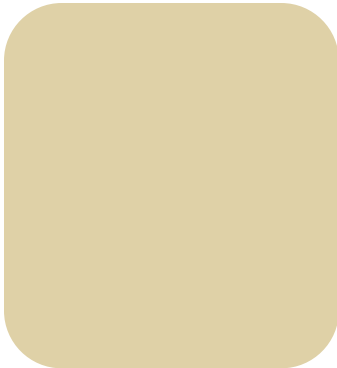
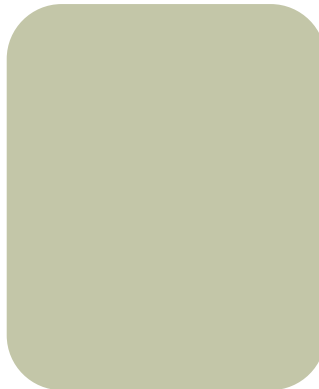


# The San Diego County Bridge to Employment in the Healthcare Industry Program: Implementation and Early Impact Report

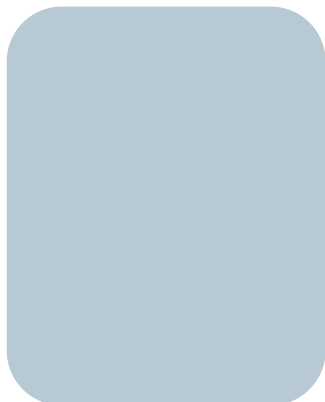


## Executive Summary



OPRE Report No. 2017-41

June 2017



**PACE**  
Pathways for Advancing  
Careers and Education

# **The San Diego County Bridge to Employment in the Healthcare Industry Program: Implementation and Early Impact Report**

## **Pathways for Advancing Careers and Education (PACE)**

**OPRE Report No. 2017-41**

**June 2017**

Authors

Mary Farrell, MEF Associates

Karin Martinson, Abt Associates

Submitted to:

Nicole Constance

Federal Project Officer

Office of Planning, Research and Evaluation

Administration for Children and Families

U.S. Department of Health and Human Services

Contract No. HHSP2332007913YC

Project Director: Karen Gardiner

Abt Associates Inc.

4550 Montgomery Ave.

Bethesda, MD 20814

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: Farrell, M., and K. Martinson (2017). *The San Diego County Bridge to Employment in the Healthcare Industry Program: Implementation and Early Impact Report*, OPRE Report # 2017-41, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

### **Disclaimer**

The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research and Evaluation are available at <http://www.acf.hhs.gov/programs/opre/index.html>.



## Executive Summary

Over the next ten years, the demand for workers in healthcare jobs is expected to grow quickly as the population grows and ages.<sup>1</sup> Successfully meeting the need for more healthcare workers is important to both the national economy and providing quality healthcare to people. This also creates opportunities for low-income adults to find entry-level employment and advance to higher-skilled jobs. Almost all jobs in healthcare require some training after high school. Policymakers, workforce development organizations, educators, and other key stakeholders are very interested in how to enable the match between the nation's need for a skilled workforce and low-income adults' need for employment.

### Bridge to Employment Program

This report offers early evidence of the implementation and impacts of one promising effort to meet the dual policy goals of increasing the supply of healthcare workers while creating opportunities for low-income adults. The **Bridge to Employment in the Healthcare Industry** program, developed by the **San Diego Workforce Partnership** (SDWP), used an Individual Training Account (ITA) model to help adults with low incomes, including Temporary Assistance for Needy Families (TANF) recipients, pay for healthcare training in San Diego County, California. Community-based partners also provided case management, supportive services, and employment services.

In 2010, the Department of Health and Human Services Administration for Children and Families (ACF) awarded SDWP a grant from the **Health Profession Opportunity Grants (HPOG)** program to design and operate Bridge to Employment. SDWP contracted with three “navigator” organizations to operate the program throughout San Diego County: Comprehensive Training Services (CTS), Metropolitan Area Advisory Committee (MAAC), and North County Lifeline (Lifeline). Each organization served a different area of San Diego County.

Bridge to Employment combined several key components.

- **Formal and informal assessments** helped navigator staff determine whether applicants were eligible for the training program they wanted to enroll in, as well as helped staff give advice to students after they enrolled.
- **Navigation and case management services** helped students choose healthcare training programs within three occupational groups and address their barriers to participation.

---

<sup>1</sup> <http://www.bls.gov/news.release/ecopro.nr0.htm>.

- **Individual Training Accounts (ITAs)** covered up to \$7,000 (\$10,000 for some occupations) of the cost of training.<sup>2</sup>
- **Supportive services** covered up to \$1,000 in expenses for transportation, child care, temporary housing, and other services that facilitated participants' enrollment in the program.
- **Employment services** helped participants find employment after training. Services included work readiness training, resume development, and help preparing for interviews. In addition, the program was expected to help participants get work experience while in training.

This report summarizes the findings of the first rigorous study to compare a group with access to an ITA combined with assistance and support services (treatment group) to a group without the benefit and services (control group).

In their first 18 months after enrollment in the study, treatment group members were significantly more likely than control group members to:

- participate in healthcare training;
- receive a credential; and
- work in a healthcare job.

### Pathways for Advancing Careers and Education (PACE) Evaluation

Abt Associates and its partners are evaluating Bridge to Employment as part of the **Pathways for Advancing Careers and Education (PACE)** evaluation. Funded by ACF, PACE is an evaluation of nine programs that include key features of a “career pathways framework.”

The **career pathways framework** guides the development and operation of programs aiming to improve the occupational skills of low-income adults, primarily older nontraditional students, by increasing their entry into, persistence in, and completion of postsecondary training. Central to accomplishing these outcomes, the framework describes strategies for overcoming barriers to education and training that these students can face. Key features of programs within this framework include having a series of well-defined training steps, promising instructional approaches targeted to adult learners, services to address academic and non-academic barriers to program enrollment and completion, and connections to employment.

---

<sup>2</sup> Individual Training Account vouchers were used to reimburse training providers that accepted them. The community college system did not accept the vouchers. Instead, participants who were approved to attend a community college program paid for the training themselves and were reimbursed for its costs by the Bridge to Employment program.

The Bridge to Employment evaluation has two parts: An **implementation study** examines the design and operation of the program as well as participation patterns of students enrolled. An **impact study** uses a random assignment research design to determine the effects on education/training, employment, and other outcomes for study participants with access to the Bridge to Employment program (treatment group) compared with study participants without access (control group). Using data from baseline surveys, a follow-up survey, program records, and site visits, this report provides the results from the implementation study and it describes the early impacts of the program (18 months after random assignment) on training and employment.<sup>3</sup>

## Key Findings

This summary documents findings from the implementation study as well as short-term findings (18 months after randomization) from the impact study.

### Implementation Study

- *Participants in Bridge to Employment met with navigators soon after enrolling in the program to outline their goals and begin researching training providers.*

During the first meeting with the study's treatment group members, navigators reviewed the program requirements and worked with the enrollees to develop an Individual Education Plan (IEP) that described their employment and educational goals, as well as skills and barriers that could enable and prevent them from reaching their goals. Navigators discussed the next step, which was for enrollees to investigate at least two training providers and then synthesize the information in a "research packet," which outlined the training costs, the eligibility requirements, the hours of training, and the certificate that would be obtained at completion. Some enrollees were fairly certain what occupation they wanted to pursue and completed the task quickly; for others, it took several meetings.

- *Navigators provided program participants limited guidance on which training providers they should research and select.*

Once treatment group members outlined their educational and employment goals in the IEP, they had to complete the research packet. Though the program asked navigators to "guide" the participants, giving them with information about programs available at healthcare training providers in the community, they were not to "steer" participants to particular ones. Navigators

---

<sup>3</sup> See the PACE analysis plan. Abt Associates, Inc. (2014). The Bridge to Employment analysis plan was also posted to the What Works Clearinghouse (WWC) online registry of randomized control trials (RCT) on May 20, 2016, as well as the Open Science Framework site. In September 2016, under the terms of a grant from the Institute of Educational Sciences, the RCT registry information was removed from the WWC website and transferred to the Society for Research on Educational Effectiveness (SREE). SREE plans to re-launch the registry in late 2017, at which time the analysis plan will be available in a searchable online database.

shared pamphlets and websites where participants could research programs on their own. None of the navigator organizations provided staff with formal training on guiding participants on career pathways, and most learned what they knew on the job. Additionally, many participants had been referred to the program from particular private for-profit training institutions for financial assistance and already had decided they were interested in particular training programs at those institutions. One navigator organization estimated that 40 to 50 percent of the participants it worked with had been referred by a training provider.

- *After Bridge to Employment participants enrolled in training, the navigators checked in with them at least monthly to get updates on their progress and offer support services.*

The navigators were required to check in with treatment group members monthly by phone or email. Participants who needed monthly bus passes or other supportive services had to meet with navigators in person. During the check-ins, staff got updates on the students' progress in training and identified supports needed to lessen barriers to academic success. Two of the three navigator organizations experienced significant staff turnover during the study period, which may have impeded their ability to closely monitor and keep in contact with participants monthly during periods when they were not fully staffed.

- *Most Bridge to Employment participants chose to enroll in training offered by private for-profit schools.*

Navigator staff provided several explanations for the popularity of private for-profit schools among the treatment group members with whom they worked. First, students could generally find a program at a private school that they could enroll in soon after enrolling in the program, rather than waiting for the next semester to start at a community college or a slot to open up if the college program had a waiting list. Second, students could generally complete the training programs at the private institutions in less time, which was appealing to those who could not stay out of the workforce for long. Third, these schools were good at marketing and were often able to attract applicants whom they then referred to Bridge to Employment for financial assistance. Community college programs did not make referrals to the program. Finally, private schools accepted ITA vouchers but community colleges did not; participants interested in attending a community college paid for their training out-of-pocket and then requested reimbursement from the program.

- *Midway through the PACE study, the Bridge to Employment program encouraged its participants to pursue concurrently a second (“bundled”) training or subsequent training that would allow them to earn multiple certifications and help them find employment.*

Most treatment group members enrolled in entry-level healthcare programs for occupations such as certified nursing assistant (CNA), phlebotomist, and medical assistant. After the first two years, SDWP and Bridge to Employment management found the labor market for these lower-level healthcare jobs to be saturated and program completers faced challenges finding



good-paying jobs in their field of study. In 2013, the program staff began encouraging students to use the ITA funding to pursue a second (“bundled”) training program at the same time or pursue additional training after completing one program if doing so would make them more marketable. Common training bundles included medical assistant/phlebotomy or CNA/home health aide or CNA/home health aide/electrocardiogram technician. Navigators could approve funding that exceeded the ITA cap of \$7,000 for a second training.

- *SDWP required that all navigators provide work readiness training to Bridge to Employment participants, though the organizations took different approaches to delivering the services.*

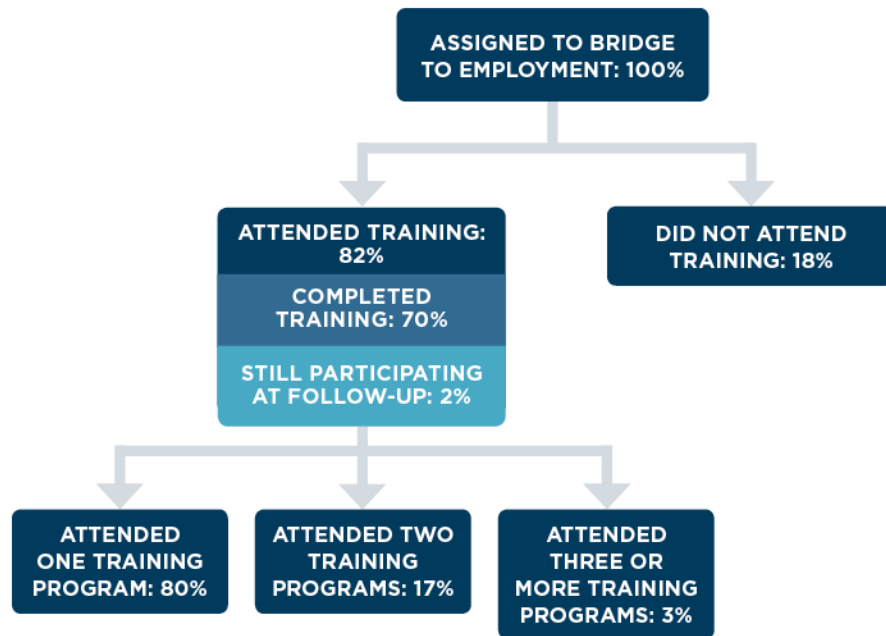
Work readiness training covered a combination of topics such as resume and cover letter writing, interview practice, job search skills, labor market research, soft skills, and job retention. How the navigator organizations delivered work readiness training varied substantially. MAAC required that treatment group members complete a three-week work readiness workshop before starting training, whereas CTS and Lifeline were more flexible in their workshop schedules. All three organizations also provided one-on-one job search assistance. In year four, each organization hired a job developer who helped generate job leads for participants and conducted at least one “employer social” each quarter, where employers were invited to discuss job openings and meet with training program completers.

- *More than 80 percent of program participants enrolled in a healthcare training program; most participated in just one program.*

Exhibit ES-1 shows the proportion of all treatment group members who achieved key educational milestones in the program, based upon HPOG administrative records. On average, 82 percent of treatment group members participated in at least one healthcare training program. The remaining 18 percent did not participate in any HPOG-funded training after they were randomly assigned to the treatment group. (From other analysis not shown, most did attend at least one career counseling session, which might include the work readiness workshops or one-on-one job search assistance.) By the end of the 18-month follow-up period, 70 percent of treatment group members earned at least one credential and two percent were still in their first training. Among those who attended training, most (80 percent) attended one training, 17 percent attended two trainings, and three percent attended more than two trainings.

Training tended to be short term. Participants in the treatment group spent 4.9 months in training, on average, and few were still enrolled in HPOG-funded training at the end of the 18-month follow-up period.

**Exhibit ES-1. Participation in and Completion of Education and Training among Treatment Group Members within an 18-Month Follow-Up Period**



Source: Administrative Records from HPOG PRS

- *Bridge to Employment participants were significantly more likely than the control group to participate in training.*

As shown in Exhibit ES-2, based upon follow-up survey data, the program produced a 17 percentage point difference between the groups in the receipt of any occupational training: 75 percent for the treatment group versus 58 percent for the control group. (The difference was 25 percentage points in healthcare training; 70 percent versus 45 percent.)<sup>4,5</sup>

- *Bridge to Employment influenced the type of institution that its participants attended; more opted to attend private for-profit schools.*

Also shown in Exhibit ES-2, the program increased attendance among treatment group members at private for-profit non-degree granting schools by 23 percentage points (34 percent compared with 11 percent of control group members) and increased attendance at adult high

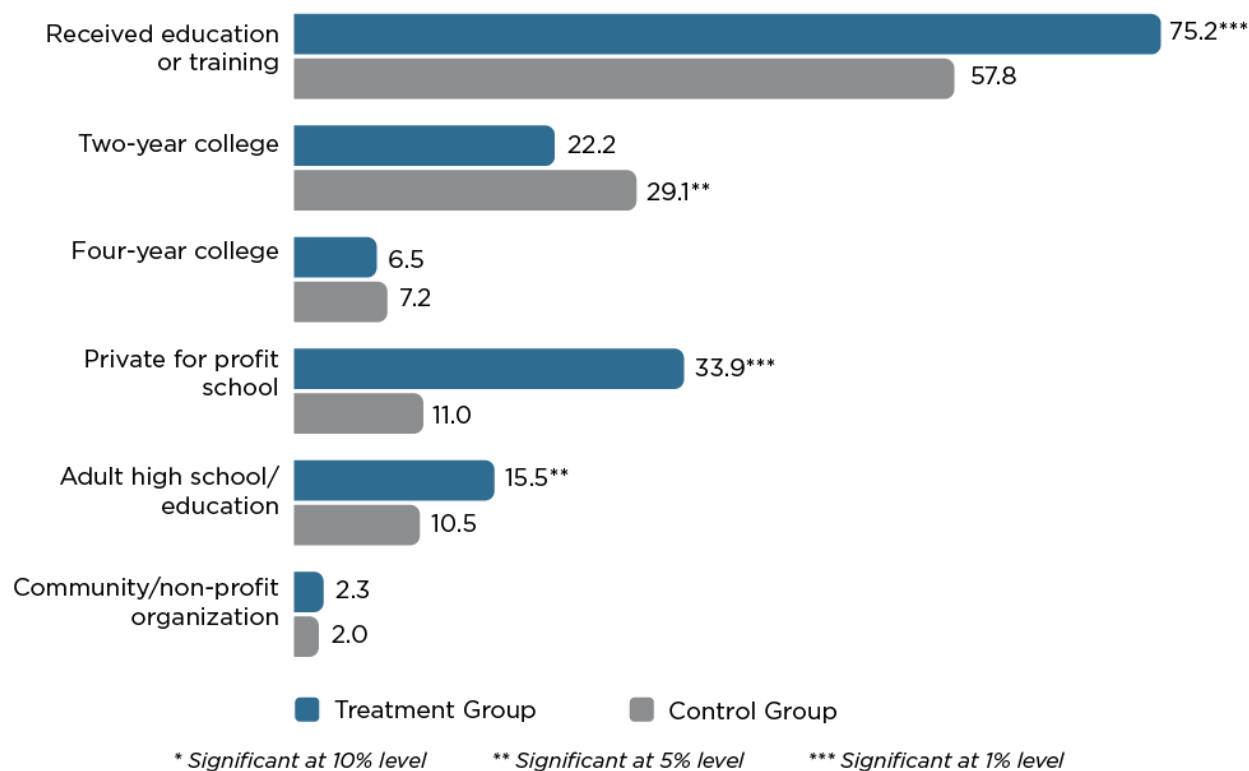
<sup>4</sup> These proportions represent the percentage of treatment and control group members who reported on the follow-up survey that they participated in an education/training program. For the treatment group, this self-reported value differs from Bridge to Employment program data, likely due to variation in the data source (e.g., self-reported measures are subject to recall error).

<sup>5</sup> Numbers may not sum to the total due to rounding.



schools by five percentage points (16 percent compared with 11 percent). This increase in training at such schools coincided with a decrease in training at two-year colleges (22 percent of treatment group members versus 29 percent of control group members). Because treatment group members received financial assistance from the program to attend the institution of their choice, control group members may have been more likely to attend the less expensive community college after learning they would not have access to financial assistance from the program. Thus, Bridge to Employment may have led some participants to substitute a private for-profit school education for a community college education.

**Exhibit ES-2. Receipt of Education or Training after Random Assignment, by Source**



Source: Abt Associates calculations based on PACE early follow-up survey.

- ***Bridge to Employment produced impacts on advising, employment services, and grant assistance.***

The program produced impacts of eight percentage points on receipt of career counseling (33 percent of treatment group members versus 24 percent of control group members), 14 percentage points on help arranging supports (25 percent versus 11 percent), and 17 percentage points on job search assistance receipt (36 percent versus 19 percent). Among those who received training, treatment group members were more likely to receive grant assistance than were control group members (62 percent versus 50 percent). Interestingly, control group members received loans at more than twice the rate of treatment group

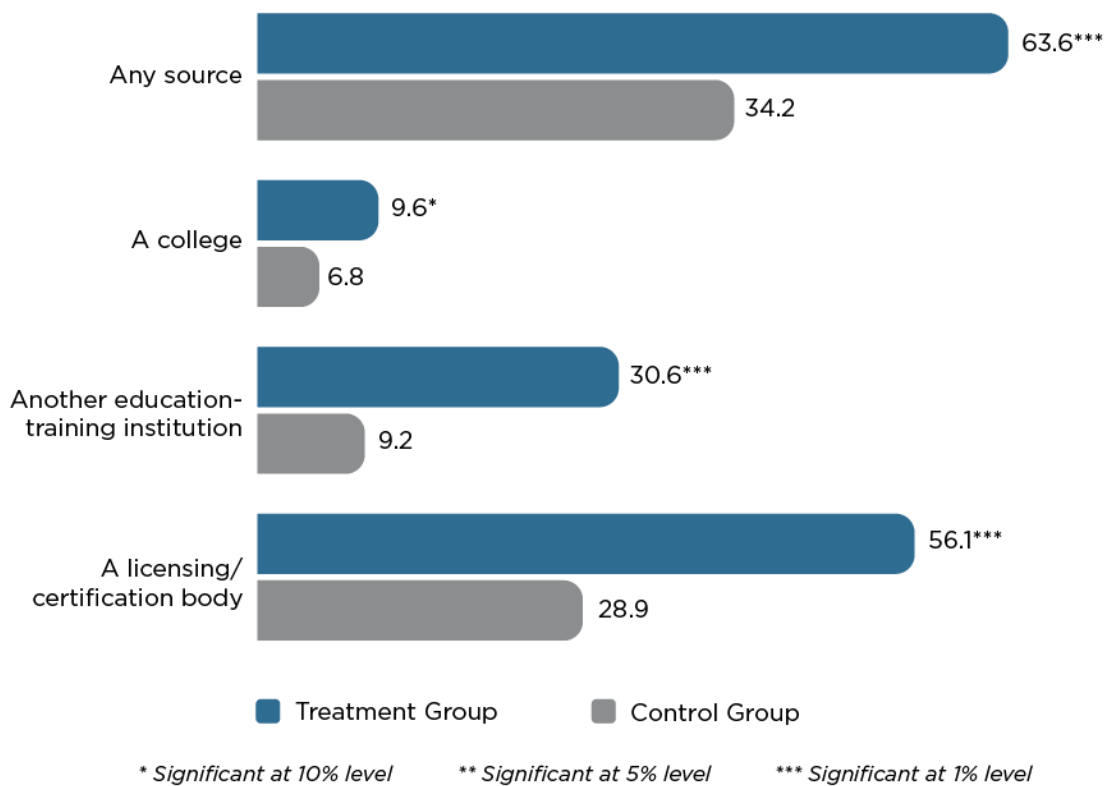
members (26 percent versus 12 percent). This suggests that one impact of the grant assistance provided by the Bridge to Employment program may have been reduced student loan debt.

### Impact Study

- *Bridge to Employment increased the percentage of study participants who received a credential. The program also increased their hours of occupational training.*

As Exhibit ES-3 shows, based on the follow-up survey, the program had a 29-percentage point impact on receipt of any credential (64 percent of treatment group members versus 34 percent of control group members). Treatment group members were more likely than control group members to receive their credential from any type of institution (i.e., college, training institution, or a licensing/certification body).

**Exhibit ES-3. Receipt of Credential, by Source**



Source: Abt Associates calculations based on PACE early follow-up survey.

Over an 18-month period, treatment group members attended 380 hours of occupational training compared with 279 hours for the control group, a 36 percent increase. The increase in hours was driven primarily by the increase in the number of students in the treatment group who participated in training.

Interestingly, about one-quarter of both treatment and control group members were still in a training program at the time of the follow-up survey (23 percent of treatment group members

and 28 percent of control group members). Because program records showed that almost all treatment group members had exited the program, these students were likely pursuing training on their own, without the support of Bridge to Employment.

- *Bridge to Employment produced positive impacts on employment.*

The program achieved impacts on two of the study's three employment outcomes. It increased the percentage of treatment group members who were working in a job requiring at least mid-level skills by 10 percentage points (25 percent of treatment group members compared with 15 percent of control group members).<sup>6</sup> It also increased the percentage of treatment group members who were working in a healthcare occupation by nine percentage points (26 percent of treatment group members compared with 16 percent of control group members). The program did not increase the percentage of treatment group members who were working in a job paying at least \$12 per hour. Impacts on employment and earnings will be the focus of the next report, as 18 months is not enough time to see the full impact on employment outcomes.

### Next Steps in the Bridge to Employment Evaluation

This report on Bridge to Employment focuses on the implementation of the program and its early effects on its enrollees' education/training.

**At 18 months after randomization.** At 18 months after study participants were randomly assigned into the program (treatment) or not (control), the key program goal examined was **increased receipt of credentials**, with limited analysis of employment and earnings. This relative focus on participation reflects expectations that many participants would still be enrolled in training at the end of 18 months. This proved to be the case, as the data show 23 percent of treatment group members and 28 percent of control group members were still in a training program at the time of the follow-up survey. However, treatment group members were more likely to have received a credential than control group members were within the first 18 months (64 percent versus 34 percent).

**At 36 months after randomization.** The next Bridge to Employment report will cover a 36-month follow-up period for the full research sample. It will take a more systematic look at impacts on employment for a period when such impacts can more likely be expected to emerge. The report will examine **employment outcomes**, such as average rate of employment and average earnings over successive follow-up quarters, and **job characteristics**, such as occupation, hourly wage, receipt of benefits, and career progress. Thus, it will begin to answer whether the occupational training gains that program participants achieved after 18 months will translate into economic gains in the workplace in the longer term.

---

<sup>6</sup> Numbers may not sum to the total due to rounding.

**At 72 months after randomization.** Estimation of the long-term effects of PACE programs at approximately 72 months after random assignment will be the subject of the Career Pathways Long-term Outcomes Study.

## References

- Abt Associates Inc. 2015. *Pathways for Advancing Careers and Education (PACE). Technical Supplement to the Evaluation Design Report: Impact Analysis Plan*. OPRE Report # 2015-100, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Bureau of Labor Statistics. 2015. "Employment Projections: 2014-24 Summary." Accessed September 1, 2016. <http://www.bls.gov/news.release/ecopro.nr0.htm>.