

Abstract: Revisiting the Effectiveness of Federally Funded Workforce Development Program: Focus on Human Capital Development Services (Society for Social Work and Research 30th Annual Conference Anniversary)



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Revisiting the Effectiveness of Federally Funded Workforce Development Program: Focus on Human Capital Development Services

Schedule:

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Monument, ML 4 (Marriott Marquis Washington DC)

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Background and Purpose: Women facing economic disadvantages often encounter multiple barriers to employment, including childcare responsibilities, low educational attainment, and limited work experience. Employment in health professions offers a promising pathway to self-sufficiency, given the growing labor market demand and family-sustaining wages. However, the effectiveness of government-funded workforce programs designed to support entry into these occupations remains uncertain. The first round of Health Profession Opportunity Grants (HPOG), a federally funded initiative evaluated through a randomized controlled trial, showed no significant effectiveness in improving economic outcomes. Yet, closer examination suggests that program impacts may have varied depending on the types of services participants received. In particular, participation in Human Capital Development (HCD) services, including on-the-job training and subsidized employment, may play a critical role in improving outcomes. This study revisits the HPOG data to assess whether participation in HCD services promotes economic self-sufficiency among low-income women and whether individual barriers and access to additional support services influence outcomes.

Methods: We obtained data from all 17 HPOG sites, collected at baseline and 15 months, 3 years, and 6 years post-randomization. Our sample included 4,770 female participants, aged 55 or younger, who received TANF or reported household incomes below \$20,000 at baseline. Two outcome measures were assessed: 1) non-poverty earnings (yes/ no) and 2) non-receipt of public assistance (yes/no). Treatment groups included HPOG participants receiving HCD services, HPOG participants not receiving HCD services, and the control group (non-HPOG participants). Inverse probability of treatment weighting was applied to balance the three groups at baseline. Multilevel logistic regression models estimated treatment effects on economic outcomes across 15 months, 3 years, and 6 years. Additionally, models examined baseline individual barriers and access to additional support services as predictors.

Results: Participants who received HCD services had significantly higher odds of achieving non-poverty earnings at both 15 months ($OR=1.27$, 95% CI [1.04, 1.56]) and 3 years ($OR=1.35$, 95% CI [1.12, 1.64]), but not at the 6-year follow-up. In contrast, those who received non-HCD services had lower odds of achieving non-poverty earnings at 15 months ($OR=0.79$, 95% CI [0.07, 0.96]), with no significant effects observed at 3 and 6 years. With respect to public assistance receipt, neither HCD nor non-HCD services were significantly associated with non-receipt at any follow-up point. Among individual barriers and support services, the absence of transportation needs ($OR=1.55$) and access to childcare ($OR=1.24$) were significantly associated with higher odds of non-poverty earnings at the 3-year follow-up. Additionally, the absence of childcare burden was positively associated with non-receipt of public assistance at 15 months ($OR=2.52$).

Conclusions and Implications: Findings suggest the HCD may play a critical role in promoting short- and mid-term earnings outcomes among low-income women. In addition, individual barriers and support services, particularly transportation and childcare, emerged as important factors in achieving self-sufficiency. These results underscore the need for nuanced evaluation approaches to inform the design of workforce development strategies that foster economic independence for vulnerable women. Expanding tailored services and investing in human capital development may enhance workforce program impact.

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