



# HEALTH CARE PATHWAYS FOR OPPORTUNITY YOUTH

A FRAMEWORK FOR PRACTITIONERS AND POLICYMAKERS

A REPORT FROM JOBS FOR THE FUTURE

April 2014



## JOBS FOR THE FUTURE

**Jobs for the Future** works with our partners to design and drive the adoption of education and career pathways leading from college readiness to career advancement for those struggling to succeed in today's economy.

[WWW.JFF.ORG](http://WWW.JFF.ORG)



**The California Endowment** is a private, statewide health foundation with a mission to build a stronger state by expanding access to affordable, quality health care to underserved communities and improving the overall health of all Californians.

[WWW.CALENDOW.ORG](http://WWW.CALENDOW.ORG)

---

## ACKNOWLEDGEMENTS

Randall Wilson of Jobs for the Future was the principal author of this report; Janet Santos of JFF assisted in selecting, researching, and preparing the case studies. We also acknowledge and thank Anthony Iton, Elaine Peacock, and Beatriz Solis of The California Endowment for investing in this work and for constructive engagement and support in developing the argument. For their assistance, we thank our JFF colleagues Maria Flynn, Joel Vargas, Cheryl Almeida, Marc S. Miller, Rochelle Hickey, and Grace Ausick.

We especially thank everyone associated with the case study sites who graciously granted their time and effort for interviews and for providing additional information:

**Taller San Jose:** Karyn Mendoza, Director of Programs; Martha Guzman-Santin, Program Manager

**Instituto Justice and Leadership and Academy:** Dr. Ricardo Estrada, Vice President for Education and Programs, Instituto Del Progreso Latino; Cynthia Nambo, Principal, Instituto Justice and Leadership Academy; Rachelle Ernst, Post-Secondary Counselor, Instituto Justice and Leadership Academy

**Los Angeles Reconnections Career Academy:** Robert Sainz, Assistant General Manager, Operations, City of Los Angeles Community Development Department; Kendra L. Madrid, Program Analyst, City of Los Angeles Community Development Department; Lisa Salazar, Acting Director, City of Los Angeles Community Development Department

This paper was funded by a grant from the California Endowment.

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>v</b>
<b>INTRODUCTION</b>	<b>1</b>
Opportunity Youth: Challenges and Responses	3
The Programs Featured	4
Why Health Care?	6
Why Career Pathway Programs?	7
<b>AN OVERVIEW OF ADULT CAREER PATHWAYS IN HEALTH CARE</b>	<b>9</b>
<b>A FRAMEWORK FOR SUCCESSFUL CAREER PATHWAYS IN HEALTH CARE</b>	<b>13</b>
Work-friendly Education	13
Learning-friendly Workplaces	15
Community-wide Collaboration	18
<b>APPLYING THE CAREER PATHWAY FRAMEWORK TO OPPORTUNITY YOUTH</b>	<b>21</b>
The Difference That Youth Makes	22
Work-friendly Education and Opportunity Youth	23
Mapping Careers	23
Building Foundational Skills for Health Careers	24
Learning Through Work	26
Engaging Employers in Career Pathways	27
<b>LEARNING-FRIENDLY WORKPLACES AND OPPORTUNITY YOUTH</b>	<b>28</b>
Placing Students at the Center	28
Making College Possible	29
Support Along the Pathways	31
Threading the Needle: Community Collaboration and Partnership	32
<b>RECOMMENDATIONS</b>	<b>34</b>
Lessons for Opportunity Youth Practitioners	35
Lessons for Private and Public Investors in Opportunity Youth	36
Lessons for Public Officials, Staff, and Advocates	37
Conclusion	38
<b>APPENDIX I</b>	<b>39</b>
Case Study: Instituto Justice and Leadership Academy's Partnership with Instituto Del Progreso Latino's Carreras En Salud	39
<b>APPENDIX II</b>	<b>47</b>
Case Study: The Los Angeles Reconnections Career Academy	47
<b>APPENDIX III</b>	<b>55</b>
Case Study: Taller San Jose Medical Careers Academy	55
<b>ENDNOTES</b>	<b>64</b>
<b>REFERENCES</b>	<b>65</b>



# EXECUTIVE SUMMARY

The United States faces twin challenges that converge in the labor market: an economy that is slow to recover from a deep recession and a health care system expanding coverage to over 30 million new patients while seeking higher quality care at lower cost. Yet these challenges come with opportunities for the nation's 6.5 million youth and young adults who are disconnected or off track from attaining education and careers.

Taking advantage of the opportunities for youth and young adults requires a high degree of preparation, support, and, above all, changes in “business as usual” in health care workplaces and among education providers and community institutions. *Health Care Pathways for Opportunity Youth* draws on experience and models for enabling underprepared adults to attain professional credentials and family-supporting earnings to offer a framework for designing and assessing parallel efforts to prepare opportunity youth for health care jobs and careers. It also describes adult career pathway initiatives and emerging examples of career pathways serving at-risk youth, off-track youth, and young adults, addressing two questions:

- > Can lessons from adult career pathway initiatives prove relevant to youth and young adults who are off-track or at-risk in their educational and career progress?
- > What approaches are similar, and what adaptations are necessary, given the longer on ramp to education and careers, particularly for those who lack a high school diploma or equivalent credential?

The transformation of health care in a climate of persisting inequality and the marginalization of youth and other populations makes effective pathways into health care not just feasible but essential.

## The Case Studies

*Health Care Pathways for Opportunity Youth* incorporates evidence from three case studies of health care career pathways for youth, all of which have shown promise in getting youth on track and preparing them for education, the workplace, and advancement in health careers.

**The Instituto Justice and Leadership Academy**, an alternative school in Chicago, Illinois, offers a health careers pathway program in partnership with the Instituto Del Progreso Latino, a community-based organization. Beginning in their senior year, academy students enroll in a pre-Certified Nursing Assistant course that puts graduates on the path to enroll at IDPL's Carreras En Salud program.

**The Los Angeles Reconnections Career Academy** in California offers out-of-school and out-of-work youth focused training in high-growth occupations in health care, construction, and green technology. Through LARCA, the city has blended its youth and adult workforce training systems and built citywide partnerships among employers, the school district, and the youth system.

**Taller San Jose**, a community-based organization serving low-income, primarily Latino youth in Santa Ana, California, offers the Medical Careers Academy, a 16- to 20-week job-training program that incorporates contextualized academic instruction and life skills. TSJ places graduates in health care positions and then provides two years of support services.

## A FRAMEWORK FOR CAREER PATHWAYS IN HEALTH CARE

To build effective pathways that benefit workers, employers, and the community requires systemic change in the workplace, the learning place, and the community or civic infrastructure. JFF believes this three-part framework has applicability to promising initiatives for at-risk or off-track youth.

### Work-friendly Education and Opportunity Youth

“Work-friendly education” makes learning accessible in a time, place, and manner that respond to the lives and characteristics of frontline health care employees. This may involve offering courses in the evening, on weekends, and on schedules that may be accelerated, elongated, or otherwise adjusted to the pace and needs of working students.

How do pathways into health for disconnected youth differ in how they fit the framework of work-friendly education for adults? One clear difference is that opportunity youth, by definition, are not situated at the outset in either a health care workplace or in higher education. That said, the broader concept of systems change to facilitate access to credentials and well-paying jobs is relevant.

None of the three case-study sites treats high school completion (or obtaining a GED) as the endpoint for educational interventions for off-track youth. Nor do they end workforce development with placement in the first job. Rather, they support a long-term continuum, with knowledge of career options and tools built into the learning process and postsecondary credentials a key objective. At the same time, disconnected youth, like lower-skilled adults working on the frontlines of health care, need different educational approaches than those used to prepare traditional high school or college students for medical or allied health careers.

### Learning-friendly Workplaces and Opportunity Youth

Learning-friendly hospitals, nursing homes, clinics, and other providers have made systematic changes in how workers enter and learn jobs and in how career growth is promoted. As with work-friendly education, the concept of learning-friendly workplaces requires adaptations that reflect the experiences of youth and young adults. It means broadening the focus from “how does the workplace facilitate education and advancement” to “how are *all* institutions that reconnect youth fostering learning and college readiness? How are training and career preparation adapted to opportunity youth candidates’ distinct educational and personal needs?”

### Community Collaboration and Partnership

Health care career pathways for disconnected youth of necessity run through the community. While community partnerships loom large for adult pathway programs, too, the nature and role of youth-focused collaborations are distinctive. This reflects the depth and breadth of services required, and even more profoundly, it is a comment on where youth initiatives originate, who mobilizes them, and the broader, systems-changing steps underlying their success.

The case study sites engage many of the same community partners as do adult health care career pathways: health care employers and industry associations; high schools and colleges; community-based education and training providers; and, in some cases, human service and workforce agencies. In addition, the youth pathways engage entities specific to disconnected youth, such as the juvenile justice system, public agencies serving children and families (and foster youth in particular), and CBOs involved in youth development. This is both a strength and a challenge of opportunity youth pathway programs: their reach is necessarily broad, but that requires considerable coordination—and often negotiation—to bridge a number of often distinct institutions.

## RECOMMENDATIONS

*Health Care Pathways for Opportunity Youth* concludes with three sets of lessons: for opportunity youth practitioners; private and public investors in opportunity youth career pathways; and public officials, staff, and advocates.

For practitioners, perhaps the most important lesson is that there is no one-size-fits-all model for advancing opportunity youth into career pathways in health care. It is a

varied population, in terms of age and developmental level; skills, work experience, and educational attainment; and personal strengths and challenges. Practitioners should tailor programming and other activities accordingly and, above all, meet youth where they are.

For investors, the key is to invest for the long haul. Pathways initiatives take time to emerge and develop. Both the youth and young adult candidates need time in order to reach their fullest potential. Moreover, investors should provide resources to replicate and scale up the best practices from these case studies and other strong examples of career pathways in health care.

On the policy side, in reauthorizing the Workforce Investment Act, Congress should dedicate funding for model pathway programs that target opportunity youth, both in health care and in other sectors with strong labor demand and abundant opportunities for entry-level jobs and career advancement. Just as important, public officials, staff, and advocates must break down silos separating youth from adult workforce systems and youth services from K-12, postsecondary, and employer stakeholders. Moreover, they should promote efforts to upgrade the quality of frontline jobs—those most likely to be the entry point for opportunity youth—and align campaigns with other stakeholders to not only improve career opportunities for our nation’s youth but also deliver high-quality, cost-effective health care to our communities.

# INTRODUCTION

The United States has faced twin challenges in recent years: a faltering economy that is still slow to recover and a health care system expanding coverage to over 30 million new patients while seeking higher quality care at lower cost. These challenges converge in the labor market. Millions remain out of work or underemployed, earning wages insufficient to support a family. Meanwhile, health care providers face long-term shortages of critical staff in a range of areas, from physicians and nurses to home health assistants. Moreover, health care reform poses new demands on current health care workers, requiring new or improved skills and credentials to meet higher standards of patient care with greater efficiency.

These challenges come with opportunities as well—for unemployed adults as well as for those now working in low-paid jobs, including entry-level positions in health care. At the same time, the health care sector offers opportunities for populations facing particularly high hurdles to both education and employment: the 6.5 million youth and young adults who are disconnected or off track from attaining education and careers (Smith et al. 2012).<sup>1</sup>

Also called “opportunity youth,” out-of-school or at-risk youth are not at first glance a natural fit for career pathways in health care. They typically lack the educational credentials, social connections, experience, and knowledge to enter a demanding field. However, many adults facing significant disadvantages in the labor market have overcome barriers and advanced in career pathways, both clinical and non-clinical, in health care. Increasingly, initiatives targeting opportunity youth seek to do the same.

Taking advantage of these opportunities requires a high degree of preparation, support, and, above all, changes in “business as usual” in health care workplaces and among education providers and community institutions. Fortunately, there is a reservoir of experience and models in good currency for enabling underprepared individuals to attain professional credentials and family-supporting earnings. This report draws on them, rooted in the practice of adult career pathway initiatives, to

offer a framework for designing and assessing parallel efforts to prepare opportunity youth for health care jobs and careers. It describes emerging examples of career pathways serving at-risk youth, off-track youth, and young adults, outlining what is common with adult pathways as well as what requires adjustment to make health careers relevant and attainable for this population.

We consider those examples through the lens of successful career pathway initiatives in health care to address two questions:

- > Can lessons from adult career pathway initiatives prove relevant to youth and young adults who are off-track or at-risk in their educational and career progress?
- > What approaches are similar, and what adaptations are necessary, given the longer on ramp to education and careers, particularly for those who lack a high school diploma or equivalent credential?

Over time, health care career pathway programs for adults have adapted to a range of challenges presented by students' needs and skill levels and the capacity of education, workplace, and community resources to support their advancement. From this experience, workplace career pathway programs in health care, while varying in many ways, have evolved a common framework for success. These can be summarized as three dimensions:

- > Learner-friendly workplaces;
- > Worker-friendly education; and
- > Community-wide collaboration.

This report elaborates on each of these dimensions, drawing concrete examples from career pathway initiatives in health care. It focuses on key practices that support career advancement, including career mapping, coaching, instruction in basic (or "foundational") skills, work-based learning, employer engagement and leadership, and strong community partnerships.

These practices, in combination, have yielded strong results, providing benefits to health care employees and job candidates, as well as to employers and patients. That said, the benefits to the workforce have extended mainly to adult workers who have secured stable employment. Thus, we incorporate evidence from three case studies of health care career pathways for youth, all of which have shown promise in getting this youthful population on track, preparing them for education, the workplace, and advancement in health careers. We conclude with recommendations for practitioners and policymakers concerned with improving the prospects for our nation's opportunity youth.

# OPPORTUNITY YOUTH: CHALLENGES AND RESPONSES

Nearly 40 percent of our young people between the ages of 16 and 24 are under- or unattached to school and work at some point during that formative stretch of their young lives. At any point in time, over 6.7 million 16-24 year olds (one in six) can be called “disconnected” (Belfield, Levin, & Rosen 2012).

Until recently, most references to this aggregate group of young people used the term “disconnected youth.” We use the term “opportunity youth”—now gaining in popularity and being used interchangeably with the older term—to honor the findings of a recent survey: The young people themselves object to being called “disconnected” and express a strong desire for the opportunity to get more education and good jobs. We also want to call attention to the high economic and social value to our communities of addressing the needs of opportunity youth (Bridgeland & Milano 2012).

About half of opportunity youth leave high school as young as age 16 without earning a diploma. The other half includes former dropouts who return for a GED or high school diploma, as well as many who graduate from high school yet do not advance into postsecondary education or steady jobs (Belfield & Levin 2012). Chronic youth, or those who are completely disengaged from the world of work and school, make up slightly more than half, or 3.4 million, of the total opportunity youth population. Youth considered underattached, meaning that they are either working or in school, comprise 3.3 million of the rest of the population (Belfield, Levin, & Rosen 2012).

Being out of work and out of school during the formative late teenage/early adulthood years has ripple effects throughout a lifetime, with an enormous impact on society. Once a young person loses connection to education and work, a path forward can be exceedingly difficult to find. It is not for lack of ambition. A recent survey of disconnected youth revealed that most want—and, in fact, expect to find—good jobs, understand

## More About the Opportunity Youth Population

Opportunity youth status is more common among youth of color, immigrant youth, and youth residing in predominantly urban areas. With an estimated 62 percent of opportunity youth identified as either black or Latino, they are overrepresented among the total opportunity youth population.

The process of gaining opportunity youth status varies across different racial and ethnic youth groups based on many sociopolitical and economic factors that impact students' lives prior to their turning 16. Black or Latino youth tend to gain their opportunity youth status beginning at age 17 at a much steeper rate than their peers who are white or from other racial groups.

This trend coincides with the high dropout rates among these students (Belfield, Levin, & Rosen 2012). More than half of the 1.2 million youth who annually drop out of school are students of color. In 2010, 7.4 percent of all individuals between the ages of 16 and 24 dropped out of high school, but Latino (15 percent) and black (8 percent) students did so at higher rates than Asian/Pacific Islanders (4 percent) and white students (5 percent) (NCES 2012).

Foster care youth are also more likely to become Opportunity Youth. Among former foster care youth, 46 percent of them lack a high school diploma four years after transitioning out of the system (National League of Cities 2005).

they need education and credentials to gain footing in the labor market, and believe they have a responsibility for moving forward on their education and career goals (Bridgeland & Milano 2012). This can be seen in the large percentage of high school dropouts who enroll in GED programs and how often they list the desire for a postsecondary education as the reason for seeking a GED.

In most cases, their aspirations are thwarted. By age 28, only 1 percent of opportunity youth complete at least an Associate's degree, compared with 36 percent for the rest of the population (Belfield, Levin, & Rosen 2012). From a decade of building pathways to credentials for low-income youth, JFF has learned first-hand that the young people who most need such pathways are the least likely to have them available.<sup>2</sup> The circumstances of many of our youth—economic insecurity, contested immigration status, failing high schools, incarceration, poor skills—make it difficult for them to pursue a direct path from high school through college. Lacking such a path, their opportunities to gain the educational and job skills they need or to find solid footing in the labor market are very limited.

Neither our education system nor our workforce system is set up to advance this large group of young adults to a credential and career efficiently. Once off the expected path through high school and into a postsecondary program of study and a career, young people find themselves isolated or, at best, churning among a confusing array of poorly financed adult education or workforce training programs, which may be offered by a variety of providers—school districts, community-based organizations, nonprofit organizations, community colleges, proprietary schools, correctional facilities, and employers (Bridgeland & Mason-Elder 2012).

In most cases, such programs serve all ages, are short term, and lack any special features designed to meet the needs of young people who have experienced interruptions in their schooling and have virtually no work history to build upon. Programs with good track records usually have long waiting lists or entry requirements that few young people with poor educational histories can meet. Not surprisingly, some young people fall prey to false promises of expensive for-profit training programs that leave them not only jobless but deeply in debt (U.S. Government Accountability Office 2009).

In addition, despite reported openings in the job market, particularly in mid-skill level jobs, these opportunities are generally not available to young people who are lacking in skills, postsecondary credentials, work experience, and connections to working adults (Carnevale, Smith, & Strohl 2010).

## THE PROGRAMS FEATURED

Health care career pathway programs targeting opportunity youth are relatively new. Such programs, incorporating partnerships with employers, postsecondary programs, or both, have been a staple in the adult workforce development system for some

time. They also operate within high schools as part of career and technical education program offerings, serving a traditional student population.

For this project, we initially identified six programs to study, based on these criteria:

- > **Target population:** What types of students do they serve? Do they target opportunity youth between the ages of 16 and 24?
- > **Scale of the program:** How many students does it serve and does it have potential to be scaled up and replicated?
- > **Duration of the program:** Does the program work with youth long enough to have an impact?
- > **Demonstrable outcomes:** Have the programs been in existence long enough to produce positive results?

Of the six, one was in the planning phase and two did not clearly serve an opportunity youth population. In contrast, the three youth-oriented programs featured in our analysis are at the forefront of adopting health care career pathway programs for youth, with each serving a different opportunity youth subpopulation.

In Chicago, Illinois, the Instituto Justice and Leadership Academy (formerly the Rudy Lozano Leadership Academy) serves an opportunity youth population that is connected to school. The health careers pathway program at the academy, an alternative high school in Chicago, is a partnership with the Instituto Del Progreso Latino, a community-based organization. Beginning in their senior year, IJLA students enroll in a pre-Certified Nursing Assistant course that puts graduates on the path to enroll at the Instituto Del Progreso Latino's Carreras En Salud program, which has a strong track record of providing training to the local adult Latino workforce.

In California, the Los Angeles Reconnections Career Academy serves youth disconnected from both school and work. LARCA offers out-of-school and out-of-work youth focused training in high-growth occupations in health care, construction, and green technology. Through LARCA, the city has blended its youth and adult workforce training systems and built citywide partnerships among employers, the school district, and the youth system. Moreover, the youth system now has a strong emphasis on dropout recovery and workforce training.

Also in California, Taller San Jose in Santa Ana serves young adults who are unattached to the labor market. TSJ, a community-based organization serving low-income, primarily Latino youth, offers the Medical Careers Academy, a 16- to 20-week job-training program that incorporates contextualized academic instruction and life skills. TSJ places graduates in such health care positions as medical assistants and medical office managers and then provides two years of support services.

The case studies of these three programs (see *the appendices*) are based on interviews with representatives from each, augmented by research using program documents and secondary studies.

## WHY HEALTH CARE?

Health care is a key sector to target for placing both adults and opportunity youth on a path to educational and career success. It accounts for one in seven jobs in the U.S. workforce and was one of the few areas adding jobs during the recent recession.<sup>3</sup>

It will continue to require new and replacement workers in the coming decades, as the Patient Protection and Affordable Care Act is implemented and millions of new patients enter the health care system. Moreover, an aging population and workforce will require additional workers at all levels, from physicians, nurses, and geriatric specialists to providers of direct care, such as home health workers, nursing assistants, and physical therapy technicians.

In fact, direct care positions, along with nursing, are expected to add more jobs and grow more rapidly than all other occupations. In the coming decade, direct care occupations, including those caring for the disabled and elders, will exceed 4 million, outnumbering school teachers, police, and firefighters (PHI 2013). The table illustrates the health care positions that will be in greatest demand in the next decade. None of them require a four-year college degree.

### HEALTH CARE POSITIONS PROJECTED TO BE IN DEMAND IN THE NEXT DECADE

	ENTRY EDUCATION	# JOBS 2010	JOB GROWTH 2010-20	CHANGE
<b>PATIENT-CENTERED POSITIONS</b>				
<b>Home Health and Personal Care Aides</b>	Less than high school	1,878,700	70%	1,313,200
<b>Registered Nurses</b>	Associate's degree	2,737,400	26%	711,900
<b>Nursing Aides</b>	Postsecondary certificate	1,505,300	20%	302,000
<b>Licensed Practical Nurses</b>	Postsecondary certificate	752,300	22%	168,500
<b>Medical Assistants</b>	High school diploma or its equivalent	527,600	31%	162,900
<b>EMTs and Paramedics</b>	Postsecondary certificate	226,500	33%	75,400
<b>TECHNOLOGY-CENTERED POSITIONS</b>				
<b>Pharmacy Technicians</b>	High school diploma or its equivalent	334,400	32%	198,300
<b>Radiologic Technicians</b>	Associate's degree	219,900	28%	61,000
<b>Medical Records &amp; Health Information Technicians</b>	Postsecondary certificate	179,500	21%	37,700

Source: Lockard & Wolf 2012

Health care also offers varied options for career development. "Gateway jobs" in such areas as dietary or environmental services do not require educational credentials beyond a high school diploma or equivalent (and in some cases less). Direct care positions, such as patient care technicians in hospitals and nursing homes, typically require certificates following less than two months of training. In addition to well-known professions such as physicians, nurses, and other specialists requiring college or advanced degrees, a range of allied health positions, such as

medical lab technicians, radiation technicians, and surgical technicians, require postsecondary credentials obtained after two years or less of college and clinical experience.

The health care industry offers pathways to those who are suited to give clinical care as well as those whose interests or abilities run to administrative, managerial, or technological work. Complex payment streams and the rising importance of coordinating care across hospitals, physician offices and clinics, and home-based services elevate the need for candidates with business and administrative skills. The need to charge correctly for a myriad of billing codes, which are constantly being redefined, makes medical coding a critical occupation, while the transition to electronic medical records is creating new demand for specialists in health information technology. The Affordable Care Act, with its dual mandates for controlling costs and improving the quality of care, brings new or revised roles to the forefront, such as health coaches, care coordinators, and case managers.

Health care work is also conducted in diverse settings. These range from large teaching hospitals and research institutions to storefront clinics and doctor's offices. Rising costs, as well as changing models of care and an aging population, are shifting employment from acute care to primary and long-term care and to home and community-based settings. In all settings, whether urban or rural, health care providers are often anchor employers and major contributors to community development. They treat and employ populations diverse in ethnicity, language, income, and education. Rooted in place, they are dependent on direct, personal interaction with customers—the ultimate “high-touch” industry.

## WHY CAREER PATHWAY PROGRAMS?

Career pathway programs respond not only to opportunities for employment but also to considerable challenges for individuals who seek to enter and advance in health care fields.

While jobs in health care are plentiful, and likely to remain so in the foreseeable future, ascending the employment ladder to high-quality jobs—those paying a worker enough to support a family and move out of the ranks of the working poor—is highly challenging. The organization of health care workplaces and professions is sharply pyramidal, with a large number of low-skilled positions at the base and far fewer as the required level of education rises and professional licensing predominates. Moreover, the sensitive nature of health care and its high degree of regulation place restrictions on entry, even at the lowest tiers. Individuals with criminal records are generally excluded. And even for the least-skilled positions, a high school degree or equivalent is often a prerequisite. While the requirements for many jobs in today's economy include a postsecondary certificate or degree, health care occupations are more likely to require college-level training, especially in clinical and allied health fields (Carnevale et al. 2010).

Moreover, medical and professional licensing authorities are raising the standards and credentials required for many occupations. Hospitals have generally reduced or abandoned the use of Licensed Practical Nurses in favor of Registered Nurses, a more rigorous credential that typically requires more than twice the study time required of LPNs (Wolf-Powers 2008). And the two-year Associate's Degree in Nursing common to RNs is giving way, at least in the hospital environment, to a call for Bachelor's-trained nurses (Bachelor's of Science in Nursing). A widely cited report from the Institute of Medicine (2011) calls for 80 percent of nurses to attain the BSN credential by 2020.

Allied health occupations such as physical therapists increasingly require a doctoral degree. Even ancillary roles in allied health are requiring higher skills and formal certifications. For example, staff responsible for preparing and sterilizing surgical instruments (central processing technicians) must meet higher skill standards associated with technological change in the operating room. And staff at all levels must be technologically fluent as hospitals, clinics, and long-term care facilities implement electronic health records and related information systems.

The Affordable Care Act also brings higher expectations for skills and job performance, even to frontline occupations not requiring postsecondary degrees and credentials. Since 2012, Medicare reimbursement to hospitals has been determined in part by the institution's performance on patient satisfaction surveys. Frontline staff, such as patient care technicians (nursing assistants) and housekeepers, have the greatest contact with patients or customers in health care; their training in the new standards and their ability to serve their patients professionally have grown in importance (Wilson & Holm 2012).

Further, health care providers face higher costs if they are unable to lower the rate of patients' readmission into hospitals (Abelson 2013). This puts a premium on skills such as teamwork, documentation, and cultural competence, as well as many types of communication—with colleagues across disciplines and departments; with other providers; with insurers and other paying organizations; and especially with patients to ensure that they take medications as directed after discharge, keep doctor's appointments, and take steps to prevent or manage illnesses.

# AN OVERVIEW OF ADULT CAREER PATHWAYS IN HEALTH CARE

All of these features have made health care a focus of many workforce development strategies seeking to train and place lower-skilled workers, including the unemployed, in jobs that offer good opportunities for career growth and advancement to higher-paid, higher-skilled positions. This sector has also benefitted from considerable innovation in training and promoting incumbent workers, including support for college education while employed. And most relevant here, it has been the focus of systemic change, in workplace, education, and community institutions, to facilitate career advancement while ensuring a skilled workforce to serve providers and patients.

This report collectively labels diverse programs and practices as health care career pathways. While distinct in terms of starting place, organizational leadership, and design, effective pathway initiatives share common features, developed through years of adaptation and learning:

- > Clear pathways or “maps” illustrate the steps necessary to move from one educational or employment milestone to another.
- > Strong support or “navigation” at each point includes career counseling, assessment of skills, interests, and aptitudes; assistance and referral to help remove personal obstacles to success, including work/family balance; and coaching and mentoring to promote successful performance on the job and in school.
- > Instruction in basic or “foundational” skills includes both academic and interpersonal or “soft” skills necessary to succeed in the workplace.

- > Experiential, work-based learning comes in various forms, including internships, apprenticeships, and job shadowing.
- > Deep partnerships bring together a variety of community institutions.
- > Those partnerships strongly engage with, and are sometimes led by, health care employers.

Several streams of funding and activity have fed the development and evolution of career pathway initiatives in health care. Public workforce agencies have targeted the sector, often in partnership with employers and educational institutions. Health care training was a key focus of federal stimulus spending to fight the recession's effects, as well as to assist lower-income recipients of public assistance and trade-affected workers, among others.<sup>4</sup> Public and philanthropic funders have promoted "sectoral initiatives" or comprehensive workforce strategies in health care (as well as manufacturing and other industries) as a way to improve the quality of jobs and labor market performance and access to quality jobs for lower-income workers. Individual health care employers, as well as employer-led partnerships, have pioneered career initiatives that address critical vacancies or shortages, while improving job access and mobility for lower-skill workers. And a number of states and regions have adopted career pathway programs that offer a clear, well-articulated sequence of steps through education, training, and employment.

Several common themes, informing both the supply and demand side of the workforce, drive these workforce initiatives.

For workers, especially those lacking a postsecondary degree or credential, access to a family-sustaining income has become harder to reach. Earlier generations could count on working in one or a few establishments, particularly in manufacturing, over a lifetime. Such positions offered internal job ladders to increased wages and responsibility. The decline of blue-collar jobs, lower rates of unionization, and flatter organizational structures that collapse job ladders have eclipsed such opportunities. Large employers with variegated wage progressions remain, particularly hospitals, but education and skill requirements for entry and, especially, for mobility, are higher. Other segments of health care, particularly long-term care and behavioral health, lack clear pathways from frontline, unlicensed positions to those in the professional tiers, for technicians, clinical staff, and managers. And across all segments of health care, as in much of U.S. industry, the vast bulk of investment in employee training and development goes to professionals and managers. Workers at the entry-level often lack comprehensive guidance and information about potential ladders and opportunities for education and training.

On the supply side, employers and training organizations have responded to recurring shortages of workers at all skill levels in health care. Employer-based career ladder programs began to multiply during the tight labor markets of the 1990s as a way to attract and retain frontline workers, particularly direct-care staff such as Certified Nursing Assistants. Low pay, difficult working conditions, and a lack of mobility have created high turnover among CNAs and similar caregiving roles, leading to higher costs for employers and a lack of continuity of care for patients,

especially in skilled nursing and assisted living facilities. These factors have led health care providers and policymakers to focus on the relationship between the quality of frontline workers' jobs and the quality of care provided to patients (Castle et al. 2007; Dawson 2011). Employees with sufficient skills and knowledge to perform their jobs effectively, and who have avenues for upward mobility and opportunities for education and career growth, exhibit higher morale and are less likely to consider leaving their current employers.

A range of institutions, from employers and labor/management partnerships to community-based organizations and community colleges, have responded to these needs and developed career pathway programs. University of Pennsylvania's Laura Wolf-Powers, writing on hospital-based career ladders, has summarized pacesetter programs in the 1990s and early 2000s as "first generation." They include initiatives such as Boston's Health Care Research and Training Initiative (now reorganized as the Health Training Institute) and Partners in Careers and Workforce Development.<sup>5</sup> Those programs served both incumbent workers and jobseekers from the community; were managed, respectively, by a community-based workforce intermediary and a private employer; and provided trainees with career coaching and counseling, as well as training for supervisors to serve as mentors. The programs demonstrated impressive results in terms of job retention and improved earnings. However, as researchers and evaluators have found, promoting long-term career mobility (e.g., moving from housekeeper to nurse aide to registered nurse) is far more difficult to achieve (Hutson 2006; Wolf-Powers 2008; Minzner et al. 2009). According to the evaluators of Boston's Healthcare Training Institute, "[I]ndividuals' personal barriers, such as low academic attainment, limited English, and childcare obligations, can severely limit their ability to advance" (Minzner et al. 2009).

Other challenges encountered by career pathway programs arise from the participating institutions. Hospital employers served by the Healthcare Research and Training Institute expressed dissatisfaction with the quality of training provided by community-based organizations and sought more direct control over the process. In several cases, they created their own internal workforce development units rather than rely on external workforce intermediaries. In other health care training initiatives, such as the Massachusetts Extended Career Ladder Initiative, the schedules of employers and workers clashed with those of community colleges. For their part, community colleges have faced complaints that health care curricula and instruction, and the readiness of graduates, did not meet employers' needs or standards (Allsied et al. 2011; Wilson 2006, 2009). A federally sponsored "career lattice" program offering apprenticeships for CNAs and LPNs encountered opposition from state nursing boards, which said that removing nursing education from the academic setting would compromise educational quality (Cohen et al. 2005).

A second generation of career pathway programs has addressed many of the obstacles encountered in earlier efforts. At the same time, first-generation projects that continued operations have adapted and evolved to address the challenges. In particular, program sponsors have addressed basic skills deficits and readiness for work, fostered deeper engagement or leadership from health care employers,

formalized and deepened the capacity of CBOs and employers to coach candidates and provide career guidance, and developed innovations in the delivery of academic and technical instruction.

Key examples of such programs include the following:

**Jobs to Careers**, a six-year national initiative sponsored by the Robert Wood Johnson and Hitachi Foundations and the U.S. Department of Labor, sought to build the skills and support the advancement of frontline health care workers, while improving the quality of care. Its core goals were to change the way employers train, advance, and reward the frontline health care workforce, while testing new models of education that embed learning in the workplace. At 17 sites in hospitals, clinics, nursing homes, and mental health facilities, employers and training partners created “learning cultures” and promoted systems change in both work and education.<sup>6</sup>

In Massachusetts, the goal of the **Extended Care Career Ladders Initiative** (2001-2009) was to improve the quality of direct care jobs in the state’s long-term care facilities while changing the way those facilities deliver care to residents. During the course of the initiative, at least 172 facilities—over one-quarter of the state’s elder care employers—supported worker advancement, improved rewards to CNAs and frontline staff, and enrolled over 9,000 workers in training initiatives (Spence 2010).

Career pathway initiatives at the state and institutional level, such as Washington State’s **Integrating Basic Education and Skills Training** (I-BEST), career pathway systems in Oregon and Arkansas, and multistate programs that integrate basic skills and career pathways (**Breaking Through, Accelerating Opportunity**) have removed barriers for students who lack the academic preparation to enter postsecondary programs in the health professions and other technical fields. With the support of the Bill & Melinda Gates Foundation and other investors, six Accelerating Opportunity states are taking “integrated career pathway” programs to scale; almost all of the participating colleges are supporting career pathways in health care, recruiting low-wage or unemployed workers with basic skills below the ninth-grade level.

The **National Fund for Workforce Solutions** has spawned employer-led health care partnerships with deep connections to regional education, workforce, and CBOs. The National Fund’s goal is career advancement of low-wage workers using a model of substantial employer engagement to increase the potential for successful outcomes. Its initiatives, with the support of national and local investors, have built on-ramps for the unemployed and inexperienced jobseekers and job ladders for incumbents, while achieving significant scale and maturity.

To address labor shortages and high vacancy rates, Boston’s **Beth Israel Deaconess Medical Center** first established “pipeline” programs of onsite, part-time, and free or low-cost education in fields such as registered nurse, surgical technician, and research administration. To widen access and improve the retention of entry-level workers in these college-level pipelines, BIDMC instituted the **Employee Career Initiative**, which incorporates counseling, tutoring, and free, on-site precollege and college-level gateway courses in the sciences (Hebert 2011).

# A FRAMEWORK FOR SUCCESSFUL CAREER PATHWAYS IN HEALTH CARE

What is common to these innovations is the recognition of barriers not only for the individual learner but also for the institutions and systems that guide learning and employment. To build effective pathways that benefit workers, employers, and the community requires systemic change in the workplace, the learning place, and living places (the community or civic infrastructure). JFF has created a three-part framework that offers standards drawn from nearly two decades of career pathway experience: work-friendly education; learning-friendly workplaces; and community-wide collaboration. We believe this framework has applicability to promising initiatives for at-risk or off-track youth.

## WORK-FRIENDLY EDUCATION

Advancing in health care beyond the bottom-rung positions (e.g., housekeeper, transporter, dietary services) almost always requires a postsecondary credential. More than most fields open to individuals with less than a Bachelor's degree, occupational entry in health care is highly formalized and governed by institutions of higher education and professional licensing authorities. And for those in a clinical pathway, meeting science and math requirements is a significant hurdle.

Participants in health care pathway programs face other hurdles to education and advancement. If balancing work with parenting or other dependent care is difficult

enough, adding college courses can seem insurmountable. Negative experiences of education and the lack of models (especially for those who are first-generation college students) can also defeat candidates for health care credentials. And the scheduling and duration of traditional college programs are poorly matched with the needs of full-time employees and parents, especially those with multiple jobs.

“Work-friendly education” makes learning accessible in a time, place, and manner that respond to the lives and characteristics of frontline health care employees. This may involve offering courses in the evening, on weekends, and on schedules that may be accelerated, elongated, or otherwise adjusted to the pace and needs of working students. Distance learning, satellite campuses, and courses offered at the workplace can reduce geographic barriers.

Such adjustments have become relatively common in recent years, but more systemic changes in postsecondary education are less common. Yet these, too, have been adopted by the more innovative career pathway programs in health care (as well as other fields). Work- and worker-friendly institutions in Jobs to Careers, for example, granted adjunct teaching status to supervisors and other staff in health care establishments, granted credit for prior learning experience or for competencies demonstrated in work-based learning, and substantially revised curricula to align with competency-based skill requirements and incremental career steps.

Community college programs, singly or as building blocks in a state or regional career pathway system, have made advancement in health care smoother for less-skilled adults and youth. Such programs “chunk” longer course sequences into manageable increments, allowing the learner to enter and exit with credits and certificates that accumulate, or “stack” toward longer-term credentials. Noncredit remedial or workforce courses articulate with for-credit curricula or courses. Innovative delivery methods, such as embedding reading, math, or other basic skills instruction in clinical coursework, are also in good currency.

For example:

**Stanley Street Treatment and Resources**, a substance abuse facility in Fall River, Massachusetts, collaborated in Jobs to Careers with Bristol Community College to build career pathways in addictions counseling for frontline workers, including receptionists and administrative assistants. Bristol Community College enlisted SSTAR supervisors as faculty and partners in revising or designing courses, while BCC faculty taught onsite at SSTAR’s main facility. As a result, the employer expanded its pool of credentialed staff to serve clients, while employees experienced promotions, raises, and college-level certificates and degrees.

**Southeast Arkansas College** of Pine Bluff, Arkansas, through its Fast Track program, makes health care credentials accessible by compressing the time required to complete basic education requirements and contextualizing such courses in health care curriculum. Serving students who test as low as the fourth-grade level in reading and other basic skills, SEARK follows Fast Track immediately by a one-

year, accelerated interdisciplinary Practical Nursing track delivered in four eight-week modules and one sixteen-week session. Students receive intensive coaching and support services. The program has resulted in a 96 percent completion rate, compared to 63 percent or less in traditional developmental education sequences.

The **Kentucky Community and Technical College System** has been a pacesetter in making learning pay off for adult workers and others seeking credentials with value in the labor market. The state reorganized this system over a decade ago to break down the divisions between remedial education, workforce training, and traditional academic programs. As a result, students in all community and technical colleges enter career pathway programs with stackable certificates that allow multiple points of entry and exit, and most of the certificates are credit bearing. Health care (nursing and allied health) is among the most common career pathway in KCTCS schools. Owensboro Community and Technical College's pathway offers multiple options. For example, a dietary worker can obtain a medical billing certificate or enter a clinical pathway, progressing from CNA to LPN, with options to enter a Registered Nursing program or one in radiology.

## LEARNING-FRIENDLY WORKPLACES

In general, health care workplaces are not "learning friendly" for the large numbers of workers who provide the bulk of patient care and support but are not licensed health care professionals. There is minimal preparation for their positions beyond brief orientation and on-the-job training, followed by brief in-service training. Frontline supervisors, in turn, receive minimal training for their roles. There is also an absence of systematic support to enable workers on the front lines to learn about career alternatives, obtain financial support, and balance education with family and work responsibilities. Even though many health care employers offer tuition benefits, payment is typically on a reimbursement basis; the initial out-of-pocket costs to low-wage workers can make such policies impractical. And a lack of confidence or experience with education can lead to high attrition rates.

Hospitals, nursing homes, clinics and other providers that are learning friendly have made systematic changes—in how workers enter and learn jobs and in how career growth is promoted. Employers make these changes for business reasons as well as for idealistic ones: they calculate that more engaged workers, especially those with a long-term educational goal, will be more likely to remain in a job, lowering the costs of turnover and recruitment. Moreover, when the employer invests in improving frontline workers' knowledge and skills, those workers will perform their jobs better.

This assumption was borne out by interventions such as Jobs to Careers and in health care partnerships such as those noted above supported by the National Fund for Workforce Solutions. Nursing assistants in Jobs to Career's Hartford, Connecticut, project—the C.N.A. Advancement Initiative—as in Massachusetts' similar

program, gained “know why” as well as “know how” about the procedures used in treating their residents, whether washing hands to reduce infections or observing changes in a patient’s diet or skin condition. Evaluators for Jobs to Careers found that almost two in three employees felt that the project helped them do their jobs better, increased their sense of job satisfaction, and increased their confidence in their ability to solve problems on the job, as well as to pursue career and educational goals (Morgan et al. 2011).

Employers in the Jobs to Careers model create a “learning culture” and they change human resources policies. In Boston’s Beth Israel Deaconess Medical Center, the norm of being a teaching hospital extends to all positions, from housekeepers and lab technicians to senior clinicians; the latter sometimes tutor the former in college prep classes such as math and biology. Supervisors receive formal training to coach, mentor, or instruct frontline workers in clinical skills, as is the case in Austin’s St. David and Seton Hospitals and Baltimore’s Good Samaritan and University Specialty Hospitals (Goldberg & Wilson 2009; Altstadt et al. 2011).

Good Samaritan and other hospital partners in the Baltimore Alliance for Careers in Health Care provide elaborate career maps, illustrating pathways in clinical, technical, and administrative occupations. Workers in these institutions, as well as those in Cincinnati’s Health Careers Collaborative, establish individual learning plans and assistance navigating academic and professional transitions and support services. In Children’s Hospital Boston, and in more and more learning-friendly institutions, the tuition benefit is advanced to workers before enrollment, through direct payment from the employer to the college, allowing workers to avoid upfront costs (Biswas 2011). Moreover, it is provided to workers at all levels and supports foundational (or remedial) coursework as well as academic study.

Above all, the learning friendly organization is transparent with regard to career development. Career maps are central to supporting career mobility for frontline workers and job candidates in health care. Such maps provide legible pathways—“how to get there from here”—and information on potential occupations, their compensation, and the educational (and sometimes licensing) steps necessary at each point.

Career mapping—the activity of envisioning and documenting alternative pathways for workers—is as important as the resulting documents or tools. It requires employers and workforce and educational professionals to place themselves in the mind of someone new to the organization and lacking information critical to mobility—to conceive of careers rather than merely jobs. The exercise of career mapping also means considering alternative starting points and subsequent steps—or “rungs”—along a career pathway leading to increasing wages, skills, and responsibility. In some cases, the mapping exercise leads employers to restructure the jobs, as well as to codify the skills and competencies necessary to enter them and advance.

In Hawaii, the CEO of **Wia'anae Coast Comprehensive Health Center** took the lead in setting occupational levels—steps on a career ladder—for all positions. The goal was to create a Graduated Competency Program that established minimum competencies for each of three to four levels per position. The GCP is ambitious: eventually, it will apply to every staff member, from the groundskeeper to the CEO. To begin, the center has focused on defining competencies for the first positions targeted (Medical Receptionist I and II), and linking them to wage increases.

Coaching is another essential element of learning-friendly workplaces. The positions vary in title and responsibility. Some organizations use “navigators,” others “career advisors” or coaches. Regardless of title, these individuals do whatever is necessary to assist those at the bottom to ascend in health care, including analyzing educational gaps, assessing job and career readiness, helping candidates choose among options, and motivating them along the way.

For the **Baltimore Alliance for Careers in Healthcare**, the role of the coach in workforce programs is pivotal to the growth of individuals and to the creation of a learning culture in a hospital supporting that growth. BACH coaches—sometimes drawn from the ranks of nurses and supervisors, in other cases hired—foster career growth by advising workers on educational options and assessing their interests and abilities. Equally important, the coaches mentor individuals in doing their current jobs better. When necessary, coaches may refer workers to Employee Assistance Programs for help in balancing work and family pressures, or to staff navigators to help them find resources such as child care, transportation, or even emergency funds to buy groceries. First and foremost, coaches help frontline workers remove barriers and support their advancement.

While BACH-affiliated hospitals use a variety of methods and arrangements for coaching employees, all coaches seek to be facilitators. In this role, the coach mainly asks questions and challenges employees to find answers themselves based on their unique values, preferences, and perspectives. This is critical for mastering the core behavioral competencies, or soft skills, that assist in retention and career advancement in frontline and higher-skilled positions.

The coaching role and job description vary among the hospital partners in BACH. Some, including Johns Hopkins Bay View and Sinai Hospital, employ full-time, dedicated coaches, while others, such as Good Samaritan, embed coaching in the responsibilities of selected nurse supervisors. Some focus on mentoring candidates for nursing degrees, while others focus on advising the hospital's first ranks, in environmental services, dietary, and similar areas, about education, job success, and career paths.

Seattle's **Virginia Mason Medical Center**, a Jobs to Careers site, trains clinic service representatives at several of its ambulatory clinics to become medical assistants. Through a partnership with Renton Technical College, clinic service representatives receive training at Virginia Mason through seminar-style classes and the use of the clinic's faculty extenders. Clinic service representatives receive credit for skills they

hold in common with medical assistants, such as telephone communication and managing provider schedules. The training results in college credits applicable to an Associate's degree.

Virginia Mason has developed a three-tiered career ladder for medical assistant positions, taking frontline workers through medical assistant training and an externship to the certification exam and the completion of additional courses in leadership and patient safety. The program consists of seminar instruction, online instruction, and work-based learning. Workers also learn life skills, such as professionalism and time management.

Workers receive at least four hours each week of paid release time to attend classes on site. Current medical assistants and clinic nurses coach workers through the program. Before becoming coaches, medical assistants participate in 16 hours of training. Renton faculty members co-teach courses with a Virginia Mason clinical educator.

## COMMUNITY-WIDE COLLABORATION

Career pathway programs almost never function as islands within a single organization. They are collaborations that depend on multiple sectors of the community: health care employers; colleges and other training providers; the public workforce system; and community-based organizations engaged in workforce development, human services, or advocacy. For larger-scale programs, such as those encompassing states or regions, the supporting network extends to community college and school districts, along with their respective state agencies. Philanthropic funders have also taken active roles as investors and thought partners in building career pathway initiatives.

In sum, these organizations comprise a critical infrastructure undergirding the career pathway, ensuring that it supports individual aspirants at each step along the way. At the same time, they are more than a sum of their parts: As pathway programs experiment, learn from mistakes, and adapt to changing demands, they generate and exchange knowledge with one another and the field, while creating new connections.

Those health care pathway initiatives that have achieved maturity and scale—in terms of the numbers of employers participating and the numbers of workers trained and engaged in career paths—owe their success in large degree to the “connectors,” or intermediary organizations, that host, manage, and serve as the infrastructure or glue for partnerships of often-competing employers. These entities, typically nonprofit organizations, convene employer and educational partners, assemble private and public resources, and develop or broker workforce programs and support services. Some also provide direct services, including clinical and academic instruction. They take varied forms.

Boston's **Healthcare Training Institute**, the initiative of a community-based organization, JVS, has incubated a number of successful program models, including Bridges to College, spanning Children's Hospital Boston and six other HTI partner hospitals, and technical training for central processing (operating room) technicians. It is also one of the city's major providers of instruction in foundational skills, such as literacy and English for Speakers of Other Languages.

Philadelphia's Partnership for Direct Care Workers is managed by a joint labor/management partnership, the District 1199c Training and Upgrading Fund. The fund, which is also Philadelphia's largest trainer of the health care workforce, serves both union members and community residents. With its employer and educational partners, it has been an innovator for 34 years in developing work-based and classroom learning, from foundational skills to college degree programs in health care.

The core operating principle for workforce intermediaries is that of serving "dual customers." This means discerning employers' needs as well as those of low-income or less-skilled workers and jobseekers, and assembling the means to meet them (Kazis 2004). In some cases, an existing nonprofit organization, such as JVS or a local United Way affiliate, hosts workforce partnerships. In other cases, such as Baltimore's BACH, Stepping Up Rhode Island, or the Greater Cincinnati Health Careers Collaborative, a new entity is created, with multi-sector leadership, to facilitate health care employer partnerships and operate pathway programs.

None of these partnerships were created overnight. Health care is a challenging sector in which to place and advance disadvantaged or less-skilled individuals. As the examples of Boston's first-generation career pathway initiatives demonstrate, practitioners must readjust or reinvent programs to address barriers of academic skill, work readiness, language, and poverty, among others. Partner organizations that are embedded in low-income neighborhoods or linguistic communities—and understand residents' needs and potential—are critical to overcoming these barriers. They provide case management and referral, help participants identify child care resources and find reliable transportation, teach financial literacy, or make emergency loans for rent or other expenses. They may also work with trainees' supervisors and managers to understand the barriers associated with poverty and address at the roots such problems as poor attendance, work attitudes, or interpersonal skills. Hospitals in Fort Collins, Colorado; Erie, Pennsylvania; Youngstown, Ohio; and Louisville, Kentucky, all report success with such programs, especially in combination with job-readiness courses to prepare employees and wraparound supports to retain them and enable them to persist on the health care pathway.

Health care pathway partnerships take varied approaches to readying workers for employment and postsecondary study. Some use community on ramps (with exit points to attain prerequisite skills), while others use bridges to prepare candidates for further study and employment.

Rhode Island's **Stepping Up**, a partnership of 44 employers (including Providence's two largest hospital systems), operates dual tracks for pre-employment services geared to community residents and training for advanced positions (nurses, surgical technicians) for incumbent workers. The former serves largely unemployed adults but also disconnected young adults, recruited from the Genesis Center, Dorcas Place, and other community organizations. (Those lacking high school/GED credentials or sufficient English proficiency are referred to CBOs as well.) After a period of classroom training in soft skills, job readiness, medical terminology and other skills, they obtain work experience through unpaid 100-hour internships in participating hospitals and other settings, and are then evaluated for placement in permanent health care positions (Corporate Voices 2012).

Chicago's **Carreras en Salud**, the health care pathway program operated by the Instituto del Progreso Latino, offers precollege bridge programs with ESL and adult basic skills and GED instruction contextualized to health care careers. The bridge programs are closely articulated with pathway programs leading to certificates and degrees in nursing and allied health. Carreras students also receive support services from IDPL's Center for Working Families (CLASP 2013).

Health care employers benefit from these partnerships in multiple ways, and in turn that benefits candidates and career aspirants. Cincinnati's **Dress for Success** and **Mercy Neighborhood Ministries** have helped ensure a flow of career- and work-ready candidates for college-based pathways in health care. Rhode Island's health care partnership has made Providence's CBOs better informed about employer needs in candidates and engendered additional initiatives serving youth and young adults.

# APPLYING THE CAREER PATHWAY FRAMEWORK TO OPPORTUNITY YOUTH

Using the three case studies of programs that prepare and place youthful candidates in health care training and employment, we can build on and apply the framework for adult career pathways to health care programs for disconnected or at-risk (“opportunity”) youth and young adults. Taller San Jose, Instituto Justice and Leadership Academy, and the Los Angeles Reconnections Career Academy share a strong social mission of serving disadvantaged youth and young adults, particularly those who are weakly connected to work, education, or both. While differing in program design, they all prepare students for employment in well-paying fields and for further education, both completion of high school or GED if necessary and transition to postsecondary studies. Each offers career guidance and navigation and embeds college preparation and career training in educational offerings. All three offer deep supports to keep candidates on track and address barriers to success, both academic and personal. And each, while showing promising results, is a work in progress. The challenges they have encountered, and the adaptations they have made or are exploring, offer vital lessons for practitioners of career pathways in health care.

All such programs strive to meet individuals where they are, while holding them to high standards of behavior and accomplishment. For example, LARCA organizes students into two cohorts, a Fast Track cohort for students who are within 12 months of completing high school and a Back on Track cohort for those who need more than a year. Candidates with a clinical bent can pursue the medical assisting path in TSJ’s Medical Careers Academy, while those with more interest or aptitude in administrative work have the option of pursuing instruction in medical office billing.

At the same time, there is no single template for placing youth on track to college and careers, whether in health care or other fields. This reflects the diversity found within the opportunity youth population, which includes both high school completers and those exiting without a credential. Students at TSJ's Medical Careers Academy have typically completed high school requirements but lack secure attachment to the labor market. Those attending the Instituto Justice and Leadership Academy are youth, age 16 to 21, at risk of dropping out, and they are completing their high school studies in an alternative school setting. Students in the Los Angeles Reconnections Career Academy, who range from 16 to 24 in age, are disconnected from both school and the labor market.

## THE DIFFERENCE THAT YOUTH MAKES

To enter career pathways in health care, disconnected youth and young adults need many of the same services and supports as disadvantaged adults: career navigation; academic foundations and college preparation; coaching, mentorship, and wraparound supports; learning grounded in work and leading to credentials with value in the labor market; and strong connections to employers with the potential to hire and advance them.

Yet while the end goals may be similar, youth and adults start from very different points on the path to careers. Young people are not adults in a developmental sense, and their needs differ accordingly. Recent research has shown that the brain is not fully formed until about age 25. Its "plasticity" has implications for the way youth learn, the way they conceive of the future, and the way they make choices. New learning experiences, in both formal and informal contexts, are critical to shaping the growing brain's architecture and a young person's abilities in school and work (Hinton, Fischer, & Glennon 2012). Equally important, youth at this stage lack adult capacities for regulating emotions and controlling impulses. Thus, career pathways must be built in ways that strengthen self-management, perseverance, and decision-making skills. Above all, disconnected youth need positive learning and work experiences and resource networks to support development (Smith et al. 2012).

Career pathways for reconnecting youth differ from adult models in more obvious ways. Given their age, as well as personal and structural barriers, youthful candidates for health careers typically lack high-quality, stable work experiences—or work experience of any kind. Unlike low-skilled adults who have entered or are training for frontline health care positions, opportunity youth have a much longer on ramp to a career pathway. The distance and difficulty increase for those who did not complete high school. While many adult career pathways in health care offer academic enrichment and preparation in math, reading, and other foundational skills, opportunity youth programs typically must offer deeper remediation and additional credentials, such as a diploma or GED, to move participants forward.

## WORK-FRIENDLY EDUCATION AND OPPORTUNITY YOUTH

How do pathways into health for disconnected youth differ in how they fit the framework of work-friendly education? One clear difference is that opportunity youth, by definition, are not situated at the outset in either a health care workplace or in higher education. That said, the broader concept of systems change to facilitate access to credentials and well-paying jobs is relevant.

In the three case studies, educational interventions for off-track youth differ from some past approaches, both for opportunity youth overall and for traditional students targeting health careers. For the former, the educational component does not treat high school completion (or obtaining a GED) as an endpoint. Nor does workforce development end with placement in the first job. Both are organized to support a longer-term continuum, with knowledge of career options and tools built into the learning process and postsecondary credentials a key objective. For example, California's Taller San Jose evolved from offering a GED program (which it has dropped) and job training for Certified Nursing Assistants to its present approach of academies offering alternative pathways in health care (or construction and green technologies), work experience, and life skills instruction.

At the same time, disconnected youth, like lower-skilled adults working on the frontlines of health care, need different approaches than those used to prepare traditional high school or college students for medical or allied health careers. This acknowledges the need for positive work experiences as well as paychecks and incremental goals (e.g., certifications in nursing assistant, phlebotomy, or other short-term credentials) en route to longer-term educational and career objectives in health care.

## MAPPING CAREERS

As with adult career pathway programs, career navigation is central to youth initiatives. The examples here weave it into an educational process for reconnecting youth and typically present it to students at multiple points. For example, students in Chicago's Instituto Justice and Leadership Academy enroll in College Prep, a college-navigation course that also initiates exploration of the student's career interests and engages the student in mock job interviews. Later, those transitioning to college-level health training, through ILJA's partner program, Carreras en Salud, engage in workshops on career objectives and study the partner's road maps of its widely respected career pathway model (see *box on page 24*).

## Road Maps to Careers

Upon completing high school, including a pre-CNA course and preparing for a college placement test, Instituto Justice and Leadership Academy students may enter the health pathway at Carreras en Salud. At that point, case managers at the academy and at Carreras en Salud collaborate on assisting students' transition into one of a variety of health care pathways.

Carreras' model provides an explicit road map "to bridge the gap that exists between marginal, low-paying jobs and high-paying careers" (Mirabal 2008). The map details both a health care academic ladder and a career ladder, with corresponding course and credential requirements and exit points for four programs: Certified Nursing Assistant, Patient Care Technician, Licensed Practical Nurse, and Registered Nurse. A recent addition is the track for Certified Medical Assistants (health and informatics) (CLASP 2013).

The Los Angeles Reconnections Career Academy presents recovered dropouts with alternate career maps during the outreach and recovery process. Students also complete InnerSight, an online career inventory tool, and discuss the results with a staff member during a three-hour consultation session. These tools help students expand their awareness of careers in health care beyond conventional aspirations of becoming a doctor or nurse. They are introduced both to additional vocational paths (e.g., to becoming an EMT, paramedic, pharmacy technician, respiratory therapist, or medical assistant) and to interim steps along longer career paths (e.g., CNA to LPN to RN).

## BUILDING FOUNDATIONAL SKILLS FOR HEALTH CAREERS

Academic success is a significant barrier to success for opportunity youth, especially those seeking to advance in health careers. Even at the lowest rungs (e.g., nursing assistants, medical assistants), strong skills in numeracy, science, and, increasingly, technology are a prerequisite. Concepts in good currency from adult health career pathways are equally relevant for preparing youth. These include the contextualization of basic skills in career-focused examples and acceleration and modularized instruction that keeps learners on track for attaining academic and technical credentials. Each of the three case study sites makes fruitful use of these approaches.

- > Chicago's IJLA students in the pre-CNA course receive basic skill instruction in numeracy and literacy, contextualized to health care. The course is designed so that students gain dual credit as well as complete common standard requirements for high school graduation.

- > Students in California's LARCA take contextualized basic skills courses through Los Angeles community colleges. The courses are designed so that students can, through acceleration, gain the skills necessary to earn a high school diploma or GED while learning specific skills in health care. Since mathematics has been a particular challenge to LARCA's student population, the training partners supplement the small, contextualized courses with one-on-one and small-group tutoring to improve scores.
- > Candidates in Taller San Jose's Medical Careers Academy improve their math skills while learning about dosage calculations and other pharmacology basics, and they deepen their command of English through studying medical terminology.

Both LARCA and IJLA provide avenues for students to complete high school or obtain the GED. In both cases, this is a prerequisite for entering credential-granting health pathways, but they are eligible for clinical or work experiences in parallel with academic catch-up. Each of the six community-based sites in LARCA contains a degree-granting alternative education component. For example, the Watts program site of the Youth Opportunity Movement incorporates Los Angeles Trade Tech, a charter school, on its campus. ILJA is itself a diploma-granting charter school of the Chicago Public Schools.

An equally vital foundation for reconnecting youth to career and educational pathways is knowledge of life skills. For opportunity youth, this includes not only the interpersonal norms and competencies of the workplace—a touchstone of many adult career pathways—but also the school and community environment. At IJLA's partner pathway, Carreras en Salud, the academic and educational ladders are accompanied by “social ladders” that reference an individual's integration into community life and assumption of greater responsibilities in family, community, and career. For example, the social competencies to become a Certified Nursing Assistant include (Estrada 2010):

- > A good understanding of laws, rights, and obligations;
- > The ability to write short letters;
- > A good understanding of the school system and careers;
- > The ability to ask for directions;
- > The ability to use short sentences;
- > First communication in a second language; and
- > The fear of living in an unfamiliar environment removed.

Taller San Jose offers a life skills course for two hours a week during the education portion of its programming. The course covers a broad range of topics, including substance abuse, the court system, voting rights, financial literacy, and higher education. TSJ staff members manage the curriculum, and the course has many guest speakers. For example, college representatives speak about their course offerings and bank officials describe their companies' offerings.

## LEARNING THROUGH WORK

Work experience, including exposure to different health settings and practitioners, is pivotal to making educational pathways work- or career-friendly. This is consistent with the clinical hours and practicum required of all health professionals, but it has additional importance for off-track youth. As recent research cited by the Annie E. Casey Foundation has shown, employment levels among young people are at their lowest levels since World War II; just over half were employed in 2011. And those lacking early work experience will have higher rates of unemployment later in life and lower chances at career attainment (Smith et al. 2012).

For the cases examined here, work experiences help place youth on a trajectory not only of career and income growth but also reengagement in their communities. As an earlier Casey report argues, workforce programs serving youth need to go beyond job placement, providing clear, long-term pathways toward careers (AECF 2009). As young people interact with program staff, mentors, and co-workers as well as with natural helpers in their neighborhoods—neighbors, faith leaders, community members available as mentors—they begin to develop an identity as a member of a community of adults who learn and work together. Social scientists call this a “community of practice.”

Health care pathway programs promote experiential learning through exposure to work settings and vocations, as well as with structured placements. Clinical medical assisting students at Taller San Jose are expected to attend class “dressed in their scrubs and ready to work,” with workplace norms and professionalism communicated as part of the curriculum. During the training period, candidates also visit a variety of health care providers. Following the sixteen-week course period, all students participate in four-week externships at medical clinics, hospitals, and other health care employers. Classroom and externship experiences are similarly aligned for those in LARCA's health care pathways.

High school students in Chicago's IJLA (those in health as in other pathways) must complete an internship in order to graduate. While these are not directly aligned with professional training, as at LARCA and TSJ, they are usually informed by students' expressed career interest. For example, a student in the pre-CNA sequence interned with a midwife, a vocation in which she expressed strong interest. Academy graduates who enter the IDPL's Carreras en Salud health pathways for CNA, LPN, and other health occupations participate in structured workplace learning at participating hospitals and other clinical sites.

## ENGAGING EMPLOYERS IN CAREER PATHWAYS

The health care pathways profiled here share with the adult models strong involvement, if not always direct leadership, from employers. Their roles are instrumental to reconnecting youth to education and work, just as they are to developing and advancing frontline incumbent workers in health care. Workplace-friendly education for either population is of necessity employer-centered, as it is the employer who determines, ultimately, if a training candidate will be hired, promoted, or otherwise supported for career advancement.

Moreover, employers play a variety of critical, “upstream” roles in opportunity youth programs in health care. They are pivotal partners in designing and implementing pathway programs, as well as in revising and improving them. LARCA (and its predecessor program, Stand and Deliver) has engaged health care employers from the outset, and it established employer roles in assessing candidates for the program and in discussing potential intern placements for those accepted. LARCA’s employer partners range from Kaiser Permanente and White Memorial Hospital to local clinics (New Regal Health Center) and dental offices.

As with IJLA and TSJ, LARCA has built a network of employer-stakeholders who provide internship, clinical, and job placements. It has also worked with the community-based youth centers and their training partners to ensure that the design of the program and its curriculum align closely with job demand and skill needs for the region’s health workforce. Some LARCA employers also support students as mentors. Participating employers are not only involved in training current program participants but have also provided scholarships so students can continue further training for career advancement.

# LEARNING-FRIENDLY WORKPLACES AND OPPORTUNITY YOUTH

As with work-friendly education, the concept of learning-friendly workplaces requires adaptation to match youth and young adult experience. It means broadening the focus from “how does the workplace facilitate education and advancement?” to “how are *all* institutions that reconnect youth fostering learning and college readiness? How is training and career preparation adapted to opportunity youth candidates’ distinct educational and personal needs?” The three cases suggest a variety of ways to make career pathway programs learner-centered, both by adopting nontraditional models of instruction and by changing or realigning systems.

## PLACING STUDENTS AT THE CENTER

Recent reports on “student-centered learning,” building on the latest brain research, find that “underserved students, including low-income youth and English language learners, sometimes thrive with different instructional techniques than their middle-class peers” (Hinton, Fischer, & Glennon 2012). Competency-based learning and the use of “generative themes” of relevance to students and their communities can contribute powerfully to preparing opportunity youth for college and careers, as the example of Instituto Justice and Leadership Academy suggests (see *box on page 29*).

## Generative Themes of Relevance

The Instituto Justice and Leadership Academy has a strong social justice orientation. It seeks to empower students through an interdisciplinary approach and competency-based curricula. Classes are small: the academy's charter limits overall enrollment to 165, with about 80 students served annually. As part of its charter, IJLA implements a curriculum based on *generative themes*, or topics of interest to community residents in Chicago's largely Latino southwest neighborhoods. Members of the community provide input into the curricula via a survey. Each grade level selects an identified theme that is incorporated into its grade-level courses for the year.

Rather than moving through the traditional high school levels (e.g., freshman, sophomore), students are placed into different "pods," in IJLA's terms:

- > Leveling, students considered freshmen and sophomores;
- > Apprentice, students designated juniors; and
- > Mastery, students designated seniors.

Student placements into pods are based on a combination of criteria, including number of credits accrued by students before coming to the academy, performance on entry assessments, transcripts, and decision-making skills. Movement within and between pods is based on a competency-based educational model. Students are graded using the rubric of "no evidence," "not yet," "developing," and "proficiency."

Upon entering the Mastery level, IJLA students may enter the pre-CNA course as well as college test preparation and courses such as advanced algebra, pre- and Advanced Placement English, and college-level English, through dual enrollment and the attainment of a minimum cut score.

## MAKING COLLEGE POSSIBLE

Since career advancement in health care requires postsecondary credentials, the preparation of students to enter and succeed in college is integral to opportunity youth pathways. This extends both to academic preparation and, equally important, to personal identity—seeing oneself on a trajectory to college and capable of succeeding there. Each of the case study sites uses its postsecondary partners in multiple ways to achieve these goals: Instituto Justice and Leadership Academy with Wilbur Wright City College/Humboldt Park Vocational Education Center; Taller San Jose with Santa Ana College and National Louis University; and Los Angeles Reconnections Career Academy, with East Los Angeles Community College and Los Angeles City College.

These cases infuse college readiness and support for transitions to college in multiple ways. One is to work with postsecondary partners to ensure that course subjects and curricula align with and meet requirements for college-level pathways in health care (and other careers). Taller San Jose revamped its math sequence to enable students to transition from refresher to advanced subjects, thereby improving their performance in college-level (pharmaceutical) math. The high school instructors for the pre-CNA course in the Instituto Justice and Leadership Academy work together closely to align content and competencies with those required for actual nursing assistant (and higher-level) curricula offered through Carreras en Salud's college partner, the Humboldt Park Vocational Education Center.

Another strategy is the use of college prep or college success courses. TSJ incorporates postsecondary bridging activities (e.g., guidance on financial aid and career selection) into its educational programming. IJLA students must attend a college navigation course, delivered by the postsecondary counselor and guest speakers, with several components:

- > **Self-exploration:** Students complete a personal statement used for applying to colleges.
- > **Career exploration:** Students self-explore their career interests.
- > **Job search:** Students complete a mock interview.
- > **College access:** Students research colleges, take seminars, and conduct job searches.
- > **Financing college:** Students complete the FAFSA form or apply for scholarships.

In each of the case-study sites, advising is critical, informing students about alternative pathways (in health care or in other fields) and the requirements to enter and progress toward credentials and employment. LARCA's youth-serving agencies bring together academic and career coaching staff to guide students and help them connect to postsecondary programs. IJLA staff guide students at multiple points, both in the high school and upon entering college-level courses offered through Carreras en Salud.

Another essential is test preparation, given the hurdle posed by college placement exams to health career pathways. Mastery or senior-level students at IJLA enroll in a boot camp course in preparation for taking the COMPASS college placement exam.

Exposure to college coursework is a common strategy. Both TSJ and IJLA incorporate dual enrollment courses, exposing students to college-level material—in general education courses as well as health-themed ones—and enabling them to accumulate college credits.

## SUPPORT ALONG THE PATHWAYS

As in adult career pathways in health care, multifaceted supports make progress possible. So does close and thoughtful attention to transitions along the way. But for opportunity youth, the severity of life challenges and the lack of systems and resources that match their needs demand both deeper support and qualitatively different interventions. Research on workforce and educational programs serving out-of-school, out-of-work youth make this clear: above all else, *relationships matter*, especially with a trusted adult who can offer one-to-one mentoring (Bloom et al. 2010). Moreover, intensive support, through case management and referrals, mentoring, and coaching, is essential. And while support in depth is vital, so is a breadth of wraparound services that address needs ranging from child care and transportation to assistance with regulating emotions and living in neighborhoods that may suffer from gang violence. Finally, duration matters, particularly if young candidates seek to enter highly challenging pathways in health care.

Each of the three case study sites is notable for the intensity or depth of services it offers, the breadth of services available, and, in most cases, their duration—a feature of the programs' structure. Even for youth enrolled at TSJ's Medical Careers Academy, where the training period is measured in weeks or months versus the years required of LARCA and IJLA participants, alumnae are not forgotten. Case managers offer graduates personalized supports for two years after completion of the program. LARCA graduates receive one year of follow-up from counseling and career coaches.

The intensity of support services is suggested both by the frequency of “touches” and by the programs' staffing commitments. TSJ participants meet weekly with their assigned case managers, with an option to meet before or after class. The case managers (licensed social workers or graduate students completing their clinical work) assist them in building social and emotional awareness as well as to promote education and career progression. The two-year follow-up assists them in staying on this course. LARCA's career coaches, working through the participating YouthSource centers in Los Angeles neighborhoods, make daily wake-up calls to students and dog them to attend education and training activities with text messages, social media, and other forms of support and encouragement. At IJLA, academic and postsecondary career counselors serve each of the three high school pods, reinforced by prevention and intervention counselors. The latter assist with social and emotional challenges associated with alternative high school youth, including homelessness, teen parenting and child care, and family relationships.

Another innovative feature of the cases is the weaving together of different forms of support, through collaboration as well as the co-location of the relevant staff. At LARCA, pupil service and attendance counselors from the Los Angeles Unified School District are on site at each of the community programs and work closely with the career coaches to keep one another informed and offer comprehensive guidance to students. The students receive both educational and career assessments, as well as small-group mentoring, homework assistance, and academic tutoring. The career

coaches also work one on one with students to provide emotional support and assistance selecting career alternatives.

### Wraparound Support

The Instituto Justice and Leadership Academy leverages its relationships with Instituto del Progreso Latino (its host institution) and the IDPL's Carreras en Salud program to ensure that students are fully supported in both the high school and college segments of its health care career pathway, and that the "hand-off" between the youth and adult programs occurs smoothly. Staff from IJLA and IDPL meet together biweekly. A counselor at IDPL is assigned to the alumni from IJLA. The case manager at IDPL functions more as a career coach who monitors progress toward occupational goals but continues to connect program participants to the appropriate support services (e.g., transportation, evening child care). IDPL coaches at the college assist students with registration, then meet twice weekly with them and weekly with their advisor during the course of study.

Although the graduates of the Leadership Academy enter Carreras en Salud with knowledge from the College and Career course and from college visits, the City Colleges of Chicago, according to Carreras director Dr. Ricardo Estrada, are "not set up to provide the individualized support, the socio-emotional service" that IJLA graduates require. In his view, students still need deep individualized support to help them manage relationships, learn how college works, navigate the language and culture of the institution, and learn to advocate for themselves.

## THREADING THE NEEDLE: COMMUNITY COLLABORATION AND PARTNERSHIP

Health care career pathways for disconnected youth of necessity run through the community. While community partnerships loom large for adult pathway programs, too, the nature and role of youth-focused collaborations are distinctive. This reflects the depth and breadth of services required, as noted, but more profoundly, it is a comment on where youth initiatives originate, who mobilizes them, and the broader, systems-changing steps underlying their success.

The three case study sites engage many of the same community partners as do adult health care career pathways: health care employers and industry associations; high schools and colleges; community-based education and training providers; and, in some cases, human service and workforce agencies. In addition, the youth pathways engage entities specific to disconnected youth, such as the juvenile justice system,

public agencies serving children and families (and foster youth in particular), and CBOs involved in youth development. This is both a strength and a challenge of opportunity youth pathway programs: their reach is necessarily broad, but that requires considerable coordination—and often negotiation—to bridge a number of often distinct institutions.

Each of the sites reflects the impact that stakeholders, mobilizing to change conditions in a neighborhood or city, have had on program innovation and on the fortunes of youthful participants. The Medical Careers Academy is one of many strategies that TSJ has adopted to address violence, poverty, and hopelessness affecting youth in Santa Ana.<sup>7</sup> Chicago's Leadership Academy, similarly, was established by Instituto del Progreso Latino, one of the city's leading CBOs in Latino neighborhoods. Its leadership recognized that youth at risk of dropping out now will make up the adult population needing IDPL's workforce services to exit poverty later.

### Systems Change

The Los Angeles Reconnections Career Academy illustrates an intentional effort to change community systems in support of disconnected youth. It breeches the walls separating the youth and adult public workforce systems, between the public schools and youth-serving organizations, and between all these and various other stakeholders, including employers.

In its 2005 origin as Stand and Deliver, the organization's sponsors in the city's workforce agency sought to adapt adult health workforce programming and funds to reconnect youth to work and education. A signal innovation in this and later iterations of LARCA was to blend adult and youth Workforce Investment Act funds, as well as the best practices from each. This also allowed extension of opportunity youth services to a young adult population (age 21 to 24) typically underserved by both the youth and adult workforce systems. An additional benefit has been cross-program learning: according to LARCA program manager Lisa Salazar, adult workforce organizations in LARCA's network have moved to adopt career pathway models incubated in the youth program.

A key example of community partnership in LARCA is the co-location of the school district's counselors with youth coaching staff at the participating community programs. Despite initial resistance, this has been a fruitful collaboration, according to Salazar and her staff. It has enabled workforce staff to access student data critical to identifying and recovering dropouts, overcoming privacy concerns of the school district, working with school staff to recruit students and encourage them to return to school, and assisting them with education and career progress. It has reinforced a continuing effort to break down silos—especially between city government and the schools—by integrating funding, aligning programs, and enlisting disparate agencies in support of opportunity youth.

# RECOMMENDATIONS

Health care career pathways, while challenging to enter and complete in the best of circumstances, are feasible for reconnecting opportunity youth to education and work. Health care is a high-demand, dynamic field with variegated opportunities for entry and movement to higher-skilled and higher-paying positions. For youth and young adults, it offers ample opportunities for learning through work, and for work or career preparation that is both learner-centered and linked to postsecondary education and the attainment of credentials.

Moreover, the experience of health career pathways for working or unemployed adults has strong relevance for efforts to recover and advance opportunity youth. The adult models have amassed a substantial track record and offer a range of practices adaptable, with adjustments, to working with youth. Specifically, the framework of work-friendly learning and learning-friendly workplaces is applicable, with considerable adaptation, to the developmental stage, labor market position, and personal and social circumstances of youth. Career mapping and navigation, foundational instruction in academic and life skills, structured work-based or experiential learning, strong employer engagement, and deep community partnerships are equally necessary and applicable to opportunity youth as to disadvantaged adults.

There are key differences. Pathways that get youth on track require a longer on ramp, without the anchor of a job or at least considerable work experience. As a result, they may be longer in duration in order to get youth to the starting line, help them acquire education prerequisites (including a high school diploma or GED), and prepare for college and careers. For example, Taller San Jose supports students for two years after they complete the program, and LARCA demands 18 months of participants. In addition, youth-focused programs typically go deeper—in the level and types of supports provided, the intensity of coaching or mentoring required, and the degree of academic remediation. They also go wider in many cases,

as the experience of LARCA suggests, bringing in a greater range of community stakeholders, from schools and public workforce agencies to criminal justice and child and family services.

That said, perhaps the most important common ground that opportunity youth initiatives share with adult pathways is the necessity for systems change at many levels. Stated simply, opportunity youth initiatives must break through the barriers between employment, education, and community institutions.

Again, the example of LARCA is illustrative. This ambitious collaboration links funding streams, staffing commitments, and program objectives across adult and youth silos in the public workforce system. Instituto Justice and Leadership Academy and Taller San Jose also break the mold by going beyond traditional models of GED preparation, alternative diplomas, or short-term job training. For the core organizations and their partners, reconnecting youth is not business as usual. And changing the model has required dedicated advocacy and organizing by champions of youth and social justice in troubled communities.

If we are to seize the opportunities presented to us, we must harness the lessons of TSJ, IJLA, and LARCA and put them into practice widely. To leverage the public investment in expanded health coverage and better care for the advancement of opportunity youth and other marginalized and underutilized populations, there are lessons here for opportunity youth practitioners, private and public investors in opportunity youth career pathways, and public officials, staff, and advocates.

## LESSONS FOR OPPORTUNITY YOUTH PRACTITIONERS

- > There is no one-size-fits-all model for advancing opportunity youth into career pathways in health care. As the cases illustrate, it is a varied population, in terms of age and developmental level; skills, work experience, and educational attainment; and personal strengths and challenges. Practitioners should tailor programming and other activities accordingly. Above all, *meet youth where they are*.
- > Pay special attention to transitions. These are both points on a career map and opportunities for deeper engagement with youthful candidates and potential points of either acceleration or loss.
- > Facilitate “multiple touches” to deepen support and reinforce connections—for youth entering college or reentering high school, and for those entering health care externships or job placements. IJLA and its partner Carreras en Salud demonstrate this, as does their postsecondary education partner. Each provides counseling to students along the pathway, while coordinating with one another.
- > Be supportive but persistent, even intrusive, in holding participants accountable and acclimating them to the norms of work and higher education.

- > Make structured matching or connections between staff across organizations or silos. Build on the example of LARCA, where school attendance staff and workforce coaches work side by side to identify and serve off-track youth. IJLA's pairing of high school and adult workforce staff (from, respectively, IJLA and Carreras en Salud) to coordinate transitions to adult pathways is exemplary as well.
- > Make use of up-to-date labor market information to provide the most rewarding and feasible career pathways to participants. Based on an analysis of employment patterns, TSJ determined that training Certified Nursing Assistants would not move opportunity youth out of poverty; it shifted to training for clinical medical assistant and medical billing jobs.
- > Provide alternate pathways and strong foundational learning for youth who are not ready to enter pathways with stringent entrance requirements. TSJ's shift represented a trade-off: it placed the Medical Careers Academy and its twin tracks off limits to candidates lacking a high school credential or sufficient scores in math. It had found that students lacking these prerequisites did not succeed in the new pathways. The organization is now working with a funder to provide an accelerated track for mastering basic skills and acquiring the GED.
- > Provide a range of learning methods tailored to individual learners, especially those with adverse experiences in education. Contextualized basic skills instruction, the integration of basic skills with technical content, competency-based assessment, and a measured use of technology to support learning are valuable examples.
- > Work with adult career pathway practitioners to integrate and align with youth pathways, ensuring clear, supportive transitions and the recognition in adult programs of experience and coursework accomplished in opportunity youth programs.

## LESSONS FOR PRIVATE AND PUBLIC INVESTORS IN OPPORTUNITY YOUTH CAREER PATHWAYS

- > Invest for the long haul. Pathways initiatives take time to emerge and develop. Both the youth and young adult candidates need time in order to reach their fullest potential.
- > Provide resources to replicate and scale up the best practices from these case studies and other strong examples of career pathways in health care. Demonstration or pilot programs should support both individual organizations and, on the model of LARCA, consortia or collaboratives of youth-serving agencies.
- > Enlist employers in best-in-class career pathway programs to advocate and champion these models to other health care employers, both one-to-one and

through professional and industry associations (e.g., the American Society for Healthcare Human Resource Administration).

- > Develop tools and peer learning forums to facilitate awareness and the adoption of both adult and youth career pathways in health care.
- > Build intermediary capacity to knit together disparate actors and resources and achieve collective impact. This could involve expanding the capacity of existing youth organizations, developing new entities where gaps exist, or enabling adult-serving entities to expand their programming to youth pathways.
- > Invest in evaluation and deeper research of promising models of opportunity youth career pathways in health care.

## LESSONS FOR PUBLIC OFFICIALS, STAFF, AND ADVOCATES

- > In reauthorizing the Workforce Investment Act, Congress should dedicate funding for model pathway programs that target opportunity youth, both in health care and in other sectors with strong labor demand and abundant opportunities for entry-level jobs and career advancement. These programs should both enable the scaling of strong models and the piloting of additional ones as “proof of concept” to determine feasibility.
- > WIA reauthorization should also address and revise performance rules that limit spending on the intensive, longer-term services required for effective career pathway programs targeting youth.
- > Work with industry and professional associations in health care to educate employers on the benefits of pathway programs for opportunity youth, enlist these organizations’ and their members’ participation and leadership in new and existing initiatives and in providing real-time consultation on skills, occupation, and curricular needs.
- > Break down silos separating youth from adult workforce systems and youth services from K-12, postsecondary, and employer stakeholders.
- > Encourage the use of state funding streams that can be leveraged and targeted for health care pathways in support of opportunity youth. California’s new Local Control Funding Formula is a prime example. It provides supplemental funds for school districts based on enrollments of low-income students, foster youth, and English learners—students who likely overlap with much of the opportunity youth population (see page 3).
- > Ease restrictions on health care apprenticeships as a means of obtaining certifications or professional licenses.
- > Expand the scope of public efforts to address present and projected gaps in the health care workforce. While having enough physicians and other licensed clinical

and technical staff is critical, it is equally vital to recruit, train, and develop the frontline workforce that has the greatest contact with patients and consumers, at the bedside, in the clinic, and in the community.

- > Promote efforts to upgrade the quality of frontline jobs—those most likely to be the entry point for opportunity youth. This includes revising federal rules that exempt certain direct-care workers (e.g., home health aides, personal care assistants) from the minimum wage and overtime protections of the Fair Labor Standards Act. It also means raising standards at a national level for training and certifying nursing assistants.
- > Collaborate with and align campaigns with other stakeholders in improving career opportunities for our nation’s youth, the high-quality, cost-effective delivery of health care to our communities, and the intersection of these two essential endeavors.

## CONCLUSION

Pathways into health care can make a vital contribution to achieving the “triple aim” of the Patient Protection and Affordable Care Act: better care and improved health at lower cost (Berwick 2008). Achieving the cost goals requires shifting the bias in health care from the hospital and emergency room to the clinic and community. It rests on a patient-centered model of care, delivered by teams and reliant on closely linked networks of providers, community organizations, and consumers. New and emerging work roles on the frontlines of care are pivotal: patient navigators, community health workers, case managers, and care coordinators, among others.

Opportunity youth on pathways to health care careers can play a key role in this workforce. These jobseekers, and the organizations supporting their growth, are embedded in their communities. With training and mentorship, they can develop into valued intermediaries between patients and a transforming health care system—encouraging healthy behaviors, self-management of disease, and observation of medication protocols, as well as keeping doctors’ appointments and performing similar functions. Workforce shortages in these emerging areas, as in other frontline roles such as nursing assistance, home health care, allied health technicians, and health information technology, will make opportunity youth, along with other nontraditional candidates, attractive to employers and a strong asset to patients and to their communities.

Today’s context—the transformation of health care in a climate of persisting inequality and the marginalization of youth and other populations—makes effective pathways into health care not just feasible but essential. They are necessary to giving off-track youth and low-income adults a path to family-supporting incomes and to continuously improving our nation’s health care system.

## APPENDIX I • CHICAGO, ILLINOIS

# CASE STUDY: INSTITUTO JUSTICE AND LEADERSHIP ACADEMY'S PARTNERSHIP WITH INSTITUTO DEL PROGRESO LATINO'S CARRERAS EN SALUD

## HISTORY

The Instituto Justice and Leadership Academy offers a health care pathway in partnership with Instituto Del Progreso Latino's Carreras en Salud program, a Chicago, Illinois, adult workforce training program with a strong record of success. IDPL, a community-based organization located in southwest Chicago, is recognized in the city and state as a leading educational center that helps participants advance basic academic skills, obtain high school diplomas, pass the GED exam, become U.S. citizens, increase their job skills, and find employment.

### **Carreras en Salud at the Instituto Del Progreso Latino**

In 2005, IDPL launched Carreras en Salud, a health career pathway program, with the purpose of diversifying the city's health care workforce. At the time, 25 percent

of Chicago's population was Latino, yet Latinos represented less than 2 percent of the nursing workforce. Carreras en Salud is a pipeline program for growing and developing bicultural and bilingual health care workers.

The program creates an explicit career pathway for limited English proficient adults into employment as Licensed Practical Nurses. It accomplishes that by breaking down health career fields into smaller steps and providing bridge courses to assist students as they pursue further career advancement. Each step culminates with a credential and occupation: Certified Nursing Assistant, Patient Care Technician, LPN, and Registered Nurse.

Since 2005, Carreras en Salud has graduated 200 LPNs, helping to grow—and diversify—the LPN program at Humboldt Park Vocational Education Center, an adult learning center of the City Colleges of Chicago located in the Humboldt Park community. In 2005, Wilbur Wright City College at HPVEC had 400 applicants for 50 slots, with 7 of the slots reserved for students in Carreras en Salud. Today, HPVEC's LPN program has expanded to include 3 cohorts of 50 students each, and nearly a third (47) are students in Carreras en Salud.

The success of the Carreras en Salud program is giving other City Colleges an incentive to create slots for its students. According to HPVEC, the Carreras en Salud LPN program is widely considered among the best in the country, based on the percent of students who pass the state licensure exam.

The average Carreras en Salud student is 29 years old. Almost all are female, although the number of male students has increased recently. The average age may have also decreased, given the expansion of the workforce training program to serve the youth attending IDPL's high school, the Instituto Justice and Leadership Academy.

### Instituto Justice and Leadership Academy

IDPL has a track record of developing not only Carreras en Salud but other education programs as well. Since 1996, IDPL has been the parent organization of the Rudy Lozano Leadership Academy, an alternative school named in honor of a prominent Chicano activist and community organizer who was murdered in the early 1980s.

Until 2012, the Rudy Lozano Leadership Academy was a member of the Youth Connection Charter School system, the city's only alternative charter school servicing students who have been pushed out of other high schools. In 2012, the academy applied for and received independent charter school status; it also changed its name to the Instituto Justice and Leadership Academy.

In the tradition of the Leadership Academy's namesake, IJLA has a strong social justice orientation. It seeks to empower students through its interdisciplinary, competency-based curricula with relevance to students' lives. The strong connection between the curricula and students' experience begins with input from the community.

As part of its approved charter, IJLA implements a curriculum based on *generative themes*—topics emerging from the input of the community residents. Students and teachers in each grade level then select a theme to incorporate into their courses and “pod works” for the year—the school groups students by pods instead of grade levels. Furthermore, as one of only a few schools in the nation implementing a student-centered, competency-based curriculum and promotion policy, IJLA assesses students based on whether they demonstrate “no evidence,” “not yet,” “developing,” or “proficiency” in mastering course content and skills.

## POPULATION SERVED

IJLA is located in Chicago, a city with over 2.7 million residents. Two-thirds of the city’s population is between the ages of 18 and 64, and slightly over half is female. Approximately 33 percent is black, 31 percent is white, and 29 percent is Latino. The median income is about \$47,371 and a little over one-fifth of Chicagoans live below poverty. About 80 percent of the population holds a high school diploma and a third possess a Bachelor’s degree. A language other than English is spoken in 36 percent of the city’s households.

Located on the city’s Lower West Side, three miles south of The Loop, the city’s downtown core, ILJA draws students from its surrounding and predominantly Latino neighborhoods—the Back of the Yards, Little Village, and Pilsen. In 2010, the U.S. Census reported the neighborhoods’ population as 35,769, with 82 percent identifying as Latino. The school’s student body is split evenly between males and females. The median income in the neighborhood is \$34,573, more than \$12,000 below the citywide figure.

## PROGRAM RECRUITMENT AND ADMISSIONS

The Instituto Justice and Leadership Academy offers a three-year, diploma-granting program. Its charter limits enrollment to 165 students, the same number of students who have been enrolled at Rudy Lozano. Next year, IJLA will open a second campus serving 80 additional students, for a total of 245 students between the ages of 16 and 21. All have been pushed out of their initial high school or disengaged due to changes in life circumstances: parenting or pregnancy; gang-affiliation; illness in the family; or issues of safety in the neighborhood surrounding the schools. All of these factors may have contributed to students’ failing to gain enough credits to advance to the next grade level, and they have fallen off track.

Students admitted into IJLA attend an orientation where they learn the school’s discipline code, which is based on a restorative justice philosophy, and participate in peace circles. They interview with a counselor to begin to deconstruct prior educational experiences and identify the challenges that caused them to disengage from their own education in the first place. These conversations inform IJLA’s decisions about which strategies will be most effective in engaging students.

During orientation, students also take the STAR online assessment of their reading comprehension and their knowledge of high school math. The results enable the

school to set a baseline for the skills of its entering students and to establish a grade equivalent. The STAR assessment is administered three times throughout the school year—at the beginning of the school year, midyear, and at the end.

Upon enrollment, the school places students into one of three “pods” based on a combination of criteria, including number of credits accrued before entering the Leadership Academy, IJLA performance on the entry STAR assessments, transcripts, and social and emotional factors as determined through interviews conducted before enrollment.

The pods are:

- > **Leveling:** students considered high school freshmen and sophomores;
- > **Apprentice:** students designated as juniors; and
- > **Mastery:** students designated as seniors.

## PROGRAM OVERVIEW

In 2007, Carreras en Salud and the Rudy Lozano Leadership Academy designed the health care career pathway for high school students. The initial pilot enrolled about 25 students in a 16-week, afterschool pre-Certified Nursing Assistant course focused on basic skills instruction in numeracy and literacy. The instructor was referred to Rudy Lozano by Carreras en Salud, and the course took place on the Leadership Academy campus.

In January 2010, IDPL and the Leadership Academy received a grant as the result of an earmark in a law written by U.S. Senator Dick Durbin, and this enabled the partners to move the pre-CNA course from the summer to the regular academic year. For the past two years, it has been offered during the school day. Moving forward, the goal is to expand the number of pre-CNA sections to evening hours, as well to serve young adults who cannot attend during the school day.

## HEALTH CARE PATHWAY DESIGN

The health careers pathway is an excellent fit for IJLA students because courses at Carreras en Salud range from 16 weeks to 24 months long. The health program includes a speaker series: Nurses and other health professionals speak about their careers. The program also facilitates the transition of its young adult students into high school, college, and careers by exposing them to the college experience and providing supports as they advance into postsecondary education.

The health care pathway consists of three experiences and milestones:

- > Preparation for postsecondary entry during high school;
- > The pre-CNA course; and
- > Transitioning to and enrolling in an occupational training program at Carreras en Salud.

## Curriculum

In addition to the pre-Certified Nursing Assistant course, IJLA offers additional courses to mastery-level students. Some of these courses are a pre-COMPASS test prep boot camp, advanced algebra, pre- and Advanced Placement English, pre-dual enrollment classes, and English 101 (dual enrollment at college and participation is based on COMPASS scores). Students have also taken Introduction to Criminal Justice, the Social Studies 102 survey course, and Introduction to Business through dual enrollment at the City Colleges of Chicago.

In 2012-13, six students completed a dual enrollment course at Arturo Velasquez West Side Technical Institute, which is part of the City Colleges of Chicago. The City Colleges of Chicago covers the cost of tuition and fees for dual enrollees, while IJLA covers the costs of textbooks. However, students failing to earn a "C" in the course must reimburse the college for the course.

## College and Career Exploration Course

In addition to dual enrollment courses, IJLA requires all its students to complete College Prep, a college and career exploratory course delivered by a postsecondary counselor at the academy. Most students take the course during their final year at IJLA. Delivered through guest speakers (e.g., alumni), college visits, and other activities, the course consists of five components:

- > **Self-exploration:** Students complete a personal statement used for applying to colleges and scholarships.
- > **College readiness and navigation:** Students complete a minimum of three college or postsecondary applications that match their goals.
- > **Career exploration:** Students are exposed to various careers, their requirements, and the work.
- > **Professionalism now and for the future:** Students complete a resume, references page, and cover letter to be used during a mock interview.
- > **Financing education:** Students complete the FAFSA form and apply for scholarships.

## Internships

As part of ILJA's charter, students must complete an internship in order to receive a high school diploma. The internships, called Pathway credits, are expected to align with the students' passion or interest. Students must complete a total of three Pathway credits to graduate. The internships vary widely. For example, in the 2012-13 school year, a student who had completed the pre-CNA program took an internship with a midwife, a field that she is considering entering.

## Pre-CNA Course

The pre-Certified Nursing Assistant course is a dual-credit offering for high school seniors. Through the course, students can gain high school credit by completing common standard requirements for high school graduation as well as to get an on

ramp for the postsecondary partner's postsecondary CNA program. An average of 21 students enroll per quarter, and the course takes two quarters to complete. Annually, 40 to 60 students enroll in the pre-CNA course, which fulfills state requirements for students to receive either science or health credits. The course meets daily for 90 minutes. A high school instructor from IJLA delivers the course, with case counselors providing additional wraparound services.

### Postsecondary Transition to the CNA Occupational Training

Seniors at the Leadership Academy enroll in a boot camp test prep course before taking the COMPASS. Upon completing the pre-CNA course, they take the COMPASS placement exam at the Arturo Velasquez West Side Technical Institute (West Side Tech), one of the City Colleges of Chicago. Students must score 125, the designated college-ready cut score, on the COMPASS reading section and 8 on the e-Write section. Students not meeting the cut score can take the test again. If they still do not test into the program, the counselors discuss other occupational options in the health care field.

Students scoring at or above the cut score are eligible to enroll in the CNA program. They receive assistance throughout the application process from a Carreras en Salud staff liaison who is onsite at Wilbur Wright City College at Humboldt Park Vocational Education Center or the Arturo Velasquez West Side Technical Institute. The liaison also provides admitted students with course registration services, connects them with tutors, and holds twice-a-week check-ins with students at the college campus. IJLA students graduating in June enroll at HPVEC the following summer to receive occupational training.

One benefit of the CNA program is that HPVEC offers it three to four times a year, including twice during the spring term (January and March). This provides ample opportunities for students to enter and earn a certificate in nursing assistance. Admission into the LPN program at HPVEC is more competitive, in part because it admits students only once a year and the number of slots is more limited.

### Academic and Social Supports System

The high school support services include targeted academic support and case management support for other needs. The high school's counselor support system consists of a postsecondary counselor and an academic counselor who works across the three pods to ensure students meet milestones toward high school graduation. Additionally, a prevention and intervention counselor serves each pod and addresses some of the social-emotional barriers particular to young adults (e.g., homelessness, child parenting, child care, relationships with the extended and immediate family).

The school helps students interested in health care get onto a career pathway and supports them in the transition to occupational training. Although IJLA graduates make up only 5 percent of the total participants in Carreras en Salud, the organizations have collaborated to ensure a successful transition for this group of students. The postsecondary counselor at IJLA works hand in hand with a case

manager at IDPL, who is assigned to work with IJLA alumni. IJLA students usually enter Carreras en Salud having completed the College Prep Course. Thus, they have been introduced to basic skills for postsecondary success, been on college campuses, and learned about college from visitors.

Although the graduates of IJLA enter Carreras en Salud with these advantages, they still need personalized guidance and support to manage relationships, navigate the language and culture of the institution, and learn to advocate for themselves. The advantage of the career pathway model is that it provides an explicit road map “to bridge the gap that exists between marginal, low-paying jobs and high-paying careers,” according to *Carreras En Salud: Chicago Bilingual Health Care Career Pathways Partnership*, a report from the National Council of La Raza. This map helps participants learn the logical next steps and sequences for advancing in a health profession, which is an interconnected approach marrying education, training, and support services.

Carreras en Salud case managers support students as they continue to develop an academic identity and connect participants to the appropriate support services (e.g., transportation, evening child care services). The case managers also take on the role of career coaches, monitoring student progress toward occupational goals. Carreras en Salud students receive additional career support services and attend workshops, hosted by different partners, where they learn about health careers. These workshops are in addition to the career workshops offered at Humboldt.

The pilot partnership was a learning experience for all partners involved. Although several Carreras en Salud/IDPL staff members have over 10 years experience working with young adults in alternative education settings, the partnership enabled more staff to gain experience working with a youth population at IJLA. IDPL staff members are adapting the knowledge gained regarding best practices for participants in its adult education programs to integrate better with the high school and ease the transition into postsecondary education.

The integration of IJLA and IDPL is designed to help support students as they navigate Chicago’s city college system. The colleges are not set up to provide individualized or socio-emotional support to students. Therefore, Carreras fills the gap by providing information about the culture and language of institutions and developing “student agency” so they can further advocate for themselves.

## Partnerships

By design, the health pathway leverages each partner organization’s robust support services for high school students and adult learners. Staff from IDPL and IJLA meet biweekly. IDPL’s primary role is to oversee the health care content of the pre-CNA course, and together they work to make the curriculum both challenging and relevant, align it with the college’s requirements, and ensure that students learn the skills they need to succeed after they transition into college.

The relationships of Instituto Del Progreso Latino/Carreras en Salud with the City Colleges of Chicago smooth the transition for students. This facilitates the alignment

of the program's curriculum with the college's requirements. In addition to the City Colleges, many of IJLA graduates attend one of National Louis University's campuses in Chicago. IJLA has referred students to the Harrison Fellows Scholarship Program at NLU, and it is considering developing an alumni support group/community at the college.

## STUDENT OUTCOMES

### High School Graduation

IJLA boasted a 72 percent graduation rate in 2012, based on the number of seniors who graduated, which is higher than the 61 percent reported that year for the Chicago Public Schools. IJLA's graduation rate is based on the number of students designated as seniors at the beginning of the academic year and the number who graduated by the following August. In 2011-12, 92 percent of seniors had plans to pursue postsecondary education after completing the school, which means that they had received a letter of acceptance from a college or a vocational training program. About 1 percent of students sought employment and 1 percent joined the military.

Every 10 weeks, IJLA hosts a graduation ceremony, with one cumulative graduation in June. The school graduates 6 to 11 students every fall, winter, and spring quarter; and every June, between 20 and 30 students are expected to graduate. In June 2013, 53 students graduated for that year, down slightly from 59 students the year before.

### Pre-CNA Student Outcomes

Since 2008, about 48 IJLA students have expressed interest in pursuing careers in health care. About 29 students have completed the full CNA program and taken the state exam. Of those, 21 have passed it. Others are currently in the pre-LPN or LPN track in college. Those who have not followed a CNA track have pursued other health fields (e.g., EMT) or decided to pursue careers in other fields.

Overall, the pre-CNA pilot graduated 31 students, and 90 percent completed a certificate in nursing assistance. Of these, about 10 to 15 continued in a health career pathway and are enrolled in Carreras en Salud's Pre-LPN program. In 2011-12, 43 students graduated, 9 pursued their interest in health, and 8 of these students continued at Carreras en Salud—about 20 percent of all students.

### Employment Outcomes

Leveraging the employer networks of each partner facilitates job placement for program graduates. IDPL has job placement coaches on staff. Additional employment opportunities occur via instructors' own professional networks, many of whom have work experience in the health care industry.

The CNA program at HPVEC focuses on helping to develop and grow a bilingual health care workforce for clinics and other organizations serving large numbers of Latino patients. Graduates of the CNA program can expect to earn \$9 to \$12 an hour in the Chicago Area, according to the National Council of La Raza.

## APPENDIX II • LOS ANGELES, CALIFORNIA

# CASE STUDY: THE LOS ANGELES RECONNECTIONS CAREER ACADEMY

## HISTORY

### Stand and Deliver, 2005

The health careers pathway of the Los Angeles Reconnections Careers Academy originated with Stand and Deliver, which began in 2005 with a demonstration grant from the U.S. Department of Labor. That pilot program delivered focused training in the high-growth health care sector to about 250 out-of-school and out-of-work Los Angeles youth. With Stand and Deliver, the city sought to adapt its adult-training health care program to serve a younger, disconnected population. The program carved out specific roles for employers in developing and implementing a health care workforce system for youth. Stand and Deliver appointed employers to a stakeholder board, and they provided mentorship and training opportunities. Students could only engage with employers after going through an assessment process.

### The Los Angeles Reconnections Career Academy, 2009-2013

In 2009, Stand and Deliver evolved into the Los Angeles Reconnections Career Academy (LARCA) when the city set aside \$4.75 million of its American Recovery and Reinvestment Act (ARRA) federal stimulus funds to create a youth training program with strong employer relations, a fixture of successful adult workforce training programs.

LARCA:2009, its first iteration, provided an opportunity for Los Angeles to merge aspects of its youth and the adult workforce training systems. ARRA expanded upon the definition of youth in the Workforce Investment Act, extending the age limit for participants from 21 to 24 years old. This opened the door for developing programs targeting opportunity youth between the ages of 21 and 24. In 2010, Lisa Salazar, current acting director of the City of Los Angeles' FamilySource System, characterized this as a population underserved by the youth or adult systems; 20 percent of all participants in the workforce training systems fall within this age bracket (Salazar 2010). Under the new guidelines, LARCA:2009 concurrently enrolled students in a summer youth program and in an adult workforce system program.

LARCA:2009 incorporated many Stand and Deliver program design features, as did the current iteration of the Los Angeles Reconnections Career Academy, LARCA:2012 (see *Health Pathway Design on page 50*). The programs seeks continuous improvement and to become more strategic in its approach, given the scarcity of funding and resources.

In 2012, the city received a federal Workforce Innovation Fund award of \$12 million to "complement its YouthSource System and efforts to support its dropout recovery and workforce development system for young people" (City of Los Angeles 2012). The WIF grant supports LARCA from October 1, 2012 to September 30, 2015.

## POPULATION SERVED

Los Angeles, the nation's second largest city with just under 10 million residents, is highly diverse. About 48 percent of city residents are Latino, 28 percent are white, 14 percent are Asian-American, and 9 percent are African-American; 56 percent of the population speaks a foreign language at home. Seventy-six percent of Angelinos 25 years and older have at least a high school diploma, and 29 percent possess a Bachelor's degree. The median household income is \$56,266, while slightly over 16 percent of residents live in poverty.

Since 2009, LARCA has targeted youth and young adults previously out of school and work who are between the ages of 16 and 24. This age group has the city's highest unemployment rate due to the structure of the economy, displacement by older workers remaining in the workforce longer, and the intense competition among young adults with Bachelor's degrees.

By the end of its WIF grant, LARCA plans to have served a minimum of 1,200 youth. Each of six training providers is expected to recruit and enroll a minimum of 200 students. The program admit cohorts of 20 to 30 students across all six sites on a monthly basis, dividing the groups further into two cohorts: a Fast Track and a Back on Track cohort. The Fast Track cohorts consists of students who are within 12 months of completing high school; the Back on Track cohorts serve students more than a year from completing high school.

## RECRUITMENT AND ADMISSIONS

LARCA recruits participants in several ways. The first is through word of mouth. The second, cited by LARCA as the most efficient and effective, is a partnership between the Los Angeles Unified School District and the city's 13 YouthSource Centers that act as reengagement centers. These nonprofit centers, located in low-income areas across Los Angeles, provide youth with resources and services to finish or stay in school, obtain a higher education, and prepare for an adult career. Under this arrangement, the LAUSD assigns staff to each of the 13 intake centers, where they serve as outreach counselors and locate and sign up youth on the district's dropout list. This total list includes an estimated 180,000 young people.

The 13 reengagement centers connect students reentering the education and workforce systems with the one of four direct service providers selected by LARCA: the Los Angeles Youth Opportunity Movement, Responsible Community Development, Los Angeles Conservation Corp, and the Youth Policy Institute. YPI is the most recent service provider to join the LARCA program. LARCA:2012 has a common application process across its four partner sites. It requires applicants to attend an information session, complete an application, consent to participate in a random-assignment process, meet WIA youth-eligibility requirements, and show their desire to reconnect to school and employment. Students admitted into the program attend an orientation, meet with a full-time pupil service and attendance (PSA) counselor provided by LAUSD, and then start activities.

Under the WIF grant, LARCA:2012 incorporates an experimental design evaluation. As such, the program evaluators have a say in how students are assigned to the treatment and the control groups. The services to students in the treatment group are more intensive.

## PROGRAM OVERVIEW

LARCA offers reengaged youth the option of enrolling in career pathways in health care, construction, and green technology. The health care pathway has been a part of the LARCA program since its inception. LARCA later developed the construction and green technology pathways to serve students who have been criminally involved, which makes them ineligible for most allied health fields. LARCA:2009 served over 1,000 opportunity youth in these three career pathways. For 2014, the program is considering adding a career pathway leading to employment in the nonprofit community sector (e.g., afterschool services).

The city Workforce Investment Board provides general oversight for LARCA and its four direct service partners, with the six sites spread across the city. The two local centers in Watts and Boyle Heights are part of the Youth Opportunity Movement, a program of the Los Angeles Economic and Workforce Development Department. Four sites are operated by the three community-based organizations: Responsible Community Development, Los Angeles Conservation Corp, and YPI.

Under LARCA, each of the four direct-service providers is responsible for programming at each of its sites. This includes the selection of career areas of interest and negotiating partnerships with training programs. They have developed long-lasting partnerships with postsecondary education and workforce partners, with the mix based on each site's career pathways. Some of the program centers, through their postsecondary partnerships, have created classes tailored to their unique program designs. Additionally, centers solicit feedback from the employer partners on their specific needs, and this information has been incorporated into curricular and program designs.

Each of the six centers provides training leading to career pathways in high-growth industries. Employers providing career training have become part of the WIB's employer network. Two of the six sites focus on health care, partnering with local adult care facilities in hospitals where students can complete clinical training hours. New Regal Health Center offers training as a Certified Nursing Assistant. Kaiser Permanente partners with multiple sites to provide students with training opportunities in CNA and radiology.

On average, each of the six sites offers five career-training programs. Boyle Heights offers training programs in dental assistance, radiologic technologist, medical billing, medical coding, and medical assistant. The medical assistant and phlebotomy programs are provided in partnership with Kaiser Permanente, White Memorial Medical Center, and other local health care facilities.

At each site, students take part in an orientation and informational session. Recovered dropouts receive a list of career pathways during this phase of the outreach and recovery process. Staff introduce them to career maps displaying traditional career ladders. Students also complete InnerSight, an online career inventory tool, and discuss the results with a staff member during a three-hour consultation session. These tools help students expand their thinking about careers in health care. For instance, all students interested in health care know that there are doctors or nurses, but many are unfamiliar with other career tracks or the interim steps along the way to reaching larger career goals (e.g., CNA to LVN to RN).

LARCA has identified partners to deliver the various health care trainings. However, to meet participant needs better, the program allows students to switch career training programs if their interests shift. Similarly, when it appears that youth and their selected career tracks do not match well, the students are referred to other career pathway programs. For example, a youth offender with a felony would most likely be referred to the green technology or construction program rather than health care.

## HEALTH PATHWAY DESIGN

LARCA:2012 is a six-month program delivered in four phases: orientation (20 hours); classroom training/work experience (90 days); certification (140 hours); and job placement.

The program's design features, part of Stand and Deliver in 2005 and incorporated into LARCA:2009 and LARCA:2012, include:

- > An emphasis on reconnecting opportunity youth between the ages of 16 and 24 to education and employment programs;
- > Career pathways focused on health;
- > Contextualized basic skills courses; and
- > Strong employer engagement.

## Orientation

Orientation usually takes place at one of the local centers. During this session, students take part in a random-assignment enrollment process and meet with the PSA counselor. The counselors conduct educational assessments of all incoming students, who are then selected to participate in the LARCA program. Afterwards, participants meet with an LAUSD staff member to design an education plan to help them earn a high school diploma or GED, complete a career inventory, and select a training program in health care or green careers.

LARCA's first priority is for students to earn the high school diploma or GED. Although students may get clinical and work experience, they still must complete high school to succeed in getting a job. For this reason, each site has an alternative education component. For example, the Youth Policy Institute, which operates one of the local centers, holds a charter for a school that uses integrated technology as its theme. The Watts program site of the Youth Opportunity Movement also runs a charter school on its campus.

As noted, LARCA:2012 includes a career exploration course during which youth complete the self-inventory and three-hour interpretive session using InnerSight. Entering students are placed in an education program targeting a specific industry. Each center provides its own set of career pathway and course offerings.

## Curriculum: Contextualized Basic Skills Courses

Some of the six sites have designed their own curricula and aligned those with their career area of focus. Based on the experience of Stand and Deliver and LARCA:2009, LARCA:2012 incorporates contextualized learning in basic skills courses. In the earlier versions, students would either get clinical training and work experience or were prepared for a WorkKeys credential using ACT's KeyTrain curriculum. The contextualized courses are designed so that students can, through acceleration, gain the skills necessary to earn a high school diploma or GED while learning specific skills in health care. Basic skills are contextualized in health care courses offered at local community colleges. Course lengths vary from six weeks to a few months, depending on the needs of the participants. Some students stay in these courses for longer than expected.

Many students struggle specifically with the math, as revealed on the initial assessments. This is also reflected on the student scores for the Comprehensive

Adult Student Assessment Systems Competencies and Content Standards, on which most students perform satisfactorily on the reading portion but lower in math. After students receive one-on-one attention through tutoring and contextualized courses in small classes, their CASAS performance improves. Individual training programs and direct-service organizations supplement their instruction with tutoring.

The curriculum includes the additional career exploration via the self-inventory and InnerSight interpretive session. In addition, training programs give students access to dual enrollment options through the high school course curriculum. Dual enrollment offerings vary by each program provider's career pathway course offerings.

## Academic and Student Support for Students

LARCA expects each participant to be in the program for 18 months. Along the way, LARCA provides incentives to keep them engaged. These include financial assistance in the form of stipends, cash bonuses, subsidies for certification exams, and transportation subsidies. LARCA also offers its students a financial literacy course and wraparound support services.

A major goal of LARCA is to reconnect youth to some form of secondary education, resulting in the completion of a high school diploma or GED. Each of the six program partners has the on-site LAUSD PSA counselor and career coach. This staff member provides individual guidance and connections to postsecondary credential and degree programs throughout the program and a 12-month follow-up period.

The academic counselors administer assessments to determine the best educational course of action for each student. They assess the need for academic tutoring, small group career coaching/mentoring, homework assistance, work readiness, paid work experience, and supportive services. Career coaches make daily wake-up calls, send text message reminders, and use social media as forms of support and encouragement.

In advising students about careers, the coaches use labor market information from the Career One-Stop website and posting on the city WIB's website from the Los Angeles Economic Development Corporation.

## Employer Engagement

LARCA reports strong relationships with employers, especially in working with dropout youth who have had challenges in their education and employment. Participating employers are not only involved in training program participants but have also provided scholarships so they can continue further training for career advancement. Private-sectors jobs are available through the Los Angeles Chamber of Commerce. LARCA has successfully placed its graduating nursing assistants. It also actively involves employers in modifying the training and curriculum.

Careers are a central focus of LARCA's workforce network. As noted, each site has a career coach who provides emotional and mental support to a cohort of students.

They provide one-on-one counseling to determine the best course of action for each student.

Similar to the Stand and Deliver program, LARCA:2012 students undergo the extensive intake and orientation process before connecting directly with employers. After that, participating employers interview youth, review student responses to the ACT WorkKeys and InnerSight tools, and discuss internship placement possibilities. LARCA:2009 combined summer youth jobs and adult workforce training in order to develop paid externship opportunities for youth. The program used youth funds to finance the students to earn Work Readiness Skills Certificates and industry experience. It used adult funds to provide young adults with Certified Skills Training and job placement.

## Partnerships

LARCA is a consortium of community organizations and city agencies, including:

- > Los Angeles City and County Workforce Investment Boards
- > City of Los Angeles Economic and Workforce Development Department
- > Los Angeles Community College District, including East Los Angeles Community College and Los Angeles City College
- > Los Angeles Unified School District and Board of Education
- > Los Angeles Youth Opportunity Movement Sites and YouthSource Centers

LARCA has leveraged partnerships with employers to ensure that students are earning stackable, portable credentials to support not only health care but other high-growth industries. The health career pathway partners include the Los Angeles Community College District, LAUSD Adult Education, New Regal Health Center, Good Samaritan Hospital Los Angeles, Kaiser Permanente, and a host of local clinics. They assist in the development of curricula, offer classes and training, and serve as work experience sites. The Los Angeles Chamber of Commerce is a program partner, and LARCA's HIRE LA Youth campaign has tapped into its employer network to secure job opportunities for our youth.

LARCA holds monthly meetings with the partners and the program managers (biweekly when needed) to coordinate programming. Kendra Madrid oversees the program. As she explains, the partners "will potentially be hiring our participants and [assure] that we are meeting the needs for the stakeholders."

LARCA believes that its strength lays in strong cross-sector partnerships. It is a co-investment between the WIB and the LAUSD board. Even though the school district has undergone challenging financial times and laid off about 2,000 employees, it still matches the WIA funding to support the PSA counselors. For the first time, this enabled career coaches, who provide direct services, to connect with the high school counselors who have access to such student materials as transcripts, Individual Education Plans, and test scores. The workforce centers are exploring ways to provide access to student academic records online. This would strengthen

the partnership and enable coaches to help guide students toward more appropriate educational options.

LARCA also involves a network of 47 Family Resource Centers across California, 21 of which are located in the areas with the highest need. Each Family Resource Center teams up with a YouthSource Center to provide services (e.g., anger management) to youth participating in LARCA or WIA.

Another type of partner is represented by recent relationships with the Los Angeles County Department of Youth and Family Services to identify transition pathways for foster youth aging out of the system. Since January 2012, foster youth in California have the option of staying in the foster care system until age 21 if they participate in a program that provides an opportunity to complete high school and removes barriers to employment and postsecondary placement. These opportunities are funded using the state's funds from the federal Chafee Foster Care Independence Program. The opt-in rate statewide is 90 percent.

LARCA's extensive partnerships enable it to braid funding from multiple sources, including ARRA, WIA Youth, LAUSD's Diploma Project, the Community College District, the FamilySource Center funds for out-of-school youth, and the \$12 million grant from the U.S. Department of Labor's Workforce Innovation Fund.

## PROGRAM OUTCOMES

Unfortunately, it was difficult for young adults in LARCA:2009 to secure unsubsidized employment after completing the program (Allied Health Access 2010). Nevertheless, it reported some program successes. In total, it served over 1,000 students. Stand and Deliver served 250 students, "35 percent of them continued into regular placement in the health-care, and nearly 50 percent continued into postsecondary education. And all participants reportedly experienced an average increase of at least two grade levels" (Salazar 2010).

Thus far, LARCA:2012 has enrolled just under 200 youth, with the goal of ultimately serving 1,200 participants and providing them with wraparound services and subsidized employment opportunities. Six months into the program, LARCA is focusing on outreach and recruitment, enrollment, and assessment. To date, it has enrolled 240 young adults, and it has randomly assigned 138 to the program group. Unlike most WIA programs, the focus is not on immediate performance outcomes. LARCA is more focused on delivering intense service over a 12- to 18-month period and then measuring the impact on the achievement of performance goals and outcomes.

As part of the targeted outcomes it will measure, LARCA:2012 offers several certifications to students: Certified Nursing Assistant, Home Health Aide, Emergency Medical Technician, Emergency Department Aide, Pharmacy Technician, Respiratory Therapy and Medical Assistant, and Medical Billing and Coding.

## APPENDIX III • SANTA ANA, CALIFORNIA

# CASE STUDY: TALLER SAN JOSE MEDICAL CAREERS ACADEMY

## HISTORY

In 1995, the Sisters of Saint Joseph founded Taller San Jose to create a space that would enable Santa Ana young adults to make a successful transition to adulthood. The TSJ “theory of change” is to help young adults stabilize their lives, enter upwardly mobile employment and education pathways, and advance toward living-wage employment and self-sufficiency. Its programs center on the transition to college or work. TSJ workforce training and comprehensive supports provide access to jobs that offer decent wages, opportunities for advancement, and long-term prospects of earning a living wage. TSJ serves an Opportunity Youth population: young adults who are chronically disconnected from, or under-attached to school or work.

Initially, TSJ served chronically disconnected youth, those without any attachment to the education system or the labor market. It introduced a GED program but later discontinued it. In 1997, TSJ began a Certificate Nursing Assistant program, recruiting young adults who were within 25 credits of high school graduation. Graduates of the CNA program gained entry-level, minimum-wage positions. However, the jobs offered only limited opportunities for career advancement.

Between 2006 and 2007 with a grant from The California Endowment, TSJ studied the feasibility of medical careers in general as an option for its target population.

The study included a labor market analysis across various industries in the Santa Ana region to identify high-demand industries and the skill sets youth needed to find and secure employment. The study identified two high-demand industries in addition to medical careers: construction and office/clerical.

Based on the findings of the feasibility study, TSJ replaced its CNA program with a clinical/medical pathway program that not only enabled its students to enter the labor market but also to have greater opportunities for advancement. The new Medical Careers Academy has two tracks: clinical; and administrative medical assistant and administrative billing clerk. Graduates from the clinical/medical assistant track earn about \$12 per hour in entry-level positions; completing a certificate in phlebotomy, they increase their earning potential to \$22 per hour. Graduates have the option to pursue additional study to become Licensed Vocational Nurses and Registered Nurses.

Program administrators had found that CNA program participants had difficulty fulfilling the requirements for high school graduation. Thus, the admission policy to the clinical medical assisting program has changed and differs depending on the track a student selects. On a case-by-case basis, the program admits applicants to the administrative billing program who need only five or fewer credits to earn a high school credential. This flexibility is not extended to applicants in the more rigorous clinical program.

## POPULATION SERVED

The population Taller San Jose serves that reflects its host city's racial and ethnic composition. Santa Ana, Orange County's second largest city, with about 330,000 residents, is 78.2 percent Latino, 10.5 percent Asian-American, and 9.2 percent white.<sup>8</sup> About 90 percent of program participants are Latino, with the remainder identified as white, Vietnamese-American, or other Asian-Americans. About half of the city's residents are foreign-born, and a language other than English is spoken at over 80 percent of the households in Santa Ana. The city's median household income is \$54,399, with a fifth of the residents living in poverty. More than half (52 percent) of the city's residents 25 years of age and older have at least a high school credential and 12 percent have a Bachelor's degree.

Taller offers education and workforce training and extensive supports to about 200 young adults a year, in cohorts of 20. It typically recruits Santa Ana area residents who are between the ages of 18 and 28 and low-income, underemployed, unemployed, or without formal work experience and history. Some students have worked part time but are unable to gain full-time employment. Others are young parents, former gang members, or youth who have been involved with the criminal justice system. About 70 percent of the participants learn about the program through word of mouth; the remainder hear about it through churches, community events, or newspaper ads.

Although women comprise a little under half of the residents in California, they are 93 percent of the students in the Medical Careers Academy; about 95 percent of them are between the ages of 18 and 26. Most students who apply for the medical program have a clean criminal record and test at or above an eighth-grade level. The age requirements for the medical careers program are limited by restrictions articulated in the Workforce Investment Act, which provides some of the funding, and by the criminal-background clearance necessary to work in the medical field.

## PROGRAM RECRUITMENT AND ADMISSIONS

Applying to Taller San Jose is a multistep process. In addition to filling in an application, prospective students must identify a program and industry of interest, take the Test for Adult Basic Education (TABE), demonstrate a high level of commitment during an interview, take a drug test, and attend an orientation.

In most cases, students entering the Medical Careers Academy must have a high school diploma or a GED and score at or above an eighth-grade level on the reading and math TABE. About 90 percent of medical careers participants meet these criteria.

As noted, TSJ's Medical Careers Academy accepts some students who lack a high school diploma but are within five credits of graduating. In the first few years of the program, the lack of a high school credential proved overwhelming to participants and an impediment to gaining and maintaining employment. Students found it hard to simultaneously earn a high school diploma or GED while completing the intensive training program. Students either could not find jobs, or if they could, they lost the job because they could not acquire a high school credential within three or four months.

Taller San Jose is stricter about admitting students into the Medical Careers Academy. It encourages students scoring at the sixth- and seventh-grade level on the TABE to retake the exam or take courses at a local community college or adult education program.

Taller acknowledges that the TABE requirement for admission is difficult for many of its young people to reach. With funding from the Edna McConnell Clark Foundation, TSJ has begun developing a formal, viable on ramp for students not able to meet the admission requirements.<sup>9</sup> TSJ is considering such options as extending its orientation process to include a remediation component, creating a separate bridge program, and piloting a new mini-boot camp.

## PROGRAM OVERVIEW

In 2011, TSJ received a planning grant for \$125,000 from the James Irvine Foundation to plan and develop a program that advances college and career outcomes for its Medical Career Academy youth. This grant will help strengthen TSJ's career pathways in health, creating opportunities for young people to advance

their careers by earning additional credentials (e.g., in phlebotomy). TSJ will also incorporate postsecondary bridging activities (e.g., college and certification program tours and awareness; financial aid information) into its work. In addition, the Irvine grant has enabled TSJ to raise additional funds from local and national foundations, including the Gary and Mary West Foundation, the California Wellness Foundation, the Weingart Foundation, the JP Morgan Chase Foundation, and the Orange County United Way.

Of the two tracks at the Medical Career Academy, the Clinical Medical Assistant Program was created first, and it is TSJ's most popular program. It lasts for 20 weeks. TSJ considers the skills for becoming a clinical medical assistant as being within the reach of its students but requires a more intensive training program than does a traditional CNA program.

TSJ founded the second track, to become an administrative billing clerk, in 2011. This 20-week program builds on TSJ's front-office training program, with an intense focus on medical terminology, communications, coding and billing, electronic health records, medical insurance, and claim processing. TSJ is currently training its fourth cohort of students in this track.

Across TSJ's programs, job training incorporates contextualized academic instruction and life skills. It begins with a two-day orientation focused on building a team and camaraderie among the cohort of incoming students and connecting them to the larger network of alumni and supporters. Students then spend 16 weeks in an education pathway, followed by a 4-week externship at one of about 25 participating health care employers in the region.

During the 16 weeks, courses for the medical careers pathways program are delivered at Taller San Jose from Monday through Friday, 8:30 a.m. to 4:00 p.m. On any given day, students take math, medical terminology (a dual enrollment course), and science and computer labs. All students receive at least 30 minutes of math every day, with those in the clinical medical assistant program receiving additional scaffolding to prepare them for the more advanced pharmaceutical math. Students in the medical billing program focus more intensely on building their literacy skills.

Opportunities for improving job and college readiness are embedded throughout the 16 weeks. Students have access to college-level seminars, including a Strategies for Success course at National American University (a for-profit college) and others at Santa Ana College (a local community college). TSJ incorporates postsecondary bridging activities (e.g., guidance on financial aid and career selection) into its educational programming. Additional college knowledge skills are embedded within life skills, job readiness preparation (interviewing, resume), and other workshops.

Taller San Jose just designed a college boot camp for both alumni and current students. It has invited the National American University, along with other colleges, to send representatives to talk about pathways. Thus far, 30 alumni have reserved spots for this event.

TSJ also recently introduced a “refresher” course on giving injections and taking vital signs for TSJ alumni who had graduated some time ago. It is designed to entice former graduates to participate in the college “boot camp” course, and ultimately, as a bridge to postsecondary education. TSJ developed the workshop at the request of alumni.

## PATHWAY DESIGN

Taller San Jose's medical careers academy program consists of five design elements:

- > Contextualized learning
- > Academic and social support services
- > Employer engagement
- > Strong externship program
- > Bridges to other career pathways

### Curriculum: Contextualized Learning

In late 2010, TSJ's program manager, who is both a Registered Nurse and a former elementary school teacher, replaced its traditional curriculum with a low-level, contextualized reading and math course. Previously, students had lacked the foundational math skills needed to succeed in TSJ's more advanced math course, and that had negative effects on their performance. Most of the students were entering the medical program at a sixth-or seventh-grade level, and they struggled to master the content, as well as to do the work entailed in determining drug dosages at their externship sites.

The revamped math curriculum includes an initial diagnostic assessment to help TSJ customize the course to meet student needs. The first three weeks include a basic math refresher incorporating math drills (e.g., addition, subtraction, multiplication). In the fourth week, students begin working on the math in a dosage textbook for the medical field (fractions, percents, metric conversions), and this is more aligned with college math. TSJ does not cover the entire textbook during the 16-week period; its emphasis is on the administration of proper and correct medication dosages to patients, based on weight and age.

The reading curriculum utilizes a case-study approach, with an emphasis on medical terminology to strengthen students' patient documentation skills. Complementing this skill development, students spend 90 minutes a day learning medical terminology, beginning with a review of Latin and Greek roots using an illustrated guide to medical terminology. Once a week, TSJ instructors incorporate “word power” (reading, spelling, and vocabulary expanding) strategies.

### Social and Academic Support Services

Integral to TSJ is the amount of support it offers participants throughout the program and after completion.

## Financial Support

Students receive a stipend of \$100 per week. For those who qualify, TSJ also provides bus passes and child care and emergency assistance.

## Staffing

Strong relationships are integral to TSJ's support system. It has a staff of twenty-five, including four case managers who assist participants during the training program and for two years following it. Two full-time and two part-time instructors deliver math and technical training, and one part-time instructor teaches administrative billings. A job developer strengthens relationships with local employers and training programs to coordinate internships and externships.

Two staff members—a program manager and a technical skills instructor—manage each career pathway. The primary responsibilities of the program manager, who is a medical industry expert, are to coordinate the curriculum and provide instructional support. An additional two staff members work and manage the clinical and the administrative billing program. The Medical Career Academy has a student-teacher ratio of 20:1 in the regular classroom and 17:1 on site at the partner clinics.

## Personalized Counseling

TSJ provides program participants with 28 months of case management to build their social and emotional awareness and healthy behaviors and to offer follow-up support that promotes employment and education progression. Taller assigns each student to one of four case managers, two of whom are graduate students completing the 500 hours of clinical work required as part of the University of Southern California's Master's in Social Work. TSJ students meet weekly with their case managers, before or after class. TSJ also provides participants with personalized supports for two years after completing the program.

## The Life Skills Course

TSJ offers a life skills course for two hours a week during the education portion of the programming. The course covers a broad range of topics, including communication, resilience, substance abuse, the criminal justice system, voting rights, financial literacy, and higher education. TSJ staff manage the course, and many guest speakers participate. For example, colleges send representatives to describe their course offerings, and bank officials speak about their financial services.

## Career Exploration

TSJ offers job-readiness courses once a week for two hours. Students learn to prepare resumes and they participate in mock interviews. Community members evaluate students and provide feedback on how well they did on their mock interviews.

TSJ incorporates postsecondary bridging activities (e.g., guidance on financial aid and career selection) into the educational programming. It embeds additional college knowledge skills in the life-skills, job-readiness (interviewing, resume), and other workshops.

### Skills for Success/College 101 Courses

With an Irvine Foundation grant, TSJ offered medical career students the National American University's Strategy for Success course. During this eight-week pilot course, run on site at TSJ and delivered by NAU faculty, students engaged in intensive, college-level writing, earning 4.5 college credits.

### Partnerships

After Taller San Jose received the \$125,000 planning grant from the Irvine Foundation to start its Medical Career Academy, it raised additional funds from local and national foundations to support the development of the two medical careers pathways. As noted, it received grants from the Gary and Mary West Foundation, the California Wellness Foundation, the Weingart Foundation, the JP Morgan Chase Foundation, and the Orange County United Way.

### Postsecondary Partners

TSJ had the most success developing a relationship with Santa Ana College and its adult education division. TSJ students take essential writing courses on the college campus.

At one point, TSJ tried to offer a business certification, but this ended because TSJ's training classes did not align with the college's semester calendar. Another difficulty for TSJ has been sustaining a college "champion" at SAC for the program. Recently, TSJ has developed a relationship with the president of academic affairs, who wants to launch an accelerated, online Associate's of Arts program in business administration. If it does, TSJ has expressed interest in offering it to its students.

National American University provides online classes for TSJ students at a discounted rate. This partnership exposes TSJ students to college-level coursework and helps demystify the college experience, even though the courses are online.

Although TSJ encourages its students to attend colleges within the state's public school system, they also have the option to enroll at NAU. If they enroll in an Associate's degree program at NAU, they can apply a maximum of 27 credits that they have earned online as TSJ students.

Many students pursue postsecondary training in phlebotomy based on the support they receive from TSJ. Furthermore, this builds on the skills they gain through the clinical medical training program. TSJ students also gain the foundational math skills to support their aspirations of becoming LVNs.

## Employer Engagement

Partnership with employers are essential to the TSJ program. Students take part in site visits to hospitals, and they receive additional hands-on experiences at the clinics and hospitals where the externships take place. These sites include St. Joseph's Hospital, Share Our Selves (SOS—a community health center), MemorialCare Medical Group, and nonprofit community clinics. MemorialCare is the top internship and employment site for TSJ program participants.

## PROGRAM OUTCOMES

Taller San Jose uses multiple indicators to measure student success. Its short-term and long-term goals are to improve participants' workforce preparedness, life stability, basic skills (by two grade levels), and economic stability (reflected in such measures as wages, professional advancement, enrollment in postsecondary programs, and credentials.)

### Academic Improvements

In 2010, TSJ revised its curriculum, seeking to improve the outcomes of its students. Over the course of 2012, about 69 new students enrolled in the Medical Careers Academy in 4 cohorts of 20 students each. The 16 weeks of coursework resulted in growth in math and English (see *table*).

### 2012 TABE SCORE IMPROVEMENTS BY AT LEAST ONE GRADE LEVEL

	MATH IMPROVED	READING IMPROVED	TOTAL
<b>Medical Careers Academy</b>	49% (17)	29% (10)	35
<b>Construction and Green Technology Academy</b>	69% (18)	42% (11)	26
<b>Office Careers Academy</b>	21% (5)	21% (5)	24
<b>TOTAL</b>	<b>47% (40)</b>	<b>31% (26)</b>	<b>85</b>

Source: Karyn Mendoza, executive director, Taller San Jose, March 28, 2013

### Program Completion

Since 1995, TSJ has served 4,500 young adults across all its training programs. In 2012, 79 students were active in the medical program, 69 of whom were considered new enrollments. About 35 students completed the program in 2012, accounting for 67 percent of all enrollees. Each year, 20 to 25 percent of students exit the medical program without completing it. Most departures are due to a student's inability to perform injections.

### Employment

TSJ's goal is that 75 percent of the graduates are employed within 90 days after completing the medical program. In 2012, TSJ placed about 74 percent of the 35 graduates in jobs, where they earned an average hourly wage of \$11.63; 66 percent of those employed received health benefits through the employer. On average, about 70 percent of graduates remain employed a year later.

## OUTCOMES FOR THE TALLER SAN JOSE MEDICAL CAREER ACADEMY

	NUMBER OF GRADUATES	PERCENT PLACED IN JOBS
<b>2009</b>	39	72 percent
<b>2010</b>	35	84 percent
<b>2011</b>	30	66 percent
<b>2012</b>	35	74 percent

Source: Karyn Mendoza, executive director, Taller San Jose, March 28, 2013

Although Medical Career Academy graduates receive higher quality training than is typically offered in medical certificate programs, the only postsecondary or industry-recognized credential that program completers earn upon exit is CPR certification. TSJ encourages students to continue pursuing postsecondary credentials at National American University or Santa Ana Community College. In 2012, TSJ reported that across its previous cohorts of students in the Medical Careers Academy, on average 30 percent were pursuing some type of education and training one year after enrolling or completing the program.

After two years on the job, students can test for a national medical assistant certification from the National Center for Competency Testing.<sup>10</sup> Taller is shepherding its first graduates through that process.

# ENDNOTES

<sup>1</sup> The Annie E. Casey Foundation defines “disconnected youth” as teenagers and young adults, aged 16-24, who are neither in school nor employed (Smith et al. 2012).

<sup>2</sup> See also Bridgeland & Mason-Elder (2012).

<sup>3</sup> In Illinois, the health care sector added almost 40,000 jobs at the height of the recession and the initial recovery period (2008-2011), while the state’s economy as a whole lost over 92,000 jobs (Illinois Hospital Association 2012). For a similar economic analysis of Kansas during this period, see Leatherman (2012).

<sup>4</sup> Recent federal workforce initiatives focusing wholly or in part on the health care sector include the American Resource and Recovery Act (ARRA—the “stimulus bill”), which set aside \$250 million for worker training and placement in health care jobs; the Health Professions Opportunity Grant, a provision of the Affordable Care Act that supports the education and training of TANF recipients and other disadvantaged individuals, including at-risk youth, for health careers; Trade Adjustment Assistance Community College and Career Training Grants, which support partnerships of community colleges and others to train workers displaced from or at risk of losing their jobs for new careers in health care and a range of other fields; and the Workforce Innovation Fund, which invests in sectoral partnerships, including health care, with public workforce boards and other entities.

<sup>5</sup> For a fuller account of these programs, see Hutson (2006), Wilson (2006), and Minzner et al. (2009).

<sup>6</sup> For more information on Jobs to Careers, *The Work-based Learning Toolkit* summarizes its findings; see: <http://toolkit.jobs2careers.org>

<sup>7</sup> Troubled youth are also enlisted in Hope Builders, a social enterprise for creating housing.

<sup>8</sup> See: U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report, Census of Governments.

<sup>9</sup> EMC Foundation funds efforts to serve vulnerable and disadvantaged youth, including those disconnected from education or employment.

<sup>10</sup> For more information, see: <https://www.ncctinc.com/default.aspx>

# REFERENCES

- Abelson, Reed. 2013. "Hospitals Question Medicare Rules on Readmissions." *The New York Times*. March 29. Page B1.
- Allied Health Access. 2010. "AHA! Allied Health Access: How to Develop Programs for Youth in Allied Health Careers." PowerPoint Presentation. Available at: <http://www.workforce3one.org/view/2001020144925847855/info>
- Allsid, Julian L., Melissa Goldberg, & John Schneider. 2011. *The Case for Community Colleges: Aligning Higher Education and Workforce Needs in Massachusetts*. Boston, MA: The Boston Foundation (TBF).
- Altstadt, David, Maria Flynn, & Randall Wilson. 2011. *Better Care, Better Careers: The Jobs to Careers Strategy for Growing a Skilled Health Care Workforce*. Boston, MA: Jobs for the Future (JFF).
- Balfanz, Robert, John Bridgeland, Mary Bruce, & Joanna Hornig Fox. 2012. *Building a Grad Nation: Progress and Challenge in Ending the High School Dropout Epidemic*. Washington, DC: Civic Enterprises; Baltimore, MD: the Everyone Graduates Center; Washington, DC: America's Promise Alliance; and Washington, DC: Alliance for Excellent Education.
- Belfield, Clive R., Henry M. Levin, & Rachel Rosen. 2012. *The Economic Value of Opportunity Youth*. New York, NY: Corporation for National and Community Service.
- Belfield, Clive R. & Henry M. Levin. 2012. *The Economics of Investing in Opportunity Youth*. Washington, DC: Civic Enterprises.
- Berwick, Donald M., Thomas W. Nolan, & John Whittington. 2008. "The Triple Aim: Care, Health, and Cost." *Health Affairs*. Vol. 27, No. 3. May.
- Biswas, Radha Roy. 2011. *Employer-paid Tuition Advancement for Low-income Workers*. Boston, MA: The National Fund for Workforce Solutions.
- Bloom, Dan, Saskia Ley Thompson, & Rob Ivry. 2010. *Building a Learning Agenda Around Disconnected Youth*. Washington, DC: MDRC.
- Bridgeland, John M. & Tess Mason-Elder. 2012. *National Roadmap for Opportunity Youth*. Washington, DC: Civic Enterprises.
- Bridgeland, John M. & Jessica A. Milano. 2012. *Opportunity Road: The Promise and Challenges of America's Forgotten Youth*. Washington, DC: Civic Enterprises.
- Carnevale, Anthony P., Stephen J. Rose, & Ban Cheah. 2011. *The College Payoff: Education, Occupations, Lifetime Earnings*. Washington, DC: Georgetown University Center on Education and the Workforce.
- Carnevale, Anthony P., Nicole Smith, & Jeff Strohl. 2010. *HELP WANTED: Projections of Jobs and Education Requirements Through 2018*. Washington, DC: Georgetown University Center on Education and the Workforce.

- Castle, Nicholas, John Engberg, & Aiju Men. 2007. "Nursing Home Staff Turnover: Impact of Nursing Home Compare Quality Measures." *The Gerontologist*. Vol. 47, No. 5.
- City of Los Angeles. 2012. "WDS Information Bulletin No. 13-11. Los Angeles Reconnections Career Academy–Workforce Innovation Grant Launch." Memo. December 17. Available at: [http://cdd.lacity.org/pdfs/directives/bul/WDS-Bul\\_13-11.pdf](http://cdd.lacity.org/pdfs/directives/bul/WDS-Bul_13-11.pdf)
- CLASP. 2013. *A Framework for Measuring Career Pathways Innovation: A Working Paper*. Alliance for Quality Career Pathways. Washington, DC: Author.
- Cohen, Bonnie, Rachel Fichtenbaum, & Rebecca Klein-Collins. 2005. *How Career Lattices Help Solve Nursing and Other Workforce Shortages in Health Care: A Guide for Workforce Investment Boards, One-Stop Career Centers, Healthcare Employers, Industry Alliances, and Higher Education Providers*. Chicago, IL: CAEL.
- Corporate Voices for Working Families. 2012. *Stepping Up: Employer Driven Consortium Produces Skilled and Ready Talent*. Washington, DC: Corporate Voices.
- Dawson, Steven L. 2011. *Improving Jobs and Care: A National Sector Strategy*. Bronx, NY: Paraprofessional HealthCare Institute.
- Estrada, Ricardo, with Tom DuBois. 2010. *How to Build Bridge Programs That Fit Into a Career Pathway: A Step-by-Step Guide Based on the Carreras en Salud Program in Chicago*. Chicago, IL: Instituto del Progreso Latino.
- Goldberg, Charles & Randall Wilson. 2009. *Supervisors Stepping Up: Supporting the Learning of Frontline Workers in Health Care*. Boston, MA: JFF.
- Hebert, Scott. 2011. *When Untapped Talent Meets Employer Need: The Boston Foundation's Allied Health Strategy*. Boston, MA: TBF.
- Hinton, Christina, Kurt W. Fischer, & Catherine Glennon. 2012. *Mind, Brain, and Education: The Students at the Center Series*. Boston, MA: JFF.
- Hutson, Malo. 2006. "Politics, Jobs and Workforce Development: The Role of Workforce Intermediaries in Building Career Pathways Within Boston's Health Care Industry." Ph.D. dissertation, Massachusetts Institute of Technology, Cambridge, MA.
- Illinois Hospital Association. 2012. *Illinois Hospitals and Health Systems: State Economic Impact 2012*. Naperville, IL: Illinois Hospital Association.
- Institute of Medicine. 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press.
- Kazis, Richard. 2004. "What Do Workforce Intermediaries Do?" In Robert P. Giloth, ed., *Workforce Intermediaries for the Twenty-First Century*. Philadelphia, PA: Temple University Press.
- Leatherman, John. 2012. *The Importance of the Health Care Sector to the Kansas Economy*. Manhattan, KS: Kansas Hospital Association.
- Lockard, C. Brett & Michael Wolf. 2012. "Occupation and Employment Projections to 2020." *Monthly Labor Review*. Vol. 135, No. 1.

- Minzner, Amy et al. 2009. *Overview of SkillWorks Outcomes: Summary*. Boston, MA: TBF.
- Mirabal, Frank. 2008. *Carreras En Salud: A Chicago Bilingual Health Care Career Pathways Partnership*. Washington, DC: National Council of La Raza.
- Morgan, Jennifer Craft et al. 2011. *Evaluation Brief: Results from the Jobs to Careers Frontline Worker Survey*. Boston, MA: JFF.
- National Center for Education Statistics (NCES), U.S. Department of Education. 2012. *The Condition of Education*, NCES 2012-045, Indicator 33. Washington, DC: Author.
- National League of Cities. 2005. *Reengaging Disconnected Youth: Action Kit for Municipal Leaders*, Issue 7. Washington, DC: Author.
- Paraprofessional HealthCare Institute (PHI). 2013. *Occupational Projections for Direct Care Workers 2010-2020*. Bronx, NY: Author.
- Salazar, Lisa. 2010. "Allied Health Access (AHA!) Guidebook." Webinar Transcript by Federal News Service, Washington, DC. July 21. Available at: <https://www.workforce3one.org/ws/www/Folders/3001020731355402831/transcript.htm>
- Shore, Rima & Barbara Shore. 2009. *Reducing the Number of Disconnected Youth*. Kids Count Indicator Brief. Baltimore, MD: Annie E. Casey Foundation.
- Smith, Tom, Andrew Sum, Linda Harris, & Phyllis Jordan. 2012. *Youth and Work: Restoring Teen and Young Adult Connections to Opportunity*. Baltimore, MD: The Annie E. Casey Foundation.
- Spence, Robin. 2010. *Sound Investments: Building Immigrants' Skills to Fuel Economic Growth*. New York, NY: Economic Mobility Corporation.
- U.S. Government Accountability Office. 2009. *Stronger Department of Education Oversight Needed to Help Ensure Only Eligible Students Receive Federal Student Aid*. GAO-09-600. Washington, DC: Author.
- Wilson, Randall. 2006. *Invisible No Longer: Advancing the Entry-level Workforce in Health Care*. Boston, MA: JFF.
- Wilson, Randall. 2009. "Finding the Will, and the Way: Applying the Framework of Commitment and Capacity to the Implementation of Career Ladders in the Long-Term Care Sector." Ph.D. dissertation. University of Massachusetts, Boston, MA.
- Wilson, Randall & Robert Holm. 2012. *CareerSTAT: A Guide to Making the Case for Investing in the Frontline Hospital Workforce*. Boston, MA: JFF & National Fund for Workforce Solutions.
- Wolf-Powers, Laura. 2008. *Job Chains and Career Ladders in Health Care: An Economic Development Strategy for New Orleans*. New Orleans, LA: University of New Orleans, Department of Planning and Urban Studies.



## **JOBS FOR THE FUTURE**

TEL 617.728.4446 FAX 617.728.4857 [info@jff.org](mailto:info@jff.org)

88 Broad Street, 8th Floor, Boston, MA 02110  
122 C Street, NW, Suite 650, Washington, DC 20001

[WWW.JFF.ORG](http://WWW.JFF.ORG)

