

**Hearing on Health Profession Opportunity Grants
Past Successes and Future Uses**

HEARING

BEFORE THE

SUBCOMMITTEE ON WORKER AND FAMILY SUPPORT

OF THE

COMMITTEE ON WAYS AND MEANS

U.S. HOUSE OF REPRESENTATIVES

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WITNESSES

[Dr. Bianca K. Frogner](#)

Director

Center for Health Workforce Studies, University of Washington

[Dr. Leslie Roundtree](#)

Project Director

Partnership to STEP UP in Health Careers, Chicago State University

[Crystal Hodge](#)

Nursing Student

Schenectady, New York

[Barbara Barney-Knox, MBA, MA, BSN, RN](#)

Deputy Director of Nursing, Statewide Chief Nurse Executive

California Correctional Health Care Services

[James Sullivan](#)

Gilbert F. Schaefer College Professor of Economics

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March 3, 2021

No. WF-1

Chairman Davis Announces a Subcommittee Hearing on Health Profession Opportunity Grants; Past Successes and Future Uses

House Ways and Means Worker and Family Support Subcommittee Chairman Danny K. Davis announced today that the Subcommittee will hold a hearing, titled “Health Profession Opportunity Grants; Past Successes and Future Uses,” on Wednesday, March 10, at 2:00 PM EST.

This hearing will take place remotely via Cisco Webex video conferencing. Members of the public may view the hearing via live webcast available at www.waysandmeans.house.gov. The webcast will not be available until the hearing starts.

In view of the limited time available to hear witnesses, oral testimony at this hearing will be from invited witnesses only. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Please Note: Any person(s) and/or organization(s) wishing to submit written comments for the hearing record must follow the appropriate link on the hearing page of the Committee website and complete the informational forms. From the Committee homepage, <http://waysandmeans.house.gov>, select “Hearings.” Select the hearing for which you would like to make a submission, and click on the link entitled, “Click here to provide a submission for the record.” Once you have followed the online instructions, submit all requested information. Please indicate in the subject line of your e-mail the title of the hearing for which you wish to submit testimony. ATTACH your submission as a Word document, in compliance with the formatting requirements listed below, **by the close of business on Wednesday, March 24, 2021**. For questions, or if you encounter technical problems, please call (202) 225-3625.

FORMATTING REQUIREMENTS:

The Committee relies on electronic submissions for printing the official hearing record. As always, submissions will be included in the record according to the discretion of the Committee. The Committee will not alter the content of your submission, but reserves the right to format it according to guidelines. Any submission provided to the Committee by a witness, any materials submitted for the printed record, and any written comments in response to a request for written comments must conform to the guidelines listed below. Any submission not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

All submissions and supplementary materials must be submitted in a single document via email, provided in Word format and must not exceed a total of 10 pages. Witnesses and submitters are advised that the Committee relies on electronic submissions for printing the official hearing record.

All submissions must include a list of all clients, persons and/or organizations on whose behalf the witness appears. The name, company, address, telephone, and fax numbers of each witness must be included in the body of the email. Please exclude any personal identifiable information in the attached submission.

Failure to follow the formatting requirements may result in the exclusion of a submission. All submissions for the record are final.

The Committee seeks to make its facilities accessible to persons with disabilities. If you require special accommodations, please call (202) 225-3625 in advance of the event (four business days’ notice is requested). Questions regarding special accommodation needs in general (including availability of Committee materials in alternative formats) may be directed to the Committee as noted above.

Note: All Committee advisories and news releases are available at <http://www.waysandmeans.house.gov/>

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HEALTH PROFESSION OPPORTUNITY GRANTS:

PAST SUCCESSIONS AND FUTURE USES

Wednesday, March 10, 2021

House of Representatives,

Subcommittee on Worker and Family Support,

Committee on Ways and Means,

Washington, D.C.

The subcommittee met, pursuant to call, at 2:02 p.m., via Webex, Hon. Danny Davis [chairman of the subcommittee] presiding.

Chairman Davis. The subcommittee will come to order.

Thank you to the ranking member and members of the subcommittee for joining me today to hold a hearing on the Health Profession Opportunity Grant program.

And today we are in a virtual format. Should a member have to leave the hearing, they should turn off audio and video and stay logged in rather than logging out of the hearing.

Over the past 2 years we have all heard a lot about this program and how successful it is. Today we will hear more about those successes and how we can continue it into the future.

A coronavirus pandemic has exacerbated our Nation's shortage of allied healthcare workers and profoundly harmed millions of vulnerable workers, especially women, mothers, and people of color. Workers with less than a high school education have more than doubled the unemployment rate than the college educated. Further, a recent report by the Chicago Fed showed the steepest unemployment rates among women with children, Black mothers, single mothers, and noncollege-educated mothers.

Together, these circumstances put the economic security of millions of workers at severe risk and charge Congress and our subcommittee with promoting policies for a more equitable recovery.

Given the critical role of health in this crisis, and given that healthcare is one of the fastest-growing industries, this hearing will focus on how the Health Profession Opportunity Grant program, or HPOG program, can help workers with barriers to employment into health careers that are in high demand within their local area, simultaneously connecting people to the labor force and helping States across the country to address shortages of health professionals in their communities.

The HPOG model uses a career ladder approach to get people into health jobs quickly, provides the services they need to succeed, and continues to train these workers so that they can obtain higher-paying jobs.

Over a decade we researched the success of HPOGs, and the results of the demonstration are impressive. Participants, predominantly women, single parents, workers from racial and ethnic minority communities, and individuals who did not finish high school overwhelmingly, completed their training.

Key support services, like childcare, education, training, career coaching, and transportation, directly helped these workers earn the licenses and credentials they needed.

They got jobs in healthcare. They stayed in their jobs, got promoted, and got raises. And this is just the beginning.

Today, we will hear from excellent witnesses.

Dr. Frogner from the University of Washington will speak to the need for HPOGs due to the national shortage of allied health professionals.

Dr. Roundtree from Chicago State University will tell us about her successful HPOG program in my home.

As a graduate of the topnotch HPOG in Schenectady, Crystal Hodge will steal the show when she explains the reality of what HPOG meant for her and her family.

Then, Ms. Barney-Knox will highlight how expanding HPOGs could help workers with significant barriers to employment have good health careers.

Finally, Dr. Sullivan will discuss lessons learned in reducing poverty via his work at the LEO lab at the University of Notre Dame.

HPOGs were designed as a demonstration grant program to understand how to best help the workers who need help the most as we recover from this pandemic.

However, the current HPOG demonstration cycle is ending.

I want our subcommittee to seize this opportunity to invest in vulnerable workers with evidence-based training and supports to grow our workforce, strengthen our economy, and improve the health of our communities.

And with that, I will recognize the ranking member, Mrs. Walorski, for her opening statement.

[\[The statement of Chairman Davis follows:\]](#)

Mrs. Walorski. Thank you, Chairman Davis.

Our country is getting closer to defeating COVID-19 and moving beyond the pandemic that has cost so many American lives. Republicans' top priority is to focus on safely reopening and rebuilding our economies, so by helping those who are unemployed return to work and bring the individuals off the sidelines and back into the labor force.

Republican members on this committee have demonstrated that commitment in our efforts to reauthorize the Temporary Assistance for Needy Families program which we continue to advocate for as outlined in the JOBS for Success Act.

This year marks the 25th anniversary of TANF. It has been more than a decade since Congress last considered reforms to the program. The JOBS for Success would improve State accountability by targeting TANF dollars to the neediest families and replacing broken process measures with performance indicators to measure employment and earnings outcomes.

HPOGs are well-suited to be included in a discussion of TANF reauthorization. These grants provide funding for training and support services to TANF recipients and other low-income individuals so they can succeed in the workforce.

I hope the chairman will consider a broader approach to improving both of these expiring programs within the subcommittee's jurisdiction.

Today's hearing is about assessing the future of HPOGs. To do that, we must consider how the program has performed since it was first created in 2010. HPOGs are unique because they were designed as a demonstration program and have undergone a federally mandated randomized controlled trial evaluation.

This gold standard evaluation now includes data collected from nearly 40,000

participants in two rounds of 5-year demonstration projects across the country at a cost of more than \$111 million.

Unfortunately, as Democrats on this committee know, this massive evaluation has found no impact from HPOGs on improving the earnings of participants.

A November 19 report issued by the HHS Office of Planning, Research and Evaluation looked at outcomes of participants 3 years after completion.

The report found, quote, "The HPOG logic model suggests the training and services provided by HPOG should produce earnings gains from participants. However, despite the increase in training completion, we found no evidence of earnings impacts in the 3 years after random assignment," close quote.

A more recent publication looking at the short-term impacts on the second round of HPOG participants found that the program increased educational progress and training completion and in the short run. However, HPOG 2.0 did not have an impact on overall employment nor did it increase earnings in the short run.

Mr. Chairman, I request unanimous consent to submit both of these reports in for the record.

Chairman Davis. Without objection.

[The information follows:] [Part 1](#); [Part 2](#)

Mrs. Walorski. Thank you.

Given these findings, I am concerned this program is failing our most disadvantaged workers.

I am also concerned about the national evaluation approach. HPOG is not an intervention or a model. It is a funding stream for competitive grants. The national evaluation rolls up data across grantees, masking any differentiation between them.

There are 32 HPOG grantees operating across 17 States, all with different career paths and service partners, making it impossible to identify projects that might be producing better results and to root out the ones that aren't.

I am a strong believer in evaluation and building evidence to help ensure Federal tax dollars are invested as effectively as possible to improve outcomes for children and families.

As a committee, we worked together on a bipartisan basis to introduce evidence-based policymaking into child welfare programs, creating a families-first, evidence-based clearinghouse and providing Federal funding for the programs with proven results. Mr. Chairman, I hope we can do these same things here.

First, we should look at modifying the evaluation of HPOGs to focus on the community level so we can truly know which programs are performing well, what models work best to help low-income adults prepare for healthcare careers, and how to direct future investments for maximum input. Grant awards should be based on demonstrated success in improving employment and outcome earnings. We should also look at return on investment.

In addition, I know there are programs operated by HHS, such as the Health Career Opportunity Program, focused on disadvantaged populations. The Department

of Labor also runs a Rural Health Professions Program. We should make sure all these programs are aligned and not duplicative.

Finally, I know some of the HPOG grantees have talked about other reforms that could make a real impact, such as strengthening the focus on case management and addressing the benefits of work.

I am hopeful we can work together to make commonsense reforms to identify interventions that can meaningfully help struggling Americans find a pathway out of poverty and build the critical in-demand healthcare jobs that so many of our communities need.

I look forward to our discussion, Mr. Chairman.

With that, I yield back.

[\[The statement of Mrs. Walorski follows:\]](#)

Chairman Davis. Thank you, Mrs. Walorski.

All members have 5 days to submit their opening statement.

And now we will go to our witnesses. We have a distinguished panel of witnesses here with us today to discuss the Health Profession Opportunity Grants programs. They will help us understand the successes of the program and how we can make them even better going forward.

First, I would like to welcome Dr. Bianca Frogner, director of the Center for Health Workforce Studies at the University of Washington. Dr. Frogner is an expert on allied health workforce issues and has been following the HPOG program since its inception. She will discuss the importance of allied health workers and how HPOGs can help build the pipeline of these workers.

Next is Dr. Lisa Roundtree, project director of the Partnership to STEP UP in Health Careers at my alma mater and that of my wife, Chicago State University. Dr. Roundtree will discuss the trajectory of her university's HPOG program and what she has done to make it a great program for her students.

Third, Ms. Crystal Hodge joins us from Schenectady, New York. Ms. Hodge is a graduate of the HPOG at SUNY Schenectady County Community College. She will tell us her story about HPOG and how it has helped her achieve her goal.

Next, we have Ms. Barbara Barney-Knox, the deputy director of nursing at California Correctional Health Care Services. Ms. Barney-Knox will talk to us about the various apprenticeship and training programs she runs for inmates and how an expanded HPOG program could benefit programs like hers.

And now I will yield to the ranking member to introduce our final witness, Mr. James Sullivan.

Mrs. Walorski. Thank you, Mr. Chairman, again.

I appreciate the opportunity to introduce a witness from my home State of Indiana, Professor James Sullivan, the Gilbert Schaefer College Professor of Economics at Notre Dame and cofounder of the Wilson Sheehan Lab for Economic Opportunities.

The LEO lab, as we call it, is a research center that works with service providers to apply scientific evaluation methods to better understand and share effective poverty interventions.

Mr. Chairman, you may remember Professor Sullivan from two summers ago when we visited each other's districts.

Chairman Davis. Yes, indeed.

Mrs. Walorski. We met with Jim and his staff at LEO and learned firsthand about the great research they do examining our welfare policies to see how they affect the well-being of those in poverty. Most recently, the lab was featured in a story highlighting the research being done by Catholic Charities Fort Worth that focuses on a new comprehensive approach to social work and case management.

Thank you, Professor Sullivan, for taking the time to join us today. I look forward to your testimony.

Chairman Davis. Thank you, Mrs. Walorski.

And welcome to all of our witnesses. Each of your statements will be made a part of the record in its entirety. I would ask that you summarize your testimony in 5 minutes or less.

To help you with that time, there is a timing light at your table. When you have 1 minute left, the light will switch from green to yellow, and then finally to red when 5 minutes are up.

Dr. Frogner, please begin.

**STATEMENT OF BIANCA FROGNER, DIRECTOR OF THE UNIVERSITY OF
WASHINGTON CENTER FOR HEALTH WORKFORCE STUDIES (CHWS)**

Ms. Frogner. Thank you, Mr. Chairman Davis and Ranking Member Walorski and members of the Ways and Means Committee, for inviting me to speak with you today.

My name is Bianca Frogner. I am an associate professor in health economics and the director of the Center for Health Workforce Studies, which is called CHWS, housed in the Department of Family Medicine at the University of Washington School of Medicine.

I am honored to have this opportunity to discuss with the committee the importance of investing in career pathways of healthcare workers through the Health Profession Opportunity Grants program, or HPOG.

I bring to this testimony extensive health workforce research conducted over 20 years by my center, and within my center I am currently the principal investigator of two large Federal grants, one of which focuses on the allied health profession and the other one that focuses on issues of health equity.

Among the relevant topics about which my team has published include defining career pathways into and within the healthcare industry, identifying barriers to achieving a diverse health workforce, and examining policies and programs that support our healthcare workers in providing high-quality and culturally competent care.

I have been following the HPOG with great interest since its inception in 2010. My early research experience was on the transitions of participants of the Temporary Assistance for Needy Families program, or TANF, and their employment outcomes.

Among the key findings was the importance of getting TANF participants, particularly Black and Hispanic recipients, into employment soon after transitioning off of TANF to prevent long-term earnings loss and to prevent the further decline into poverty.

HPOG is an excellent example of the type of support service that we should be investing in to help TANF participants find gainful employment.

Healthcare has been a constant source of jobs in the economy, providing relatively low barriers to entry and opportunities for career growth for former TANF participants, as well as other low-income populations. Over the last 10 years, healthcare added approximately 2.6 million jobs to the economy and is projected to add another 2.4 million into the future.

During the tough economic times, healthcare has been serving as a job engine, often drawing workers from out of unemployment and out of the labor force, as well as out of hospitality. Given that hospitality has seen a 13.5 percent unemployment rate as of last month, compared to only 5.1 percent the same time last year, an expanded HPOG program could provide a much-needed opportunity for these workers to be retrained and employed into healthcare.

Healthcare jobs are in high demand, with healthcare representing 8 out of the 20 fastest-growing jobs over the next decade.

Among the fastest-growing jobs are home health and personal care aide. These are common entry-level healthcare opportunities that HPOG participants have been participating in and it requires only a high school degree to enter.

Career progression into higher skilled jobs, such as nurse practitioner or physician assistant, is possible with employer-supported on-the-job training, such as found in a registered apprenticeship model, which is an integral component of the

HPOG program.

A pressure facing healthcare is the high turnover rates that we see among entry-level positions and especially in certain settings, such as skilled nursing facilities, where some turnover rates have been estimated at over 100 percent across skill levels before the pandemic and are likely to remain high after the pandemic.

While low wages are a contributing component to turnover, other factors contributing to that turnover are burnout, lack of promotion opportunities, and lack of employee assistance programs, such as childcare.

And we know that many of these workers in entry-level positions have been left without health insurance, they rely on food stamps, and they face long commutes on public transportation.

The support services offered through HPOG are critical elements to retain healthcare workers and could be especially important for rural communities who may otherwise not have the resources to recruit for high-demand occupations, such as home health.

These services are also important to retain a diverse pipeline of healthcare workers, given that minority populations are often more heavily represented in these entry-level occupations. These support services are likely to be contributing to the success of HPOG, which has found significantly higher levels of employment in healthcare with signs of career progress.

While the evaluation reports have not necessarily found higher wages among HPOG participants, it is important to note that the program is operating within the complex reimbursement model that affects wages, and the program has little, if any, role in influencing reimbursement.

In summary, to provide high-quality care to patients, we need a high-quality

workforce. To produce that workforce, we need to provide opportunities for career advancement through on-the-job training, combined with support services, to allow workers to focus on their career. The HPOG program has that proven track record and, with expanded investment, has the potential to strengthen our pipeline of healthcare workers in areas of greatest need.

Thank you for this opportunity to testify. I look forward to questions.

[\[The statement of Ms. Frogner follows:\]](#)

Chairman Davis. Thank you, Dr. Frogner.

And, Dr. Roundtree, would you please begin?

**STATEMENT OF LESLIE ROUNDTREE, PROGRAM DIRECTOR OF
CHICAGO STATE UNIVERSITY'S HEALTH PROFESSION OPPORTUNITY
GRANT (HPOG) PROGRAM**

Ms. Roundtree. Thank you, Chairman Davis.

Again, my name is Dr. Leslie Roundtree. I am the interim provost and senior vice president for academic and student affairs at Chicago State University. I am the project director for the Partnership to STEP UP in Health Careers at the university.

The STEP UP program, as it is referred to, is one of 32 Health Professions Opportunity Grant programs. When this Federal grant opportunity was offered, it directly aligned with the mission of Chicago State University to promote health careers among underserved populations. The most important component was that it promoted career laddering and establishing family-sustaining wages.

Through partnership with South Suburban College and Metropolitan Family Services, our three institutions designed a comprehensive wraparound program that enabled individuals to train in health careers from a certificate level to an associate to a bachelor's degree in four different disciplines.

STEP UP does not focus on students already going to college. Our target population are individuals with low incomes at 200 percent of poverty or TANF recipients. Targeting this population enabled us to work with TANF offices, unemployment offices, community-based organizations, churches, and other groups to

recruit individuals to get educational training and job placement in high-demand fields.

Healthcare training is very demanding because of the standards and competencies that must be demonstrated to ensure the safety of the public. This requires a dedicated focus.

Yet most of our participants are trying to complete their education while balancing difficult life circumstances. A significant number of participants are dealing with insecure housing, unreliable transportation or the lack of transportation, food insecurity, and lack of resources for daily supplies.

Through STEP UP's case management services, we were able to offer support in the form of bus cards or gas cards, emergency rent payments, food supplies, and toiletries.

One student who stands out is one who completed a short-term certificate and was an outstanding student. She became employed and started a second training. However, we quickly noticed she was having difficulties in her classes.

After a brief conversation, we found out she had broken her glasses. STEP UP was able to provide new glasses. And I am pleased to announce she is graduating in May with a bachelor's degree in community health.

The COVID-19 pandemic really demonstrated the disparities among the population that STEP UP is designed to assist. Chicago State University and South Suburban College quickly had to move all of their programs to remote online learning, and the digital divide became very real. Many of our participants did not have computers or internet access.

We provided the computers and the internet access, but online learning is not for everyone, especially if you have limited access and limited experience with technology.

Critical to the HPOG program is job placement. As partner organizations, we

formed a large employer network. We started jobs skills training in the beginning with goals and proceeded all the way to placement.

Mai, a married mother of five, found out about STEP UP in a TANF office. Her goal was to help her husband support her children. She graduated in December 2018, and Mai is a certified occupational therapy assistant, making \$32 an hour, and describes herself as a role model for her children.

Finding a job is one skill set, but maintaining a job is another. Coaching is significant for us to encourage this new experience and new success.

Aliyah, who started an 8-week program, went from an \$11 an hour job in retail to a \$16 an hour job in a hospital as a nursing assistant on a surgical trauma unit. However, she needed support of a licensed counselor to assist her to address the intensity of this position, as well as her own trauma and workforce pressure. STEP UP was able to provide this.

STEP UP and other programs do not only give individuals those first-time opportunities, but also a chance for career ladder. These degrees are not only putting the individuals on a new trajectory, but this training and support is impacting families and communities in which they reside.

Thank you.

[\[The statement of Ms. Roundtree follows:\]](#)

Chairman Davis. Thank you, Dr. Roundtree.

Ms. Hodge, would you please begin?

**STATEMENT OF CRYSTAL HODGE, CURRENT NURSING STUDENT,
LONG-TERM CARE NURSE, AND GRADUATE OF SUNY SCHENECTADY
COUNTY COMMUNITY COLLEGE'S HPOG PROGRAM**

Ms. Hodge. Good afternoon, Members of Congress, ladies and gentlemen. Thank you to Chairman Danny Davis and Ranking Member Jackie Walorski for holding this hearing today.

My name is Crystal Hodge, and I am here today to tell you about my experience with the Health Profession Opportunity Grant program, also known as HPOG.

I first heard about HPOG in January of 2011. I was working part-time at the Schenectady library and had a small child a little over a year old. I was living with my child's father, but it was an emotionally and at times physically abusive relationship. I depended on him and his family for food, shelter, but not my safety.

The part-time job at the library was not enough to support me and my baby. Someone at the library mentioned a new program that was starting at SUNY Schenectady County Community College. They were looking for people who were interested in getting trained in healthcare and who had more than a passing interest.

The program was based on a partnership between a community-based organization, Schenectady Community Action Program, better known as SCAP, and the college. I applied along with seven other students and trained as a nurse's aide. In April 2011, I passed my State examination and was certified.

The instruction was really good, and Mr. Bill Rowe will always be my first instructor. As a former director of nursing in a long-term care facility, he knew the job. He was a mentor to many of us.

But what made the most impact was the program was supportive unlike any other I had seen. In most welfare-to-work programs you get a voucher and are sent to school but basically are on your own. With HPOG, I received full wraparound support. I received the books, supplies, uniforms.

And, most importantly, I had access to fully paid childcare while I was in school. That was huge. I did not have to worry about my baby being left with people I did not trust, and I could focus on my education.

Right after graduation I worked at one nursing facility as a part-time staffer, and shortly thereafter I worked at another facility, Glendale. I was then hired full time by Glendale. By the fall of 2011, I was working hard, getting by, and hoping for more. Pulling double shifts and working two jobs, I could afford to move out. By January 2011, I found a small studio apartment and could pay rent, have food on the table, and get out of the abuse.

HPOG 2.0 began in 2015, and by then I was ready to pursue not just a job but a career in healthcare. I enrolled in the phlebotomy course to add a skill to my toolkit.

At the same time the college had reached an agreement with Maria College, well-known in this area for their nursing school. Because of the quality training I received at the community college and my subsequent experience, I was admitted at Maria College.

I could have gone straight to the registered nurses track, but I chose the practical nurse class because I wanted to take baby steps. I took advantage of tuition reimbursement from my employer, and HPOG supported me again by purchasing,

books, supplies, and uniforms I needed.

Going to school part-time, working full-time at Glendale and part-time at the Resource Center for Independent Living, and taking care of two children left no money for extra items. I would have failed or would have had to delay my training until I had money to pay for what financial aid could not cover.

In May of 2019, I completed my training and passed my licensure examine. Within a few days I was offered a promotion at the same nursing facility. I work as a licensed practical nurse with a living wage.

This was very fulfilling, but I wanted to go on for more, and HPOG was there again to support me with textbooks and supplies. I enrolled in the second year of the nursing program at Maria College after completing some prerequisites at SUNY Schenectady.

Now I am in my final semester of nursing school and I am looking forward to getting those two letters, RN, after my name, as well as started the pathway to my BSN.

You may think that I am unusual, maybe a bit stubborn, but when I think back at my path, I know I could not have done it without the financial, educational, and supportive environment of HPOG. Most of my classmates from the very first class in 2011 have gone to become LPNs and participate in other trainings and continue to work in healthcare.

Under HPOG 1.0, the college and its partners recruited and trained over 1,500 individuals. And HPOG 2.0, over 1,000 participants have started along different pathways.

We are a small community, but HPOG has made an invaluable difference in the private lives of so many -- provided a future for families and reduced welfare rolls. The investment you made in us has changed lives and will continue to do so if you choose to

fund more programs like HPOG.

The success of the program is not just financial. The wraparound support from case managers, instructors, employment specialists, and employers will have a ripple effect for generations to come. Please help us help our community and our country.

[\[The statement of Ms. Hodge follows:\]](#)

Chairman Davis. Thank you, Ms. Hodge.

And, Ms. Barney-Knox, would you please begin?

**STATEMENT OF BARBARA BARNEY-KNOX, DEPUTY DIRECTOR OF
NURSING, STATEWIDE CHIEF NURSE EXECUTIVE OF CALIFORNIA
CORRECTIONAL HEALTH CARE SERVICES**

Ms. Barney-Knox. Thank you, Chairman Davis, Ranking Member Walorski, and members of the subcommittee. Thank you for this opportunity to testify today.

I am the Deputy Director of Nursing for California Correctional Health Care Services, and I am also the chair of the Healthcare Subcommittee for the Interagency Advisory Committee on Apprenticeship.

Today, I testify in support of HPOG, which offers assistance and wraparound services to low-income and underserved individuals. But before I do that, I would like to share with you my own story and journey to the healthcare field.

My mother, Mary Kelley, was a certified nursing assistant. In the mid-1970s she answered an ad to apply to a program that offered financial assistance to participants for travel, uniforms, and other miscellaneous items.

As my mother explains it, many of the students of color were not provided financial assistance. Instead, funds were reserved for White students.

Since quitting was not an option, my mother persevered and completed the program without financial assistance. But she often struggled to secure gas money for travel and often would go without food for the day.

The poor treatment and daily struggles did not deter my mother. It did, however, make her realize she didn't want this for me. She ensured I attended a 4-year

college and pursued my Bachelor's of Science degree in Nursing.

I share this story with you today because my mother had dreams to become more and to do more in nursing. Lack of supportive services prohibited her from realizing that dream. She was clear with her children, however, that being poor wasn't our future. Being poor was the accelerant to a better future.

When I was asked to testify here today, no one was aware of the appropriateness of my testimony. I have seen firsthand the differences that wraparound services can make or break the trajectory of your dreams.

Today, I will share details of successful programs that train inmates in healthcare-related fields and how an apprenticeship model can be used to close the health workforce gap through scaling up these programs.

I ask you to understand this vision not through the lens of a Chief Nurse Executive, but through the lens of a poor Black child raised on the south side of Stockton, California, by a janitor and a certified nurse's assistant.

Former inmates face a unique set of challenges upon release, such as housing and employment. Providing a solid education is one of the best ways to eliminate these challenges.

The Inmate Disability Assistant Program, also called Gold Coats, is a program where inmate workers are trained to assist the elderly and disabled -- their peers, helping them with activities of daily living, such as hygiene, meals, and mobility. These tasks mirror those performed by a Certified Nurse's Assistant.

The Offender Mentor Certification Program trains inmates to become certified drug and alcohol treatment counselors. Participants complete a rigorous 1-year program which prepares them to take the national exam.

Of the initial 50 lifers who enrolled in our very first program, 47 have paroled

and 46 have secured jobs working in their field of study. HPOG would allow CDCR to scale up these type of programs.

The two programs I just referenced today are successful representations of training that could fill a gap in the healthcare sector where there is a shortage of jobs that are in high demand.

In 2016, CCHCS and SEIU-Local 1000 started the first civil service LVN to RN Apprenticeship Program. The majority of our applicants are minorities. Some are foreign-born while others have English as a second language.

The good news is graduates of this program saw on average a 55 percent salary increase when they took on their new positions as an RN.

The LVN to RN Apprenticeship Program highlighted two things. First, many applicants had the desire to continue their nursing journey but did not have the resources. And, second, CCHCS could leverage the apprenticeship model to build capacity in other health-related occupations.

In closing, I hope my testimony has provided insight into the way HPOG can support State entities to allow for an expansion of job training programs.

Today, I am joined by my colleagues behind me, Kim Chu, Correctional Counselor III, who started our first Offender Mentor Certification Program, and John Badgett, who is a graduate of that program, who paroled last November after serving 32 years in prison.

Mr. Badgett secured a job as an AOD counselor 2 weeks after release and currently works for Archway Recovery. I encourage you to watch the video of Mr. Badgett and his younger brother, who were incarcerated together at Solano State Prison, completed the program together, and both became AOD counselors. It is an awe-inspiring story that I am sure you will enjoy.

Thank you for allowing me to share my perspective. I look forward to answering any questions you may have.

[\[The statement of Ms. Barney-Knox follows:\]](#)

Chairman Davis. Thank you, Ms. Barney-Knox.

And, Mr. Sullivan, would you begin?

**STATEMENT OF JAMES SULLIVAN, GILBERT F. SCHAEFER COLLEGE
PROFESSOR OF ECONOMICS AT THE UNIVERSITY OF NOTRE DAME**

Mr. Sullivan. Good afternoon, Chairman Davis, Ranking Member Walorski, and other members of the subcommittee. I am delighted to serve as a witness for this hearing, particularly given its emphasis on evidence.

I am the cofounder of the Wilson Sheehan Lab for Economic Opportunities, or LEO, which is a research center at the University of Notre Dame that partners with local social service providers to identify effective and scalable programs that improve the lives of the poor.

Over the past 50 years our Nation has seen considerable reductions in poverty. But this progress should not hide the fact that millions of Americans still struggle to make ends meet. And the pandemic has only made things worse by hitting low-income workers the hardest.

So I want to thank Congress for funding a pathway for Americans to obtain the skills and supports they need to live a life outside of poverty. Furthermore, I applaud your support for developing evidence to learn what works.

Over the past 8 years, LEO has launched more than 70 studies examining innovative ways to help people escape from poverty. Today, I want to share with you what we are learning, as well as some recommendations on how funding such as HPOG can help reduce poverty.

A consistent theme we encounter in our work is that those in poverty face significant barriers, such as limited work experience, lack of transportation, and poor mental or physical health. In fact, most families in poverty must navigate many barriers at once.

The complexity of these situations is reflected in Rosa's story. Rosa is a single mother of three young children who never finished high school. She would like to work, but she does not have access to a car or public transportation.

In addition, Rosa has a child with severe learning disabilities. She has fallen behind on rent and recently received a 15-day eviction notice.

Although there are many services available to support Rosa, she will need to navigate a complex benefit system and juggle a mix of programs and eligibility requirements, while trying to improve her family's situation.

In recent years, many programs have emerged that recognize the challenges that Rosa and many like her face, and there is growing evidence that these programs are effective.

To explain how these programs work, let me highlight a specific example, the Padua program.

Padua is a comprehensive case management program designed by Catholic Charities Fort Worth to help people attain economic stability. Participants are assigned to a case manager who provides holistic and individualized services that address their unique barriers. These services are offered over an extended period and are designed to first address basic needs before working on self-sufficiency.

For Rosa, this means first establishing stable housing, and then her case manager might provide financial assistance to buy a car, referrals to tutoring for her child, and a plan to get the necessary credentials to secure stable employment. All the while, her

case manager serves as a coach and mentor, supporting Rosa in her long journey out of poverty.

We evaluated the impact of the Padua program through a randomized controlled trial, and the results showed that the program increased full-time work by 25 percent.

An important lesson from our study was that Padua had different impacts on different groups, depending on the unique barriers they faced. For those who were not in crisis and ready for work, we found large positive effects on employment. For those who were in crisis, the homeless, for example, we found large positive effects on housing stability.

In my written statement I provide several examples of programs that share many of the same components as Padua. All have been shown through randomized controlled trial evaluations to significantly improve key outcomes, such as employment, earnings, or educational attainment.

These examples show that there are promising, evidence-based models that improve outcomes for individuals who face many barriers, and they provide important lessons for policymakers about how to generate evidence and structure future funding.

Let me highlight a few.

First, in future evaluations of HPOG, we should measure the effectiveness of specific interventions. The HPOG study examined the collective impact across 42 different programs. Consequently, we don't learn which programs were successful at improving key outcomes. Such information is critically important for determining how best to invest future funding.

Second, Federal grants such as HPOG should support the replication and scale of proven models. I have shared with you examples of comprehensive programs that offer individualized and holistic services. Despite the evidence of effectiveness, there is

limited funding available to scale these programs up.

Finally, future funding should incentivize innovation. The most innovative ideas for social programs come from local providers, but they need funds to experiment with new ideas.

I want to thank this committee for giving attention to this important issue, and I look forward to your questions.

[\[The statement of Mr. Sullivan follows:\]](#)

Chairman Davis. Thank you. Thank you, Mr. Sullivan.

And now we will proceed under the 5-minute rule with questions for the witnesses, and I will begin by recognizing myself.

Ms. Hodge, I want to thank you for your powerful testimony. You are truly a testament to what hard work will do, and especially when combined with support in the places that you need it.

You also brought back memories for me, because my first job in healthcare was that of being director of training at one of these first Federally Qualified Community Health Centers.

How do you think that HPOG could be improved to better support you and other individuals like yourself?

Ms. Hodge. Thank you for the kind words.

I believe, as far as the way it can be improved, is to expand. I believe the more people you funnel in, the more moneys you allocate within the community, the more success stories you will have.

I am but one, but there are many. I come from the first, but there were people behind me. I feel with just getting extra -- how can I say this? -- I am sorry -- getting extra funds allocated within the community to increase, I guess, the training in all forms of healthcare will bring more success stories and help reach the community at its level. You understand? Like we have to go out there and get these people here. And that is how we are going to do it, by having extra funding for our community.

I am from the community. I haven't left the community. I continue to be part of the community. So I will always help my community, and I do that today. I speak. Anyone that stops and asks me a question, I let them know where to go, who to speak to.

And from my understanding, there is only but limited resources, so not everyone can join, which is very, very saddening at that.

So improving with the -- expanding on the funds to get it to the community.

Chairman Davis. Thank you very much.

And, Dr. Roundtree, obviously I am very delighted and pleased to have you here. And, of course, Chicago State University is a hallmark in the area.

You noted that you had to work with the community in terms of developing training programs and community outreach. How did you go about doing that? What kind of community groups and all did you interact with?

Ms. Roundtree. We implemented a partnership model. So we went to community agencies that serve all kinds of groups for either employment or educational advancement.

We also worked with social service agencies that may be dealing with opportunity youth and other groups that again were trying to direct people into long-term goals. We worked with our government offices in terms of unemployment, TANF.

Because our goal was really to reach those individuals who were not aware of what resources could be gained by joining a program such as STEP UP.

As a university, we have our own group of students who are on a track to go to school. We were trying to reach those who were in most need.

Chairman Davis. Thank you very much.

And, Ms. Barney-Knox, I must ask you, I mean, I am intrigued by the program that you have developed with individuals who are inmates or are people who have criminal records or prison records or have been convicted.

How did you start a program inside the institution before individuals were

released?

Ms. Barney-Knox. Well, we have a very strong rehabilitation arm to CDCR, California Department of Corrections and Rehab. And so we have partners on our custody side that began these rehabilitation programs, and a lot of them center around creating jobs that are both helpful for the inmate and as well as provide a service to the institution.

So the Gold Coats program was created, I believe, at California Medical Facility where we had a large population of HIV inmates, as well as inmates that required hospice care. And so training the inmates, who tend to care for each other a lot anyway, but training them formally on some basic skills to help them assist their brethren, it just seems like the right thing to do.

One of our recent inmates who was released is currently working for UCSF, University of California San Francisco, in a geriatric program where he is a program aide, and his training as a Gold Coats directly related to him being able to get that job.

So I give all credit to my partners on the custody side for developing rehabilitation programs that engage our inmates.

Kim Chu, who is sitting behind me, was one of the first people to help develop the Offender Mentor Certification Program and train inmates as AOD counselors. I had an opportunity to sit with the group last year, and it was very, very inspiring to see the transition that these men had made and then to go out and help their fellow inmates.

Chairman Davis. Well, thank you. Thank you very much. Back in Illinois I am known as the guy who probably spends half the time with the Illinois Department of Corrections, and I am just delighted to hear the work that you are doing.

And now I would recognize the ranking member for her 5 minutes.

Mrs. Walorski. Thanks, Mr. Chairman.

Crystal, I just wanted to give you a shout-out and say way to go. And so proud of you, so proud of what you are doing.

Professor Sullivan, thanks again for joining us today. In your testimony you talked about the complexity of poverty and the need for comprehensive programs that address multiple barriers faced by those living in poverty.

Specifically, I am wondering if you can speak to the role of social workers and case managers in that equation, and I think we have spoken about that before.

I previously introduced a bill called the Coordinating Assistance for TANF Recipients Act. This bill will look at ways for States to test methods of coordinating case management across different Federal programs.

And then I also strongly believe that effective help for people starts at the community level, like Crystal was talking about, and face-to-face interactions, not just sending out checks and hoping for the best. TANF recipients and other low-income families should not be treated like they are just numbers on a spreadsheet.

Can you talk more about the programs you have researched at the LEO lab and the role that case management has played in those programs and how it is making a real difference in people's lives?

Mr. Sullivan. Sure. I would be happy to.

So from all of our interactions with local social service providers who are implementing comprehensive case management programs, we are learning that case management is critically important.

And I think the story of Rosa that I told you is telling here in that she has a lot of obstacles to navigate and many of them are personal. Talking to people about the challenges with childcare and employment and your own personal issues can be very difficult to share with somebody that you don't have a strong relationship with.

These nonprofits employ professional social workers and case managers who develop what they all emphasize is the key component, which is a strong relationship with the client.

And with that relationship comes an element of trust, which helps the case manager understand the real barriers and then be able to devise a plan to address those barriers. And it speaks to this idea that a cookie-cutter approach will not allow for that customized set of services that is going to help somebody out of poverty.

You asked about other programs. Let me share one new interesting model that emphasizes this point. We have looked at these kinds of comprehensive programs in a number of different settings, and we are finding evidence of impact in different settings.

And one new, interesting setting I will bring up, because it is in our backyard, but also because it is a really neat program, is the Goodwill Excel Center in Indianapolis.

The problem that they are addressing is that if you are a 25-year-old who dropped out of high school in this country, most 25-year-olds cannot get a high school degree because it is not approved by the State. That is true in the State of Indiana.

So the Goodwill Excel Center developed a program that will credential these individuals for a high school diploma and also prepare them for the labor market at the same time.

The other option that you would have would be a GED, which data shows just simply do not yield the return in the labor market that a high school degree would. And the people who drop out of high school are amongst those that face the hardest challenges in the labor market.

The Goodwill Excel Center provided access to this credentialing, but also case management to help them navigate all the challenges in their life so they can actually

complete this degree. It includes peer mentoring and other key components that encourage these adult students to cross the finish line.

What our study showed is that there was a 35 percent increase in earnings for those that graduated relative to the comparison group. And what we really liked is that this impact has persisted over time. It creates a really promising model and yet another example of how case management can have a big impact.

And then, importantly, they use that evidence to leverage replications in many different sites. So they are now in several States across the country. And we hope to leverage additional evidence to incentivize scale-up of this program further.

Mrs. Walorski. Thanks so much. I am really interested in what is happening with the Catholic Charities Fort Worth. It is an amazing program that you talked about as well. Thanks again for sharing your expertise with us.

Mr. Chairman, I yield back.

Chairman Davis. Thank you, Representative Walorski.

And the chair now recognizes Representative Chu for 5 minutes.

Ms. Chu. Thank you, Mr. Chair.

Dr. Frogner, the pandemic has shown us how much we rely on healthcare workers. It has also exposed longstanding disparities in our healthcare system, leaving minority populations at higher risk of contracting or dying from COVID-19.

For example, according to The Marshall Project and the Associated Press, deaths from all causes, COVID and otherwise, have gone up 9 percent amongst White Americans but more than 30 percent in communities of color.

Our communities are suffering, and they need a culturally and linguistically competent healthcare workforce to help reduce disparities for racial and ethnic minorities.

So does having diverse workforces yield better health outcomes? And do workforce programs that aim to reduce disparities, such as the HPOG program, facilitate those benefits?

Ms. Frogner. Thank you for that question. It is a very important one to be asking right now.

So there are a number of studies that are emerging, very rigorous ones, that show that having a diverse workforce does improve health outcomes for a diverse population. There was a recent study in the National Bureau of Economic Research, for example, that saw that in a randomized controlled trial that having more Black physicians provide care to Black men resulted in better adherence to preventive care recommendations.

Where the HPOG program really helps is creating a diverse pipeline from the local skill level and allows additional training to help individuals move up the pipeline, because what we do see in creating a diverse workforce across the skill level is that we have a relatively diverse health workforce among our more lower-skilled workers but we don't see them moving up the pipeline.

And part of that challenge is, as others have discussed today, is a lack of support services that one may have to be able to move to that next step.

And I think that is where the HPOG program really provides a service, by supporting up our very critical -- I say low skill really from the perspective of education, but those who are kind of at the lowest level of education to get further educated to move up that pipeline.

Ms. Chu. Thank you for that.

Last Congress, I introduced the Essential Skills and Child Care for Health Professions Act, which ensured that HPOG programs provide basic adult skills or English language proficiency to those who need it before entering a health occupational

training program.

So, Dr. Frogner, are you aware of any workforce programs that provide such services to participants? And can you discuss how including these type of support services could help reduce the healthcare staffing shortages that we are seeing in this country?

Ms. Frogner. The HPOG is really quite a unique program. We do not see a plethora of programs across the country that integrate a number of training opportunities or pull in a pipeline of workers that could include a linguistically diverse population.

And I think to the extent that we can expand this program across more States, we would potentially see more innovation that would allow for even greater consideration of ways to include linguistically appropriate training among our healthcare workers so that then we create, again, that pipeline of linguistically, I guess, trained or people with that background to be able to move up that pipeline.

And I think that in terms of workforce shortage we do know that we have a shortage of workers, especially in those home health aide jobs and nursing assistant jobs, which is that first rung in this career ladder that HPOG often targets.

We do need people in those jobs. We know that before the pandemic these were jobs that were in high demand. And there are plenty of anecdotes that would suggest that there is a shortage in these areas. And HPOG helps to fill those roles.

So I hope that answers your question.

RPTR GIORDANO

EDTR CRYSTAL

[3:00 p.m.]

Ms. Chu. Thank you.

And, quickly, Crystal Hodge, your story is so compelling. You made it clear that you had childcare available to you when you went through the program.

Ms. Hodge. That is correct.

Ms. Chu. Can you expand on how it helped you achieve your goals?

Ms. Hodge. Well, I didn't have to worry about the safety or security of my son at that point in time. So that is something, as a mother, as a parent, when you go out there to work, you have to make sure that you provide proper daycare, proper childcare for your child. You know, it is very sad when you hear all these stories of mishaps and terrible things that would happen.

So having that childcare, having that sense of my child is safe, allowed me to focus on what I needed to focus at that time, which at first was the CNA program, then the phlebotomy, then the LPN, and so on and so forth.

At this point in time, I am able to provide childcare on my own to my children, but in the beginning it was something that was needed for me to be successful, and HPOG provided that.

Ms. Chu. Thank you. I yield back.

Chairman Davis. Thank you. The gentlelady's time has expired.

And the chair now recognizes Dr. Wenstrup for 5 minutes.

Mr. Wenstrup. Well, thank you, Mr. Chairman.

Great testimony today. It is good to hear from everybody.

And, Ms. Barney-Knox, I want to say something to you specifically. As someone who has taken great pride in what we have done in criminal justice reform, I think a key component to it is the type of work that you have been doing and getting done.

If you can leave with a needed skill and an opportunity for work, that solves a whole lot of problems and certainly cuts down on recidivism. And thank you so much for that work. It is much needed. I am glad to hear about it today.

You know, I serve as co-chair of the Rural and Underserved Healthcare Task Force along with Chairman Davis, and we formed this task force to address some of the unique challenges and health disparities that exist in rural and underserved communities. And one of our main focuses is to address the healthcare provider workforce shortage that we are seeing across the country.

So I am glad to have this opportunity today to work in this bipartisan fashion on these issues. I appreciate Chairman Davis' goal of bolstering the healthcare workforce with this.

So it is an important tool to tackle what we are trying to do here, the challenges of healthcare employees, the challenges of poverty.

In Ohio, the healthcare community is working to lift people out of poverty into career opportunities as well. There is a public-private partnership using low-income housing tax credits at least, and Nationwide Children's Hospital partnered with them, creating affordable housing very near the hospital.

And, built into the complex, they offer on-site career services. So the residents have access to housing, employment training, financial literacy education, and career development services.

And so, in hearing from so many employees at the hospital who went through

this, they are saying they never envisioned that they would have an opportunity to work at this great hospital. And so the opportunities were created there. Sometimes that is all it takes, is getting people that opportunity. And other hospitals in Ohio are looking at similar projects, and I am pleased to see that.

But one of the barriers to success for programs like those that I mentioned in Ohio, or the HPOGs, is the siloed nature of our programs. For our people in poverty, traditionally you have to go one place for your nutrition, another place for your housing, and another place for your healthcare.

And there really are multiple different departments running healthcare professional development poverty programs at the same time. They don't necessarily talk to each other. And I think we can do better in that.

But not only are these programs siloed at the department level, but they fall under different committees of jurisdiction here in Congress. And that is something that I would love to see us change, bring these things together. And I have talked about this, the frustrations of these silos.

You know, let's face it. I am grateful to live in a country that cares about our poor and that we have safety nets and we have programs to care and try and uplift people, because any one of us could find ourselves in poverty at any time.

But if we are going to be serious about addressing poverty, we need to define what success looks like and measuring outcomes, in my opinion. So does success mean that you have gotten paperwork done to put people into some program? Or have they actually been lifted out of poverty and into a job? And so I am glad to hear about the successes today.

My question is towards Mr. Sullivan, if I could. I believe I hear him say we need to be vested in case managers that have some authorities at a local level to get

things done and to work more locally.

But how can the Federal Government provide the necessary flexibility for States to coordinate between these programs while having accountability for results and for us to gather best practices and innovations of process?

Mr. Sullivan. Sure. The idea of flexibility, I think, has a strong argument behind it, and particularly because, as I mentioned in my testimony, that is where -- the local level is where a lot of the innovation is occurring.

So in the case of the Padua program in Fort Worth, Texas, they designed that program with having in mind the issues that their clients were facing in their community.

And so that speaks to the importance of having the flexibility for local programs and State programs to be designed to address those needs and to be able to coordinate across a number of different programs.

One clear way that the Federal Government can help in that coordination is with data, because both for the program implementation, being able to use data to determine eligibility and track outcomes across a number of programs would be really important, but also, as a researcher and those who will want to understand the impacts of the programs, having access to that data is critically important as well.

Now, in terms of accountability, I think that there is no better way to establish accountability than to measure the impact on key outcomes. So that is, I think, a real positive feature of the HPOG program in that it had an evaluation built into it. I would just like to see it targeted towards specific interventions so we could answer the question: Did this intervention move the outcomes that it was designed to move?

Now, the one challenge there is identifying the right outcomes in each situation.

Mr. Wenstrup. Thank you.

Chairman Davis. Thank you. The gentleman's time has expired.

And the chair recognizes for 5 minutes Representative Moore.

Ms. Moore. Thank you so much, Mr. Chairman and Madam Ranking Member.

This has been an outstanding panel. Each and every person has really brought some important information to the table.

And I think I just want to join everybody else in lifting up Crystal, not only because of her own personal achievement, but I think what she proves is the point that all of you have made, and that is, is that, number one, you really have to make investments in people. You can't just expect Crystal to get up and go to work if she can't be sure that her son is going to be safe and secure.

She talked about the support that she got from her employer, being able to turn this into a career ladder and not just a job where she was going to make \$11 an hour part time as a CNA and not see a career ladder, which I think Mr. Sullivan talked a little bit about in terms of the high turnover, burnout rate, really lack of transportation. I mean, how do you get a car and babysitting and all of that, and you really do. And he talked about case management.

And of course I have a half a ream of paper from you, Ms. Barney-Knox, on all the success stories of your prisoners, which is really an amazing testament. And of course Dr. Roundtree and others.

I guess -- and I don't have the clock in front of me, so I am terrified of running out of time -- I am wondering, Mr. Sullivan, you have discussed the importance of making things scalable. I mean, from your lips to God's ear that we are going to have case management for every person who finds themselves poor. I mean, they have that individual coach to help them through poverty, negotiate through bad debt or alcoholism or lacking the high school diploma.

Or maybe someone simply like Crystal, who just needs to make sure that they can have transportation and childcare and support and a career ladder.

And so I guess, how is this scalable, number one, with our current policy where we have time limits so that if there is a program you could get a person through by the time they have finished getting housing first, housing, and their disabled child, their time limits have run out?

Also, how does this become scalable with -- I know that it creates a lot of jobs for caseworkers and social workers, and I support that workforce. But when we start talking about it doesn't increase wages that much, is that a factor, would you think, of our not making enough of an investment long-term in people, to say the program didn't work after 6 months or 6 weeks because we didn't really scale it to where it should be?

And, with that, I would yield to your response. Thank you.

Mr. Sullivan. Yeah. Thank you.

How you scale these programs is the million-dollar question, or maybe I should say the \$1.9 trillion question.

There is a lot of evidence -- I mentioned much of it in my statement -- on programs that have worked at the local level. And it is true that these programs are small relative to the scale of Americans who are struggling to put food on the table and make ends meet.

And so you are hitting on the critical question: Do you want to really make a difference if we want to move the needle at a national level?

And I really think that the best -- because the stakes are so high -- these are more expensive programs, because it takes time and human resources to invest in these individuals and understand their barriers.

The State of --

Ms. Moore. If I could ask you a question there -- and I just want to cut you off, because I am afraid they will cut me off.

Mr. Sullivan. Sure.

Ms. Moore. Just our current approach to delivering welfare services is really heavy on the administrative side and tracking people down as opposed to, like, providing childcare.

I mean, I am from Wisconsin where we sort of started these welfare reform programs, and, really, they are forcing people into work programs and denying them childcare if they try to go to school.

So someone like Crystal would have never made it past the 5-week CNA program, and the minute she hit \$11.50 an hour she would lose Medicaid, she would lose everything. So there wouldn't be a career ladder or an incentive for her to keep going.

And so I am wondering if you think that, as we look at reforming welfare, we ought to look at really creating true opportunity like this program could provide if we scaled it to create those career ladders for people, and also a great service to our community, who is aging a great deal right now.

Chairman Davis. The gentlelady's time has expired. But the gentleman can answer the question. Mr. Sullivan, you can answer the question.

Mr. Sullivan. Okay. Great. Yeah.

So the structure of the safety net at the Federal level really isn't designed to do that, to build that career ladder so that people can move up and build the skills to reach self-sufficiency.

So programs like Padua, programs like the Excel Center that I mentioned, are really designed to do just that. And I am optimistic that, if the resources follow the

evidence, that we will be able to scale these programs so that we will do just what you are suggesting.

Chairman Davis. Thank you, Representative Moore.

Ms. Moore. Thank you for your indulgence, Mr. Chairman.

Chairman Davis. Thank you.

And the chair now recognizes for 5 minutes Representative Smucker.

Mr. Smucker. Yes. Thank you, Mr. Chairman. Thank you for holding this hearing. Ranking Member Walorski. I appreciate both of you holding this hearing today.

I have certainly appreciated hearing from all of the witnesses. And I want you to know this is my first hearing as a member of this subcommittee, and so I am looking forward.

I chose to be, wanted to be on this subcommittee, because I think there is so much work we can do in Congress to improve our processes and ensure that our programs to help lift people who are in difficult situations out of those situations and can really make a difference in people's lives from the work of this committee.

So I am pleased to be part of the subcommittee, and I am pleased to begin to dig in and hear from all of you on these issues.

Ms. Hodge, obviously all of us have talked about the -- we are inspired by your story. And we love it when these programs work. And that has certainly helped, for you to have the kind of wraparound services through this program that helped you to achieve your goals. And I think you are going to have a great career in healthcare, and we wish you the very best.

We know certainly we have a shortage of healthcare professionals throughout the United States, and this shortage can lead to reduced access to care and increase costs.

So I think programs where we can encourage people, provide opportunities to enter healthcare is great.

We also know healthcare provides good career opportunities and good pathways. Individuals in these fields can typically continue to earn credentials, as you talked about, Ms. Hodge, stackable credentials, and continue to climb the career ladder into better-paying jobs.

And so this is a real opportunity to help lift many families out of poverty if we can make that connection to the workforce.

I would also like to associate myself with the comments that were just made in regards to case management. I have seen firsthand the impact that can have.

And I have also seen firsthand in my community the impact of multiple agencies and social service organizations collaborating. And in my community they actually created a sort of network of -- actually, a computer network that shared information and helped to facilitate an individual who may have to access multiple organizations, help them to guide through that through case management.

So it has worked very well with one goal in mind, and that is to help people temporarily, and then they measure success by being put in -- by achieving a great-paying job and being on that ladder to success.

So I have seen that work, and anything I think we can do to help facilitate that kind of collaboration in case management would be great.

We certainly should be, as Mr. Sullivan has said, evaluating all of these programs, and I look forward to learning a lot more as a member of this subcommittee.

I do want to mention -- and, Mr. Chairman, if I could enter into the record a study that I have here, I would appreciate the opportunity to do that. This is a study by HHS, by their Office of Planning and Evaluation, looking at the HPOG program. So if

I could enter that into the record?

Chairman Davis. Without objection.

[\[The information follows:\]](#)

Mr. Smucker. Thank you.

And I do want to ask Mr. Sullivan about this, because you talked about measuring these programs. And of course this program worked for Ms. Hodge.

But the outcomes that HHS came up with when they measured the program aren't great. They show that the current program as it stands -- and this may not be true in all areas -- but the program as it stands is falling short of some of their goals. They say it is a system that might disincentivize growth in the workforce because workers risk falling off that benefit cliff if they receive modest promotions.

So I would like to have your thoughts on that.

And then certainly, as we are talking about reauthorization, it might provide us an opportunity to address that problem if indeed it does exist.

And I think, also, I would be interested in, Mr. Sullivan, hearing from you if we could pair this reauthorization or pair this program with other programs that may be similar and make it more effective.

Chairman Davis. Thank you.

The gentleman's time has expired.

Mr. Smucker. Oh, my.

Chairman Davis. But, Mr. Sullivan, you can answer the question.

Mr. Sullivan. Great. Thank you.

So I was really excited to see that Congress required an evaluation of HPOG. I like the idea of decisions being informed by evidence.

I think there are some promising things from that study, like it was designed to increase credentialing and jobs in those working in the healthcare sector, and it did those things. But you are right to point out that the average effect on earnings and

employment were not evident.

But I would caution how we interpret that evidence. I think that that is the impact of the over -- what they tested was the impact of the overall funding stream.

And what we really want to know is: What is the effect of the program that Ms. Hodge went through? Or what is the effect of a locally, well-designed, innovative program? Because otherwise what we are doing is taking innovative, impactful programs and weighting them down by programs that were -- maybe they were poorly targeted, or maybe they were not well designed, and, on average, it didn't work.

And I would love to dig into the data, find the effective programs, and then use that evidence to scale up the ones that work.

Mr. Smucker. Thank you.

Thank you, Mr. Chairman.

Chairman Davis. Thank you, Mr. Smucker.

And now we will move into a two-to-one ratio for questioning.

And, Mr. Evans, you are recognized for 5 minutes.

Mr. Evans. Thank you, Mr. Chairman. I appreciate this hearing and this opportunity.

Mr. Chairman, I plan to reintroduce the Mentoring and Supporting Families Act, which would build HPOG's success by ensuring that all HPOGs include mentoring, peer support, career coaching, critical components to help individuals overcome obstacles they face in climbing the ladder.

I would like to ask Ms. Hodge, Ms. Hodge, what are the benefits of supportive services like childcare and mentoring for you and others in the program?

Ms. Hodge. Mentoring and childcare and other supportive services that I received through HPOG allowed me to be successful, and I am sitting here today

because of these services that were provided to me. They allowed me to grow personally and professionally.

The mentorship that I got here allowed me to understand even better the ins and outs of the long-term care facility that I was going to be working at. And childcare, I have already spoken on it, allowed me to just focus on the education that I needed.

So all of these programs that HPOG is funneling out into the community and trying to get, it comes with a benefit. It allows these people from low-income areas, low income, to be successful. It helped me. I am currently a homeowner.

You understand? It starts from the fundamental place. Let's get you the training you need so you can move forward and helping you along the way.

Mr. Evans. I would like to follow up. Could you tell me, what else could HPOG do better to support you and your fellow participants in your career?

Ms. Hodge. Well, I spoke about that earlier as far as I just feel that just allocating more funds within the community.

To come out of a recession, the community has to be successful. We have to help our own community.

So, in nursing, we have something called the Maslow hierarchy of needs. There is a primordial level that safety, security have to be on. If someone doesn't have proper housing or someone doesn't feel safe, this is where case management comes in.

HPOG has basically done this for me and for others. So I feel, with what we have here in Schenectady, because I can't speak upon everywhere else, it has been successful. I feel that we should just expand what we have and possibly add maybe more training courses. I do understand they have community health workers. They have phlebotomists, EKG.

Anything within the healthcare field is so needed at this point because of the

staffing shortages. And I have experienced these staffing shortages, while coronavirus, at my employment.

So expanding on this program as it stands is what is needed. We need to get to the people, have the people come in here, train, get supportive services, and go out and work.

Mr. Evans. Dr. Roundtree, how does your program support TANF recipients of the low-income workers seeking to launch a health career?

Ms. Roundtree. Our program provided, in addition to tuition support and payment for the training courses, it also provided support in terms of emergency funding to deal with some of the areas of concern, like housing or food insecurity. It also provided job placement services. Once we are able to finish, we wanted to make sure and match them well to an employer where they could stay.

And then it provided follow-up. So we follow our participants all the way through and continue to follow them so that they can make sure, if new situations that maybe they weren't prepared for occur on their job, they can sustain their job.

And then there is the additional support once you actually move into work. Sometimes it is uniforms, again, childcare, arranging a new childcare situation so that you can have a new schedule with your work.

So it was a comprehensive service package.

Mr. Evans. Thank you very much.

I yield back the balance of my time, Mr. Chairman.

Chairman Davis. Thank you, Mr. Evans. The gentleman's time has expired.

Mr. Kildee. Mr. Kildee is recognized for 5 minutes.

Mr. Kildee. Thank you, Chairman Davis, first of all, for holding this hearing. It is a pleasure to be a part of this subcommittee. And this hearing is concurrent with

my interest in it. So thank you for that.

And I appreciate the testimony of the witnesses here today, which underscores the real impact that HPOGs have had for Americans. Just hearing these stories of people having opportunity unlocked for them reinforces the importance of these important initiatives, especially in these very high- demand jobs. It is not just good for the individual, but obviously good for the industry, good for the economy.

Americans are working harder, and this is an example -- especially during this pandemic -- this is an example of how, as we continue to recover from this public health and economic crisis, workers can get access to skills and training they need to compete for a job, allow them to take care of their families in a way that they can be proud of.

As we go through this process, as we recover, as we continue to support these programs, I want to make sure that the communities that are in greatest need are able to apply for these grants. And that is why today I introduced the Technical Assistance for Health Grants Act. This bill would invest \$15 million to help local health organizations and schools apply to implement HPOGs.

And I have seen this in other aspects of what we provide. Often communities who are in the greatest need of Federal support haven't been able to meet the requirements, the rigorous requirements often in applying for a Federal grant. The capacity, the staffing, the personnel, the other technical needs that they have can prevent a community from taking advantage of an opportunity, including HPOGs.

And so this bill would make it easier for communities to apply for these grants and implement.

So I would like to ask Dr. Roundtree a question.

If you could, from your perspective, tell us what you think can be done to ensure that these grants are made available to communities who are in the greatest needs? In

other words, what kind of information, what kind of guidance, what kind of technical assistance would help a community organization be successful in applying for and in implementing one of these important grants?

Ms. Roundtree. I think it really would be helpful if we can assist people to figure out how to build the network that they need to support such a grant.

By Chicago State working with a local community college, as well as a community service agency, we were able to build the structure together that allowed us to meet the various needs.

Those were opportunities that we were already familiar with. But I think, if you are trying to target certain communities, you need to look at the resources within that community and help them build those networks so that they could sustain a grant successfully such as this.

And then I would also recommend targeting communities where you see the identified medically underserved health profession, underserved groups, because many of the HPOG participants, when you pull them from the community and train them, they will go back and work in these very communities.

Chairman Davis. Thank you, Mr. Kildee.

Mr. Kildee. Thank you. I yield back.

Chairman Davis. The gentleman has yielded back.

The chair now recognizes for 5 minutes Mr. Hern.

Mr. Hern. Thank you, Mr. Chairman.

I would like to thank the witnesses also for being here today.

I think, as Republicans and Democrats, we all agree that we need a safety net and we need to strengthen resources for low-income individuals to help them on a path to financial independence, as we have heard here today. As you can see behind me, we

spend a trillion dollars or more on more than 80 programs helping low-income individuals, and these numbers are just from 5 years ago. So I don't know what the number is now, but I know, 5 years ago, it was a little over a trillion dollars.

I myself benefited from many such programs early in my life. My vo-tech training helped set me on a path that led me here today. But we need to make sure these programs are actually helping people.

And somewhere in the last 20 years or so, we started teaching our kids that they must go to a 4-year college when it is not necessarily so. And college isn't for everyone, and it is not a prerequisite for success or financial stability.

As a result of that mindset, jobs that require skilled workers but not a 4-year degree are facing shortages in the workforce.

Countless Americans have utilized workforce development programs to learn a trade and find quality, high-paying jobs, just like I did when I was a teenager.

When I look at these Health Profession Opportunity Grants, it sounds positive, investing in workforce development, especially for low-income individuals. And healthcare is a high-paying field with endless opportunities for those who are willing to work.

The HPOG program has randomized controlled trials to assess the program, which I am very thankful for, but the data revealed in those trials is abysmal.

Studies showed that HPOG programs -- program completion does not translate necessarily to higher earnings for recipients. Even more alarming, only 1 percent of HPOG recipients claimed confidence in career knowledge, only 1 percent were employed, and only 7 percent experienced career progress.

The grants did not decrease the necessity of public assistance for recipients. To me, these numbers indicate a failure. If this were the private sector, the program would

have been killed already. In the Federal Government, though, failing programs are often rewarded with more money and less oversight and no reform.

We need to ensure these programs like this result in employment and higher wages for participants. Otherwise, we are not helping anyone.

Mr. Sullivan, I commend the work LEO is doing to test and support evidence-based poverty-reduction programs. In your testimony, you mentioned Rosa, a mother of three struggling to navigate the complex mix of eligibility requirements for welfare programs.

My biggest concern with our Nation's safety net programs is that they often provide disincentives for program recipients to work and earn higher wages. They also sometimes fail to inform participants that they may lose access to government benefits if they reach a certain salary threshold. It has been talked about today.

However, some participants already know of this cliff, including low-income individuals, who fear that getting an increase in their salary will lead to a sudden elimination of their public assistance benefits.

Going forward, we need to find a way to ensure that program participants are not, unfortunately, confronting these cliffs and are not deterred from seeking further workforce opportunities. And individuals should not be incentivized to stop their career development due to personal fears of losing those funds.

So the question I have for you is, in your research, have you focused on the detrimental impacts the benefit cliff can have by tracking participants in the cycle of dependence?

Mr. Sullivan. Thank you for bringing up the benefit cliffs, because it really is an important issue, and it is an important issue for those of us that are working on evaluating innovative programs at the local level.

You can imagine being a case manager and exerting all this time, energy, and effort to find a better job for one of your clients, and then your client's earnings go up, but then realizes they lose -- could be food stamp benefits, could be a less generous housing subsidy, et cetera.

That is a very challenging situation. So the nature of benefits tapering off can work against these efforts to try and increase employment.

So it is a challenge for these local programs. There are some things that can be done to smooth out those cliffs. The broad-based categorical eligibility in the food stamp program raised the overall income level, which allowed the eligibility for benefits to extend further up the income distribution, which took away a small cliff that was in the food stamp program.

I think the biggest concern is when there are these sharp cliffs, your income goes over a threshold, and you lose access to, say, Medicaid or whatever it might be. And policymakers should be working jointly with local communities to figure out ways to not disincentivize these individuals from taking advantage of opportunities in the labor market.

Mr. Hern. Thank you, Mr. Sullivan.

Mr. Chairman, I yield back.

Chairman Davis. Thank you. The gentleman's time has expired.

The chair is pleased to recognize for 5 minutes Representative Panetta.

Mr. Panetta. Great. Thank you, Mr. Chairman. I appreciate this opportunity to be a part of this hearing.

And I want to thank all of the witnesses for their time, their testimony, their preparation for their testimony, and, of course, for what they do. I appreciate that.

I just kind of wanted to ask some pretty foundational questions. I will be the

first to admit it. And I want to start off obviously with Dr. Frogner.

Look, I think we can all admit that the pandemic has had one heck of an effect on our healthcare workers, and, unfortunately, what we are seeing is a shortage in healthcare workers.

Ms. Frogner, like I said, foundationally, are you concerned about this shortage? And how do those shortages affect the quality of healthcare when it comes to Americans?

Ms. Frogner. Thank you for that question. It is quite an important one, as you note, that during this pandemic we have seen considerable challenges with getting the right workforce to the right people at the right time.

Shortages is a really challenging thing to measure because it is a fluid and dynamic measure. And I would say what we really have is a challenge of maldistribution, in getting the right worker to the right place.

And I am concerned about that problem. Because we do have a challenge of getting healthcare workers to be in rural communities, to be working with underserved communities, those being two particular examples of ways in which we see shortages.

I think another area of shortage has been in the long-term care industry, such as skilled nursing facilities. I know, right now, it has been a particular struggle for skilled nursing facilities during this pandemic. But, before the pandemic, they were struggling with getting workers, especially in that certified nursing assistant type of position.

And what I applaud the HPOG program, in particular, is to help fill those kinds of positions that we so desperately need and do not often get attention in terms of creating that pipeline of workers into those jobs and into the communities that we need them to be in.

Mr. Panetta. And so, I mean, is there -- obviously we are proud of the HPOG

program. Do we focus on that? Is there anything else that we can do to address these concerns that you just expressed?

Ms. Frogner. I mean, I would be happy to go on for a long time about the topics of ways we can fill in some of these shortage gaps, because we do have numerous. And you are right that it does threaten the ability for us to provide the right quality care.

And I do think that a number of States and communities are doing their best to try to solve their shortages by working with their communities. But I think programs like this can help bolster ways to give resources to communities so that they can address the needs of their particular communities.

And I think, by expanding programs like HPOG, that do provide money to the communities to solve their particular healthcare challenges, I think are useful. So this being one such example.

Mr. Panetta. Okay. Great. Thank you.

Now, let's talk about when someone actually does get a healthcare job. And, unfortunately, we know that there are natural ceilings when it comes to wage growth. And, like I said, unfortunately, the starting wages are just not the highest.

Is there anything that we should be looking at or doing to offset that, such as possible with stackable credentials and how that can create opportunities for sort of career advancement and maybe salary growth over time? Is that something we can do?

Ms. Frogner. Yes. I think the subcommittee can definitely make movement in helping our lower-paid healthcare workers get paid better.

I think this is where the HPOG program, this is beyond what they can do, because healthcare jobs are within the construct of how we reimburse for services.

And so Medicaid reimbursement, for example, is a primary source of wages for healthcare workers. So one is to think about how we reimburse for the services for

which these healthcare workers are providing that care.

And I think, simultaneously, we need to have a national conversation about ways to raise the minimum wage so that we don't start people off into jobs that are already at poverty level.

Mr. Panetta. Great. And in regards to the stackable credentials, can you address that?

Ms. Frogner. Yes. So certainly stackable credentials are critical so that you give people an opportunity to move up in their careers.

We do need a first start, though, by filling these jobs that are in the high need. While they are not necessarily the jobs that are the highest-skilled jobs, we desperately need people to work in some of these low-skilled jobs.

So we have to think about how do we make those jobs better, make those jobs appealing, so that we have people working those.

But we should definitely provide, I think, partnerships and support those partnerships with community colleges, where individuals can go get additional education that builds towards a higher degree so that they can pursue higher careers if they choose to.

Mr. Panetta. Outstanding. Thank you, Ms. Frogner.

Thank you, Mr. Chairman. I yield back.

Chairman Davis. Thank you very much. The gentleman's time has expired.

Mr. Gomez.

Mr. Gomez. Right on cue, Mr. Chairman.

Chairman Davis. All right. You are recognized for 5 minutes.

Mr. Gomez. Thank you.

This is a crucial program. And one of the things I want to kind of focus in on is

the concept of equity.

And the reason why is that Chairman Neal announced last week the formation of a working group within the Ways and Means Committee on racial equity, it is a Racial Equity Initiative, to focus on how do we target the most vulnerable and the people that are most in need of services and assistance?

And our charge in this is to look at every single program, every single tax issue, everything, and figure out, what can we do to make tweaks to make these programs more effective? And the reason why is that, right now, everybody is talking about equity.

Three years ago, when I got here, I asked -- one of the main questions I asked, I said, hey -- or told my staff, I want to work on equity as an issue. And somebody asked me, you mean as equity as in a business? I am like, no, equity as in the people that deserve the most help get the most help. That is it.

I think our efforts need to be explicit and focus on three different areas. One, how are we going to help the most vulnerable Americans. Two, the structural barriers that leave these populations vulnerable. And, three, the actionable steps to address these barriers and their root causes.

HPOGs are a great example of a policy initiative actively seeking to achieve equity. They are focused on predominantly low-income, single, working mothers of color. And these grants aim to provide these recipients with education and training for occupations in the healthcare field that pay well and are in high demand.

But we know that these programs are not all perfect. We have to think about what else can we do to do even a better job. And that is one of the things I want to ask some of our experts.

Dr. Roundtree, if you can do anything when it comes to the HPOGs and make

them either more effective, allow you to do a better job, what would you recommend that Congress do in order to achieve that? What is something that you are like, "This doesn't make sense, but I don't have the flexibility to do it a little differently"?

Ms. Roundtree. We knew we had joined a demonstration project, so that two-to-one ratio or the randomization was important to try to measure. However, when you are recruiting for individuals who are most at need, turning people away never helps us to build our program.

So we really need an open-access program that says, if you are willing and interested and come in, that we are able to take all of the participants in at the time.

I think what for me was most important about this program is the career laddering component. We have to give quick access. Many individuals need quick access to work, but they cannot be stagnated at that point. It has to really build to another level, which may mean more training in it, but it doesn't necessarily mean a full degree. But there are so many levels in healthcare that can provide that growing wage, and I think that is important.

I think the other thing, if I had my magic wand, was to really work with employers in terms of addressing how do you bring individuals who have been left out of the system into employment.

And so we found ourselves working very closely with employers to understand that it is not just if you don't do it right in the first 10 days, then you are not employed. It is working with them to understand that you are changing a life trajectory.

So being able to focus a little bit more on employers and those relationships would have also been something I would say, as we continue, to continue to build on.

Mr. Gomez. Thank you.

And, Dr. Frogner, any recommendations from you when it comes to how do you

make these programs even more equitable and more effective?

Ms. Frogner. I think Dr. Roundtree covered a good number of topics.

I think evaluation is a key part. So, as Mr. Sullivan mentioned earlier, is to build -- the fact that it had a built-in evaluation is key. And I think doing one that really digs into what components are working and to follow these programs long-term, especially the participants as they graduate out long-term, is critical.

I have heard a number of people mention the issue of case management. So I understand that HPOG has a case management component to it, but it sounds like there is an opportunity to strengthen that piece of the program.

And I would love to see a peer component, given what Ms. Hodge explained about her process, and trying to find ways to bring back former participants to be engaged in the program. I think finding ways to show these success stories and have them be part of the program into the future would be fantastic.

Mr. Gomez. Thank you so much.

Mr. Chairman, I yield back.

Chairman Davis. Thank you. The gentleman's time has expired.

And the chair is pleased to recognize for 5 minutes Representative Miller.

Mrs. Miller. Thank you, Chairman Davis and Ranking Member Walorski.

And thanks to all you all for being here today. I really appreciated hearing the stories, Ms. Hodge and Ms. Barney-Knox. I wouldn't call them stories, but sharing your life experiences. It is very important that we hear them.

And along those same lines as the last questioning, to me the purpose of a Federal demonstration program is to test the effectiveness of what we are doing. We were talking about equity and effectiveness.

But, however, I don't think we are applying this basis of logic to the HPOG

program. We spent \$111 million on an evaluation that really showed no significant improvements. And if we are not going to see any improvements in the test group over the control group, then the goal should be to reevaluate the program as a whole.

There are so many forgotten men and women that are being overlooked within HPOG. The least we can do is to examine how we can stop people from just being trapped into training. We should be meeting people where they are and connecting them to the jobs that are open and available.

Mr. Sullivan, one of my most important priorities is to make sure that we connect people with the actual jobs that are available where these demonstration projects are running.

My rural constituents back home experience major challenges with finding local healthcare employment. Many West Virginians in these areas are not willing or able to move to urban areas where one would find employment.

How can we do a better job of connecting grantees to actual openings in the HRSA designates, especially in workforce shortage areas?

Mr. Sullivan. This is a really important issue. I am glad you brought it up.

You know, in some sense these kinds of issues had to be part of the motivation behind HPOG in the first place, that there is a shortage of workers with the skills to meet the needs in the healthcare sector, so let's encourage that.

But the important issue that you bring up is that might not be true in every community or necessarily where every grantee is coming from.

And so I think it is critically important to match the training, credentialing, and skill building with the needs of the community.

And one of the things that we have seen in a number of our studies is that what can be quite effective is to first do the market analysis, what are the jobs that are in

demand in that particular community, and target the specific services and credentialing to match the demand in that particular community.

I mentioned the Excel Center earlier. That is exactly what they do. They help these individuals. When they get the high school credentialing, they also help them get the credentials for the jobs that are in that community.

Padua case managers spend a lot of time thinking about, what are the jobs that are needed in Fort Worth, Texas, and how can I help my clients get the skills necessary to meet that demand?

Mrs. Miller. Have you used randomized controlled trials in your work? And how do you handle issues like this when you are working with service providers?

Mr. Sullivan. So we use randomized controlled trials in many of the studies that LEO conducts, and we do that because it really is the gold standard and allows us to understand what the true impact of the program is.

It is true that it is not feasible to do it in all settings. But when you can do a randomized controlled trial, it can be incredibly powerful for informing us for how we should target resources.

In the case of HPOG, the real limitation is that we are looking at the results at the aggregate level. So we are not learning what are those really effective models. And what we critically need is information on the effective models so that we can allocate resources towards those, such that we can improve outcomes for the most vulnerable.

Mrs. Miller. Thank you.

Can you discuss why the Padua program is different in this aspect? And how does it contribute to the success of the program overall?

Mr. Sullivan. Yes. So the Padua program was designed by Catholic Charities Fort Worth, and one of the things that they understood from the beginning was that they

wanted to design a model that would move the needle on outcomes not only in Fort Worth, Texas, but would be something that could be replicated and scaled. And they understood that evidence was going to be the most important way to do that.

And so, from the very beginning, they were committed to building in an impact evaluation to their work so that, in the end, they could demonstrate whether or not the outcomes were improved enough to justify this sort of investment. And that ultimately positions that program to scale.

Mrs. Miller. Okay. Thank you.

Mr. Chairman, I yield back my time. Thank you so much.

Chairman Davis. Thank you very much. The gentlelady's time has expired.

And the chair is pleased to recognize for 5 minutes Representative Horsford.

Mr. Horsford. Thank you so much, Mr. Chairman. I appreciate you holding this very important hearing to discuss why we need to invest in our healthcare workforce.

Now more than ever we find ourselves in a dire situation in this country where we lack the healthcare workforce that we need to adequately address the healthcare challenges so many of our constituents face.

In my State of Nevada, we struggle to develop homegrown healthcare talent in particular. However, in recent years, we have made significant progress, most notably through the establishment of the University of Nevada, Las Vegas, School of Medicine, as well as the formation of several nursing programs at the State's 2- and 4-year colleges.

I am especially proud that the College of Southern Nevada in my district now trains more than a third of our State's nurses.

Nevertheless, we continue experiencing a shortage of healthcare professionals, and the COVID-19 pandemic has exposed the lack of talent that we have because of our

failure to invest in skills development in the healthcare industry.

Nevada's hospitals continue to have staffing shortages, specifically when it comes to nurses. Mountain View Hospital, one of the hospitals in my district, is doing everything in their power to recruit new nurses and clinical staff.

So, Chairman Davis, your comprehensive HPOG legislation includes my bill, the Health Providers Training Act, which would create a pathway for hospitals to train TANF recipients and low-income Americans for jobs in the healthcare industry. I intend to reintroduce that bill, and I welcome bipartisan support from my colleagues.

Now, it is no secret that the communities hit hardest by this pandemic include African-American, Latino, indigenous, and low-income communities. They would benefit the most from HPOG expansion. These communities have been disproportionately impacted by COVID-19 illnesses and deaths, job loss, and financial instability.

The majority of current HPOG participants are single parents of color, younger than 30, and with a high school diploma or less education. Thirty-six percent of HPOG participants are African American, 19 percent are Hispanic.

So we have a real opportunity to close the racial inequity gaps in our healthcare workforce system while creating good-paying opportunities for a career.

So, Chairman Davis, your Pathways to Health Careers Act would make it so that every State and territory would benefit from this bill.

Ms. Barney-Knox, you were invited to testify before Congress due to your expertise and leadership as the head nurse for the California Correctional Health System.

That said, I was moved by the personal story in your written statement describing just how supportive services, such as financial assistance, childcare, transportation, and mentorship, would have been a key piece to helping your mother achieve her career

goals.

So can you share briefly the extent to which you see this need reflected in those that you serve today in your work with the State of California corrections facilities?

And do you get the sense that pairing support, such as help with childcare, mentoring, tuition, and transportation, would also help those that you serve advance their careers?

Ms. Barney-Knox. Absolutely. Thank you.

One of my roles at CCHCS is overseeing the LVN to RN Apprenticeship Program, where we take LVNs that currently work for the Department of Corrections and partner with one of the junior colleges and take them through a regular registered nurse program, but allowing them to only work part-time while paying them a full-time salary.

Now, most of us might think just having the ability to continue to have that full-time salary would be the most beneficial to these students. But, in actuality, it is the wraparound services that we have found to be most instrumental in their success.

We have several success coordinators that are a part of our local union, SEIU-Local 1000, and they work hand in hand with the participants around simple things like scheduling, their car is not working, childcare issue, they have a conflict with their schedule. And these are real-life issues that prevent a student from focusing on just the school aspect and moving forward and being able to graduate or pass a course.

They also provide support in other areas, because a lot of these folks are from minority communities or English as a second language, they have disparities around understanding or computer work.

And so our success coordinators have been extremely helpful in bridging that gap and offering these wraparound services.

Also, in relation to our formerly incarcerated inmate population and the support from Correctional counselors -- Mr. Badgett, who is with me here today, travels 2 hours to get to his job. He takes a bus, a bike, and a train, 2 hours every day, to get to the job in healthcare that he was trained to do and would like to do. He could have taken a higher-paying job 15 minutes from his house picking up garbage. But it was important to him to work in his trained field.

Without supportive services, we will lose folks like that. Now, he is doing it on his own. He has no support. It costs him \$20 a day in transportation, 2 hours each way. And if we have folks that are struggling in that area, it is a deterrent. They simply won't do it.

And if we as a community are intent on supporting healthcare workers, then we have to be intent on providing them those critical wraparound services that will make it easier for them to get to a job and easier for them to stay in healthcare, not make it harder for them.

Mr. Horsford. Thank you so much.

Chairman, I look forward to working with you on the Pathways to Health Careers Act. It is a great bill. Thank you.

I yield back.

Chairman Davis. Thank you, Mr. Horsford. The gentleman's time has expired.

I want to thank Ranking Member Walorski and all members who have participated in this hearing.

I would also like to thank the witnesses for their testimony today.

Please be advised that members have 2 weeks to submit written questions to be answered later in writing. Those questions and your answers will be made part of the formal hearing record.

And with that, the Subcommittee on Worker and Family Support stands adjourned. Thank you all very much.

[Whereupon, at 4:00 p.m., the subcommittee was adjourned.]

Member Submissions for the Record follow:

[Rep. Walorski, Submission 1](#)

[Rep. Walorski, Submission 2](#)

[Rep. Smucker, Submission](#)

[Rep. Hern, Submission](#)

Submissions for the Record follow:

[Alamo Colleges District](#)

[Alamo Colleges](#)

[Ashley Hanson](#)

[Barbara Schmitt, PhD Submission 2](#)

[Barefield](#)

[Donna Plummer](#)

[Douglas J. Besharov](#)

[Edmonds College Lynnwood-WA](#)

[Ella Berryhill](#)

[Fiscal Equity Center](#)

[Great Plains Tribal Leaders' Health Board](#)

[Irene Cook](#)

[Jankie S. Cohen, M.Ed.](#)

[Jennifer Hodges Submission 1](#)

[Jennifer Hodges](#) Submission 2

[Jennifer Hodges](#) Submission 3

[Kaka Koko](#)

[Katherine Vastine](#)

[Laurie Rios](#)

[LeadingAge](#)

[Marissa Fernandez](#)

[Mark Cosgrove](#)

[Meskwaki Tribal Health Clinic](#)

[The National Partnership for Women & Families](#)

[PHI](#)

[Rebecca Fausett](#)

[Scott Wetzler](#)

[Steven Carpenter](#)

[Tamara Adams](#)

[Tony Long](#)

[VOAMI](#)

[Yankton Sioux Tribe](#)