

One Step at a Time: Participant Perspectives on Career Pathways

HPOG 2.0 Participant Perspectives, Brief 1

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Overview

Career pathways is a framework that combines education, occupational training, and support services to help participants enter and advance in a sequence of occupations within a specific sector or occupational cluster. Such programs seek to address many of the challenges that might prevent low-income and other disadvantaged adults from succeeding on a chosen pathway. For example, programs are flexible, with strong supports, and connect participants to employers and employment, including work-based learning opportunities. The Health Profession Opportunity Grants (HPOG) Program funded local career pathways programs to prepare participants for occupations in the healthcare field that paid well and were expected to either experience labor shortages or be in high demand.

Many impact evaluations of career pathways programs are ongoing, but firsthand accounts of participants' experiences are limited. This brief shares insights from such firsthand accounts and thereby adds to our understanding of participant experiences in career pathways programs.

Qualitative analysis of interviews with participants in HPOG-funded programs found that:

- Interviewees frequently focused on taking the immediate next step in their career pathway; many also had a clear sense of their long-term career ambitions.
- Interviewees thinking about a next step on their career pathway faced a complex set of logistical and financial considerations and moved forward in ways that accommodated those considerations.
- Interviewees persisted in their training for a variety of reasons, including to be a role model for their children, to earn more money, and to gain greater job satisfaction.
- Increased self-confidence from completing one training influenced interviewees' self-reported interest in completing a subsequent training.
- Guides—including interviewees' HPOG case managers, instructors, and healthcare industry colleagues—offered advice about and examples of career pathways that influenced how interviewees navigated their career pathway.

Introduction

Career Pathways is a framework that combines education, occupational training, and support services that align with the skill demands of the local economy to help participants enter and advance in a sequence of occupations within a specific sector or occupational cluster (Werner et al. 2018). Career pathways programs seek to address many of the challenges that disadvantaged adults face in succeeding in training and progressing along a career pathway's occupational steps. For example, career pathways training programs might offer flexible schedules, provide financial and other assistance, and connect participants to employers and employment, including work-based learning opportunities.¹

This first brief in the HPOG 2.0 Participant Perspectives series presents insights from in-depth, in-person interviews with participants in career pathways programs funded by the Health Profession Opportunity Grants (HPOG) Program² (see **box**). The brief describes participant experiences navigating career pathways and suggests implications for career pathways program practice and for evaluations of career pathways programs.

Context

As might be expected with a relatively new policy approach, the current evidence about the extent to which career pathways programs lead to jobs with higher earnings is mixed. A recent scan of career pathways impact studies found they reported more consistently positive results for education and training outcomes than for employment and earnings (Sarna and Adam 2020). Consistent with this, an impact study of the first round of HPOG grants (Peck et al. 2019) found that compared to a randomly assigned control group, through three years, participants were more likely to complete training and to be working in healthcare but did not have higher earnings. Several rigorous meta-analyses of career pathways impact studies are underway, which will shed more light on these questions, with results expected in 2021.

About HPOG

The Health Profession Opportunity Grants (HPOG) Program funded local career pathways programs to provide occupational education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income adults. The program aimed to prepare people for occupations in the healthcare field that paid well and were expected to either experience labor shortages or be in high demand.

To support training completion and advancement along their chosen career pathway, local HPOG programs provided comprehensive support services such as case management, academic and career counseling, and personal and logistical supports including financial assistance.

HPOG was administered by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. ACF awarded two rounds of five-year grants (HPOG 1.0 in 2010 and HPOG 2.0 in 2015).

This brief focuses on participants in programs operated by HPOG 2.0 grantees that are part of an HPOG 2.0 National Evaluation being conducted by Abt Associates.

To see the full portfolio of evaluation work on HPOG: <https://www.acf.hhs.gov/opre/project/health-profession-opportunity-grants-hpog-research-and-evaluation-portfolio>.

A career pathway consists of progressively higher education and occupational steps within a specific sector.

Though many impact evaluations are ongoing, insights from firsthand accounts of participants' experiences in career pathways programs are limited. Seefeldt, Engstrom, and Gardiner (2016) provided some evidence as to how participants navigate career pathways programs in their study of the Pathways for Advancing Careers and Education (PACE) project.³ They report on the competing priorities that PACE participants managed and identified motivations that helped those participants to persist in their training programs. Key challenges participants experienced included guilt about spending time away from their children, challenging home situations such as domestic violence, and the need to ensure they had sufficient financial resources to keep their household functioning. Despite those challenges, participants were highly motivated, and those still in school had enrolled in a second training, demonstrating persistence in their career pathway.

A smaller study of participant experiences in one HPOG grantee (IERE 2019) documents how participants think about career aspirations. That study suggests that some of participants' motives in entering career pathways training are different from the program's goals of increasing earnings. Participants are motivated by the prospect of higher wages, in line with HPOG's aims. However, other factors such as job quality, autonomy, respect, and schedule flexibility are also important to participants in making decisions about their careers.

This brief adds to the body of research documenting participants' lived experiences in career pathways programs by exploring how a sample of HPOG 2.0 participants made decisions along their career pathways to reach their longer-term career goals.

Program Insight:⁴ Examples of Career Pathways

Pima Community College has 14 training programs organized into five career pathways. In four of these pathways, credentials are stackable—sequential trainings that build towards a specific career:

- **Medical Office-Health Information Management:**
Medical Office Clerk Specialist →
Medical Records Technician or
Professional Medical Coding Specialist
- **Nursing:**
Certified Nursing Assistant →
Patient Care Technician →
Licensed Practical Nurse
- **Medical And Physician Support:**
Phlebotomist → Medical Assistant
- **Emergency Medicine:**
Emergency Medical Technician →
Paramedic or Licensed Practical Nurse

Staff reported that program participants mainly entered the *Nursing and Medical and Physician Support* pathways. In addition to being stackable, some training programs offer accelerated courses and flexible scheduling. Pima's program offers internships in some areas, helping to connect participants to employers.

Methodology and Sample

This brief is based on in-depth, in-person interviews conducted between October 2019 and January 2020 with a purposive sample of 153 program participants across 14 local HPOG 2.0 programs (Thomas, Locke, and Klerman 2018). This brief reports themes emerging from these interviews.

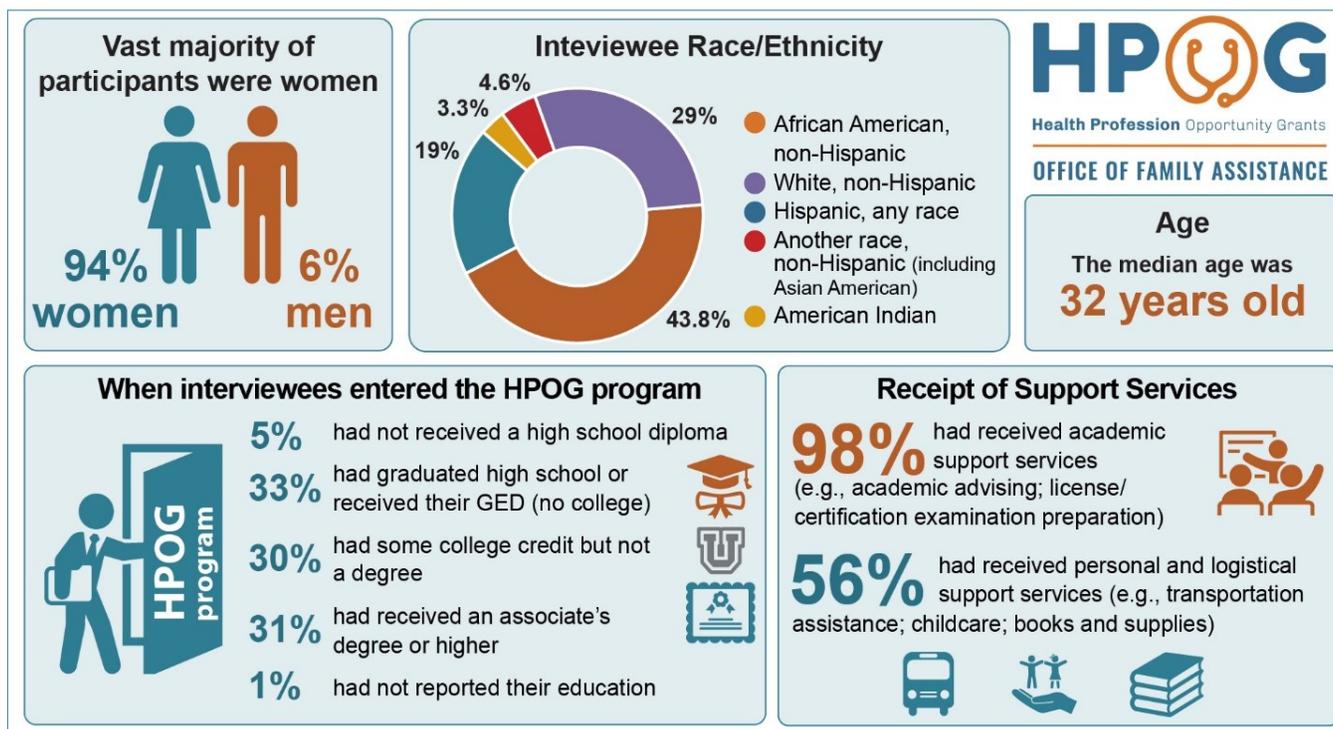
We selected the 14 programs to reflect diversity in grantee organization type,⁵ geography,⁶ projected enrollment, prior HPOG grant experience, demographic characteristics of their participants, and percentage of those participants receiving non-financial support services such as academic coaching and career coaching. We recruited participants to reflect each local program population in demographic and socioeconomic characteristics, levels of healthcare training (entry, mid-, or high-level), and variation in progress through training.⁷

Participation in the interviews was voluntary. Interviews usually lasted between 60 and 90 minutes. We gave interviewees a gift card to thank them for their time. We scheduled interviews as flexibly as possible over 4 to 5 days in each program location. Interviews were semi-structured and covered a common set of topics: career pathways; employment and education histories; experience of the HPOG 2.0 training; managing work, family, and training; and finances. Interviewers used a conversational approach to allow probing. Interviews were transcribed and analyzed using qualitative software.

Compared with HPOG 2.0 participants in the selected programs, our interview sample had slightly more participants who identified as White, slightly fewer participants who identified as Black or Hispanic, more women, slightly more participants receiving support services, and slightly fewer participants enrolling in multiple trainings.⁸

For this brief we supplemented the interview data with information collected for the implementation study associated with the broader HPOG 2.0 National Evaluation.

Figure 1: Interviewee Characteristics (n=153)



Findings

The first set of findings in this brief explore the ways that interview participants moved along their career pathway, and how they anticipated taking steps towards their career goals in the future. Interviewees understood career pathways even if they did not always move along a pathway as quickly as they might have wished. Participants had to balance training with a variety of competing demands including working and caring for relatives or children. The second set of findings explore how a participant’s ability to balance these competing demands then influenced their decisions about and experiences of their career pathway. Interviewees reported that their local HPOG program’s design and their relationships with staff also played important roles in how they navigated their career pathway.

How did interviewees move along their career pathway?

Following are key insights that interviewees shared:

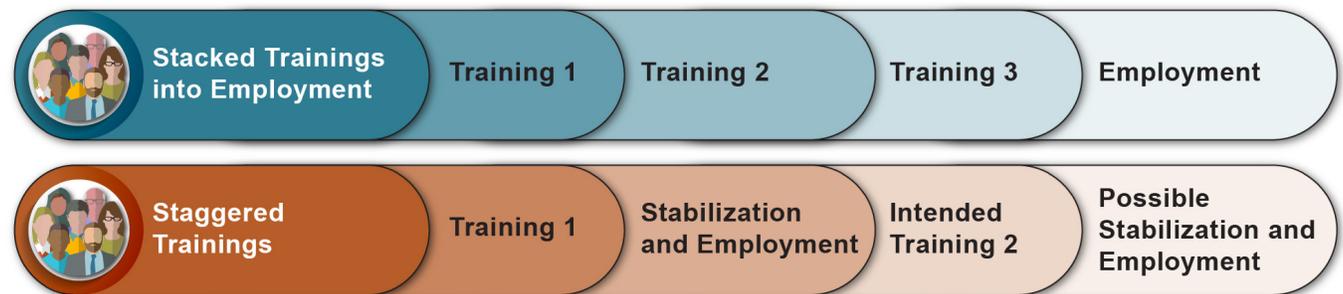
Interviewees moved forward along their career pathway mostly in “stacked” or “staggered” training.

Interviewees often aspired to complete what we call “stacked” trainings—that is, going immediately from one training to the next, towards the final goal, without a break. Some were able to do this. Many others were pushed by life events and challenges into what we call “staggered” trainings—that is, completing a training, working for a period, then returning to training (see **figure 2**).



Penny Bouvet⁹ wanted to be a Registered Nurse (RN). She followed a stacked training pathway. She entered into the HPOG training to get her Home Health Aide certificate. She was now getting her associate’s degree in nursing, and hoped to move on to her Bachelor’s of Science in Nursing (BSN). She was working while getting trained. She got help from her family with both childcare and housing.

Figure 2: How Participants Moved along Career Pathways



Rosalie Ryan wanted to be an RN. She followed a staggered training pathway. She completed her Certified Nursing Assistant (can) training, then took time off of the HPOG training program after having a baby. Now back in training, she was doing the prerequisites for her Licensed Practical Nurse (LPN) degree, and ultimately wanted to get her RN. Rosalie had three young children, which she saw as a potential barrier to achieving her education goals. HPOG had provided her with childcare assistance, but taking her children to daycare and balancing class was still a challenge. At the time of the interview, she was working on hiring a babysitter.

Interviewees frequently focused on the immediate next step.

Interviewees focused on the immediate step in front of them, rather than several steps ahead. Slightly less than one third of interviewees (n=47) talked about taking it “one step at a time” or equivalent language. They wanted to complete their current training then look for work. Working allows them to get their finances back in shape or gain experience in the workforce. Many hoped to return to complete additional training later.



At the age of 16, Lyla Kelly had finished her GED, earned her CNA license, and started college with the goal of earning an LPN/RN associate's degree. But a car accident left her with broken bones and in rehab; it meant she struggled to do well in school. Then she had a child and decided to focus on parenting for five years. At the time we interviewed her, 11 years later at age 27, she enrolled in HPOG, with the initial goal of recertifying her CNA license so she could work. In talking with HPOG staff she realized she wanted to get additional nursing training to achieve her goal of becoming an RN.

She explained her step-by-step process: “I guess it was just easier to do the step by step, step up slowly. I always wanted to be a nurse.... You have to have your CNA first, before you can become an LPN or an RN. I got that first. Then it took a little bit longer to get an LPN or RN, so I decided to be a Certified Medication Aide. Then I just wanted to do the RN, but it was easier to get the LPN first, so I got my LPN first. Now I'm getting my RN.... Whatever is easier to get first.” Lyla's family helped her with childcare, and her partner covered their living costs when she had to drop down to part-time work to continue with school. The local HPOG program covered part of her tuition.

Program Insight: Wages and Career Pathways

Program staff reported that for some participants the low wages of entry-level healthcare positions were a challenge. In response they left healthcare employment to find a better-paying position in a different occupational sector. This may be one cause of the staggered nature of career pathways—participants whose training does not offer an increase in wages may wait to take the next training before returning to work in the healthcare sector—or more likely, it leads to an aborted career pathway in healthcare.

Program Insight: Career Ladders and Career Lattices

In three programs examined in depth, staff reported a clear sequence (pathway) of education coursework and/or training credentials. Program staff also perceived “career pathways” to encompass both “career ladders” (vertical progression along a pathway) and “career lattices” (combining credentials at the same or similar level to improve marketability or increase wages).

About half of interviewees were clear about the steps required to achieve their long-term career ambitions.

To reach a goal requires first understanding what you must do to get there, and then doing it. Interviewees ranged in their ability to clearly describe the steps on their path towards their long-term career ambitions. Some interviewees were very clear; others much less so.

To quantify how many interviewees were able to clearly identify the career pathways steps they needed to take to reach their career goals, we set a scale: Interviewees with a “high” level of clarity could articulate clearly two or more of the following: (1) the steps necessary to pursue additional training, (2) the timeline for their additional training, and (3) what challenges they anticipated encountering and how they would overcome those challenges.

Slightly more than half of interviewees (n=84) had a high level of clarity—they could clearly articulate their plan. About one third of interviewees (n=56) could articulate goals, but not a clear plan to reach them—a “low” level of clarity. The rest either could not speak the interviewers’ language well enough to articulate their goals and plan (n=5), or their goals were not articulated in the interview (n=7).¹⁰

“High” Goal Articulation



- Clear next steps to pursue training
- Timeline for training
- Potential challenges anticipated, with a plan to overcome

“Low” Goal Articulation



- Unclear next steps to pursue training
- No timeline for training
- Does not anticipate potential challenges or how to overcome them

Example of “High” Goal Articulation:

Caitlin Vance is a single mother who used to work odd jobs and struggled to get back to school. She had tried to get her CNA certificate before the HPOG program, but before completing it she got pregnant twice in quick succession and had to drop out of the training. Eventually she visited the local workforce program to see what opportunities she could find. Through HPOG she completed the Phlebotomy course and the Medical Assistant course.

After graduating she was hired at Red Cross. Caitlin wanted to pursue a phlebotomy specialty within nursing—apheresis. Her employer offered some tuition support for getting the LPN-level training. She had conversations with other staff at her employer about how to take the next step and was waiting to hear back from her HPOG case managers about other options to attain this goal.

Example of “Low” Goal Articulation:

Sherman Meyer finished the Patient Care Technician program and was currently in the LPN program. He thought he might go on to do an RN program, specifically at the behest of his aunt, who worked in healthcare.

He wanted to make her proud, so he thought he would probably do it in the future, but for now he thought he wanted to work for a while as an LPN. He didn’t know when he would do further trainings; he said he just wants to be a “good nurse.”

What factors influenced participants' decisions to take the next step along their career pathway?

A variety of factors influence whether and how interviewees moved along their career pathway. These factors influenced whether participants could pursue any additional trainings and, among those who did take additional trainings, the timing and pace of those additional trainings.

Interviewees faced a complex set of logistical and financial considerations when deciding to take the next step in their education.

Interviewees understood the concept of career pathways, but their decisions about how to take the next step in their pathway took into consideration multiple logistical and financial factors, including (1) understanding the choices available (the “choice architecture”), (2) employment goals, (3) family and life circumstances, and (4) financial and personal resources.

Figure 3—created from themes emerging from the interviews—provides examples in each factor. Most interviewees mentioned considering at least one factor from each of the four categories in deciding whether or not to enter the HPOG program or to take on subsequent training.

For example, with children in the family, some interviewees wanted to model how to apply oneself, succeed in a program, and earn more.

Program Insight: Participant Barriers

GoodCare program staff reported that participants struggled with a range of barriers, including limited English proficiency or lack of a high school diploma, single parenthood, childbirth, transportation, childcare, housing, food insecurity, and domestic violence. Additional barriers sometimes arose during and after training when participants were:

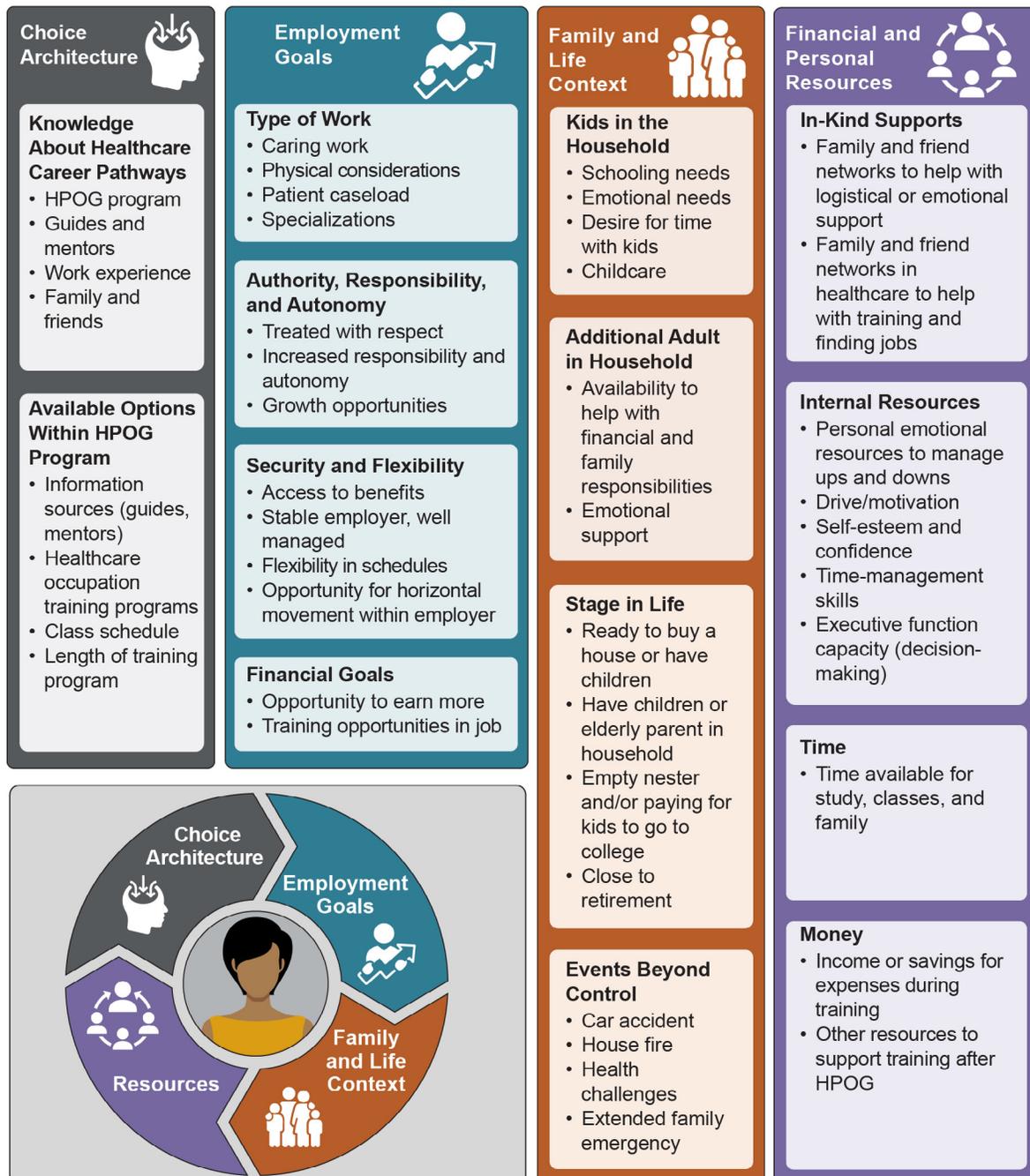
- interested in healthcare jobs not in demand locally;
- focused on gaining immediate employment, rather than progressing along a career pathway;
- receiving benefits TANF to complete short-term training through GoodCare and worried that they would lose their TANF benefits if they found employment while their new, relatively low wages in entry-level jobs would not offset that loss. (Staff reported that at least an LPN salary is needed to offset the loss of TANF benefits.)

About three quarters of interviewees intended to enroll in further training (n=112). Asked to look five years out, a majority hoped to complete longer-term training, such as Registered Nurse, Bachelor's of Science in Nursing, or Licensed Practical Nurse.



Adrienne Benson, who was returning to the workforce after being a stay-at-home mom for 20 years, worked through the HPOG program to get her GED. She then enrolled in a Medical Assistant training with the goal of becoming a surgical technician. She was strongly motivated by both earning more after her training and being a role model to her children. She described how her children motivated her to persist despite the challenges of caring for a young baby who was often sick: “I want to be a motivation to my family and my daughters and to my son, as well.” She described her children seeing the work she was putting in. “They’re like, ‘Mom, you’re amazing. How do you do this...home, the baby, school, husband, all of that?’ It’s hard.”

Figure 3: Consideration in Career Pathways Decision-Making



Having young children in the household sometimes delayed a parent's pursuit of subsequent training. A little more than one quarter of the interviewees (n=43) mentioned concerns about covering the costs of childcare, managing the childcare schedule, or missing out on their children growing up.



Marion Goode enrolled in the CNA training but then found that the training hours conflicted with her needs for scheduling childcare and being with her kids. So she had to drop the class. She hoped to return to it, but explained that in order to do so, she would need to work out a better childcare situation. Some students were able to rely on extended family, but Marion's main support, her mother, was sick and unable to help.

Resources—both personal and financial— were also important factors in interviewees' decisions about further training. With limited resources, the choices available through HPOG (the choice architecture) constrained a program participant's options.



Mercedes Vaughn enrolled in her local HPOG program shortly before the grant was scheduled to end.¹¹ She understood she would only have time to complete a short training program, so she chose Phlebotomy. Though her ultimate career goal was a Master's in Microbiology so she could work in a lab, she described feeling scared to enroll in another program because she couldn't afford to pay for it without HPOG's financial support.

"The programs I want to do are going to finish after HPOG is over. I thought about enrolling in the Surg[ical] Tech[nician] program or one of the Nursing programs, but like I said, HPOG is ending. If I still had them through the entire thing...I would do another program. [HPOG staff] said I could enroll in another one, the Medical Technology program... but I would still have, basically, a year without HPOG, which does not sound fun at all."

Interviewees had varied motivations to persist in their training.

Interviewees reported a range of factors that motivated them to persist in their career pathway, from wanting to be a role model to their children to seeking an increase in income. For example, many participants who were also parents reported that their children were a big motivator.



Prior to working towards becoming a pharmacy technician, Evangelina Copeland worked in a factory doing administrative support. She was motivated to complete her training by and because of her children. She said: "Thanks to my kids; they were the biggest inspiration for me to say, 'Hey, there is something wrong here, you're paid the same rate since you began, you dedicated your life to this job, there has to be something done.' My paycheck comes weekly, but it doesn't pay fully rent and babysitter at the same time. I had to do something about this. I was always thinking that I cannot live like this no more. I've been struggling a lot with having a place to live, a roof over my kids' heads.... I feel marvelously good because that is what I wanted—to really feel like I'm there for my children." Evangelina pushed through an often difficult experience of being in school while also parenting and sometimes working because she wanted to do better for her family.



During the interview, Hattie Brownlow expressed how she wanted to get her RN, then her BSN, then her MSN, then potentially her Nursing Practitioner degree. A major motivation for her continuing on her career path was to demonstrate to her kids the value of hard work and an education. She discussed challenges with her kids being older and having a lot of extracurricular activities. But she described being “used to juggling a million things.” She said: “I want my kids to understand hard work and dedication. You will strive so hard to get to these places, but it’s well worth it in the end. You can never be educated enough. There’s always something to learn—you need to continue to learn and work hard. Nothing will be given to you. You’re going to have to work hard for it.”

More than one third of participants described being motivated to join an HPOG training by the promise of greater financial stability. Prior to enrolling in HPOG courses, many interviewees were unemployed; receiving TANF; working in unsatisfying, dead-end jobs; or relying on a partner’s income.



Betty Osborne was motivated to find a new job that paid more. She was not able to support herself and her children on the \$13 per hour that she earned as a medical assistant. So she decided to pursue Radiologist training. She said: “That was actually one of my bigger factors in going back to school, too, was being able to have a career that I could actually support myself with.”

Self-confidence gained from completing a training increased participants’ self-reported likelihood of taking the next step in their career pathway.

Interviewees described boosts in motivation and self-confidence from completing a program, which in turn increased their interest in taking additional steps towards their long-term goals. Of those interviewees who talked about this topic (n=88),¹² the overwhelming majority (n=83) reported gains in self-confidence and self-esteem along with meaningful skills that will likely increase their success in any current or future training program.¹³

**Program Insight:
Participant Barriers**

Goodwill Industries of the Valleys is a non-profit organization that provides job training, employment placement services, and community-based programs to individuals who face barriers to employment. Goodwill leads a multi-agency, multi-jurisdictional collaborative in western Virginia that is responsible for the GoodCare Career Pathways Program, an HPOG-supported program providing training in nursing, health information, and healthcare support. Program staff at GoodCare reported that its participants often focused on completing one training to improve their immediate financial situation.



Anika Pierce, talking about what her friends and family thought about her doing the program, said, “They’re super proud of me. ‘Cause I had a rough life before then, and I couldn’t just sit down and be still. And once I got into the program, it really calmed me down. Like, I’m a better mom, I’m a better person. I’m actually an adult now. And I’m almost 30. So it did a lot for my life.”



Candida Lynwood explained how as a result of the HPOG program, “I’m getting off my butt more and I’m doing more, but at least the main thing that [the HPOG program] and...[her HPOG case manager] taught me is always to keep striving, keep moving, and more importantly, keep plugging along. Sooner or later, it’s going to happen. That’s what I like. I’m determined to keep plugging along.”

Guides influenced how interviewees navigated their career pathway.

Where people get their career information may affect when and whether they learn about opportunities and resources that can move them towards their goals. For example, interviewees reported hearing about “career pathways” from non-HPOG sources (n=48) such as high school or other training programs, the internet, family, friends, and colleagues as well as from HPOG program staff (n=79).¹⁴

Interviewees also reported that one or two individuals most strongly influenced how they thought about their career pathway. In this brief, we call those who influence decision-making about programs and occupations “guides.” Guides helped participants think through their next steps or offered inspiration, which, even when facing barriers, could spur a participant to keep going in training.

Program Insight: Career Pathway Discussions

Programs reported discussing career pathways as soon as participants entered the HPOG program. Discussing career pathways early helped participants set goals and think through their pathway steps. Some program staff explained that one of the best strategies for encouraging participants to pursue a career pathway was to discuss it with them early in their participation in the program and then often throughout the program.



Talking about her career pathway, Adrienne Benson said, “Meeting the right people that actually know what they’re doing and can guide you through, I think that’s the root of a pathway. Knowing what you’re looking for, and how to guide you.”

Based on interviews, we identified two kinds of guides: the “hand-holding guide” and the “ambassador guide.” The hand-holding guide was usually an HPOG case manager, coach or advisor, who offers detailed support to help the participant figure out steps on their chosen career pathway.



Talking about the role of her case manager in guiding her in the steps she needed to take to become an LPN, Audrey Robertson said: “She was the backbone to everything. She was my guide all along. I don’t know how I would have done it without her. It’s a complicated process, and there’s so much you have to do.” Her case manager helped her figure out the specific steps she needed to take with the program: “She was like, ‘The first five weeks of LPN are CNA, so why don’t you do this one first.’ She definitely influenced me.”

The ambassador guide is usually an instructor, work colleague, or visiting professional to the HPOG program, advanced in their career, with experience working in the participant's specific occupation of interest. Ambassador guides offer a model of the career pathway that an HPOG participant could follow.



Marina Walton was in an RN program at the time of the interview. When she was in the CNA training program, she was worried about whether she could go on to do more training in nursing because of her criminal record. Ambassador guides offered specific examples of their own strategies and pathways to overcome the potential hurdles involved with nursing and a criminal record. Marina said: "I talked to a few registered nurses and what they did. They were all basically telling me to stick with it and not give up on it...some of them are in my situation, where they don't have the best criminal background...and what they did to get their foot in the door." After talking with her CNA instructor she said: "I was like, 'That makes me feel better about how I'll go about this.'"

Having competent guides was critical.



Rosemarie Pena was guided to take the wrong classes by her HPOG case workers. At the time of the interview, she felt she was too old to go back and retake the correct courses/classes that would put her in the career she wants.

Interviewees were often emotionally invested in their training.

Participants' emotional investment in or dedication to their training was captured by the lengths they went to complete it. Perhaps the most vivid illustration came from those interviewees who had to drop out of the HPOG program (n=28).



Fanny Willis, for example, talked about how sad she felt when she had to leave the program for health reasons: "When...I had to withdraw due to health reasons from the LPN program, it was devastating to me. It hit hard. But at that point, my health was really degrading. It was bad. So, I said to [my case manager], 'I'd still like to do something in healthcare. Y'know, what else is there?' Then she said about these on-line programs."

From hearing loss to heart failure to a broken neck, a variety of physical and mental health issues forced some participants to exit training. Their disappointment at having to withdraw demonstrated their emotional investment. All of them intended to return to their career pathway when their health allowed, albeit sometimes modified to account for a new chronic condition.



After raising four children and having been out of the workforce since 2001, Blanche Hogan was seeking opportunities to pursue a career in healthcare. In 2018, she enrolled in the CNA program at a local community college through HPOG. Blanche was initially nervous about her ability to keep up with coursework, but she passed all her tests with support from teachers and encouragement from her family and a friend. Blanche was forced to drop out of the program due to a neurological condition that inhibited her from using her hand. She needed physical therapy and was unable to continue with her coursework, which required her to make beds and check pulses.

When exiting, she told staff that she intended to come back, and they kept her on the program register to facilitate her return when she was able. She remembered that while unenrolled “[staff] would definitely call and ask me if I was ready to come back.” She re-enrolled in November 2019. At the time of the interview, she had finished all of her classes and was preparing to take the state exam for her CNA certification.

HPOG Programs’ Influence on Participant Career Pathways

The findings in this brief suggest ways the structure and design of the local HPOG programs influenced how interviewees navigated their career pathways.

First and foremost, HPOG program case managers helped participants to think about and structure their chosen career pathway. HPOG program case managers and program instructors acted as guides, helping interviewees navigate to their next pathway step.

Second, in some cases, completing a training built a participant’s confidence to consider pursuing the next step on their chosen pathway. At the very least, completing a training gave a participant both academic/occupational skills and interpersonal skills important to moving forward.

Third, local HPOG programs by necessity structured participants’ occupational choices within certain career tracks. For some participants, HPOG funding timelines also limited next steps. Those who entered the program towards the end of the grant period had fewer HPOG-funded training choices than those who entered towards its start. Those who started towards the end did not have time to complete longer trainings with HPOG assistance.¹⁵

Fourth, those participants who had to think about taking on subsequent trainings without HPOG assistance anticipated a range of potential barriers, including how to pay for the training. As a result, they anticipated delaying future training.

Finally, interviewees reported that HPOG program supports played an important role in overcoming barriers to their moving along their career pathway. They described how decisions to take on additional training were strongly influenced by outside factors such as family needs or financial obligations. For some participants, HPOG program supports helped to mitigate some of these barriers.

Policy Implications

This brief's findings suggest the following for the HPOG Program as it relates to applying the career pathways framework.

Findings raise questions about the structure of the HPOG program to support participants in making progress along career pathways

Many participants moved slowly along their career pathway, possibly with extended breaks along the way and focused on the immediate step in front of them. In response, policymakers might consider a different funding structure for the HPOG Program. Instead of a focused five-year grant, participants might benefit from an **ongoing resource** (longer than five years) that they can return to for further training and assistance later in their career pathway—a resource that does not expire. An example would be voucher-like assistance with a predetermined value that a participant can apply to various training programs over time to make progress along an established career pathway.¹⁶

That interviewee focused on the immediate step in front of them suggests that programs might want to build in more career pathways conversations, beyond the early-stage ones identified by programs. Our results suggest that **additional check-ins** at strategic moments may help participants. These strategic moments might occur months or years after completing an initial HPOG-funded training. For example, ongoing career support after exiting the training component of the program would provide more information to participants when they might be ready to think about the next step on their pathway. Formal experimental evaluation of such a strategy seems worth exploring.

Expect to see outcomes and impacts on a longer-than-anticipated trajectory

Given the reality of staggered career pathways (extended work spells between trainings), researchers and policymakers should look for outcomes and impacts on a significantly longer timeframe than originally anticipated by the HPOG Program and the HPOG 2.0 National Evaluation. As a funder of career pathways programs and research, ACF has already lengthened its timeline for tracking outcomes for participants in its career pathways research portfolio; other funders of career pathways research should follow suit. Alternatively, policymakers might wish to explore policies that could help shorten the career pathways timeline for HPOG participants. For example, stipends would let participants train full-time and for longer periods. More generous stipend policies might have wider applicability to occupational training for low-income adults more generally, in healthcare and other sectors.

Consider using a broader range of outcomes to measure program impact

Participants reported experiencing valuable benefits from their HPOG program, including increased self-confidence, concrete life skills, and healthcare-specific job skills. However, these benefits did not always translate into higher wages. Researchers and policymakers might wish to consider measuring a broader range of outcomes and impacts resulting from career pathways training programs; for example, measuring self-empowerment, self-confidence, or goal articulation—all outcomes that could improve a participant's quality of life in unanticipated ways. The impact study for the HPOG 2.0 National Evaluation incorporated such outcomes and found increases in participants' "career connectedness" (defined as being engaged full-time in work or school or at least part-time in both) and self-assessed career progress (Klerman et al., forthcoming).

Endnotes

- ¹ Training programs are sometimes structured in modules—manageable and stackable chunks of training that a participant can complete relatively quickly. These trainings are typically offered online or at times outside of the traditional work day, such as during the evening or on weekends. Some programs are accelerated, thereby reducing the time required to complete them.
- ² HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). The second round of grant awards was extended until September 29, 2021.
- ³ PACE “was a rigorous evaluation of next-generation strategies for increasing the economic self-sufficiency of low-income individuals and families” (<https://career-pathways.org/acf-sponsored-studies/pace/>).
- ⁴ The source of the information in the “Program Insights” in this brief are from program staff interviews for the HPOG Evaluation’s Implementation study.
- ⁵ Grantees represented a mixture of community colleges, community-based organizations, and workforce development agencies.
- ⁶ Grantees were selected for diversity in region of the United States and whether they were rural/suburban/urban. All sites were in different states.
- ⁷ The recruited sample included participants who at the time of the interview had completed only a first training (40 percent), were still in a first training (26 percent), had completed a first training and were taking a second training (21 percent), and had dropped out without completing any occupational training (10 percent).
- ⁸ There were likely unobservable differences between program participants who consented to and completed interviews versus refusals, unreachables, and no-shows/cancellations. As of May 24, 2019, when the sample for the participant interviews was drawn, the demographic breakdown for all HPOG 2.0 treatment group participants was: White non-Hispanic, 24.2%; African American non-Hispanic, 46.8%; Hispanic, 21.8%; mixed Hispanic and Native American, 1%; Native American, 2.1%; non-Hispanic other race (including Asian-American), 4.1%; Women, 91.4%; median age, 30 years. Treatment group members received support services and were enrolled in basic skills training at the same rates as those in the 14 programs overall.
- ⁹ All participant names in this memo are pseudonyms. Names help the reader to relate to the participants and to keep track when we mention the same participant multiple times.
- ¹⁰ Interviewees did not articulate longer-term goals for various reasons including these: interview cut short, interviewee homeless and not interested in talking about future, or interviewee not having completed the training.

- ¹¹ After interviews were completed, the Office of Family Assistance announced HPOG grants would be extended an additional year.
- ¹² For some of the themes reported in this brief, not all interviewees answered a question or talked about a topic. In the case of discussing self-confidence, some interviewees did not answer the question asked, and sometimes interviewers did not get to this particular question in the protocol due to time constraints. This is typical of semi-structured interviews.
- ¹³ These skills included decision-making and time management, both of which participants saw as important to helping them succeed throughout the HPOG program and in life.
- ¹⁴ This included having a discussion with their instructor, case manager, or someone else in the HPOG program, in a one-on-one discussion, formal class/presentation, material handout, or informal conversation.
- ¹⁵ Despite some interviewees' optimism about their career goals, other HPOG research on career pathways finds that moving to the next, higher-level training step is hard. Klerman et al. (forthcoming) found that HPOG participants rarely made the step up to LPN from CNA. See Klerman, Litwok, and Morris (2021).
- ¹⁶ Evaluations of individual training account vouchers coupled with structured career counseling suggests an overall increase in training completion and earnings. See for example: <https://www.mathematica.org/projects/individual-training-accounts>

Citations

- IERE (Institute for Economic and Racial Equity; formerly Institute on Assets and Social Policy). 2019. *Rethinking Career Pathways and Advancement in Health Care*. Waltham, MA: Author. <https://heller.brandeis.edu/iasp/pdfs/jobs/rethinking-career-pathways-and-advancement-in-health-care.pdf>.
- Klerman, Jacob Alex, Daniel Litwok, and Toni Morris. Forthcoming. Occupational Training for “Jobs That Pay Well”: Patterns from the Health Profession Opportunity Grants (HPOG). Prepared by Abt Associates. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Klerman, Jacob Alex, David Ross Judkins, Sarah Prenovitz, and Gretchen Locke. 2022. *Health Profession Opportunity Grants (HPOG 2.0) Short-Term Impact Report*. OPRE Report 2022-37. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Peck, Laura R., Daniel Litwok, Douglas Walton, Eleanor Harvill, and Alan Werner. 2019. *Health Profession Opportunity Grants (HPOG 1.0) Impact Study: Three-Year Impacts Report*. OPRE Report 2019-114. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Sarna, Maureen, and Tara Adam. 2020. *Evidence on Career Pathways Strategies: Highlights from a Scan of the Research*. Report prepared by Abt Associates for the Chief Evaluation Office, U.S. Department of Labor. Rockville, MD: Abt Associates. https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/ETA_CareerPathways_Brief_November2020.pdf.
- Seefeldt, Kristin S., Whitney Engstrom, and Karen Gardiner. 2016. *Nothing Can Stop Me: Career Pathways Participants’ Motivations and Thoughts on Success*. OPRE Report 2016-27. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/pace_nothing_can_stop_me_2016_27_508_compliant2.pdf.
- Thomas, Hannah, Gretchen Locke, and Jacob Klerman. 2018. *Participant Perspectives on HPOG 2.0: Design Report for In-Depth Interviews with HPOG 2.0 Program Participants*. *National and Tribal Evaluation of the 2nd Generation of Health Profession Opportunity Grants (HPOG 2.0)*. OPRE Report 2018-119. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Werner, Alan, Pamela Loprest, Deena Schwartz, Robin Koralek, and Nathan Sick. 2018. *Final Report: National Implementation Evaluation of the First Round Health Profession Opportunity Grants (HPOG 1.0)*. OPRE Report 2018-09. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/final_nie_final_report_1_11_18_clean_v2_b508.pdf.

About This Series

This is one in a series of briefs that describe lessons from in-depth interviews with HPOG 2.0 participants. The goal of this sub-study is to gain a more comprehensive understanding of study participants' motivations for enrolling in a career pathways program; how they manage a work, training, and life balance; and support services that facilitate success in the program. The briefs focus on participants' experience in the program; some participants were currently enrolled in training, whereas others had completed training and were in the workforce at the time of interview.

To read other briefs in this series, please visit the HPOG 2.0 national evaluation web page: <https://www.acf.hhs.gov/opre/project/national-evaluation-2nd-generation-health-profession-opportunity-grants-hpog-20>

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