



The HPOG Training Opportunity:

Participant Perspectives on Finding Motivation While Working and Taking Care of Family

HPOG 2.0 Participant Perspectives, Brief 3

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Overview

The Health Profession Opportunity Grants (HPOG) Program provided education and occupational training to Temporary Assistance for Needy Families (TANF) recipients and other adults with low incomes for occupations in the healthcare field that paid well and were expected to either experience labor shortages or be in high demand. Like many adult students, HPOG participants faced a range of difficulties in pursuing and completing their training. Among them are the competing demands of working to pay for household expenses and caring for family members. Both can impede on a student's ability to fully dedicate the time needed to persist and succeed in occupational training.

This brief reports themes that emerged from interviews with a purposive sample of 153 HPOG 2.0 participants across 14 local HPOG 2.0 programs between October 2019 and January 2020. It highlights the experiences of 89 interviewees who were working while in training, 76 of whom were also caring for children or other family members. Their experiences revealed that:

Our interviews suggest that, when making their initial occupational choices, participants:

- Despite the availability of HPOG assistance for child care, options in many service areas were limited or nonexistent. Interviewees still needed to manage the demands of working nontraditional hours while managing child care—picking up children from school or caring for children when not in care—using a variety of strategies so they could continue working and pursuing the training.
- Some interviewees experienced substantial health, socioemotional, and financial costs from having to balance caring for family members, working, and pursuing healthcare training.
- Some interviewees reported that conflicting work, family, and training demands depressed their academic performance or reduced their interest in doing additional training immediately after completing one training.
- Interviewees were strongly motivated to persist and complete their training by their desire to be a positive role model for their children.

These findings suggest it would be valuable to rigorously evaluate how additional logistical and financial supports might increase program completion rates; willingness to enroll in subsequent, higher-level training; and ultimately earnings. Possible additional supports—varying in cost and feasibility—include:

- 1. Additional financial assistance.** While in training, participants might benefit from additional assistance with the costs of maintaining a household/caring for family members or with emergency costs. Such supports might include stipends (which were not allowed for HPOG 2.0) or special, temporary access to housing subsidies and emergency assistance programs.
- 2. Financial and logistical support for caretaking responsibilities.** Many programs struggled to incorporate more flexible and expansive support for caregiving, as the current support models often did not meet participants' needs. A more flexible and expanded system could reduce stress levels.
- 3. Greater program flexibility.** Participants who are working and caregiving may benefit from greater flexibility in their courses, so they can make up classes missed while responding to emergency situations and schedule conflicts.
- 4. Motivational messaging.** The well-being of their children is a major incentive for program participants to persist and complete training. Building in frequent reminders that connect to participants' motivations could help support program completion.

Introduction

Students responsible for supporting their household or caring for children and other family members or both face a range of difficulties in pursuing and completing occupational training. Competing work and family demands can impinge on students' ability to fully dedicate the time needed to persist and complete occupational training and put a strain on everyone around them. This brief addresses two questions. First, **how do such students meet their financial needs and caregiving responsibilities while incorporating occupational training** into their already busy lives and constrained family budgets? Second, **what are the consequences of managing these competing demands** for the students and their families? To answer these questions, this third brief in the *HPOG 2.0 Participant Perspectives* series draws on interview data from a sample of adults who worked, cared for family members, or both while in healthcare training.

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 adults with low incomes. 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). The second round was later extended an additional year.

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>.

Interview data come from in-person interviews with participants in career pathways programs funded by the Health Profession Opportunity Grants¹ (HPOG) Program. The brief first describes that proportion of interviewees who were working or caring for family members or both and the strategies they used to incorporate training into their busy lives. It then describes the consequences of those strategies for students and their families.

The final section considers the implications for program design and policy in career pathways programs for such students.

Context

Like other working students investing in education to improve their employment prospects and financial well-being, HPOG program participants struggle to balance their roles as students, employees, and caregivers. As of 2013, some 14 million undergraduate students were working while they were in school and 19 percent also were caring for children (Carnevale 2015); many likely were caring for ailing parents or other adults.² One qualitative study from 2003 found that young people aged between 18 and 25 years in a community college faced a range of challenges in completing their degrees including balancing working and parenting (Tannock and Flocks, 2003). A related career pathways program found that participants struggled during training to find enough time to care for family members and felt guilty about taking time away from caregiving.³ These conflicting demands affect students' success rates. Multivariate analysis in an evaluation of career pathways programs found that time available for school was an important predictor of program completion (Fein 2016).

Even as workforce development programs target adults for training, they rarely respond with focused support or services that recognize this conflict. A recent survey by the Urban Institute suggests that despite an emphasis on serving parents in the Workforce Innovation and Opportunity Act (WIOA), a large number of Workforce Development Boards (WDBs) do not provide targeted programming and services to support trainees who have child care needs (Spaulding and Gebrekristos 2018).

There is a need for more research to better understand how balancing training, work, and caregiving influences program participants' lives and their ability to complete training.⁴ We do not know the degree to which participants are able to patch together alternative resources and what strategies they use, nor do we understand the toll this balancing act takes on their program participation, emotional well-being, or academic performance.

Methodology and Sample

This brief reports themes that emerged from interviews with a purposive sample of 153 HPOG 2.0 participants across 14 local HPOG 2.0 programs between October 2019 and January 2020 (Thomas, Locke, and Klerman 2018). In particular, it highlights the experiences of 89 interviewees who were working while in training, 76 of whom were also caring for children or other family members.

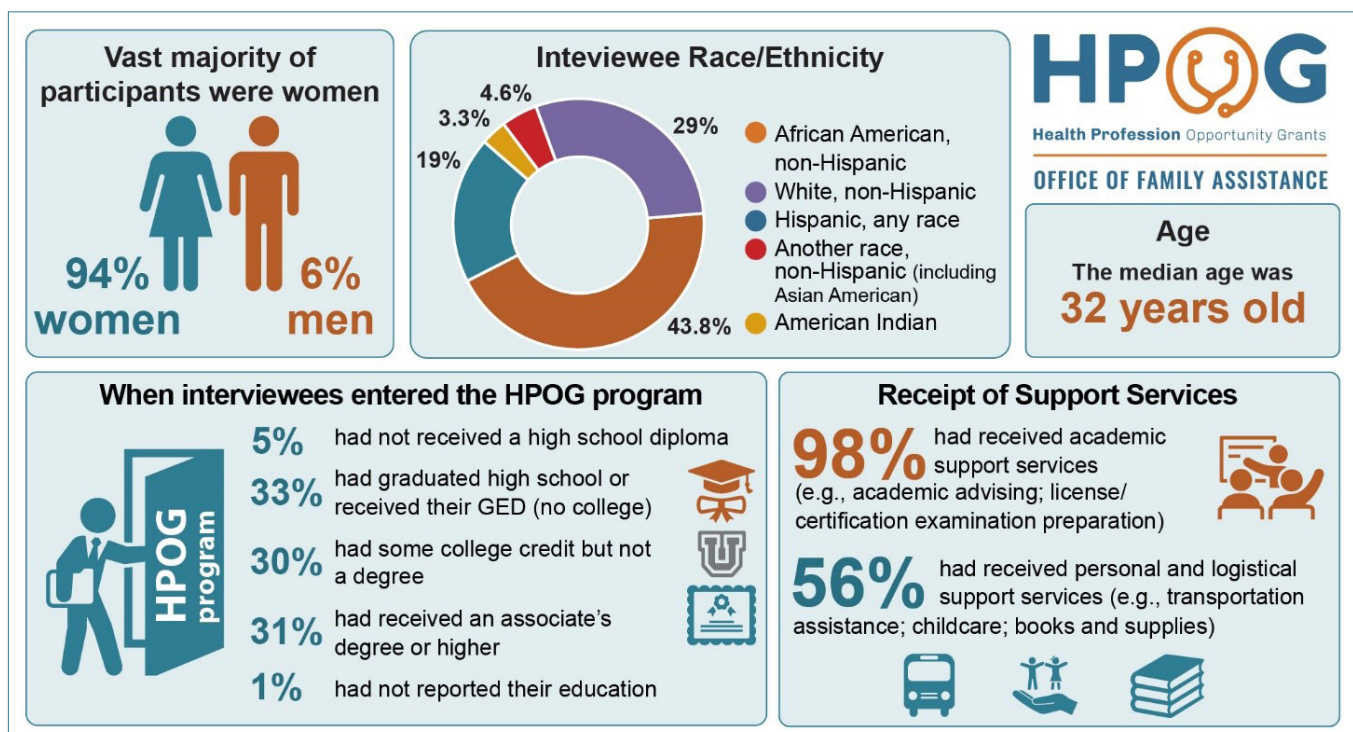
We selected the 14 programs to reflect diversity in grantee organization type,⁵ geography,⁶ projected enrollment, prior HPOG grant experience, demographic characteristics of their participants, and percentage of those participants receiving non-financial support services such as academic coaching and career coaching. We recruited interview 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 14 programs we selected from, our interview sample had slightly more participants who identified as White non-Hispanic, slightly fewer who identified as African American non-Hispanic 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 sections that follow review why interviewees decided to continue working while they were in training; their strategies for getting through the training while also working and caregiving; and the consequences of juggling work with caregiving and training. The last section discusses how HPOG 2.0 program participants overcame barriers to complete their program.

Decisions about working while in training

HPOG targeted adults with low incomes. All local HPOG programs provided financial assistance for training costs. The amount varied but could include full or partial tuition and/or supplemental assistance for books, supplies, and uniforms. Local HPOG programs also provided assistance for travel to and from classes, along with support for child care. Some local programs made referrals to food banks or helped participants to sign up for public benefits.

However, HPOG's authorizing statute specifically prohibited local programs from offering participants a stipend—that is, funds to cover living expenses. Therefore, program participants had to figure out on their own how to cover ongoing household and other living expenses while enrolled in the training. This section describes those interviewees who reported working during their HPOG-funded training ($n=89$) and those who reported working and caregiving ($n=76$).

Most working interviewees were also caring for a family member.

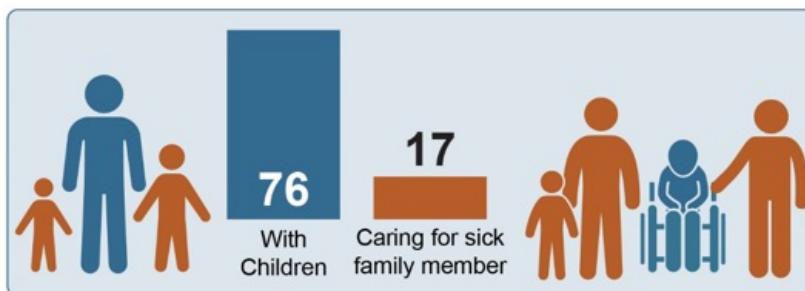
Among interviewees, most of those who were working were also caring for a family member while participating in the HPOG 2.0 training (Figure 2).⁹ This matches the experience of the broader HPOG 2.0 participant population—half of all HPOG 2.0 participants were working parents.

Interviewees working full-time reported their decision-making about work as a complex interplay of financial needs, limited access to public assistance, family responsibilities, and schedules.

Working while participating in an HPOG training was challenging. Perhaps reflecting the need to balance work, training, and family, a greater proportion of working interviewees reported being employed part-time ($n=67$) than full-time ($n=22$) during the training.

Of those interviewees working full-time, only two were single without children. They described balancing full-time work with their studies as not much of a struggle. Most interviewees employed full-time, however, described logistical, physical, and emotional difficulties in working, studying, and caring for their families.

Figure 2: The majority of working interviewees were caring for a child or a sick family member ($n=84$)





Jolene Quintero,¹⁰ a partnered mother of three who completed Certified Nursing Assistant (CNA) training, explained, “If I didn’t work full-time [during the training], I wouldn’t be able to handle everything [financially].” Her experience in the three-week course while working full-time was “trying.” She described herself as “the Red Bull queen for a couple of days,” hinting at a commonly reported sacrifice of sleep to get through training.



Similarly, Hattie Brownlaw, who was in a longer-term Licensed Practical Nurse (LPN) training, explained her decision to work full-time: “I don’t get any other services, I’m not getting food stamps and [subsidized housing]. I still have to pay for rent, for food, for lunches, and all of that stuff for them [her kids]. Your bills don’t stop, they don’t go away. You have to take care of yourself and maintain your livelihood. I had to work full-time to keep a roof over me and my kids’ heads.” Doing so came at a cost to her. “I was determined to get through that program no matter what. Lack of sleep, I was like a zombie for a year. I had four kids, so they’re my biggest driving force to get to my goals. I was like, ‘Okay, I’ll do this. I’m exhausted, but I’ve got to push through and get this done.’”

Strategies interviewees used to juggle working, family caregiving, and training

Interviewees used a variety of strategies to manage their household financial and caregiving responsibilities while in training.

Most working interviewees—most of whom had family responsibilities—worked part-time to accommodate attending school. Some interviewees had reduced their hours from full-time.

Most of the 89 interviewees who worked during training worked part-time (n=67) due to the demands of their training and family commitments. Of them, 20 interviewees explicitly discussed reducing their hours in order to complete training. A few participants said they had to drop out of training because of conflicts with work.

Another 17 were able to shift their work schedules around their training and family needs. They worked on demand in healthcare, variously described as PRN,¹¹ or on call, or through an agency. The fluidity of many healthcare positions sometimes lets workers adjust their schedules around their training demands, family commitments, and finances. Most interviewees who described this pattern of work made clear that training was their top priority at the time.



Elvira Murphy, an RN student, described working PRN during her training as “great because...it’s as needed. I can kind of make my own schedule, so I can work 4-hour, 8-hour, or 12-hour shifts.”

Twenty (20) interviewees reduced their hours when the stress and exhaustion of their usual schedule or hours became too much and their schoolwork began to suffer.



Charleen Nichols, a home health aide, had been working full-time but dropped her hours to complete a CNA training. She needed to continue to work during her training because “I have bills to pay... Everyone has bills to pay.” Her hours were variable because the demands of the facility where she worked varied.

This group described getting by financially using a variety of strategies, including living off their partner’s income, receiving occasional or regular financial help from parents and siblings, careful budgeting, taking out student loans, and in some cases enduring hardships.



Aria Duke described how she used to work weekend shifts to make ends meet and manage the classes to get her LPN. “I worked 16-hour shifts—sometimes an 8-hour shift, then a 16-hour shift on weekends.” But she couldn’t maintain that pace. “I was tired, and I was failing. Then I got influenza and missed a week of school. I said to myself, ‘I can’t do this.’ I could work and fail, or not work and pass. In March I chose not to work. I got student loans, and we lived off of student loans.”

The reduction in work hours alleviated stress for many interviewees. However, a few talked about the effect that cutting down hours had on them emotionally, and two described the reduction as causing them serious financial difficulties.



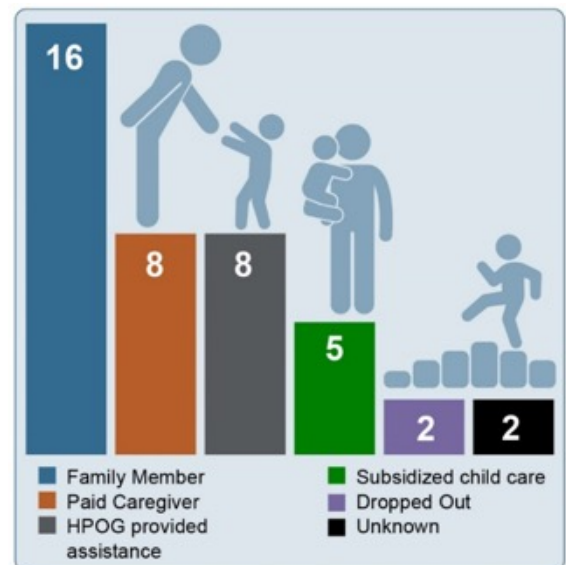
Anna Tanski (an RN student who was 37 years old, with three children) went so far as to say, “I just think, realistically, if I had sat down and showed my husband what [training] would cost, what we were giving up, and how long it would take us to recover from it financially, I don’t think I would have done it.” Her husband was self-employed, and she worked PRN—sometimes “go[ing] two or three days without the opportunity to sleep.” She conjectured that, “I don’t think that other people could remotely do this—support a mortgage and kids.”

Interviewees described a variety of strategies to manage child care needs.

Of the 89 working interviewees, 76 had children living at home with them, increasing the demands on their time while enrolled in training. Young children required more hands-on care; older children could be left home alone, although some had physical and mental health challenges that interviewees needed to attend to. Managing the responsibilities of being a parent therefore meant struggling to meet different responsibilities: direct care, managing children’s schedules (including school and care pick-ups), health, and emotional needs.

More than half of parents in our sample with children (n=41) talked about struggles with child care coverage and costs while enrolled in training, despite local HPOG programs providing child care subsidies or referrals.¹² Most of them resolved their child care difficulties with help from family members such as grandparents or older siblings (n=16). Others turned to paid caregivers (n=8) or child care assistance through public benefits (n=5).

Figure 3: How interviewees solved child care challenges (n=41)



Some interviewees reported that HPOG actually provided financial support for paid child care (n=8), but that they were unable to access it consistently for some reason—for example, lack of availability at the needed times. Sometimes the help was available but delayed due to demand.



Connie Fields reported being put on a waiting list for a child care subsidy, and in the interim spent most of her paycheck on child care.

Some interviewees were not able to receive HPOG help with child care coverage but did not understand why.



Aria Duke described this problem: “I would be like [to HPOG], ‘I really need help with child care.’ They were basically like, ‘We can’t help you.’ Come on. I’m in this program, and that’s one of my biggest needs since I started. I was a little disappointed in that.”

Child care needs included not just coverage of hours while a parent was working (or attending classes, labs, or clinicals), but having someone available to pick up their child from school or when their regular child care was not available. Several interviewees talked about the challenge of a child being sick and unable to be at school or in child care. These issues are not easily solved by child care vouchers or subsidies.

Some interviewees balanced their child care responsibilities by working overnight or weekend shifts to be available to pick up their children when they got out of school. Interviewees who did this described being exhausted and stressed because they sacrificed sleep for these schedules. Other interviewees managed these logistical needs through family and friend support networks (e.g., a grandparent picked up the child from school and stayed for an hour before the parent came home). These interviewees described coordinating family and friends to show up when needed as an additional level of effort.

Aside from routine care, children’s physical and mental health issues arose for some interviewees during their trainings, another difficulty not easily solved by a child care subsidy.

Child Care in HPOG Programs¹³

All local HPOG programs described offering or providing program participants with referrals to child care assistance. Yet, the rate at which participants actually received child care assistance was very low. Only 5% of participants enrolled in the HPOG 2.0 program between 2015 and 2019 reported receiving it, despite 21% having cited child care as a barrier to training when they enrolled.

HPOG child care assistance needed to be from a State approved and licensed provider. Many service areas had limited options with long wait lists; many did not have child care options for students working “nontraditional” hours. Some participants already had child care for which HPOG could not pay (i.e., with family, friends, or non-licensed providers). These grantee insights help explain the low take-up rates and participant reports of problems getting child care assistance.



Jeanette Buchanan’s daughter was self-harming and in the hospital during her training. At one point, Jeanette was at the hospital with her the night before a midterm and only slept for 2 hours. As Jeanette describes, “I think without school I wouldn’t have known how to deal with that, to be honest, because I always needed an escape, and I think school was my escape.”

Consequences of integrating training with working and caretaking

Integrating training into interviewees' existing work and caregiving responsibilities had cumulative emotional consequences for them and their families. Notably, some interviewees described having little to no time to care for and bond with children. For others, their academic performance suffered.

A subset of interviewees (n=13) described schedules with no or very little time for caring for and bonding with their children.

Unsurprisingly, managing work, caregiving, and training made for fraught and overscheduled lives. For some, they felt their children were shortchanged.



Harriet Castro found that her school schedule meant that she did not see her 13-year-old son much while she was taking classes: "By the time I was going to school, he was getting out of school, and that was a juggle, so I wouldn't get to see him as much. And then he goes to his dad's on the weekend. So that was my struggle, because I wouldn't see him as much as I wanted to."

The consequences of interviewees' spending time away from home and their children varied; some interviewees reported no consequences; others reported acute effects.



Evangelina Copeland reported that her children's school performance suffered while she was in the program because she had been working and in school, which left her very limited time with her children to support homework and emotional needs. "The program did affect it, and just currently, it does affect them in the way that I come in late, because I'm very tired and sleepy, my kids go into school late. They miss school because of me... Their grades are being affected because of all of this extra work."

The lack of time with children takes an emotional toll on not just the children but their parents, as well.



Ronna Muniz described what happened for her with working and being in school, exhausted and consistently missing her kids' after-school games and activities: "I feel burnt out. I feel like I've hit a wall, but I know I have two tests tomorrow, and then I have finals next week, and I don't go back until January 13th. That's how you think: Like, do this, this, this. That's it." Despite feeling burnt out, she kept moving forward to complete the training.

Sometimes interviewees required time to readjust after training ended, even when they had not been working during training.

Sophie Blake, whose divorce had motivated her to enroll in the RN program, talked about the impacts of the intensity of the nursing program on her home life and needing to put things back in order after 2 years of training. Sophie's mother had also died while Sophie was in training, taking a further toll on her capacity to manage.



Sophie shared: "At the time, my youngest was 5. She just started kindergarten when I started school. That was really difficult. I mean difficult for me, difficult for her. Any time that I had left over, it was just for my kids. You know, 'cause I would sit at my kitchen table when they would be with their dad from Friday night at 4 PM until Sunday night at 6PM when they came home. I literally sat at my kitchen table and studied every other week that way.... Things kind of got out of control, and now we're trying to clean up.... I couldn't be the parent that they needed me to be during the nursing program. Something had to give.... I mean, studying was so important, 'cause if I didn't pass, then we'd be how many years behind. And being able to eat and know that we have a place to live and just be able to live...."

Sophie explained what she had to "clean up" in her family after finishing the nursing program: "Following through...with what I feel is important in our home. Like rules and, y'know, everyone helping out. I mean, I just had no energy to fight with them to clean up their belongings. Now, since I'm out of school, I don't want my house a mess. So, there are rules. Like, just sticking to the rules. And making them accountable. Making myself accountable. And just trying to enjoy life. Just not be so intense. 'Cause [training] was very intense."

These experiences suggest a range of consequences for interviewees and their families as they struggle to combine training with caregiving and work responsibilities.

Interviewees' daunting schedules affected their ability to show up for classes and complete schoolwork.

Interviewees reported struggling to balance their work, classes, and family lives. Most often respondents sacrificed sleep and study time to attend to their other commitments, which took a toll on their academic performance.



Lula Ward summarized a sentiment many interviewees expressed: "It is tough struggling with both [work and school] and trying to find study time."



Esther Pitts described missing some classes because of her work schedule. Her HPOG case manager would "text me and tell me about a class...and I'll be like, 'It's the same time I have work.' So I have to make a choice whether to go to work and make money or go to this class. Sometimes I'll miss work because of it, and sometimes I miss the [class] meetings because of work." She had failed some courses or gotten low grades when she put in too much time for work.



Opal Graves worked full-time while taking a summer class. But this had a negative effect on her course grade and her overall GPA. "Literally, I'll be sleeping through half of the lectures. I didn't give out my best. So it ruined my GPA. I got a C+, and now my GPA has dropped. And it's very challenging to get into public colleges, because everybody wants to get there because...the tuition rate is very low.... So if you're not making A's and you're just getting C's and stuff, you have a low percentage of getting accepted."

Overcoming barriers

Despite a variety of difficulties in balancing work, caring for family members, and training, two thirds of working interviewees (n=50) reported completing their program. This section explores the motivations and support systems that kept them going through some extremely difficult moments. Notably, they wanted to be a role model for their children, and they sought greater financial well-being for themselves and their family.

Despite barriers, about two-thirds of working interviewees reported completing their HPOG-funded training.

Whether in a short-term training that lasted a few weeks or a longer-term training over months or years, interviewees drew on internal strategies to prioritize school, make sacrifices, and complete their training. Strategies such as time management and keeping the perspective that their sacrifices were temporary helped motivate interviewees through difficulties.



Angela Barry, initially motivated to work in healthcare after caring for her sick father, was enrolled in the RN program at the time of the interview while balancing caring for her sick and elderly mother and working full-time. She explained her struggles: “I was trying to work 36 hours a week and go to class. I had a sick parent—my mother is now pretty sick. Juggling all of that, it can be stressful. We make do. It’s a matter of prioritizing. School is very important. Successfully finishing this program is a goal of mine, and I want to achieve it. I make my priorities around that.”



Beatrice Weber completed her CNA training. She described the challenge in balancing work and taking care of her children. She would study late at night after her children had gone to bed. She described the evenings after work or school. “Trying to get home. Cook really fast. And then trying to put the kids to sleep. And that’s when I go study my notes while they were sleeping. Yeah. So sometimes it was 11 PM and I was starting [to study].”

Interviewees reported that emotional support from family, friends, and case managers could be especially helpful.



Caitlin Vance reported that completing the Phlebotomy class helped her to feel better about herself. While talking about this she started to cry. Asked why the class had been so important to her, she said: “Pushing myself, and having help, and knowing that someone wants you to be there. There’s something out there helping people like me. It’s getting things done and going further than being stuck in one little rut that you’ll live your life under. The opportunity has been so amazing.”

She explained further. “Having nothing makes you feel like [you’re] not a good person. No matter what your intentions are, your mind tells you you’re failing, you’re not doing it right. Nobody wants to feel like a failure. It’s a horrible feeling, I’ve been there too long. Now I feel like I’m winning. This is amazing. Who guessed this? Why do I get this? That’s the question—but it’s beautiful.”

Interviewees drew on a variety of supports to manage a complex set of barriers.

Interviewees described internal, psychological reserves they drew on to manage their time, prioritize, and stay determined, as well as a bevy of emotional and practical supports from family, friends, and employers. Often support from family members was simultaneously emotional, logistical, and financial (or in-kind). As Gwendolyn Kennedy put it, “Support is support whether it’s financial or emotional.”

Twenty (20) interviewees discussed the importance of time management and prioritizing schoolwork. To meet the time requirements of training, interviewees had to be strategic in how they allocated time, eliminating enjoyable activities to create enough time to study. Several interviewees described giving up social events, extracurricular activities, and time with family and friends.



Describing how she focused on studying, Carol Kim said: “It was just good time management. Friends wanna go out and do stuff. ‘Oh, you can study tomorrow.’... ‘No! You don’t understand. I gotta get this done. I’ll see you guys when I graduate.’”

Despite the challenges they faced in navigating their work-life balance, 13 interviewees talked about their determination to achieve their goals and the sacrifices they had made along the way being worthwhile. Several of these interviewees described the exhaustion and rigorous schedule as being temporary in the grander scheme of achieving their goals.



Faith Alexander, who completed her Pharmacy Technician certificate while taking care of her son, said, “You have to do it, but you have to go in thinking, it’s just for a short time. You just have to get through it.”

In addition to interviewees’ own internal resources, many (n=41) described logistical supports, such as help with child care, driving, and errands; flexibility with things such as work or school schedules; and family adjustments. HPOG staff also played an important role in helping interviewees navigate outside supports that could help them.¹⁴

Some interviewees reported that older children took on more cooking or cleaning responsibilities around the home, as well as cared for younger siblings. Partners and other family members pitched in more.



Brigitte Brown described broaching this issue with her family: “I had to get this done, everybody had to understand that. I talked with my kids, too: ‘You don’t understand, you have to pitch in, you have to help, you have to do more around here. I have to get this done. This is a sink-or-swim situation.’”

Interviewees described these supports as indispensable.



Bianca Fitzgerald said simply, “If I didn’t have my mom, I don’t know where I’d be.”



Bessie Norton expanded on this idea, detailing how her mother was available to step in and help her when she needed it: “My mom can help if I needed her to pick up the baby or something and I’m going to be late for school or something. Or babysit if he’s sick and I need to go to class or something like that. Yes, we have a little system that we can fall back on if it’s necessary.”

Still, interviewees often described as challenging continually needing to coordinate with their support system and having to make adjustments or alternative plans on short notice. In those cases, flexibility from employers and academic staff made the demands easier to manage. Some talked about being able to take days off work to study or to rearrange their work schedule around classes, for example. Others appreciated instructors who allowed them to make up missed classes, bring their child to class, or extend the timeframe to complete an online course.



Kristina Vega valued instructors and program staff who understood, for example, when her son got sick with two different strains of influenza within a month. It was a serious illness and there were times he was not breathing at night, so she was watching over him. This delayed her plan to take her certification exam, and she discussed what was going on with her program coordinator, who said: “Let’s work it out by the middle of summer.” Kristina explained, “It wasn’t a deadline, it was a goal. ‘Let’s finish this time.’ She was very flexible with me.”

These types of supports freed up interviewees’ time to focus on their training while enabling them to better balance their education with work, family, and other responsibilities.

Children were a primary motivation for interviewees to complete training.

Children provided a range of motivations. Some interviewees wanted to demonstrate to their children that they could apply themselves and succeed in a program. Some interviewees wanted to demonstrate that they could better themselves and set an example of persisting and succeeding in a career that had the potential to pay them well.



Adrienne Benson was a mother returning to the workforce after being out of it for 20 years. The HPOG program helped her to get her GED. Now she was training to be a medical assistant. She was interested in becoming a surgical technician and was currently exploring what she would need to get into the program. She said: “I’m not saying I don’t want to be a mom anymore, but I want to be someone who someone else can be proud of.” She took pride in juggling school with taking care of a young baby who was in the hospital from time to time. She wanted to be an inspiration to her older children. “I want to be a motivation to my family and my daughters and to my son, as well.” Her children saw 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.”



Hattie Brownlaw wanted to get her RN, then her bachelor's in nursing, then her master's, then potentially her Nurse Practitioner license. She had always wanted to be a nurse and had always had a job in healthcare. She had gone straight through in her career trajectory even with kids because she wanted to demonstrate to them the value of hard work and an education: "You can never be educated enough." She discussed difficulties with her kids being older and having a lot of extracurricular activities, but felt like she was "used to juggling a million things" and it would work out. 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.... 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."

Some interviewees were motivated because their retail jobs or entry-level healthcare jobs with poor wages were not currently covering family expenses.



Cleo Park described: "The aide salary wasn't enough to feed a family, and I was only a family of four and I'm still broke. So I did one level up so I have more money and [will] be able to provide for more."

The dedication and motivation from interviewees is represented in Evangelina Copeland. In her interview, Evangelina captured the important role that children can play in motivating their parents to push through an often trying time of being in school while also parenting and sometimes working:



Evangelina shared: "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. Now I'm going to cry, because every time I see my children, especially the 9-year-old, when I see him I tell him, "You know that Mom is working her butt off so that you can have everything?"

Survival was not the only motivation.



Aria Duke said, "I just want to make more money so I can work less and have more time with the kids. That's what is important to me."

Greater economic security motivated interviewees to enter into training, but faded into the background during training.

Though interviewees spoke about the importance of an increase in their wage in choosing to participate in the HPOG-funded training, not a single interviewee mentioned this as a motivation to keep them going during it. We interpret this to mean that economic security and better pay are important pull factors into training, but that they fade as a primary motivation to complete the training. Other factors such as emotional and logistical support and other motivations come to the forefront as the program participants need to complete the requirements of the program and, where relevant, balance the needs of family and work.

Policy Implications

Understanding the personal costs of undertaking training can help policymakers and program staff better understand some of the factors that influence students' academic performance. It may be that such factors figure not only in completion of a current HPOG training but also in the decision to take on subsequent, higher-level training to propel participants along their chosen career pathway. More research is needed to understand how these factors influence ongoing decisions about additional training. At the very least, however, it seems that reducing some of the challenges that participants face could improve their academic performance, reduce the stress they experience, and alleviate burdens taken on by their family members, particularly children.¹⁵

Federal policymakers and local grantees involved in future HPOG-like programs might consider adding program design elements with the aim of improving outcomes. Evaluations then could assess how these or other programmatic additions influence participants' immediate academic performance; rates of program completion; impacts on wages; and take-up of subsequent, higher-level training.¹⁶

Additional support for living expenses and emergencies

Given the costs (however temporary) to students and their family members to participate in HPOG-funded training, providing additional financial assistance might have improved the well-being of students and their family members during training. Financial assistance might have helped offset participants' lost wages and help them pay their bills during training, thus reducing the stress that accompanied them, reducing or eliminating their need for public assistance, and helping them access child care that they could actually use.

In all these ways, additional financial assistance could support the socioemotional well-being of participants and their family members, particularly children and others who need the participant's caregiving.¹⁷ It could improve academic performance, persistence, and likelihood of completion, thus adding more skilled workers to the healthcare workforce as called for in HPOG's authorizing statute.

The cost of such assistance might be small for short programs, but it is likely significant for longer-term trainings. Providing financial assistance while requiring full-time enrollment in training might lower the cost by shortening time to completion, as well as potentially boosting completion rates.

Financial assistance could allow participants to reduce or eliminate work and focus on their training. It could take different forms such as:

- **Direct cash payments or financial stipend.** The original HPOG statute prohibited stipends. However, a future HPOG-like program or other training programs could provide a direct stipend to participants, like a partial or full college scholarship.¹⁸ A stipend would be a significant expansion of the cash assistance (e.g., gas cards) currently available to participants. Providing additional cash support could allow participants to reduce or eliminate the need to work during training, allowing them to focus fully on school—but it would necessarily raise the cost per participant substantially.

A stipend need not be available to all HPOG participants or for every length of training program. Federal policymakers could design overall eligibility criteria (such as by length of training, demonstrated need, application, or random draw) or provide local programs with funds for stipends and allow them flexibility to tailor eligibility based on their local offerings and student population. Future evaluations could pilot and evaluate cost-of-living stipends to assess their return on investment before rolling out such an expensive program component more broadly.

- **Housing programs.** Temporarily making families eligible for some housing programs that they might not otherwise qualify for would help program participants to free up available financial resources for other household expenses and reduce financial stress. Future programs could build relationships with their local public housing agency to set aside time-limited housing vouchers for program participants. Federal policymakers could encourage such a working relationship with associated funds for the housing authority. Alternatively, local programs could be funded to allocate housing assistance funds based on need. Needs assessment could include examining the household's overall well-being and the program participant's work situation, with associated impacts on academic performance. Housing authorities may have the capacity to use rules on limited preference to allocate housing vouchers in this way.¹⁹

Caregiving support based on models used in professional workplaces

Given the high proportion of interviewees who juggled caregiving with work and training, the future training programs might look at ways to support program participants as they navigate caregiving responsibilities. Ideas emerging from the interviews included:

- **Greater and more flexible financial support for child care.** Interviewees noted that although child care support might be available, they did not or could not always use it. Sometimes HPOG's child care support was limited to certain providers, who might not be available when they needed child care. Some interviewees were not comfortable switching from their existing child care provider to an HPOG-covered provider. In other cases, subsidies were limited or not immediately available.

Benefits programs available to working professionals often include tax-privileged Flexible Spending Accounts (FSAs), which enable employees to set aside a certain amount of their salary tax-free to be spent on child care (or other health-related benefits). Designers of future HPOG-like programs might examine ways to allocate financial resources to dedicated child care accounts for program participants who are parents. Parents could then access a greater variety of child care options versus only those that accept child care vouchers.

- **Life coaching.** Another benefit available to many professional employees is the Employee Assistance Program, where they can access lifestyle supports and services. Future HPOG-like programs might include something similar to help participants manage demands on time to parent and learn how to practice self-care to reduce burnout or exhaustion.
- **Logistical support and access to a network of subsidized care providers.** Many Employee Assistance Programs make counselors available to help employees navigate available resources when they need care for dependent or ailing family members. Examples include referrals to supports and services, backup child care vouchers, or access to a subsidized care network. Federal policymakers could build into future programs systems to create support to families when these kinds of life difficulties arise.

Greater understanding from training program staff, and more flexible program requirements

Interviewees reported that academic staff who understood and accommodated their family needs helped them to feel more supported in the HPOG program. Sometimes sick children cause students to miss classes, for example. Future programs might find ways for participants to make up the class requirements in some alternative way. Additional training or other written resources could help program administrators and staff better understand the challenges that students face in completing training. Incentivizing programs to create more flexible policies where appropriate could create an environment more responsive to challenges faced by students.

Building on participant motivations

Participants were strongly motivated to persist in their training. Understanding how participants motivate themselves to overcome barriers and make sacrifices to achieve their goals in training can help policymakers and programs rethink how to better frame motivational messaging. For example, some messages could show program graduates with their children, or use quotes from graduates, to tap into the deep motivation to show their children they could improve their situation through hard work that some HPOG participants expressed.

Endnotes

- ¹ 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.
- ² Nearly one-quarter of workers age 45-64 report being family caregivers for a parent or a sick or elderly relative (AARP and the National Alliance for Caregiving 2020). Some 14 percent of HPOG program participants fell in the 45-64 age range.
- ³ See Seefeldt, Engstrom, and Gardiner (2019).
- ⁴ We do know, for example, that families with low-income who are working nontraditional hours have far greater trouble accessing child care. See for example Urban Institute’s brief examining the demand for nontraditional hours childcare: <https://www.urban.org/sites/default/files/publication/104601/comparing-potential-demand-for-nontraditional-hour-child-care-and-planned-policies-across-states.pdf>.
- 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 full interview sample (n=153) included HPOG 2.0 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), or 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.
- ⁹ Some working interviewees were caring for both children and a sick family member (n=14).
- ¹⁰ 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.
- ¹¹ “PRN” is short for the Latin term *pro re nata*, meaning “as circumstances arise”; a common term in healthcare, PRN is used to mean to administer prescribed medication as needed.
- ¹² Not all interviewees talked about child care struggles—the information in the figure and text reflects those interviewees who actively talked about struggling with child care while in training.
- ¹³ Program data: HPOG 2.0 2017 Grantee Interviews, R2 Q 8.7. Participant data: PAGES. Participants enrolled between September 30, 2015, and August 31, 2019; data through February 29, 2020.

- ¹⁴ We did not examine program experiences with supports according to household size, but we believe that further investigation into child care responsibilities by single-parent or dual-parent households would yield differences in HPOG program experiences, as well as the age of children in households with children.
- ¹⁵ It is not clear whether the negative impacts of working during training influenced interviewees' decisions about taking additional training: We saw a few cases where it did, but we did not have a long enough time period to observe decision-making about the future. In addition, program drop-outs are underrepresented in our interview sample. We do not know the reasons they dropped out, including what, if any, role work-life balance played. To answer this question would require additional longitudinal interviews to observe ongoing decision-making about future training and targeted interviews with program drop-outs.
- ¹⁶ Results from the Year Up program, a highly selective job training program in the IT and financial services sectors, suggest that more intensive supports play an important role in participants succeeding in longer-term trainings (Fein and Hamadyk 2018).
- ¹⁷ Stress in a household creates a stressful context for children in that household. An emerging literature documents the pathways through which stress is mediated for a child in a household, and the importance of a supportive network of adults. Williams-Shanks (2013) summarizes the literature on children's well-being in relation to stress (161-163).
- ¹⁸ Any financial stipend or direct assistance might impact eligibility for benefits. Some states are able to provide waivers for certain benefits programs, or programs might provide benefits counseling in order that participants could assess the trade-offs in receiving a financial stipend.
- ¹⁹ See <https://www.law.cornell.edu/cfr/text/24/960.206>.

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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>

Acknowledgements

The authors of the brief would like to acknowledge the hard work of a team of researchers and support staff who made this work possible: Elizabeth Giardino, Jackie Mendez, Chloe Greene, Armando Vizcardo, Jillian Ouellette, Anna Robinson, Rhaia Hull, and Brendan Ng. Thanks to Mina Addo, Gretchen Locke, Julie Strawn, and Jacob Klerman for their review and comments on various versions of this brief.

Submitted to

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Administration for Children and Families
U.S. Department of Health and Human Services

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