



**BRINGING THE
FRONT LINES TO
THE *FOREFRONT***

A NATIONAL CONVERSATION ON
THE CRITICAL NEED TO INVEST
IN WORKERS ON THE FRONT
LINES OF HEALTH CARE

BY DAVID ALTSTADT



JOBS FOR THE FUTURE

July 2010



JOBS FOR THE FUTURE

JOBS FOR THE FUTURE

Jobs for the Future develops, implements, and promotes new education and workforce strategies that help communities, states, and the nation compete in a global economy. In 200 communities in 41 states and Washington, DC, JFF improves the pathways leading from high school to college to family-sustaining careers.

JFF is a partner in three national initiatives that target frontline workers in health care: *Jobs to Careers*, *National Fund for Workforce Solutions*, and *Breaking Through*.

JOBS TO CAREERS

Jobs to Careers supports 17 regional partnerships of health care employers, education institutions, and other organizations to test a variety of strategies for engaging frontline workers in work-based learning. It is a \$15.8 million national initiative of the Robert Wood Johnson Foundation, in collaboration with The Hitachi Foundation and the U.S. Department of Labor. Jobs for the Future serves as the National Program Office and provides technical assistance to the partnerships.

THE NATIONAL FUND FOR WORKFORCE SOLUTIONS

The *National Fund for Workforce Solutions* is an unprecedented, national partnership testing new ways to address a critical problem: the large gap between the skills many workers have and the skills many employers need to compete. In 23 sites across the country, the National Fund works closely with employers and leaders from the public and nonprofit sectors to find solutions, testing how the lessons learned from groundbreaking pilot projects in workforce development can be applied on a national scale. More than 200 foundations and 900 employers are part of the effort. All National Fund sites target the health care sector. JFF is the implementation partner for the National Fund.

BREAKING THROUGH

Breaking Through is building the capacity of 33 community colleges to prepare low-literacy adults for occupational and technical degree programs tied to high-demand industries. Administered by Jobs for the Future in collaboration with the National Council for Workforce Education, *Breaking Through* has supported health care career pathways from pre-college to degree-level programs.

TABLE OF CONTENTS

INTRODUCTION	3
INDUSTRY DRIVEN	6
WORKER SUPPORTED	8
TOWARD SYSTEMS CHANGE	10
THE ROAD FROM WASHINGTON	12
APPENDIX I INITIATIVE SITES	14
APPENDIX II AGENDA: RX FOR A NEW HEALTH CARE WORKFORCE	17
APPENDIX III AGENDA: ENGAGING COMMUNITY COLLEGES IN THE ADVANCEMENT OF FRONTLINE HEALTH CARE WORKERS AND JOBSEEKERS	20

A healthcare worker in blue scrubs is smiling and holding the hand of an elderly patient. The worker has a stethoscope around their neck and a red folder is visible. The patient's hand has a white bandage on the thumb. The background is a soft-focus clinical setting.

**BRINGING THE
FRONT LINES
TO THE
*FOREFRONT***



“SIMPLY PUT, WE CANNOT SOLVE THE DIFFICULT EQUATION POSED BY HEALTH CARE REFORM—MORE AND BETTER CARE AT A LOWER COST—UNLESS WE ALL WORK SMARTER AND WE WIDEN THE SKILLS PIPELINE AT EVERY LEVEL.”

**—MARLENE B. SELTZER,
PRESIDENT & CEO, JOBS FOR THE FUTURE**

“EVEN DURING THE WORST TIMES IN 75 YEARS, WE ADDED PAYROLL OF 250,000 HEALTH CARE WORKERS IN 2009. THERE ARE REAL CAREER PATH OPPORTUNITIES FOR ENTRY-LEVEL WORKERS AND LOW-INCOME WORKERS IF WE DO THIS RIGHT.”

**—LEE FOLEY,
MANAGING PARTNER, CAPITOL HILL PARTNERS**

In March 2010, weeks before the passage of health care reform, a diverse group of health care and education leaders convened in Washington, DC, to bring attention to an often-overlooked issue central to the quality, access, and affordability of health care: The health sector does not have enough qualified workers to ensure quality care for aging Baby Boomers, the newly insured, and a more diverse U.S. population. These leaders suggested that the nation address its growing workforce crisis by investing in the skills and careers of workers on the front lines of health care.

At six million strong, frontline workers fill about half of all health care jobs, ranging from medical assistants to health educators, laboratory technicians to substance abuse counselors and home health aides. Despite delivering essential patient care and services, frontline workers typically receive low wages, inadequate training, and minimal supervision, coaching, or other support on their jobs. Few are considered for career development opportunities that would enable them to take on more responsibilities at work and advance to higher-paid jobs in nursing or other highly skilled professional positions. Too often, the result is low morale, high turnover, and compromised care.

Health care providers have a lot to gain by investing in the frontline workforce, meeting participants observed. Highly qualified frontline workers can improve the care delivered. They also can reduce the recruitment, overtime, and temporary-worker costs that employers incur from job vacancies and turnover. And because frontline workers are familiar with workplace culture and processes, they can move into new positions with relative ease.

To address the question of how to advance the careers of frontline workers, practitioners and policy experts from health care, labor, education, workforce development, the federal government, and

philanthropic and research organizations assembled for back-to-back working meetings, March 1-4, 2010 (see box, “Dual Convenings,” on page 3). The discussions drew upon the on-the-ground experiences of three nationwide initiatives that are supporting community efforts to bolster the skills development, job quality, and retention of frontline health care workers: *Jobs to Careers*, the *National Fund for Workforce Solutions*, and *Breaking Through*. These initiatives are managed by Jobs for the Future, which hosted the two convenings. (For more information on these initiatives, see the inside front cover. For a list of project sites, see Appendix I.)

Central to all three initiatives is the collaboration of health care providers, education institutions, and other community stakeholders in crafting innovative workforce solutions. Through such collaborations, providers have raised their commitment to train and promote frontline workers, education institutions have customized the delivery and design of training offerings to fit the needs of the health care sector and working adults, and community stakeholders have leveraged resources to address policy, program, and funding challenges. As a result, better-trained frontline workers are contributing to higher-quality care. Many earn job promotions and wage increases, and their employers fill critical vacancies in skilled patient care positions, reduce staff turnover costs, and even generate more revenue.

Even as they learned about local best practices from these initiatives, participants in the meetings recognized that more must be done to address health care’s workforce challenges on a national level. State and federal policies, including financial investments, are needed in order to scale up innovative programs for frontline workers.

The discussion can be summed up in three overarching principles for guiding federal and state public policies and investments:

- > **INDUSTRY DRIVEN:** Align training to industry needs for improving the quality and reducing the cost of patient care and other health services.
- > **WORKER SUPPORTED:** Tailor training and career advancement strategies to address the financial and educational needs of frontline workers.
- > **TOWARD SYSTEM CHANGE:** Create lasting improvements across health care workplaces and education and training systems.

Grounding the March policy discussions and recommendations was a draft policy brief prepared by Randall Wilson of Jobs for the Future, *Rx for the Health Care Workforce: Promising Practices and their Implications for State and Federal Policy*. Drawing on promising models from *Breaking Through*, *Jobs to Careers*, and the *National Fund for Workforce Solutions*, the paper describes what is needed to match the demands of a reformed health care system with an adequate supply of skilled professionals and supporting occupations. (See box, “Policy Steps for Developing the Frontline Workforce in Health Care,” on page 3.)

Frontline workers attending the conferences explained how investments in their careers have changed the culture of their workplaces and improved the quality of care and health services. They expressed a sense of pride that their employers have invested in their career advancement, proving that when frontline workers get a chance, they can raise their skills and contribute even more at work. The professional respect, self-confidence, and higher wages obtained by newly trained workers have encouraged other frontline workers to seek training and raise their career expectations as well.

DUAL CONVENINGS: ON THE FRONT LINES OF WORKFORCE PRACTICE AND POLICY IN HEALTH CARE

Rx for a New Health Care Workforce: A Convening of Leaders in Practice and Policy

March 1-2, 2010

This cross-sector public policy discussion brought together leaders from health care, workforce, education, labor, and philanthropy to discuss promising practices for improving the jobs and advancing the careers of the frontline health care workforce. The participants also moved toward a consensus on the public policies and investments that are needed to support work-based learning, workforce partnerships, and higher education programs tailored to working adults.

Engaging Community Colleges in the Advancement of Frontline Health Care Workers and Jobseekers

March 3-4, 2010

This peer-learning conference brought together representatives of projects participating in *Jobs to Careers* and the *National Fund for Workforce Solutions*. The meeting provided an opportunity for practitioners to examine in depth the successes and challenges of: building partnerships with employers and colleges; delivering work-based learning; customizing college curricula; leveraging public and private funding; and addressing public policy barriers.

See Appendix II and Appendix III for the agendas for these convenings.

POLICY STEPS FOR DEVELOPING THE FRONTLINE WORKFORCE IN HEALTH CARE

The JFF brief *Rx for the Health Care Workforce* proposes these goals and principles for public policy:

- > Improve the understanding of trends in the frontline health care workforce through dedicated funding for local, state, and national data collection, analysis, and dissemination.
- > Ensure that knowledge about the frontline health care workforce reflects current and projected labor market information on trends in supply, demand, skill needs, skill gaps, employment, and earnings.
- > Identify, disseminate, and replicate best-practice models of health care workforce development to employers, educational institutions, and other stakeholders. Fund and incorporate evaluation to identify models of best practice.
- > Provide federal matching funds to state and local governments, private employers, and labor-management partnerships that invest in the recruitment, retention, and training of frontline and mid-level health care workers, and in both the public and the private workforce.
- > Create permanent, sustainable incentives for investing in the health care frontline workforce.
- > Make grants to educational institutions to support scholarships, other forms of tuition support, and programmatic innovations for advancing frontline workers into high-demand health professions. Rationalize and align scholarships and other forms of tuition assistance for adults, including full-time workers and those in precollege, remedial, or workforce education programs, as well as those in traditional degree and certificate programs.
- > Expand and promote the federal student loan-forgiveness program for health care graduates and for frontline workers, as well as for doctors and nurses.
- > Establish a National Health Workforce Commission.
- > Review public and private rules, standards, and practices governing entry into and education for health professions.
- > Assess the impact of the reimbursement policies of Medicaid, Medicare, and private insurers on the capacity of health care employers to invest in developing and advancing frontline workers.
- > Support competency-based standards for preparing the direct care workforce across the spectrum of aging and mental and physical disabilities, and align federal training requirements with new standards.



"I WOULD SAY TO AN EMPLOYER, 'INVEST IN YOUR OWN TALENT.' A LOT OF TIMES, FRONTLINE WORKERS ARE PASSED OVER FOR PROMOTIONS OR TRAINING OPPORTUNITIES BECAUSE EMPLOYERS USUALLY HIRE SOMEBODY WHO JUST GOT A DEGREE. BUT THESE EXTERNAL CANDIDATES HAVE A LEARNING CURVE. THEY DON'T KNOW THE DO'S AND DON'T'S. FRONTLINE WORKERS KNOW YOUR COMPANY."

**-TIMOTHY MEADE,
MENTAL HEALTH TECHNICIAN,
EPISCOPAL HOSPITAL OF TEMPLE
UNIVERSITY**

"PROVIDING EXCELLENT TRAINING AND PAYING A WAGE THAT ATTRACTS QUALITY EMPLOYEES AND RETAINS THEM ARE CRITICAL TO OUR SUCCESS. THE QUALITY OF CARE DELIVERED TO PATIENTS IS GOING TO DIRECTLY IMPACT OUR PROFITABILITY."

**-ROB CHAMBERLIN,
DIRECTOR OF MARKETING, HOME
CARE OF ROCHESTER**

INDUSTRY DRIVEN

ALIGNING TRAINING TO INDUSTRY NEEDS FOR IMPROVING THE QUALITY AND REDUCING THE COST OF PATIENT CARE AND OTHER HEALTH SERVICES

Both convenings stressed that the needs of the health care sector must drive public policies regarding investments in the frontline workforce. To garner the support of health care employers, training and career advancement strategies should produce better care. Another powerful incentive is the prospect that a higher-skilled workforce may not only help to tamp down operational costs but also bring in new revenue.

Several health care providers shared how training frontline workers has both improved care and made good business sense.

In New York, Home Care of Rochester enrolls home health aides in "cultural competency" training so that they can better serve minority and immigrant communities. The aides are introduced to a variety of cultural issues, such as the important role that extended family members and religious beliefs play in health care decisions made by Hispanic patients. The agency also has recruited immigrants to become home health aides, and it invests in training to improve their English language skills, particularly with respect to medical terminology. As a result of these efforts, Home Care of Rochester has increased its client base and profits, all the while paying workers a total compensation package valued at \$14 an hour after factoring in benefits and company ESOP retirement contributions, which is high for the home health field.

At Episcopal Hospital of Temple University, innovative training efforts have ushered in increased collaboration at the workplace. Nurses now regularly consult with frontline clinicians, which has improved coordination in caring for patients. The Philadelphia hospital is one of several local health care providers that employs unionized workers through District 1199C; together, providers and the union operate a long-standing training fund, the District 1199C Training & Upgrading Fund. Through the fund, frontline workers receive on-the-job training, career coaching, and assistance with entering and succeeding in college programs. Just as critical, the union encourages frontline workers to participate in training and has won pay increases for workers who complete a program.

In Rhode Island, Women and Infants Hospital is tamping down high recruitment costs for nurses by training frontline workers to fill these critical vacancies. While many health care providers offer to reimburse workers for tuition costs,

this hospital goes a step further: it pays the workers' tuition and fees, and the costs of materials upfront. Prepayment is an important incentive for low-income frontline workers, who cannot easily take on debt, even if they are eventually reimbursed and advance to better jobs.

Participants at both meetings suggested that federal and state health care policy can encourage employers to train and promote frontline workers. Through Medicaid and Medicare reimbursement policies and other federal funding in the health care sector, the U.S. Department of Health and Human Services and analogous state agencies hold the power of the purse to drive workplace changes. For example, HHS's \$235 million pilot project to strengthen health information technology infrastructure in 15 "Beacon" communities is creating a need to train frontline workers on IT-related tasks.

In Massachusetts, Stanley Street Treatment and Resources has obtained higher Medicaid and Medicare reimbursement levels as a result of its training efforts. The center has prepared frontline mental health workers to pass licensure exams in order to address a shortage of certified positions on its therapeutic team. Adding certified staff not only increased SSTAR's reimbursement rates, but also brought in new revenue. More important, the newly trained staff members have raised the quality of mental health care, as evidenced by lower rates of patients seeking a discharge against medical advice.

Participants discussed several ways that public policy could encourage employers to invest in their frontline workforce.

It was noted that employers spend much more on training and education than the entire public system does, and yet very little of that money targets frontline, entry-level workers. Meeting participants discussed ways to use Medicaid and Medicare reimbursement policies to create incentives to invest in the training of frontline workers.

In this context, several states have applied for "Medicaid 1115" waivers in order to allow reimbursement for training expenses. However, HHS appears to be pulling back from issuing these waivers, raising the need for a nationwide policy that ensures training can be a reimbursable expense.

Participants also suggested the creation of a tiered reimbursement system, similar to a rating system used for child care providers. Under one idea, Medicaid reimbursements to the providers of long-term care would be tiered based on the adequacy of their training and supervision of workers and the quality of the jobs. This concept would build on two existing initiatives. For example, the North Carolina New Organizational Vision Award, a special state license for home care agencies, adult care homes, and nursing facilities, rewards providers that meet comprehensive, rigorous standards; in health care, analogous standards could include the level of training of frontline workers. In addition, the National Center for Quality Assurance is developing criteria that will ultimately affect reimbursement rates for federally qualified community health centers. NCQA's criteria for attaining "Medical Home" status is expected to include training and the incorporation of frontline workers in health care teams.



“NOW WE BRING TRAINING TO THE WORKPLACE, WITH THE EMPLOYER ENGAGED AND THE WORKER ENGAGED. THAT’S A VERY DIFFERENT WAY OF DELIVERING EDUCATION—RIGHT THERE ON THE JOB.”

**—DEBORAH KING,
EXECUTIVE DIRECTOR, 1199 SEIU
TRAINING AND EMPLOYMENT FUNDS**

WORKER SUPPORTED

TAILORING TRAINING AND CAREER ADVANCEMENT STRATEGIES TO ADDRESS THE FINANCIAL AND EDUCATIONAL NEEDS OF FRONTLINE WORKERS

Participants at both convenings emphasized the need to design and deliver training in ways that address the specific challenges facing frontline workers. These include a lack of awareness of career advancement opportunities, apprehension about returning to school, weak preparation for college-level academic studies, challenges related to transportation and child care, and an inability to pay tuition or take time off work for training. Addressing these issues helps workers succeed in training and advance to higher-paid, higher-skilled positions.

Several health care employers and representatives of education institutions cited examples of providing workers with training opportunities and supportive services.

In Massachusetts, Bunker Hill Community College delivers an eight-course program at East Boston Neighborhood Health Center that makes it easier for frontline workers to fit training into their work schedules. Responding to the needs of its diverse community, the health center is seeking to train frontline workers to become auxiliary medical interpreters. The satellite college, called the Education and Training Institute, acts as a back door to higher education for the workers, many of whom have had poor experiences with school and are hesitant to step foot onto a college campus. Without leaving the health center, the workers register for college and classes, undertake assessments, and attend classes and trainings. As part of the program, participants get paid release time so they can shadow others workers in the jobs to which they aspire, and they also can practice newly acquired interpretative skills in a work setting.

Owensboro Community & Technical College in Kentucky has compressed the length and supplemented the curriculum of its part-time nursing degree program to accommodate the work schedules and skill deficits of frontline workers. Doing so has allowed frontline staff at Owensboro Medical Health System to continue working full time and still attain an Associate’s Degree in Nursing in three years. The hospital provides paid release time—eight hours every two weeks—and access to online and classroom instruction at the worksite to help workers focus on their studies. After determining that the workers had math deficits, the college worked with hospital staff to refocus an introductory math course around health care concepts relevant to workers’ job experiences, a strategy known as contextualized learning.

Meeting participants discussed the need to dedicate ongoing resources to support community college programs that incorporate work-based learning, contextualized remedial education, and student supports. They pointed to President Obama's proposed American Graduation Initiative, which sought to provide grants to colleges for innovative training targeting key industries, such as the health care sector.

Participants expressed support for other Obama Administration policy reforms that increase support for innovative community college programs. In 2009, the U.S. Department of Labor issued guidance making it clear that local workforce boards can award federal job-training resources to education institutions in order to train "cohorts" of workers for in-demand jobs. In cohort training, a college opens up a course only to students who share certain characteristics, such as those working for the same company. This creates a safer atmosphere for workers to overcome apprehensions about school, while providing a strong support system for learning new skills, overcoming personal challenges, and maintaining motivation.

This has been the experience of North County Health Services, a California community health center that trains frontline workers in cohorts. The center enrolls receptionists, janitors, medical records staff, and other frontline workers in training that prepares them to become medical assistants, a first step toward a career as nurses. The employees meet with an advisor once a month to address work and family problems, and they have access to a student support fund that can cover transportation, rent, child care, and other personal needs. To ensure that workers can continue to work full time, classes take place in the evening and on weekends, and the health center expects its supervisors to grant them paid time off and be flexible in scheduling their work times. The center evaluates the supervisors in part on the quality of support they give to workers in training.

The Baltimore Alliance for Careers in Healthcare also has enhanced career and life coaching as part of its training efforts. Mentors and career coaches help frontline workers develop clinical skills and manage work and family issues. In addition, health care providers and foundations have teamed up to map career ladders, illustrating how frontline workers can advance to higher-skilled, higher-paid jobs.

In Washington State, Renton Technical College awards college credit for competencies that workers have already mastered, as well as for their on-the-job experience. This has shortened the amount of time it takes workers to complete the medical assistant training program. The program is tailored to clinical service representatives at Virginia Mason Medical Center who work in jobs that



"THE HEALTH CARE CERTIFICATION SYSTEM IS VERY RIGID. IT CREATES OBSTACLES TO CAREER ADVANCEMENT BY NOT RECOGNIZING WORKERS' PRIOR WORK EXPERIENCE OR LEARNING ON THE JOB."

**—PHYLLIS SNYDER,
VICE PRESIDENT, COUNCIL FOR
ADULT AND EXPERIENTIAL
LEARNING**



“IN ADDITION TO FOCUSING ON BUILDING CAREER LADDERS, WE NEED TO FIGURE OUT WAYS TO ENCOURAGE EMPLOYERS TO RAISE WAGES FOR FRONTLINE JOBS, BECAUSE THAT’S WHERE THE PEOPLE ARE. WE’RE TALKING ABOUT MILLIONS OF JOBS. THERE’S A LOT THAT CAN BE DONE TO TAKE A JOB THAT IS NOT LOW-SKILLED BUT LOW-PAID AND REALLY MAKING IT AT LEAST A DECENT JOB.”

**–STEVEN DAWSON,
PRESIDENT, PHI**

“WE DO REALLY THINK WE SHOULD ALIGN AND INTEGRATE THE SYSTEMS, AND WE’RE WORKING VERY HARD TO DO THAT. ”

**–JANE OATES,
ASSISTANT SECRETARY, U.S.
DEPARTMENT OF LABOR**

require some core skills in common with medical assistants. The college awards them credit for their skills in CPR and telephone-based customer service. About one-third of the training is delivered at the hospital, and the workers also get paid release time to attend classes on campus. To build an effective career pathway to nursing, the college then applies completion of the full medical assistant program as academic credit toward an Associate’s Degree in Nursing.

Meeting participants also discussed the need to raise wages for frontline workers staying in their current jobs. Through Medicaid, states have the authority to set wage levels when awarding contracts with long-term care providers. While most states require nothing more than the minimum wage, Massachusetts has set a \$11.25 minimum for nurse assistants. Participants suggested that other states establish similar wage floors.

TOWARD SYSTEMS CHANGE

CREATING LASTING IMPROVEMENTS ACROSS HEALTH CARE WORKPLACES AND EDUCATION AND TRAINING SYSTEMS

How can the nation improve education and workforce development systems in ways that fit the needs of the health care sector and its frontline workforce? Meeting participants cited several examples of community colleges and workforce agencies that have tailored programs, targeted resources, and eliminated policy and programmatic barriers to sustaining and expanding proven practices.

Recognizing that no one organization can respond to the full range of health care training needs on its own, the advice was that education and workforce systems, along with employers and other community stakeholders, build partnerships to solve health care workforce challenges. Workforce partnerships also can empower employers, workers, and communities to yield changes within the education and workforce development systems on a community-wide level.

Participants discussed how health care providers and community colleges have teamed up to curb bottlenecks that have limited training options. With long waiting lists for entering programs, critical jobs go unfilled even as frontline workers lose out on training opportunities. For example, Los Angeles-area hospitals have banded together to increase the number of clinical slots available to candidates for nursing degrees, enabling local community colleges to raise enrollment.

In Nebraska, Metropolitan Community College has created incentives to encourage more nurses to teach courses, addressing a shortage of nurse faculty that is often a major cause for long waiting lists. Nurses who sign up to teach receive academic credit toward their recertification. To encourage health care providers to support nurses in their endeavor to teach, the college has offered to screen job candidates for employers, reducing their recruitment costs.

In Maryland, the Baltimore Alliance for Careers in Healthcare won a favorable regulatory interpretation from the state board of nursing, expanding the pool of nurses allowed to train certified nurse assistants. The state board eased rules that had required CNA faculty to work in a long-term care setting within the past five years. By lifting the restriction, area hospitals could proceed with a plan to have nurses train CNAs on site.

Meeting participants praised funding in the American Recovery and Reinvestment Act for health care partnerships, although the need is greater than available resources. Fifty-five health care partnerships received grants out of an application pool of more than a thousand. Grantees are using the resources to execute integrated job placement and training strategies and spur on training and articulation agreements with accredited institutions and leading to industry-recognized, portable credentials.

Support was also expressed for proposals on Capitol Hill that would fund partnerships through the Workforce Investment Act. This could make local workforce development and human services agencies more responsive to the health care sector. Some participants shared frustrations about disjointed services and missions within the workforce development system. They raised concerns that local workforce agencies have established eligibility roadblocks that keep frontline workers and unemployed adults from accessing WIA-funded training subsidies. And they criticized the weakness of coordination between adult basic education and One-Stop Career Center services.

Several participants are engaged in efforts to drive change throughout local workforce development systems. In California, Los Angeles-area hospitals persuaded the city to use Workforce Investment Act dollars to train frontline workers. With the support of the Worker Education and Resource Center, the hospitals brought their workforce concerns to the mayor's office, resulting in a shakeup in funding priorities of the city's workforce board in support of the health care sector. Los Angeles now allocates a portion of WIA resources for incumbent worker training in health care.



“THE SYSTEM ISN’T WORKING AND SO YOU DEVELOP A SOLUTION FOR THIS PARTICULAR PROGRAM OR PROJECT OR PARTNERSHIP, BUT IT DOESN’T TRANSFORM THE WHOLE SYSTEM. HOW CAN WE MOVE BEYOND THOSE WORKAROUNDS TO REAL SYSTEMS CHANGE?”

**–GLORIA CROSS MWASE,
PROGRAM DIRECTOR, JOBS FOR THE FUTURE**

“TEN YEARS FROM NOW, WE’RE GOING TO LOOK BACK ON THIS ERA AS KIND OF THE GOLDEN ERA OF HEALTH CARE JOB GROWTH.”

**–THOMAS P. GLYNN,
CHIEF OPERATING OFFICER,
PARTNERS HEALTHCARE**

In a question-and-answer session at *Rx for A New Health Care Workforce*, U.S. Department of Labor Assistant Secretary Jane Oates and U.S. Department of Education Assistant Secretary Brenda Dann-Messier addressed concerns like these. They discussed ways that these agencies are improving their coordination on workforce development and education programs for working adults, including frontline health care workers. Oates made it clear that the Workforce Investment Act is less restrictive and more flexible than it is sometimes implemented at the state and local levels. For example, despite the experience in some states, federal law does not require One-Stop Career Centers to limit eligibility for career counseling and training services to workers who meet specified levels of literacy. In addition, Oates and Dann-Messier affirmed that adult basic education can and should be integrated into community college occupational training.


THE ROAD FROM WASHINGTON

The four days of meetings in Washington, DC, sparked energy and interest among leaders and practitioners—in health care and in education—for collaborating on a national workforce policy agenda in support of advancing the careers of frontline workers.

The discussions revealed that much is known on how to improve workers' skills and wages. Work-based learning strategies provide a supportive environment for frontline workers to go back to school while enabling them to continue earning a wage. Workforce partnerships encourage employers and communities to craft regional solutions to health care workforce challenges and to make education and workforce development systems more responsive to the needs of employers and workers. Success for frontline workers becomes much more likely when they have access to paid release time, pre-paid tuition, cohort training, and education programs that are contextualized, accelerated, and incorporate career counseling and supportive services. Most important, employers and public health care agencies need to play a crucial role in driving policy and programmatic change.

Now that health care reform is law, the need for a skilled health care workforce is becoming even more urgent. As a first-step follow-up from the convenings, Jobs for the Future revised and released the policy brief, *Rx for the Health Care Workforce: Promising Practices and their Implications for State and Federal Policy*.

In addition, as part of the *Jobs to Careers* initiative, JFF is holding meetings in the upcoming year for specific subsectors of health care—including community health, long-term care, and hospitals—to further discussions about effective practices and public policies for supporting the career advancement of frontline workers. And JFF will continue partnering with employers and educators to develop ways of replicating and expanding effective frontline worker advancement programs.



“POLICY NEEDS TO BE INFORMED BY WHAT’S WORKING ON THE GROUND. IT MUST BE GROUNDED IN THE LESSONS FROM THE STORIES OF SUCCESS AND FAILURE IN MANY SETTINGS. WHILE THERE IS GREAT VARIETY IN THE EXAMPLES HERE AT THIS GATHERING, THERE ARE STRIKING SIMILARITIES AT THE CORE OF THEIR SUCCESS. EACH RESPECTS THE DIGNITY OF EVERY WORKER. EACH IS ORGANIZED TO CULTIVATE THE POTENTIAL OF THEIR WORKERS WITH PRACTICES AND POLICIES THAT ENHANCE SKILLS AND REINFORCE TRAINING AND LEARNING. ALL ACT AS IF QUALITY OF CARE IS A TOP PRIORITY AND AS IF SUCH QUALITY IS ONLY ATTAINABLE IN ENVIRONMENTS

WHERE THE JOBS ARE HIGH-QUALITY JOBS. ALL START WITH A FOCUS ON THREE KEY PLAYERS—EMPLOYERS, WORKERS, AND RECIPIENTS OF CARE. POLICY MUST BE DRIVEN BY UNDERSTANDING FIRST THE ENVIRONMENT THAT NURTURES THE SUCCESS OF THESE PLAYERS AND NOT THE OTHER WAY AROUND. WHEN WE START WITH DEVISING THE POLICY FIRST, AND THEN MAKE EVERYTHING ELSE BEND TO IT, THAT’S WHEN WE GET OURSELVES INTO SERIOUS TROUBLE.”

—BARBARA DYER,
PRESIDENT & CEO, THE HITACHI FOUNDATION

APPENDIX I INITIATIVE SITES

JOBS TO CAREERS

Asante Health System
Medford, Oregon

Baltimore Alliance for Careers in Healthcare
Baltimore, Maryland

Capital Workforce Partners
Hartford, Connecticut

Charles B. Wang Community Health Center
New York, New York

District 1199C Training & Upgrading Fund
Philadelphia, Pennsylvania

East Boston Neighborhood Health Center
East Boston, Massachusetts

Humility of Mary Health Partners
Youngstown, Ohio

Mississippi Hospital Association Health, Research &
Educational Foundation
Madison, Mississippi

Northern Arizona University
Flagstaff, Arizona

Owensboro Community & Technical College
Owensboro, Kentucky

Portland Community College
Portland, Oregon

SSTAR
Fall River, Massachusetts

Tenderloin Health
San Francisco, California

University of Alaska
Fairbanks, Alaska

Virginia Mason Medical Center
Seattle, Washington

Waianae Coast Comprehensive Health Center
Waianae, Hawaii

Workforce Solutions–Capital Area Workforce Board
Austin, Texas

NATIONAL FUND FOR WORKFORCE SOLUTIONS

Baltimore Workforce Collaborative
Baltimore, Maryland

Bay Area Workforce Funding Collaborative
San Francisco, California

Central Iowa Works Funding Collaborative
Des Moines, Iowa

Dan River Region Collaborative
Dan River, Virginia

Detroit and Southeast Michigan Fund for Innovative
Workforce Solutions
Detroit, Michigan

Front Range Workforce Funding Collaborative
Denver, Colorado

Greater Cincinnati Workforce Network
Cincinnati, Ohio

Greater Washington Workforce Development
Collaborative
Washington, DC

Job Opportunity Investment Network
Philadelphia, Pennsylvania

Los Angeles Workforce Funder Collaborative
Los Angeles, California

Milwaukee Area Workforce Funding Alliance
Milwaukee, Wisconsin

New York City Workforce Innovation Fund
New York, New York

Omaha Workforce Funding Collaborative
Omaha, Nebraska

Opportunity Chicago Collaborative
Chicago, Illinois

Partners for Workforce Innovation
South Wood County, Wisconsin

Pennsylvania Industry Partnerships Project
Statewide

Preparation for Aviation Career Employment
System
Wichita, Kansas

San Diego Workforce Funders Collaborative
San Diego, California

San Joaquin Valley Funders Collaborative
San Joaquin, California

2nd Chance Washington
Seattle, Washington

Skill Up Rhode Island
Providence, Rhode Island

SkillWorks: Partners for a Productive Workforce
Boston, Massachusetts

Workforce Solutions Collaborative of Metro
Hartford
Hartford, Connecticut

BREAKING THROUGH

Central New Mexico Community College
Albuquerque, New Mexico

Cerritos College
Norwalk, California

City College of San Francisco
San Francisco, California

Community College of Denver
Denver, Colorado

Community College of Southern Nevada
Las Vegas, Nevada

Cuyahoga Community College
Cleveland, Ohio

Davidson County Community College
Lexington, North Carolina

Durham Technical Community College
Durham, North Carolina

Forsyth Technical Community College
Winston-Salem, North Carolina

Grand Rapids Community College
Grand Rapids, Michigan

Henry Ford Community College
Dearborn, Michigan

Houston Community College
Houston, Texas

LaGuardia Community College/
City University of New York
New York, New York

Lake Michigan College
South Haven, Michigan

Macomb Community College
Warren, Michigan

Mott Community College
Flint, Michigan

North Shore Community College
Danvers, Massachusetts

Northampton Community College
Bethlehem, Pennsylvania

Owensboro Community & Technical College
Owensboro, Kentucky

Pamlico Community College
Grantsboro, North Carolina

Piedmont Virginia Community College
Charlottesville, Virginia

Pitt Community College
Winterville, North Carolina

Portland Community College
Portland, Oregon

St. Clair County Community College
Port Huron, Michigan

St. Philip's College
San Antonio, Texas

South Piedmont Community College
Polkton, North Carolina

South Seattle Community College
Seattle, Washington

South Texas College
McAllen, Texas

Southeast Arkansas College
Pine Bluff, Arkansas

Tacoma Community College
Tacoma, Washington

Tallahassee Community College
Tallahassee, Florida

Washtenaw Community College
Ann Arbor, Michigan

York County Community College
Wells, Maine

APPENDIX II

AGENDA: RX FOR A NEW HEALTH CARE WORKFORCE

GOAL: Health reform has engaged the nation in intense debate about increasing coverage, lowering costs, and improving quality. This convening will address a central challenge to the potential of the nation's health care system to deliver affordable, accessible care: The need for a skilled health care workforce, particularly on the front lines of care—among the men and women who earn low wages and have limited opportunities for advancement, yet who provide a great deal of the nation's direct patient care and public health services.

MONDAY, MARCH 1

INVESTING IN THE FRONTLINE

The opening plenary will offer three key perspectives on the importance of investing in frontline health care workers: employers, workers, and national policy.

>> A Conversation About Investments

Marlene B. Seltzer, President & CEO, Jobs for the Future

>> Business Imperative

Thomas P. Glynn, Chair, Jobs for the Future Board of Directors; Chief Operating Officer, Partners HealthCare System

>> Workforce Opportunity

Deborah King, Executive Director, 1199 Employment Training and Job Security Program

>> National Implications

John Colbert, Senior Counsel, Workforce and Education Policy Group, Jobs for the Future
Lee Foley, Managing Partner, Capitol Hill Partners

ON THE GROUND: HIGHLIGHTING PRACTICE

In these breakout sessions, participants will hear from and share their experiences with practitioners who are implementing innovative career advancement strategies for the frontline workforce in health care. After these sessions, participants will report out on innovative practices they heard and the potential policy implications of scaling up these strategies.

>> A. Educational Settings that Support Workers

Community colleges are premier institutions for the education and training of frontline health care workers. College leaders will discuss why and how the cultures and practices are changing to help workers advance. They also will explore strategies for scaling up innovation through changes to institutional practices and state policies.

Facilitator: Richard Kazis, Senior Vice President, Jobs for the Future

Frederick J. Rocco, Dean of Behavioral and Social Sciences, Bristol Community College

Robert G. Templin, Jr., President, Northern Virginia Community College

>> B. Work Environments that Support Learning

Among America's top priorities is ensuring that we have enough trained workers to fill increasing needs in the health care system. The technical and clinical skills required for these jobs are rising exponentially. This session will present the vision and strategic plans emerging in several communities for addressing the development of the health care workforce.

Facilitator: Cindy Fiorella, Vice President of Workforce and Economic Development, Owensboro Community & Technical College

Nick Brake, President & CEO, Greater Owensboro Economic Development Corporation

Geronimo Rodriguez, Jr., Vice President, Diversity and Community Outreach, Seton Family of Hospitals

>> C. Regional Partnerships that Support Innovation

Cutting-edge partnerships and alliances are reaching across traditional lines, bringing together labor and employers, philanthropy and government, high schools and colleges. They are identifying opportunities, mobilizing resources, and organizing stakeholders to address skill and labor shortages and improve job quality for the frontline health care workforce.

Facilitator: Bob Giloth, Vice President, Center for Family Economic Success & Community Change, Annie E. Casey Foundation

Diane Factor, Director, Worker Education & Resource Center

Ronald M. Hearn, Executive Director, Baltimore Alliance for Careers in Healthcare

RECEPTION ON THE HILL

Scott Cheney, Majority Staff Director, Senate HELP Subcommittee on Employment and Workforce Safety

WELCOME AND REVIEW OF PREVIOUS DAY

Maria Flynn, Vice President, Building Economic Opportunity, Jobs for the Future

SURFACING FRONTLINE SOLUTIONS

This facilitated discussion among diverse leaders will address critical issues about the frontline health care workforce. It will highlight solutions to the challenges facing workers, employers, and educational institutions in filling labor market needs and facilitating career advancement for frontline health care workers.

Facilitator: Barbara Dyer, President, The Hitachi Foundation

Julian L. Alssid, Executive Director, Workforce Strategy Center

Rob Chamberlin, Director of Marketing, Home Care of Rochester

Steven Dawson, President, PHI

Henry Nicholas, President, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

Scott Sheely, Executive Director, Lancaster County Workforce Investment Board

SCALE UP AND SUSTAINABILITY: PRACTICE INFORMING POLICY NEEDS

Responding to the practices and policy areas surfaced during the convening, working groups will develop recommendations for health care workforce policy. The goal is to establish a draft statement of principles and recommended next steps.

>> A. Diagnosing Workforce Challenges and Disseminating Solutions

Facilitators: Cheryl Feldman, Director, 1199C Training & Upgrading Fund

Randall Wilson, Senior Project Manager, Jobs for the Future

>> B. Strengthening Investment

Facilitators: Michael Hoge, Senior Science and Policy Advisor, The Annapolis Coalition

Alex Hoffinger, Director of Grants and Development, Jobs for the Future

>> C. Improving Coordination and Removing Barriers

Facilitators: Mary Gershwin, President, Business Champions, Inc.

Marc Miller, Editorial Director, Jobs for the Future

VOICES FROM THE FRONTLINE

Workers who have participated in successful initiatives to advance the men and women on the front lines of the workforce in health care will offer their perspectives on the key elements in successful programs and why these initiatives are crucial to their own lives, their families, and their communities.

Facilitator: La Verne Reid, Associate Dean, College of Behavioral and Social Sciences, North Carolina Central University

Barry Gene Bostock, Counselor/HIV/AIDS Coordinator, SSTAR

Tim Meade, Mental Health Worker, Episcopal Hospital of Temple University

Terrant Morrison Sr., Residential Coordinator, The Bridge, Public Health Management Corporation

Laura Washington, Counselor/Case Manager, Acute Treatment Services Inpatient Unit, STARR

AGENCY PANEL

Facilitator: Ray Uhalde, Vice President, Workforce/Education Policy, Jobs for the Future

Brenda Dann-Messier, Assistant Secretary, Vocational and Adult Education, U.S. Department of Education

Jane Oates, Assistant Secretary, Employment and Training Administration, U.S. Department of Labor

SCALE UP AND SUSTAINABILITY SESSION REPORT-OUTS

Facilitator: Maria Flynn, Vice President, Building Economic Opportunity, Jobs for the Future

SHAPING THE OPPORTUNITY

Marlene B. Seltzer, President & CEO, Jobs for the Future

APPENDIX III AGENDA: ENGAGING COMMUNITY COLLEGES IN THE ADVANCEMENT OF FRONTLINE HEALTH CARE WORKERS AND JOBSEEKERS

OVERVIEW OF AGENDA AND GOALS; INTRODUCTIONS

Marlene B. Seltzer, Jobs for the Future

MISSION CRITICAL: THE VITAL ROLE OF COMMUNITY COLLEGES IN ADVANCING LOWER-SKILLED ADULTS

This session will discuss the increasing importance of community colleges in the career advancement of frontline health care workers and jobseekers. Health care continues to be an economic engine in many regions of the country, despite the recession. However, the growing need to fill middle-skilled positions in health care presents both challenges and opportunities for those seeking to engage adults with lower skills in the economic mainstream.

Roxanne Fulcher, American Association of Community Colleges

MaryAnn Donovan, U.S. Department of Labor

WORK-BASED LEARNING: A TOOL FOR COMMUNITY COLLEGES ENGAGED IN EFFORTS TO EDUCATE INCUMBENT WORKERS

This session will provide a brief introduction to work-based learning and its implications for education providers, particularly community colleges. Panelists from *Jobs to Careers* sites will define work-based learning in terms of their specific training activities and needs, noting how it differs from traditional approaches. Panelists will also present examples of institutional challenges to work-based learning within partner colleges, describe how they were addressed, and present the outcomes for implementing work-based learning.

Liliana Silva, East Boston Neighborhood Health Center

Laurie Kelly McCorry, Bunker Hill Community College

Erin Reid, Virginia Mason Medical Center

Heather Stephen-Selby, Renton Technical College

BREAKOUT SESSIONS

A. How Do You Get Employers Engaged in the Professional Development of Frontline Workers?

To affect the professional lives of frontline workers, you must engage employers, from senior leadership down to supervisors. Hear from several employer perspectives on how to engage employers and encourage systems changes in their human resources policies. After a brief presentation, the workshop leaders will facilitate an exercise where participants go through their own planning process to determine action steps to garner support from employers.

William T. Lecher, Cincinnati Children's Hospital Medical Center

Michael Joseph Paruta, Women & Infants Hospital

B. We Don't Have Enough Faculty to Train Our Workers: How Do We Address the Shortage?

To address the severe shortage of nursing faculty, Owensboro Community & Technical College in Kentucky developed an innovative program to develop a new cadre of nursing faculty. It harnessed the talent and experience of older nurses and put them through a "boot camp" so that they could become adjunct instructors. Participants will learn about the college's model and then brainstorm about how they could implement comparable models for their sites.

Cindy Fiorella, Owensboro Community & Technical College

C. Building Partnerships with Community Colleges

This session will offer lessons and experiences on community colleges and workforce partnerships. While the college is a natural choice to provide instruction, a number of institutions have also excelled at: working with employers and other partners to align college programs with collaborative strategies; bringing together multiple sources of funding and services; and otherwise creating paths for low-skilled workers to attain credentials and advance in careers in health care. Panelists will discuss how colleges become engaged to take on these functions, and how they have built and maintained partnerships.

Ronald M. Hearn, Baltimore Alliance for Careers in Healthcare

Linda Collins, Career Ladders Project

Elizabeth Mahaffey, Hinds Community College

D. Leveraging Innovative Funding Sources to Finance Health Career Education

Workforce partnerships are tapping into a number of alternative sources of financing to help stretch grant resources. These include employer tuition reimbursement and advancement, Pell Grants, fee-for-service arrangements, and Food Stamp Employment & Training resources, among others. Some workforce partnerships are finding ways to make these resources more accessible to low-skilled workers and learners by, for example, converting tuition reimbursement to tuition advances or piloting FSET programs at the community-based organization level.

Ruthie Liberman, Crittenton Women's Union

Carol Grady, JVS

Heath Prince, Jobs for the Future

DEVELOPING A REGIONAL APPROACH TO SECTOR STRATEGIES: LESSONS FROM NATIONAL FUND WORKFORCE PARTNERSHIPS

Come learn more about how the *National Fund for Workforce Solutions* is fostering a sectoral approach to health care career advancement, engaging multiple employers in a particular sector. Hear how funders and workforce intermediaries are developing a regional sector approach that is changing practices for employers, education and training providers, and the workforce development system as a whole. Delve into how we can create a more integrated approach among health care career advancement initiatives in a region.

Sid Voorakkara, The California Endowment

Ross P. Meyer, Greater Cincinnati Workforce Network

William T. Lecher, Cincinnati Children's Hospital Medical Center

Marianne Krismer, Cincinnati State Technical and Community College

THURSDAY, MARCH 4

THE POLICY LANDSCAPE FOR WORKFORCE DEVELOPMENT IN AN ERA OF HEALTH REFORM

Ray Uhalde will provide an update on health care workforce policy and potential new directions in funding and policy. He will summarize key issues and next steps emerging from "Rx for a New Health Care Workforce," the just-completed convening of health care workforce leaders and practitioners. He will also discuss the status of WIA reauthorization, the American Graduation Initiative, and the Jobs Bill with regard to opportunities for policies to advance the frontline workforce in health care.

Ray Uhalde, Jobs for the Future

BREAKOUT SESSIONS

A. Curricular Innovations in Preparing Low-Skilled Adults for College

This session will explore instructional strategies being utilized by community colleges to accelerate college readiness for academically underprepared adult learners. Approaches include compression and contextualization of courses, as well as integrating basic skills and occupational content. Participants will discuss ways to implement these strategies in their own work.

Kira Khazatsky, JVS

Pat Phillips, Davidson County Community College

B. Developing Competencies to Support Work-Based Learning

Developing competencies is one of the first steps in implementing a work-based learning curriculum. In this session, presenters will discuss the development of competencies in several *Jobs to Careers* sites and provide tools that support the development of competencies in work-based learning.

Ed Phippen, Jobs for the Future

C. Addressing Systems Barriers to Training and Advancement for Incumbent Health Care Workers

Implementing new models of training, education, and career advancement for incumbent workers often requires system adjustments on the part of education providers and employers. Hear how several *Jobs to Careers* programs have created the systems needed to implement and sustain work-based learning training models.

Darouny Somsanith, City College of San Francisco

O. Steven Quimby, Jobs for the Future

D. Aligning Resources to Facilitate Health Career Advancement

Career advancement in allied health careers depends on obtaining postsecondary credentials. Often, progress to the next rung on a career ladder involves starting again at the beginning, with minimal credit for the competencies or credentials obtained at lower rungs of the career ladder. Promising practices have been developed that align programs to accelerate progress to higher-skilled jobs in health care for low-skilled individuals.

Katrina Ladd, Northeastern University

Michelle Gonzalez, North County Health Services

PLANNING TIME

Join with colleagues from across the country to discuss the successes you are achieving as well as issues and challenges you are confronting in your health subsector. In small groups, participants will share information about their work, explore lessons learned in promoting advancement for frontline workers and job-seekers, and identify potential opportunities for further learning and collaboration.

Acute Care/Hospitals: Nursing

Acute Care/Hospitals: Allied Health

Acute Care/Hospitals: Medical Administration

Long-Term Care

Community Health (including Behavioral Health and Public Health)

FUNDER PANEL

Funders of *Jobs to Careers* and the *National Fund for Workforce Solutions* will provide brief concluding remarks, and participants will have the opportunity to ask questions.

Barbara Dyer, The Hitachi Foundation

Sallie Petrucci George, Robert Wood Johnson Foundation

Sid Voorakkara, The California Endowment



JOBS FOR THE FUTURE

TEL 617.728.4446 FAX 617.728.4857 info@jff.org

88 Broad Street, 8th Floor, Boston, MA 02110

85 Prescott Street, Suite 405, Worcester, MA 01605

2000 Pennsylvania Avenue, NW, Suite 5300, Washington, DC 20006

WWW.JFF.ORG