11.13 | $12.74 * | $12.72 * |

*Source:* PRS.

*Notes:* Sample is all participants with informed consent who enrolled at least 18 months before April 1, 2015, in 49 non-tribal grantee programs. Sample of TANF recipients is 2,409, all non-TANF recipients 13,336, and non-TANF with children 7,489. Percentages are out of non-missing data. Approximately 20 percent of employment data are missing at exit.

* indicates differences with the group of TANF recipient means are statistically significant at p<0.05 level, using a two-tailed t-test

## TANF Recipients' Barriers to HPOG Participation

Per the authorizing legislation, ACF established HPOG to fund training in high-demand healthcare professions targeted to TANF recipients and other low-income individuals. As described earlier, as of April 2015, approximately 15 percent of all HPOG participants enrolled by the 49 non-tribal HPOG programs were receiving TANF benefits at intake. There may be several reasons why TANF recipients do not constitute a higher proportion of HPOG participants overall. The relevant characteristics and circumstances of TANF recipients may pose meaningful barriers to participation in HPOG. Additionally, national and local TANF policies and practices may affect TANF recipient participation levels and training choices in HPOG.

***Meeting Academic Eligibility Requirements.*** Most HPOG programs have eligibility requirements tied to academic attainment and skill levels. For example, about one-half (49 percent) of the 49 non-tribal HPOG programs require a high school degree or equivalent to be eligible for HPOG. Given that such a degree alone does not guarantee the presence of adequate academic skills, most HPOG programs also have grade level requirements for literacy and numeracy skills—77 percent of programs have minimum academic requirements and more than half place those requirements at the eighth grade level or above. For example, 38 of the 49 non-tribal programs have reading skill requirements as part of their eligibility requirements.

These educational and/or skill requirements may narrow the proportion of TANF recipients eligible for HPOG participation. Nationally, TANF recipients have lower levels of educational attainment compared to the general population. According to 2012 data, 41 percent of TANF recipients had completed less than 12 years of education and only 6 percent had completed more than 12 years of education.[18] By comparison, in 2013, only about 12 percent of all adults over the age of 24 had completed less than 12 years of education and 59 percent had completed more than 12 years.[19]

[18] National TANF data are from the Administration for Children and Families of the U.S. Department of Health and Human Services report, *Characteristics and Financial Circumstances of TANF Recipients,* Fiscal Year 2012 (2014).

[19] Authors' calculations from data in US Census Bureau, Educational Attainment in the U.S., 2014 at : http://www.census.gov/hhes/socdemo/education/

TANF HPOG participants had higher educational levels at HPOG intake than TANF recipients nationally. Only 8 percent of TANF HPOG participants had less than a 12th grade education, and 26 percent had completed at least some college. While still lower than the education levels of non-TANF HPOG participants, this suggests HPOG programs enroll individuals from the smaller group of more educated TANF recipients.

***Personal or Logistical Barriers to Participation***. In addition to academic barriers, program staff reported that many TANF recipients had personal or logistical barriers that made participating in HPOG difficult, despite HPOG programs' provision of support services. A review of research concluded that most TANF recipients have at least one barrier to employment and a third or more have multiple barriers. These barriers include mental and physical health challenges, having a child with special needs, experience of domestic violence, or a criminal record.[20] According to HPOG program staff, these barriers to employment faced by TANF recipients can also be barriers to HPOG participation. In addition to the issues cited above, HPOG staff also mentioned access to reliable child care and transportation, and the need to supplement TANF benefits with income from a job as barriers to HPOG participation and retention.

Many HPOG programs referred participants to external support providers. For example, some TANF recipients were able to receive supports, including child care, through subsidy programs that, in many states, give TANF recipients priority. However, the supports provided were not always aligned with participants' training needs. For example, one HPOG program reported that TANF-approved child care providers were not conveniently located near the HPOG program, making it difficult for TANF recipients with young children to participate. Staff reported that HPOG programs were not always able to remedy shortfalls in available supports.

Another factor that may have affected the level of TANF recipient participation in HPOG is the potential loss of TANF benefits through employment. One program noted that in addition to not being able to offset income lost from TANF benefits, recipients may lose access to subsidized child care as well. More than a dozen HPOG programs also reported that some TANF recipients expressed concern that if they obtain employment after their participation in HPOG, they would lose their TANF benefits, and their income in an entry-level job would not be equivalent to the benefits lost.

## TANF Program Policies and HPOG Participation

One potential factor limiting TANF recipient HPOG participation levels is the relatively low take-up rates of TANF benefits among potentially eligible households. The percentage of eligible families receiving TANF fell from 79 percent in 1996 to 34 percent in 2011.[21] Given the autonomy states have to set many TANF policies, variation among states in TANF take-up rates and caseloads is large. Indeed, several HPOG programs reported that the pool of TANF recipients in their service areas was relatively small, and of those, the number who are eligible for and interested in healthcare training was even more limited.

Further, despite the HPOG Program requirement that programs coordinate with their state TANF agency, in evaluation site visit interviews a few HPOG program staff reported limited or poor relationships with TANF agencies due in part to the differences in their respective program goals. These program staff members believe

---

[20] Daniel Bloom, Pamela Loprest, Sheila Zedlewski, *TANF Recipients with Barriers to Employment.* Washington, DC: The Urban Institute, 2012.

[21] The Administration for Children and Families of the U.S. Department of Health and Human Services, Office of Family Assistance, Tenth Report to Congress. *Temporary Assistance to Needy Families Program* (TANF), 2014.

that communication and coordination issues with TANF agencies affected their ability to recruit and serve TANF recipients. For example, one program indicated that the timing of mandatory TANF meetings conflicted with HPOG workshops and vocational training. As described in the next section of this report, a number of HPOG programs reported working with TANF agencies to try to overcome some of these challenges to make it more feasible for TANF recipients to participate in HPOG.

Finally, some aspects of federal and state TANF policies may have posed challenges to TANF recipient recruitment and participation in HPOG. States are required to have at least 50 percent of all families and 90 percent of two-parent families in their TANF caseload participate in approved work or work-related activities for 30 hours a week (20 hours for single parents with children under age six). This is referred to as the "work participation rate." In general, the federal work participation requirements incentivize states to help TANF recipients find paid employment, since federal TANF regulations limit the extent to which states can count training and education activities toward state TANF work participation rate requirements. States that fail to meet the work participation rate face penalties, and individual TANF recipients who fail to meet requirements for work activities face benefit reduction or loss.

Generally, hours in vocational training can count as all or part of the 30 required hours for up to 12 months. However, some TANF recipients who apply for HPOG may have previously used some or all of their countable 12 months of training in other programs. In addition, after 12 months, vocational training hours only count toward the work requirement over and above 20 hours of a "core" work activity, such as work or subsidized employment. Therefore, participation in HPOG training programs may make it more difficult for TANF recipients to meet the 20 hours of "core" work activity requirement. Similarly, participation in the 20 hours of "core" work activity requirement may make it more difficult for TANF recipients to attend HPOG training programs. Also, basic skills education (such as remedial math or reading classes) does not count as a "core" work activity and is only countable at all for those without a high school degree or equivalent.

While federal work participation requirements restrict participation in education and training activities, states have the flexibility to implement more restrictive rules, and many do. This variability in TANF work requirements may partly explain the variability in TANF recipient participation rates across HPOG programs. For example, some HPOG programs are located in states and localities that have adopted a "work first" orientation—encouraging recipients to search for and take any available job to gain work experience and generate income.

Some HPOG programs reported that "work first"-oriented TANF agencies made fewer referrals to local HPOG programs and, consequently, limited the number of TANF recipients that HPOG served. One program reported that, while its state TANF agency does refer clients to the HPOG program, it is reluctant to refer clients that are judged to have sufficient education or experience to be employable. Even in states whose state TANF policies do not restrict education and training, HPOG programs report that TANF agency staff often encourage clients to find immediate employment instead of pursuing a training program. These reported actions may reflect both the "work first" policy orientation and state efforts to meet federal work participation rates.

Even when TANF agency staff encourage their clients to pursue training and education, restrictions on the types of training activities that count toward work participation requirements can limit TANF recipients' participation in HPOG. TANF recipients who do not meet their required work hours face benefit reduction or loss, and so they need to prioritize activities that will satisfy TANF requirements. For example, TANF recipients may only be able to count short-term vocational training toward their work hour requirements. One HPOG program reported that TANF recipients were not able to count basic skills training as an allowable

work activity. Another program reported that its career-readiness workshops do not count as a TANF-approved work activity.

Given restrictions on the types of activities that TANF recipients may pursue to fulfill their work requirement, many may need to obtain paid employment to meet the work activity requirements and avoid sanctions. Although HPOG programs generally do offer part-time or "off hours" training aimed at working participants, the personal or logistical barriers experienced by TANF participants often make it difficult to manage part-time training and part-time work.

Although state or local restrictions on education and training (for example, allowing only10 hours per week of education and training activities to count toward the required 30 hours of work-related activities) may present challenges to TANF HPOG participation, of the 17 programs with the lowest TANF participation (≤ 10 percent), nine were in states with education and training restrictions, while eight were not. It appears that TANF agency and HPOG program cooperation and coordination can overcome the challenges of work rules. The next section reviews strategies that HPOG programs used to engage TANF recipients.

## HPOG Program Strategies for Engaging TANF Recipients

HPOG programs developed various strategies to increase TANF representation in their programs by engaging TANF agencies and their clients. Despite the potential impediments to recruiting, enrolling, and serving TANF recipients in HPOG, 13 non-tribal HPOG programs reported that more than 20 percent of their participants were TANF recipients at intake. During evaluation site visits, HPOG programs shared a number of strategies for overcoming the barriers to engaging and serving TANF recipients.[22]

***Cultivate Strong Partnerships.*** A number of HPOG programs reported having strong partnerships with TANF agencies. In some cases, these partnerships existed before the HPOG program and were active from the beginning of HPOG, while in others, the relationships developed over the course of the HPOG grant. Programs that cultivated relationships with TANF agencies early in the process of program development reported apparent benefits, such as a better understanding of TANF requirements by HPOG staff and better knowledge of what HPOG offers among TANF agency staff. Additionally, programs with a history of working successfully with their state and local TANF agencies reported that the good relationship helped them to better serve TANF recipients. For example, one HPOG program operates the local Workforce Investment Act (WIA) Program and the local TANF work program. The program's extensive prior experience working with TANF recipients translated into higher referrals and participation of TANF recipients.

***Communicate Effectively.*** Programs with strong TANF partnerships noted that good communication with TANF agency employees was essential to their HPOG programs' success in recruiting and serving TANF recipients. Several programs reported that their management staff and casework staff met with their TANF agency counterparts in person, even if informally, on a regular basis. These meetings included discussion of the types of services each organization offers to facilitate coordination of service provision, and served as an informal check-in about particular participants.

---

[22] This section draws on information from interviews with HPOG directors, staff, instructors, and employers during site visits that evaluation staff conducted with 20 HPOG grantees. Additional information on promising practices for engaging TANF recipients can be found in *Health Profession Opportunities Grants and TANF Partnerships: Lessons Learned in Engaging TANF Partners,* ACF, 2014. http://www.acf.hhs.gov/sites/default/files/ofa/hpog_tanf_paper_final_508.pdf.

***Co-Locate Staff.*** In some sites, HPOG staff performed some or all of their duties at TANF agency locations. For example, in one program, HPOG case managers conducted intake at their partner TANF agency, while in another program, HPOG and TANF case managers shared office space. Programs reported that having regular contact with TANF agencies facilitated the exchange of information between the two programs, as well as an understanding of the HPOG program by TANF staff and recipients. This in turn raised the profile of the HPOG program among TANF staff and recipients, increased the number (and speed) of TANF referrals overall, and decreased the number of unsuccessful referrals (e.g., referrals of individuals who were either not eligible for HPOG or not interested in the healthcare field).

***Define Roles Clearly.*** A few programs discussed the importance of explicitly defining the roles of HPOG and TANF staff and the way in which these two organizations work together. One program reported that HPOG and TANF staff met regularly in the beginning of the HPOG grant to develop clear referral procedures. This helped both organizations communicate about referrals, as well as processes, procedures, and current trends, such as which occupations are in demand, which trainings are approved, and what services are available. Another program reported that when HPOG and TANF case managers began to share the same office space, management was careful to define clearly the roles of each staff person—HPOG case managers work with participants on HPOG training and services, while TANF case managers work with them on TANF benefits and requirements.

***Collaborate to Accomplish Shared Goals.*** While several programs reported that strong partnerships with TANF agencies improved TANF staff members' understanding of the HPOG Program, one program reported that it sought to improve its HPOG staff members' understanding of the TANF Program. To do so, the program organized a two-and-a-half day retreat during which the TANF agency provided training on TANF policies and regulations and on how to coordinate services most effectively with HPOG.

Regular contact with TANF agency staff allowed some HPOG programs to advocate for vocational training for TANF recipients. These programs indicated that their strong partnerships with TANF agencies helped make TANF staff more aware of HPOG's potential role in fostering economic independence while remaining aligned with TANF work activity rules. For example, one HPOG program designed a medical technician career pathway specifically for TANF recipients. The training lasted 12 months, the maximum amount of training time permitted by the TANF agency, and had the strong potential for long-term employment. Another HPOG program was particularly successful in changing TANF agency attitudes towards training. This program was able to negotiate with its state TANF agency for an exemption from limits on education and training for TANF recipients participating in HPOG.

***Address Barriers to Success.*** In addition to working with TANF agencies to recruit, enroll, and serve TANF recipients, many HPOG programs used grant resources to provide services beyond what would typically be available from TANF or other training providers. For example, to promote achievement among less academically prepared TANF recipients, one HPOG program directed those participants to its bridge program, an entry-level nursing program run at a slower pace than its standard nursing program. The bridge program was a good fit for many TANF recipients who had been out of school for a long period of time. Another program prioritized TANF recipients to receive support services.

Among programs that provided intensive case management services to all participants, some found the support was particularly helpful to TANF recipients with multiple barriers to participation. Several programs reported that they tried to assist TANF recipients in maintaining their benefits while in HPOG. For example, one program collected TANF recipients' pay stubs once they became employed and shared these with the TANF agency to ensure that participants complied with TANF work requirements and continued to receive child care and transportation assistance.

## Summary

The HPOG Program was established to fund training in high-demand healthcare professions targeted to TANF recipients and other low-income individuals. HPOG programs have learned many valuable lessons about enrolling and serving TANF recipients. TANF recipients' generally low levels of income, employment, and education, and their multiple barriers to work (e.g., lack of access to child care) suggest they can benefit greatly from programs like HPOG that combine support services with education and training to help participants overcome barriers to training completion and employment. However, the HPOG Program's academic skill requirements may limit the TANF population currently served by HPOG to those with higher educational attainment and skills than the average TANF recipient. Data on education levels at intake suggest the TANF recipients who enter HPOG are a select group of all TANF recipients, with higher educational levels than the average TANF recipient.

On average, the 15 percent of HPOG participants who were TANF recipients at intake tended to enroll in shorter-term training but had outcomes similar to other HPOG program completers in obtaining employment. However, TANF HPOG participants were not as successful in obtaining higher-paying healthcare jobs. The data suggest that a larger proportion of TANF HPOG participants are entering shorter training programs in lower-paying occupations and are successfully obtaining healthcare jobs, albeit at the lower end of the pay scale.

Some TANF policies and characteristics of TANF recipients seemed to create challenges for HPOG programs in recruiting and serving TANF recipients. Many HPOG programs found that federal and state TANF Program restrictions on education and training made HPOG participation difficult for many TANF recipients. In addition, the "work first" orientation of many state TANF Programs seemed at odds with the education and training goals of HPOG. However, HPOG programs also learned that cultivating relationships with state and local TANF agencies and collaborating in serving TANF recipients often reduced some of the obstacles to participation. HPOG programs reported that successful partnerships with TANF agencies, coordinated efforts, collaboration, and early and frequent communication can sometimes mitigate TANF policy restrictions.

Despite some programs' difficulties recruiting and serving TANF recipients, the training and employment outcomes of TANF recipients overall suggest HPOG programs are finding ways to meet the needs of their TANF participants. TANF recipients who met HPOG eligibility requirements were able to enroll, persist in, and complete HPOG programs with the help and support of program staff. Due to TANF recipients' likelihood of multiple barriers to participation, this often required greater effort by HPOG staff and more support services than needed by other participants. Helping TANF recipients in HPOG programs to address these barriers, including low initial skill levels, is an important part of serving individuals receiving TANF benefits in training programs.

Future training programs that target TANF recipients can learn from the HPOG programs' experiences. Programs should consider the importance of understanding their state and local TANF policies regarding education and training, and form early and strong partnerships with TANF agencies. This can help ensure appropriate referrals and can inform the design of programs to meet TANF Program requirements and TANF recipients' needs. In addition, understanding the characteristics of TANF recipients, including the likelihood of multiple barriers to participation, will help programs plan for and provide appropriate and sufficient support services and staff. Finally, training programs should be aware that their education and/or skill level eligibility requirements may limit the number of TANF recipients eligible for their services. Greater focus on improving participants' basic skills may be needed to engage greater numbers of TANF recipients.

The findings presented in this report are descriptive. The final HPOG Impact Study report is expected to be released in the Fall of 2017. That report will answer questions about what impacts HPOG programs have on the outcomes of participants and their families, to what extent those impacts vary across selected subpopulations (including TANF recipients), which locally adopted program components influence program impacts, and to what extent participation in a particular HPOG component (or components) changes the impact on participants.