

# Jobs to Careers

*Transforming the Front Lines  
of Health Care*

APRIL 2012

## Better Care, Better Careers

*The Jobs to Careers Strategy for  
Growing a Skilled Health Care  
Workforce*

By David Altstadt, with Maria Flynn  
and Randall Wilson



  
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JOBS FOR THE FUTURE

# Jobs to Careers Website and Toolkit

[www.jobs2careers.org](http://www.jobs2careers.org)

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The *Jobs to Careers* website is a portal to proven practices for developing and implementing work-based learning programs that yield benefits for frontline workers and their employers. The website offers practitioners and policymakers easy access to details on the 17 *Jobs to Careers* projects across the country, as well as tools, research

and practice briefs, evaluation reports, audio-visual resources, and more.

*The Work-based Learning Toolkit: Resources from Jobs to Careers* presents a step-by-step guide for designing and implementing employee learning and career advancement projects for frontline workers. This online toolkit, with sections on planning, designing, doing, and sustaining, incorporates materials developed and used by *Jobs to*

*Careers* projects. It includes interactive tools to guide program decisions.

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# Preface

By Maria Flynn

Vice President, Building Economic Opportunity, *Jobs for the Future*

*Jobs to Careers* provides ample evidence and practical, replicable strategies that demonstrate that health care providers can bolster the quality and coordination of care and reduce staffing costs when they expand career opportunities for low-skilled, low-wage employees on the front lines of care and service delivery. *Jobs to Careers* forged closer ties among health care employers, colleges, and community organizations in 17 partnerships across the nation to:

- Create lasting improvements in the way health care institutions train, advance, and reward the frontline workforce; and
- Test new models of education and training that incorporate work-based learning.

Recognizing that the prevailing systems at health care workplaces and at the educational institutions that prepare the health care workforce often make it difficult for frontline health care employees to build their skills and advance their careers, *Jobs to Careers* set out to make systemic changes to organizational practices in four keys ways:

- **Organizational changes at the educational partner institution:** Projects involved workplace supervisors and other employees as adjunct faculty, enlisted college instructors to deliver learning at the workplace, and developed mechanisms to award college credit for prior learning and for competencies mastered through work-based learning.

- **Organizational changes at the workplace:** Projects ensured that frontline workers had access to tuition advancement benefits and paid release time for education. They also restructured job performance assessments to take into account competencies gained through work-based learning.
- **Potential for career advancement:** Projects identified career ladders and helped frontline workers develop individualized plans for acquiring necessary competencies and education to advance their careers.
- **Rewards for engaging in the program:** Projects ensured that frontline workers who mastered work-based learning objectives earned industry-recognized credentials, college or continuing education credit, and wage increases and promotions.

In hospitals and community colleges, health clinics and community foundations, and a myriad of other institutions, *Jobs to Careers* demonstrated that frontline employees can take on greater responsibilities and advance to higher-skilled clinical and clerical positions. Many frontline workers participating in *Jobs to Careers* earned college credit, received promotions, or took on greater responsibilities. Just as important, a large percentage of workers reported that *Jobs to Careers* helped them set career goals and gave them confidence to pursue additional education. For health care employers, *Jobs to Careers* improved worker retention, improved quality of care, and yielded direct financial benefits.

Over the six years of *Jobs to Careers*, the 17 partnerships wrestled with an array of challenges and addressed them

through a number of different actions. The conclusion: **Employer-driven programs can succeed in a variety of health care settings.** That said, success is not easy to achieve. Research by *Jobs for the Future* and the University of North Carolina Institute on Aging, the evaluations of *Jobs to Careers*, points to lessons that health care employers, education institutions, and other community organizations should consider when engaging frontline workers in work-based learning.

- Partnerships with education institutions are key to work-based learning.
- Accommodate nontraditional learning and learners in college programs.
- Improve the basic skills of workers.
- Cultivate buy-in from top-level administrators.
- Transform the workplace, not just the workers.

# Better Care, Better Careers

## The *Jobs to Careers* Strategy for Growing a Skilled Health Care Workforce

“People on the front lines of health care help save lives. We need to do a better job of ensuring they have skills and career paths. That is key to improving the quality of care and building new opportunities for a group too often overlooked. *Jobs to Careers* is an important step forward.”

—Barbara Dyer, president and CEO, The Hitachi Foundation

### Introduction

*“Although school is hard, I look forward to it every week because it makes me feel good that I am learning skills. I am now able to help those less fortunate than me.”*  
 — Doug McClain, *Jobs to Careers* participant, San Francisco, California

The health care sector faces a workforce shortage: Health care providers do not have the workforce they need to best serve a rapidly aging and diversifying population, let alone the millions of people projected to be newly insured through the Affordable Care Act. Moreover, health care reform is changing the service delivery model, by raising the demand for workers skilled in

preventative care and electronic medical record-keeping and applying new pressures for increased quality and coordination of care. Today’s tough economic times and tight operating budgets make recruiting personnel all the more difficult. Health care providers must tap new sources of talent to fill the need for skilled workers at all levels.

Health care providers participating in *Jobs to Careers* have proved they can “grow their own” skilled workforces. *Jobs to Careers* was a \$15.8 million initiative sponsored by the Robert Wood Johnson Foundation in collaboration with the Hitachi Foundation and the U.S. Department of Labor. From



#### Jobs to Careers Sites

- |   |  |  |  |
|---|--|--|--|
| Asante Health System, Medford, OR                           | District 1199C Training & Upgrading Fund, Philadelphia, PA                     | Northern Arizona University, Flagstaff, AZ                     | University of Alaska, Fairbanks, AK                          |
| Baltimore Alliance for Careers in Healthcare, Baltimore, MD | East Boston Neighborhood Health Center, Boston, MA                             | Owensboro Community & Technical College, Owensboro, KY         | Virginia Mason Medical Center, Seattle, WA                   |
| Capital Workforce Partners, Hartford, CT                    | Humility of Mary Health Partners, Youngstown, OH                               | Portland Community College, Portland, OR                       | Waianae Coast Comprehensive Health Center, Waianae, HI       |
| Charles B. Wang Community Health Center, New York, NY       | MS Hospital Association Health, Research & Educational Foundation, Madison, MS | SSTAR (Stanley Street Treatment and Resources), Fall River, MA | Workforce Solutions—Capital Area Workforce Board, Austin, TX |
|   |  | Tenderloin Health, San Francisco, CA                           |  |

“ There were times when we used to work so hard, and I felt that we were really underpaid and it was a real frustrating thing. . . . If you are working so hard and you are making pennies . . . you don't feel appreciated. . . . Now, for what I make, I put out, I really put 100 percent.”

—Frontline worker, Waianae Coast Comprehensive Health Center, Waianae, Hawaii

2005 to 2011, it awarded three-year grants to 17 local projects across 15 states. Each project brought together a partnership of employers, community colleges or other educational institutions, and community organizations.

This six-year national initiative helped health care providers forge closer ties with colleges and community organizations in order to develop the skills and careers of low-wage, lower-skilled workers on the front lines of care and service delivery. With an innovative approach to work-based learning and supportive human resources policies, employers affiliated with *Jobs to Careers* demonstrated that frontline employees can take on greater responsibilities and advance to higher-skilled clinical and clerical positions. The initiative illustrated the potential value to employers, employees, and patients of building a culture of learning in the health care workplace—a culture that also improves the quality of care.

*Jobs to Careers* had two overarching objectives:

- Create lasting improvements in the way health care institutions train, advance, and reward the frontline workforce; and
- Test new models of education and training that incorporate work-based learning.

Over the course of *Jobs to Careers*, 17 local projects delivered training to more than

800 frontline employees, the majority of whom earned postsecondary credentials or credits. Their participation typically resulted in higher pay, better job performance and satisfaction, and lower staff turnover. To achieve these outcomes, each project established its own objectives and activities for building the careers of frontline workers, targeting different occupations and skills. Their efforts focused on four types of health care settings: hospitals; community health centers; long-term care facilities; and behavioral health institutions. Every project integrated work-based learning into its skill-building strategies, even as they took varied approaches and incorporated a wide range of workplace and educational innovations to do so. (Appendix I summarizes the major goals and activities of the 17 projects.)

*Jobs for the Future*, the National Program Office for *Jobs to Careers*, assisted in designing the initiative, provided technical assistance to the projects, documented their experiences, coordinated peer learning among them, and developed an online toolkit on replicating their strategies. The Institute on Aging at the University of North Carolina at Chapel Hill conducted an independent evaluation of *Jobs to Careers*. Teams at the Aspen Institute, the University of Texas at Austin, and Portland State University contributed additional research on the impact of work-based learning on frontline workers and their employers.

## Why Did *Jobs to Careers* Focus on the Frontline Workforce?

*“Patient care is our top priority. We believe that training and retaining qualified frontline workers and health care professionals is the key to providing exceptional patient care.”*

—Sally Gillam, chief nursing officer, St. David's South Austin Medical Center, Austin, Texas

Many health care organizations devote considerable resources toward developing clinical and professional staff, but they rarely make more than a minimal investment in a sizeable segment of their workforce: frontline employees. Frontline workers fill about half of all health care jobs and

deliver most of the nation's direct care and health services. Their jobs range from direct care to support and administrative roles. They include home health aides caring for elders; medical assistants taking vital signs and collecting patient data; lab technicians ensuring that tests run properly; and substance abuse workers helping groups of recovering addicts, among others.\*

Despite their critical and growing responsibilities, most frontline workers have little if any direct preparation for their work beyond brief in-service training. Many of these jobs lack clear standards for good practice or a defined set of required competencies for performing the work. Instead, frontline workers often learn informally through peers and by trial and error, often passing improper practices down the line. Predominantly women with a high school education but no postsecondary studies, frontline workers typically earn \$40,000 or less per year—making it difficult for them to support their families. These factors, combined with the workers' perception that their roles and responsibilities are unrecognized at the workplace, contribute to high turnover.

Far too often, employers in health care are poorly equipped to give their frontline workers the educational and financial support they need to upgrade their skills. Nor do they have the knowledge or capacity to address the many other barriers to advancement that their employees face, to the detriment of both the employees and the employers. The lack of formal paths within and between many health care occupations further hinders career advancement, as does the lack of competency-based standards and the absence of formalized credentials that could validate for employers what workers know and what they learn on the job.

Similarly, the typical methods used by colleges to prepare students for health care careers are not conducive to success for frontline workers. Attending class outside of work and on a college campus is a major obstacle for workers who are usually juggling

a mix of job and family responsibilities. In addition, frontline workers may not perform well with traditional instructional methods because of their low levels of formal education, limited English proficiency, negative experiences with school, or long gaps in educational experience.

## CHALLENGES BY SECTOR

The rising demands on the health care system bring into sharp relief a number of short-term and long-term workforce challenges. These extend to the demand for workers in hospitals, community health centers, behavioral health institutions, and long-term care agencies. They also include the need for improvements in skills that span these categories, such as cultural competence—the ability to understand and engage the needs of a diverse population of patients, health care employees, and community members—as well as the abilities to work in teams and think critically.

Meeting our health care workforce needs requires more than meeting the demand in particular occupations: new demands for skill cut across all job areas. The lack of investment in the frontline workforce compromises the delivery of health care and services in each of the four sectors involved in *Jobs to Careers*.

### Acute care

#### **A looming shortage of patient care staff:**

To deliver care to an ever-increasing number of patients, and to make that care more patient centered, hospitals must focus on the career and skill development of all members of the existing workforce. According to the American Hospital Association, there will be a shortage of 260,000 registered nurses by 2025 if current trends persist. Rising demand is projected in middle-skill occupations a step or two above frontline jobs, such as medical assistants and other allied health occupations, requiring postsecondary certificates or degrees. In particular, hospitals can

\* For a detailed examination of the occupations included in the frontline health and health care workforce, see *Workers Who Care: A Graphical Profile of the Frontline Health and Health Care Workforce* (2006). Available at: [www.rwjf.org/files/publications/other/workers\\_who\\_care.pdf](http://www.rwjf.org/files/publications/other/workers_who_care.pdf)

expect to hire additional patient care technicians, unit clerks, nursing assistants and physical therapy assistants, staff skilled in information technology, and staff who can deliver culturally appropriate care and services and who speak the languages of growing, diverse populations in the United States.

### Behavioral health

**More responsibility without more training:** Frontline workers in behavioral health—behavioral health technicians, psychiatric aides, orderlies, mental health workers, direct care workers, and crisis response technicians, among others—increasingly take on patient rehabilitation tasks that once were reserved for therapists, nurses, or counselors. Too often, however, frontline workers lack clear guidelines and training on how to perform these tasks well. Moreover, their increased responsibilities do not typically come with higher wages, better benefits, or opportunities to advance. Hence, turnover is often high among the frontline behavioral health workers who undertake this often difficult and dangerous work.

### Community health

**More jobs = Challenges attracting staff:** The National Association of Community

Health Centers estimates that health care reform will more than double the number of patients served by community health centers by 2015. It will create almost 300,000 full-time jobs for not only primary care providers but also frontline staff, such as medical assistants, nursing assistants, and physical therapy assistants. Finding enough skilled people to fill these jobs will be a major challenge for the centers, which already have difficulty attracting and retaining workers to the rural and urban communities they serve.

### Long-term care

**Ageing population, age-old human resources problems:** The rising population of older adults is spawning a massive expansion of direct care jobs for nursing assistants, home health aides, and personal home care aides. It is expected that 1.1 million additional direct care workers will be needed by 2018—a 35 percent increase from today. Filling these jobs—and keeping them filled—could prove difficult. Direct care work is emotionally and physically demanding, yet it is rewarded with low wages, few benefits, and limited training to handle patient problems properly. Most workers burn out from these jobs quickly. And many lack the skills and knowledge to care adequately for seniors.

## How Did *Jobs to Careers* Grow a Skilled Workforce?

*“We need new ways to prepare workers and jobseekers for careers in health care. That means going beyond simply placing jobseekers into a job and then training them. It means working hand in hand—employers, education institutions, and public workforce agencies—to create approaches that train employees and jobseekers for the jobs the local*

*economy will actually offer, now and in the future. It means providing ongoing support in the workplace to help employees build careers. It means aligning all of the various programs in a community that can help jobseekers and incumbent workers succeed—from job training, to financial literacy, to English as a second language—to meet the*



“Through the *Jobs to Careers* work-based learning approach, we have built a skilled, stable frontline workforce—improving our ability to deliver high-quality care and services in a systematic and consistent manner.”

—Betty Cheng, chief operating officer, Charles B. Wang Community Health Center, Inc., New York, New York



**New York**  
Frontline employees of Charles B. Wang Community Health Center attended one-day-per-week training sessions at the work site to improve their skills as medical assistants and patient service representatives.

*demands of whatever industry drives that local economy.”*

—Molly Seals, senior vice president of human resources and learning, Humility of Mary Health Partners, Youngstown, Ohio

*Jobs to Careers* recognized that the prevailing systems at health care workplaces and at the educational institutions—particularly community colleges—that prepare the health care workforce often make it difficult for frontline health care employees to build their skills, advance their careers, and deliver better care and health services. *Jobs to Careers* set out to make health care workplaces “learner friendly” and education institutions “worker friendly.” A principal means for accomplishing this goal was through the development of work-based learning opportunities.

*Jobs to Careers* projects integrated work processes with learning processes in four key ways:

- **Embedding curricula in the work process:** Projects extracted learning objectives from the work processes of frontline jobs and defined competencies for those jobs.
- **Embedding learning in the work process:** Projects provided learning opportunities at the work site, used work situations as teachable moments, and fit learning opportunities into workers’ schedules.
- **Embedding assessment in the work process:** Projects aligned work-related competencies with academic learning objectives and assessed those competencies on the job during the work process.
- **Involving coworkers as instructors:** Projects engaged supervisors and experienced frontline workers to help develop learning objectives and deliver learning content.

Central to all four processes was the innovative approach to work-based learning as it was implemented by *Jobs to Careers* projects.

## WORK-BASED LEARNING

Work-based learning draws on a rich tradition of educational theory and practice that recognizes adults learn best through work-related projects and other collective activities grounded in acquiring useful knowledge. It harnesses the untapped potential for instruction and skill development inherent in the job itself, using job tasks and responsibilities to teach both occupational and academic skills. As result, learning occurs quite differently in work-based settings than in the classroom. While many classes are marked by the passive transmission of knowledge, individuals involved in work-based learning actively obtain knowledge through practice and experience.

In *Jobs to Careers*:

- Frontline workers built clinical and college-level academic skills in the course of completing their job tasks and day-to-day responsibilities.
- Learning objectives were derived from the skills required for the jobs to which the workers aspired.
- Staff from health care workplaces partnered with college faculty to deliver work-based learning and to assess and document what worker-students learned.
- Work-based learning supplemented traditional classroom curricula, which the projects often adapted to meet the needs of employer partners.

The *Jobs to Careers* projects forged strong partnerships between health care providers and education institutions to accomplish these components of work-based learning. For example, the partners collaborated to determine the competencies needed for particular occupations, and then structured ways for frontline workers to learn those competencies in a work setting. Finally, by demonstrating mastery of the competencies, frontline workers earned academic credit or industry-recognized credentials.

Work-based learning transformed the role of college faculty: They became learning



**Philadelphia, Pennsylvania**  
Mental health workers Floyd Williams, Menton Murray, and John Yawson from The Bridge, a residential treatment facility for juveniles in Philadelphia, attend a *Jobs to Careers* class at the 1199c Training & Upgrading Fund.

## Sector Case Study: Behavioral Health

### Philadelphia: Defining the Competencies for Frontline Behavioral Health Workers

*“Jobs to Careers helped frontline workers increase their competency in the workplace and helped them get the credentials to advance.”*

—Cheryl Feldman, executive director, District 1199C Training and Upgrading Fund, Philadelphia, Pennsylvania

District 1199C Training & Upgrading Fund partnered with researchers from the University of Medicine and Dentistry of New Jersey and two behavioral health agencies—Temple Episcopal Hospital and Public Health Management Corporation—to map the competencies required for performing frontline jobs. The partners designed a curriculum to teach the skills on the job, using everyday duties (e.g., interviewing patients; facilitating patient groups; reading their charts). The program served mental health workers and residential assistants.

The project team defined a list of over 225 job tasks and skills necessary to performing frontline jobs and used these tasks as the basis of a three-module work-based learning curriculum. Philadelphia University granted 21 credits for completing the curriculum, applicable toward Associate’s and Bachelor’s degrees. The first module provided information about various types of mental illness and their symptoms, as well as treatment philosophies pertaining to different types of mental illness. The second module trained workers in communicating with patients, members of the patient treatment team, and patients’ families. The third module offered effective strategies for managing treatment groups, helping patients complete daily living activities independently, and documenting and communicating treatment progress.

Supervisors at Temple Episcopal and the Public Health Management Corporation coached workers in applying course concepts as they served patients. The supervisors also assessed a portion of the assignments. To prepare these supervisors for these tasks, staff from the University of Medicine and Dentistry New Jersey and the Temple Learning Development Center ran a one-day retreat on how they could assist student-workers with work-based learning. Supervisory training took place at the start of and halfway through each module to ensure that supervisors understood the course content and could provide coaching.

According to Temple Episcopal and the Public Health Management Corporation, the year-long program contributed to marked improvements in patient chart notes, which is critical both to delivering better care and to ensuring adequate reimbursement for the employer. Workers who completed the program received wage increases ranging from 5 to 15 percent, and they moved up one grade in their jobs as mental health technicians.

guides or facilitators in addition to teachers. Faculty, worksite supervisors, peer mentors, and other staff all had responsibilities for designing and delivering parts of the curricula. Supervisors and others at the workplace helped employers understand the competencies students would need to master in order to earn college credit. Based on this information, worksite supervisors, together with college faculty, identified the work-related tasks with learning potential. And together, they determined how learning would occur and what supportive materials employees would need.

Two examples of how *Jobs to Careers* projects used work-based learning come from Arizona and San Francisco:

#### Defining Job Competencies: Arizona

The Chinle Service Unit, serving the primary care needs of the Navajo Nation, collaborated with Northern Arizona University to prepare frontline hospital staff to become public health technicians. The project adopted the Native-American tradition of “learning circles,” which stress teamwork and bottom-up decision



**Arizona**  
John Donnelly, Roger Bounds, Nancy Williams, and Cruz Begay from Northern Arizona University led the effort to train frontline workers employed at health care facilities serving the Navajo Nation.

“ One of our clinical directors was asking me, ‘How can you afford to have somebody spend 10 hours a week on class work?’ Well, the work that we’re getting out of them is way better than what we got before. And so it’s worth it. ”

—Jill Moses, Indian Health Service, Chinle Service Unit, Chinle, Arizona

making, to involve frontline workers and their supervisors in identifying the competencies needed to perform technician jobs. The project made learning more accessible by delivering instruction through online tutorials and videoconferencing, thereby avoiding long commutes to the college campus in Flagstaff over 200 miles from Chinle. Workers also demonstrated competencies through work experience in lieu of taking additional college courses.

### Redesigning Certificate Program: San Francisco, California

City College of San Francisco partnered with Tenderloin Health, a community health center serving the poor, homeless, and those at risk of HIV-AIDS, to redesign a community health worker certificate program in ways that frontline workers would spend less time in the classroom and more time learning on the job and on line. The partners developed a hybrid model of instruction that combined traditional classroom instruction with online coursework, supervised internships, and specialized training by Tenderloin Health staff and outside professionals. The two-semester, seventeen-credit program incorporated instruction on basic skills, soft skills, Microsoft Word, and health education. It also provided frontline workers with a range of supportive services, including academic and vocational counseling. The students formulated learning objectives with their supervisors and a college instructor, who evaluated their progress. The 18-month program culminated in the award of an accredited Community Health Worker certificate.

### SYSTEMS CHANGE

To realize the *Jobs to Careers* approach to work-based learning, health care workplaces and education institutions implemented 12 key strategies (see box, “*Institutional System Changes*”) to make systemic changes to organizational practices in the following keys ways:

- **Organizational changes at the educational partner institution:** Projects involved workplace supervisors and other employees as adjunct faculty, enlisted college instructors to deliver learning at the workplace, and developed mechanisms to award college credit for prior learning and for competencies mastered through work-based learning.
- **Organizational changes at the workplace:** Projects ensured that frontline workers had access to tuition advancement benefits and paid release time for education. They also restructured job performance assessments to take into account competencies gained through work-based learning.
- **Potential for career advancement:** Projects identified career ladders and helped frontline workers develop individualized plans for acquiring necessary competencies and education to advance their careers.
- **Rewards for engaging in the program:** Projects ensured that frontline workers who mastered work-based learning objectives earned industry-recognized credentials, college or continuing education credit, and wage increases and promotions.

### At the Workplace

To support work-based learning and advance the careers of frontline workers, *Jobs to Careers* employers made learner-friendly improvements to their workplaces in three key areas: human resources policies, organizational culture and management practices, and work processes.

Changes in human resources policies enabled health care providers to formalize their investments in the skill development of frontline workers and their relationships with education institutions. *Jobs to Careers* projects developed new job positions and responsibilities, creating career ladders and incremental wage increases within frontline occupations. In addition, health care providers engaged supervisors as mentors



**San Francisco, California**  
*Jobs to Careers* participant Bopha Khieu and her family at Tenderloin Health’s celebration for participants of the program



**Hartford, Connecticut**  
Frontline workers graduating from Hartford's CNA Advancement Initiative received certificates at the 3rd Annual Allied Health Symposium.

and coaches to support frontline workers through work-based learning and other career and skill development activities. Frontline workers received paid release time for learning and prepaid tuition assistance that reduced the financial burden of returning to school.

Changes in organizational culture bolstered the commitment and value that health care providers placed on advancing their incumbent frontline workforce. Some *Jobs to Careers* projects developed a comprehensive

learning culture by establishing an education department to support professional development on site. Also, changes in work processes helped health care providers accommodate learning at the workplace. Sometimes, these changes were subtle (e.g., rotating assignments); sometimes they were explicit (e.g., integrating work-based learning.)

Three examples of employer system changes come from Owensboro, Kentucky; Hartford, Connecticut; and Austin, Texas:

### Institutional System Changes in *Jobs to Careers*

- **Case management/emergent support services for frontline workers:** Providing frontline workers with access to case managers who can help them access resources, such as child care, transportation, and health care
- **Competency-based pay raise:** Pay raises upon documentation of having learned a competency or set of competencies
- **Competency-based promotion:** Promotion upon documentation of having learned a competency or set of competencies
- **Educational release time:** Providing paid time off for workers to attend classes, participate in work-based learning activities, or study
- **Formalized mentoring positions:** Designating mentoring as a job responsibility and formally including it in a job description; sometimes includes additional compensation for increased responsibility
- **In-house credentialing:** On-site training that leads to additional credentials for participants
- **Promotion from within:** Hiring current employees for jobs that advance their careers; often includes specific policies regarding how long a job will be posted within the organization before it is posted externally
- **Replacement staff for educational release time:** Providing either a pool of workers or additional funds to hire temporary or agency workers to cover scheduling gaps that result from educational release time
- **Skills assessment for new frontline workers:** Administering tests of basic skills to all frontline workers to determine their training and remediation needs
- **Tuition advancement:** Providing frontline workers with funds for tuition at the beginning of a course (rather than the end) so that they do not have to pay tuition costs up front
- **Tuition reimbursement on a sliding scale:** Providing frontline workers with more funds for higher education compared with those provided to staff in job categories with higher wages
- **Expanded tuition coverage:** Expanding tuition support for frontline workers with expanded to include non-degree, continuing education, or remediation needs

#### Tuition Assistance: Owensboro, Kentucky

Owensboro Medical Health System enacted a policy to cover tuition costs for frontline workers enrolled in an accelerated part-time nursing program offered by Owensboro Community & Technical College. The college agreed to delay payment of tuition until the end of each semester and to submit the bill directly to the hospital. Unlike traditional tuition-assistance benefits, this arrangement meant that frontline workers incurred no out-of-pocket educational expenses while waiting to be reimbursed. This benefit is now available to all frontline workers at Owensboro Medical Health System.

#### Career Path Pay Raises: Hartford, Connecticut

A long-term care facility participating in Hartford's project developed a three-tiered career track for certified nursing assistants. Workers who completed at least two specialty courses advanced to Level 2 and received bonuses of \$100 to \$200. At Level 3, CNAs advanced to unit captains and

“Awarding credit for something someone already knows and can do is not something community colleges are typically used to doing.”

—Kirk White,  
Continuing Education  
Department, Austin  
Community College,  
Austin, Texas

mentored other staff. They received wage increases of up to \$1 per hour.

#### Workplace Coaching: Austin, Texas

Nurses at St. David’s HealthCare took on the role of coaches, instructing frontline workers who became patient care technicians on how to do job tasks properly and interpret test results accurately. The coaches also served a broad function in building each worker’s confidence, provided feedback, and encouraged individual goal-setting and development.

#### At the Education Institution

The development and implementation of *Jobs to Careers* projects required their education partners—usually community colleges but also four-year colleges and community-based organizations—to adopt

worker-friendly policies and practices that support work-based learning and career advancement. They had to alter how and where they delivered instruction, how they partnered with employers, and how they funded worker education.

The education partners in *Jobs to Careers* adapted many of their traditional educational processes, including curriculum development, course design, and instruction. For example, colleges often coordinated the activities of two or more departments to meet the goals of a *Jobs to Careers* program to advance frontline health care workers. In some cases, departments that traditionally did not offer courses for college credit (e.g., continuing education departments) worked with departments that do, particularly in programs that incorporated course prerequisites or remedial studies.



#### Boston, Massachusetts

Bunker Hill Community College instructors taught a medical interpretation class at the health center’s Education and Training Institute. ETI provides an on ramp to college for frontline employees who may be hesitant to step foot on a college campus.



#### Austin, Texas

The Austin *Jobs to Careers* project trained frontline workers for patient care positions.

### Sector Case Study: Community Health Centers

#### Boston: Responding to the Needs of a Multicultural Community

*“If we want to hire from the community, then we have to develop supports that will assist our high-barrier neighborhood population—non-English-speaking, low-wage, low educational attainment, single-parent—to move up the ladder, such as locating training on site and giving workers adequate release time to attend training.”*

—Liliana Silva, vice president of education and training, East Boston Neighborhood Health Center, Boston, Massachusetts

East Boston Neighborhood Health Center partnered with Bunker Hill Community College, JVS-Boston, and World Education to train medical and clerical assistants to become auxiliary medical interpreters. With more staff members trained to provide interpretation, the center could better serve its multicultural patients.

Bunker Hill Community College instructors taught a medical interpretation class, once a week, at the health center’s Education and Training Institute. ETI serves as an on ramp to higher education for frontline employees who may have had poor experiences with school or be hesitant to set foot on a college campus. Without leaving the health center, they registered for and took training classes. They practiced interpreting skills for eight hours on the job, supervised by a professional interpreter. Serving as preceptors, the professionals documented the achievement of competencies and reported these to the instructor who issued a final grade.

Upon completing the medical interpretation course, workers received three credit hours from Bunker Hill Community College and became certified auxiliary interpreters, an East Boston Neighborhood Health Center credential. They remained in their current jobs, interpreting for clients of the center as needed. They also received pay raises, and some continued studying at the college to become full-fledged medical interpreters.



### Baltimore, Maryland

Frontline employees of University of Maryland Specialty Hospital graduated in January 2008 from Baltimore's *Jobs to Careers* program to become certified nursing assistants and patient care technicians.

## Sector Case Study: Hospitals

### Baltimore: Addressing the Demand for Skilled Patient Care Staff

*"Part of the culture of this hospital is that you can learn on the job and progress to a higher level. That's the whole foundation of our pipeline programs. The idea is that we, as an employer, have an obligation to help those people move on."*

—Nurse manager, Good Samaritan Hospital, Baltimore, Maryland

Responding to a regional shortage of skilled workers in patient care, the Baltimore Alliance for Careers in Healthcare (BACH) brought together health care employers, colleges, and other organizations to create career advancement opportunities for frontline workers. Frontline employees at Good Samaritan Hospital and the University of Maryland Specialty Hospital participated in training designed to address a shortage of frontline patient care workers and build a pathway to nursing careers. Non-clinical staff, including dietary, transportation, and environmental services workers, advanced to become certified nursing assistants. After working on the job for at least six months, they could complete additional training and an internship to become patient care technicians, also known as nurse extenders.

Training consisted of classroom instruction for eight hours per week during work time. Workers gained first-hand experience in patient care by shadowing nurses and completing work tasks on the hospital floor. The Community College of Baltimore County faculty partnered with the hospitals to develop three work-based learning modules: tracheotomy, urinary incontinence, and ostomy. Workers who lacked the prerequisite skills for the program participated in a hospital-based academic bridge course to increase their reading comprehension.

Supervisors, most of them registered nurses and licensed practical nurses, supported frontline workers through career and life coaching and mentorship. They helped workers cope with life issues (e.g., balancing work and family; managing time). Supervisors also assumed the role of preceptors, training workers through work-based learning assignments.

The community college offered a one-time, four-hour course to train mentors, coaches, and preceptors. BACH also established monthly peer learning sessions for training the coaches. These sessions focused on support systems, best practices, resources for learning, training opportunities outside of *Jobs to Careers*, and interactive scenarios for new employees. BACH encouraged health care providers and philanthropic organizations to pool funds to scale up the career coaching available to hospital workers.

In addition to the patient care training project, BACH mapped career ladders in five hospitals, illustrating how lower-skilled workers can advance to higher-paying jobs.

Education institutions also redesigned courses taught in traditional classrooms to incorporate work-based learning, active and experiential learning, and supervisor input. Redesigns also made it possible to document on-the-job learning so workers could earn course credit. To identify key areas of competencies to develop, a key step in developing a work-based learning program, supervisors and others from the employer partners collaborated with educational institutions, which sometimes appointed

professional staff from the employers as adjunct college faculty.

Many of the educational partners adapted their course offerings to new settings (e.g., at the workplace) and made their schedules more flexible (e.g., instead of fixed academic semesters). They offered accelerated programs for workers to go to school part time and still earn degrees or certificates quickly, and they contextualized college preparatory math and English courses to



**Fall River, Massachusetts**

Nancy Paull, CEO of SSTAR, presented the *Jobs to Careers* model as part of a United Nations master class presentation in Moscow, Russia. Ms. Paull (center, red jacket) is featured here with her colleagues in Russia, including doctors, nurses, and peer counselors.



**Seattle, Washington**

Five frontline workers from Virginia Mason completed their training in May 2010 to become medical assistants.



**Owensboro, Kentucky**

Owensboro Medical Health Systems teamed up with Owensboro Community & Technical College to compress the length and supplement the curriculum of the college’s part-time nursing degree program.

health care concepts and job tasks. And several colleges revamped policies to award credit for prior learning and entry-level health care credentials.

Three examples of systems change at *Jobs to Careers* education partners come from Fall River, Massachusetts; Alaska; and Owensboro, Kentucky:

**College Instruction at the Workplace: Fall River, Massachusetts**

Bristol Community College worked with supervisors at Stanley Street Treatment and Resources to deliver behavioral health curricula in a hybrid format: online and in the classroom. For example, a BCC faculty member and SSTAR supervisors and staff jointly developed a course, Changing Substance Abuse Behaviors through the Group Process. College faculty members taught the classroom component of the course at the SSTAR facilities in Fall River, Massachusetts, and North Kingstown, Rhode Island. Supervisors and an external expert evaluated the students on selected dimensions of group facilitation. Supervisors provided clinical supervision in group and in one-on-one settings. Counselors-in-training shadowed professional counselors. In addition, BCC faculty members facilitated the online component of the course, which made it more convenient for workers to complete reading assignments and participate in online class discussions.

**Adapting Traditional Programs to Work-based Learning: Seattle, Washington**

Renton Technical College adapted its medical assistant program to cut back on class time and deliver more of the curriculum online and through work-based learning activities. The college also reduced course loads by stretching the program over several additional months. By doing so, frontline workers at Virginia Mason Medical Center could more easily fit school into their busy work lives: they could visit the college

campus less frequently, fulfill some class requirements online at their convenience, and learn and practice course-related competencies on the job.

Virginia Mason and Renton Technical College established a three-tiered career ladder, from clinic service representative to Medical Assistant I to Medical Assistant II. Clinic service representatives received credit for skills they had in common with medical assistants, such as telephone communication and managing provider schedules. Medical assistants completed an externship and additional courses in leadership and patient safety to become a Medical Assistant II. Workers received at least four hours each week of paid release time to attend classes on site.

**Contextualized Remedial Math: Owensboro, Kentucky**

Owensboro Community & Technical College collaborated with Owensboro Medical Health System to develop Math Rx, a specialized math refresher course on the math competencies frontline workers needed to succeed in the nursing program. Workers attended five group-learning sessions at the hospital and completed the balance of assignments online. Math Rx is now one of several courses in OCTC’s “Mathematics Progression” that students can enter at any point, depending on their ability to fulfill math requirements for the nursing degree. Each of the courses is contextualized with material relevant to nursing.



**Portland, Oregon**

Manolita Survan, a residential assistant with Rose Schnitzer Manor, participated in *Jobs to Careers*.

**Sector Case Study: Long-term Care**

**Portland:  
Credentialing Workers at Assisted Living Facilities**

*“Now, we’re learning from each other and we’re learning from the people we’re taking care of. We are a learning culture here.”*

*—Linda Bifano, health services director and trainer, Rose Schnitzer Manor, Portland, Oregon*

Portland Community College collaborated with five assisted living and residential care facilities to prepare frontline direct care staff for a first-of-its-kind, industry-recognized credential, resulting in better care for residents. Workers completing the training became certified resident assistants, responsible for helping residents undertake activities of daily living, maintain their emotional well-being, and avoid infections, falls, and skin problems, among other tasks.

The Portland project responded to new state regulations that set the first formal training expectations for direct care staff at assisted living facilities. Assisted living staff now must demonstrate knowledge and proficiency in a wide variety of areas and complete at least 12 hours of in-service training on topics relevant to community-based care.

Before *Jobs to Careers*, Portland Community College and several assisted living employers had conducted a formal job analysis, identifying tasks performed and the competencies or skills required for entry-level, unlicensed direct care positions. After codifying the first- and second-rung occupations as Resident Assistant I and Resident Assistant II, the college developed a curriculum for training resident assistants in the competencies.

For *Jobs to Careers*, Portland Community College adapted this curriculum for delivery through work-based learning. The college’s Department of Gerontology and Customized and Workplace Training Department collaborated to develop the training materials, provide career exploration workshops for direct care workers, and develop opportunities for workers to receive academic credit for participating in the training. The curriculum consisted of 27 work-based learning modules, covering such topics as roles and responsibilities, resident service plans, personal care, self care, and diabetes care. The college trained professional staff at each facility to become workplace instructors for the program.

PCC granted two credits for attaining Resident Assistant I status and one more credit for Resident Assistant II. Both certificates articulate with Associate’s and Bachelor’s degrees in gerontology. PCC also worked with *Jobs to Careers* partners to develop short-term credentials in specialized topics around aging (e.g., activities assistance; advanced behavioral and cognitive care) to prepare graduates for jobs in assisted living and other elder-serving settings. In addition, the college and the project partners assisted frontline staff who wanted to pursue further studies.

PCC and the long-term care providers implemented several other strategies to help frontline workers succeed. Employers prepaid tuition rather than reimbursing workers after the completion of courses, enabling more workers to take advantage of education opportunities. The college also offered career development workshops for frontline workers and supervisors, which addressed the need for coaching and peer support and provided information on resources and opportunities available to attend college.



## What was the Impact of *Jobs to Careers*?

“ Personally there is a boost of confidence. It changed my outlook on my whole life. I used to feel that I could not succeed in college. Now I have, and I feel like I really know what I’m doing in my job.

”

—Frontline worker, Asante Health System, Medford, Oregon

“ The training I received through Capital Workforce Partners and VNA Healthcare Inc. has helped me to perform my job even better than ever.

”

—Barbara Abel, home health aide

In hospitals and community colleges, health clinics and community foundations, and a myriad of other institutions, *Jobs to Careers* provided a variety of benefits to frontline workers, as well as to both employer and education partners. Promising models are emerging for building a skilled frontline health care workforce. With projects in highly diverse settings, these benefits point to the potential of the *Jobs to Careers* model for meeting workforce demands in health care.

### BENEFITS TO FRONTLINE WORKERS

*“I could not think of a better way to go through a nursing program than with coworkers who each had a different area of knowledge from being employed at the hospital. The program is a perfect fit in my life. Not only have I been able to pursue a career in nursing, but also I have been able to maintain my full-time employment.”*

—Christy Bratcher, RN, Owensboro Medical Health System, Owensboro, Kentucky

*“It was a godsend. I knew I wanted to work in health care, but I didn’t have the money to attend most training programs.”*

—Jobs to Careers participant, Youngstown, Ohio

*“I have taken other classes without mentors, and you had these questions along the way. You thought, ‘Okay, I’ll wait to ask the teacher.’ By the time you get to the class you think, ‘What was I going to ask?’ In this class we have the mentor. Even if it is just five minutes, you can go over and get an answer to your question without waiting. Because no matter what, you have questions.”*

—Frontline health care worker, CNA Advancement Initiative, Hartford, Connecticut

Improvements in their self-confidence was a major benefit for employees: According to

the *Jobs to Careers* evaluators (UNC Institute on Aging), 93 percent of frontline workers participating in *Jobs to Careers* reported that they were now more confident they could meet the demands of their current jobs and could obtain the skills that they needed to get better ones. Overall, frontline workers reported this as their greatest reward for participating in the project. They became more confident in their ability to provide good patient care, navigate educational institutions, and master coursework. Having the skills to do their jobs well also reduced job stress.

Self-confidence is closely related to a second benefit: 78 percent reported that *Jobs to Careers* made them more satisfied with their job than they were before participating in the program. Before the launch of *Jobs to Careers*, the Institute on Aging conducted focus groups that revealed often antagonistic relationships between frontline workers and their immediate supervisors. Through *Jobs to Careers*, supervisors learned how to become effective mentors and coaches, and as a result frontline workers received better support at the workplace. In the final evaluation of *Jobs to Careers*, workers reported that supervisors treated them with more respect, gave them greater responsibilities, and were more likely to solicit their input about work tasks and patient treatment plans. Frontline workers also were more likely to report that their employers were investing time, staff, and money in their professional development. They reported feeling more supported and more valued, and they were less cynical about the intentions of managers and the organization. This all contributed to higher job satisfaction.

Workers were not only more satisfied with their current jobs; they also had raised their ambitions: 82 percent of *Jobs to Careers* participants reported that the initiative put

“What we realized is that the principles of addiction treatment, applied to our workforce, helped development efforts. Reducing barriers, enhancing motivation, and having a client-centered approach really helped our frontline workers successfully complete *Jobs to Careers*.”

—Pat Emsellem, chief operating officer, Stanley Street Treatment and Resources, Fall River, Massachusetts

them on a path to reaching their career goals. Frontline workers gained a solid educational foundation and strong work skills, both of which put them on the path to taking additional steps to advance their careers. After completing *Jobs to Careers* programs, many frontline workers expressed the goal of earning a college degree and becoming a nurse or other higher-paid professional.

## BENEFITS TO EMPLOYERS

*“Jobs to Careers allows us to take good hospital employees and utilize them in new roles. They already have a broad knowledge of the hospital, so their orientation time is greatly decreased. The program allows people to get college credit, so that enhances the group that chooses to train, and it helps us with the hardest part of staffing: finding the right people for the right jobs.”*

—Jacque Andrews, RN, director of education, Central Mississippi Medical Center, Jackson, Mississippi

*“Understanding why and how insulin works has improved caregivers’ ability to handle people with complicated diabetic problems,*

*especially when blood sugars go low. We have a lady now who just recently had to change her diet because of swallowing issues. Her blood sugar dropped low, and the caregivers pointed out what was happening and why. That wouldn’t have happened before.”*

—Deana Wentworth, director, Orchard House, Mount Angel, Oregon

*“Work-based learning pulled all of us together to start working as a team.”*

—Irene Olanna, case manager, Norton Sound Health Corporation, Nome, Alaska

For health care employers, *Jobs to Careers* improved worker retention, improved quality of care, and yielded direct financial benefits.

In Austin, Texas, St. David’s HealthCare reported lower staff turnover, which reduced recruitment and training costs and ensured continuity in care. In Kentucky, Owensboro Medical Health System reduced the orientation time typically needed for new nurses because frontline workers, who were being trained for the positions, were already familiar with the workplace culture and procedures. In Massachusetts, East Boston Neighborhood Health Center

## Jobs to Careers Evaluation Results: Rewards to Frontline Workers

The *Jobs to Careers* evaluation conducted by the University of North Carolina Institute on Aging looked at the impact of workplace and educational policies and practices on the work lives and education and career advancement potential of frontline employees. The findings of a survey of frontline workers who participated in *Jobs to Careers* suggest that they were satisfied with the program designed and implemented by their employers and educational partners, and that they gained real and lasting rewards. Many earned college credit, were promoted, or received greater responsibilities. Just as important, a large percentage of workers reported that *Jobs to Careers* helped them set career goals and gave them the confidence to pursue additional education.

Impact of <i>Jobs to Careers</i> on Frontline Workers	% of Respondents Answering YES
Better at current job	63%
Wage increase	41%
College credit that could lead to a degree	40%
Greater responsibility in current job	36%
Credential/certification	33%
Continuing education credit	33%
Promotion	17%
Completed the program and received no rewards	9%

SOURCE: Konrad, Robert & Jennifer Craft Morgan. 2011. “Evaluation Brief: Results from the *Jobs to Careers* Frontline Worker Survey.” Draft (July 29). University of North Carolina Institute on Aging.

## Jobs to Careers Evaluation Results: Rewards to Employers

The UNC Institute on Aging evaluation noted 14 ways that workplace administrators and staff reported benefits to their organizations:

- Improved frontline worker skills and higher quality of care
- Fewer adverse or escalation events
- Fewer vacant positions
- Decreased turnover in frontline positions
- Lower training costs as a result of improved retention
- Revenue generated as a result of frontline workers' receiving credentials that increased billable hours
- Increased productivity
- More applicants for entry-level positions
- Increased workforce diversity
- More standardization of required competencies, leading to increased promotions for workers
- Improved and expedited recruitment processes
- Higher organizational commitment from frontline workers
- Improved content in orientation
- Improved in-service training

gained a reputation in the community for investing in its workers, which has had the effect of attracting higher-quality jobseekers for available jobs. In all these cases, a major factor was that frontline workers who participated in the initiative expressed greater commitment to their employers.

*Jobs to Careers* also enabled employers to provide better care and service to patients. A more skilled frontline workforce helped health care employers address service gaps, improve patient satisfaction, and build a strong team of care providers. Long-term care residents in Portland, Oregon, and behavioral health clients in Philadelphia, Pennsylvania, reported higher satisfaction with the care provided by frontline workers.

## BENEFITS TO EDUCATION PARTNERS

*“From a business perspective, which is not often how a college thinks or operates, we have gained new revenue through more tuition dollars by enrolling frontline workers in courses. One very unanticipated benefit was the increase in faculty. We were able to hire professional staff from SSTAR, who are experts in their field, to teach several of the courses.”*

*—Frederick Rocco, academic dean, Bristol Community College, Fall River, Massachusetts*

*“The workplace is the best place to find subject matter experts. Experienced, competent employees are most familiar with the tasks performed on the job.”*

*—Dr. Kenneth J. Gill, University of Medicine and Dentistry of New Jersey, Department of Psychiatric Rehabilitation and Behavioral Health Care, Newark, New Jersey*

For community colleges and other education partners, *Jobs to Careers* has meant higher enrollment and revenue, improved student outcomes, and opportunities to develop programs and partnerships and initiate institutional reforms.

For Bristol Community College in Fall River, Massachusetts, delving into work-based learning increased the number of students it could serve in its health care education programs. This increased revenue while lowering costs because a significant portion of the curriculum was delivered at the work site. Further, by using qualified staff from SSTAR, the employer partner, as adjunct faculty, the college lessened the need for classroom space or full-time instructors.

## **Jobs to Careers Evaluation Results: Rewards to Education Institutions**

The UNC Institute on Aging identified seven ways that education institutions benefited from *Jobs to Careers*:

- Improved the alignment of educational offerings with local workforce needs
- Increased enrollment, which translated into increased tuition revenue
- Improved the integration of divisions and/or departments within the institution
- Increased course-completion rates
- Improved the attractiveness to employers for sending workers for continuing/advanced education
- Improved the integration of education, research, and practice, thereby strengthening academic rigor
- Sharing of overhead costs with local employers

In Kentucky, retention rates in an accelerated part-time nursing program, developed in partnership between the Owensboro Community & Technical College and the Owensboro Medical Health System, ranged from 75 percent to 89 percent. This is comparable to national retention rates in nursing programs, despite the academic barriers that the hospital frontline workers faced. Moreover, 75 percent of all enrollees are expected to earn an RN credential.

## **What Are the Lessons of *Jobs to Careers*?**

Over the six years of *Jobs to Careers*, the 17 projects wrestled with an array of challenges and addressed them through a number of different actions. The conclusion: **Employer-driven programs can succeed in a variety of health care settings.**

That said, success is not easy to achieve. Research by Jobs for the Future and the Institute on Aging points to lessons that health care employers, education institutions, and other community organizations should consider when engaging frontline workers in work-based learning.

### **PARTNERSHIPS WITH EDUCATION INSTITUTIONS ARE KEY TO WORK-BASED LEARNING.**

Although many employers provide some form of on-the-job training, *Jobs to Careers* recognized that advancing the careers of frontline workers through work-based

learning requires a strong partnership with education institutions (e.g., community colleges, technical schools, and workforce intermediaries, including labor-management partnerships). These institutions played critical roles in developing and adapting credit-bearing, certificate-granting curricula capable of preparing workers to master workplace competencies.

### **ACCOMMODATE NONTRADITIONAL LEARNING AND LEARNERS IN COLLEGE PROGRAMS.**

*Jobs to Careers* recognized that frontline workers need flexibility in pursuing an education. Project sites customized curricula to provide evening and weekend classes. The time for completing the program curriculum was accelerated in some cases and increased in other cases, depending on particular workforce needs. A great deal of instruction took place outside the

classroom and moved into the workplace or online to make it more convenient for workers. In addition, colleges took strides to award credit for prior learning, work-based learning, and certificates and training that were traditionally considered noncredit. All these efforts helped advance workers to degrees and certificates.

### **IMPROVE THE BASIC SKILLS OF WORKERS.**

Many frontline workers participating in *Jobs to Careers* lacked skills in basic math, literacy, and English fluency, creating academic barriers to completing occupational training, including both work-based learning and classroom instruction components. The projects “met frontline workers where they are” by incorporating assessments and remediation strategies into their skill development strategies. In some cases, instruction in basic skills such as math or literacy was integrated directly into academic coursework.

### **CULTIVATE BUY-IN FROM TOP-LEVEL ADMINISTRATORS.**

High-level administrators, such as deans and directors at education institutions and CEOs and nurse supervisors in health care settings,

are well placed to push through changes in workplace and educational practices. Thus, their buy-in can be critical to making these programs work. Emphasizing the cutting-edge, forward-thinking approach to work-based learning can help convince top-level administrators of the value of investing in frontline workers.

### **TRANSFORM THE WORKPLACE, NOT JUST THE WORKERS.**

*Jobs to Careers* project sites recognized improvements were needed in workplace practices and culture in order to successfully engage frontline workers in the types of work-based learning that can support career advancement. Recognizing the financial burdens of education, employers implemented tuition advancement and paid release time policies. Employers also encouraged skill building with incremental wage increases along career pathways. At the same time, *Jobs to Careers* projects recognized the need for change in workplace culture in support of learning. Supervisors learned to become mentors and coaches and adjusted work schedules in support of training.

## **Where Do We Go from Here?**

*By Randall Wilson  
Senior Project Manager, Jobs for the Future*

When *Jobs to Careers* began, it was clear that a significant portion of the nation’s health care workforce—those at the front lines—was underutilized. It was also clear that health care providers had critical needs for staffing, skills, and a stable workforce. The initiative grew out of this hypothesis: By changing the way workers are trained, advanced and rewarded on the job, their

knowledge and skills could be harnessed to better meet these needs.

The employers, workers, and education and training partners in *Jobs to Careers* put this hypothesis to the test—not in the sense of a rigorous, controlled experiment but as a test of the feasibility, or “proof of concept” of work-based learning. That is, they sought to determine whether work-based learning can produce good results in a variety of health care settings and partnership



The rewards of work-based learning and career advancement extend far beyond frontline workers to include education institutions and employers—and the clients that health care providers serve. *Jobs to Careers* directly addresses two of the most challenging demands for our nation’s economic recovery: sustainable employment and providing better health care to all Americans as health care reform is implemented in the coming years.



—Maria Flynn, vice president, Jobs for the Future; director, *Jobs to Careers* National Program Office

arrangements. The results are in—from the evaluation of *Jobs to Careers* by researchers at the University of North Carolina Institute of Aging, from Jobs for the Future’s documentation and technical assistance, and from testimony by workers, employers, and investors in workforce development and this initiative. We can conclude with confidence that *Jobs to Careers* has indeed established proof of concept and merits expansion to frontline health care workers across the nation.

Jobs for the Future, the National Program Office for *Jobs to Careers*, guided and managed the initiative from start to finish. As an organization dedicated to building pathways for disadvantaged young people and adults to attain the education and skills necessary for family-sustaining careers, JFF will continue to support the advancement of frontline workers while meeting employers’ and the nation’s need for a skilled health care workforce.

While the initiative may have formally ended, the need to fully utilize the talents and capacities of frontline workers has never been greater. Tens of millions of newly insured consumers will soon be seeking care. An aging population, and within it, an aging health care workforce, also brings substantial demand for skilled caregivers at all levels, none more so than on the front lines, where most direct care to elders occurs. New models of delivering care, keyed to lowering costs while raising patient satisfaction, require new skill sets and credentials. Implementing electronic health records and ensuring full coordination of care across the spectrum of hospitals, doctor’s offices, and home-based care bring additional needs for education and workforce development.

To respond to these needs, JFF draws both on lessons learned in *Jobs to Careers* and from a range of other workforce and educational ventures in which it has participated. At present, and in the coming years, JFF will do so on a number of fronts.

A key area will be in disseminating lessons, findings, and tools from *Jobs to Careers*.

During the initiative, as noted in this report, JFF and its partners encouraged a strong community of peer-to-peer learning among the 17 partnerships. *Jobs to Careers* partners, JFF staff, and the evaluators also have participated in professional conferences, where the goal is to build awareness and encourage the adoption of techniques and practices from *Jobs to Careers*. Such venues have included meetings of the National Association of Workforce Boards and the National Council for Workforce Education, as well as gatherings of nursing executives, hospital human resource managers, community health centers, and gerontology experts, to name a few. JFF will continue to reach out to these varied communities to present effective practices for advancing frontline health care workers as illustrated by *Jobs to Careers* and other activities that support the development and advancement of frontline workers.

JFF will also continue to document practices and research new needs and challenges in specific sectors and occupations of health care. One potentially critical area given the nation’s aging population is home-based care and the cluster of other personal services that enable elderly and disabled individuals to remain in their homes. Another growing area is health care informatics, including the adoption and integration of electronic health records. Additional areas for research include identifying or developing pathways into health careers for less-skilled youth and adults, particularly individuals lacking high school degrees or adequate reading or math skills to earn college-level degrees or credentials in health care occupations.

A critical component of the success of *Jobs to Careers* was the central role of health care employers. Their needs, as well as those of their workforce and patient populations, drove the initiative. Employers like these are key to making the case for changing the way health care workers are trained and supported on a career path. This insight is central to CareerSTAT, a new initiative of Jobs for the Future and the National Fund for Workforce Solutions, which invests in

career advancement for low-wage workers using a model of substantial employer engagement. CareerSTAT is documenting and gaining endorsement for the business case for investments in frontline hospital workers. Its employer-led advocacy council will promote investments—by employers and by policymakers—that yield strong skill development and career outcomes for low-wage, frontline hospital workers.

To support their advocacy, JFF and the National Fund have developed a guidance tool—*CareerSTAT: A Guide to Making the Case for Investing in the Frontline Workforce*—that documents effective practices and associated business metrics of leading hospitals to encourage implementation by additional employers. CareerSTAT will also continue to recruit and organize hospital leaders and partners from workforce and educational institutions, present the guidance tool’s framework of business metrics to employers and policymakers, and advocate for policies—in government, businesses, and professional health care associations—that support investment in frontline health care workers. The CareerSTAT approach may also target

other sectors within health care, such as community health centers or long-term care.

While CareerSTAT is predicated on employer-to-employer learning, JFF continues to support peer learning in the broader community of partners engaged in advancing the frontline health care workforce. It coordinates the Health Care Affinity Group, a virtual network of organizations interested in supporting the advancement of new and incumbent frontline workers across the health care sector. The network draws its membership primarily from partners in the National Fund and *Jobs to Careers*. Its activities have included conference calls and webinars, organized by JFF, to share best practices, hear from subject-matter experts, and consider new ways to respond to worker and employer needs. JFF is exploring Web-based platforms that would encourage decentralized, member-to-member networking and exchanges of ideas and information. The overall goal is to build awareness and capacity in the field for promoting the development of frontline health care workers.

Job creation is a national priority, and health care is a high-demand and expanding segment of the economy. That combination makes this a strategic moment for creating and implementing innovative skill development strategies that meet the needs of health care providers and workers. Low-wage workers on the front lines of health care can advance to higher-skilled, family-sustaining careers, while health care providers can prosper with a robust, well-prepared, and engaged workforce. The result will be better care and healthier communities and economies.

### Driving Success: The Role of the National Program Office

As the National Program Office for *Jobs to Careers*, Jobs for the Future undertook three major activities to support the work of the projects.

**“High-touch” technical assistance:** JFF staff members and other experts in the fields of workforce development and health care delivered “high touch” technical assistance to the 17 projects. The projects received substantial ongoing guidance through the planning, design, implementation, and continuous improvements phases of their three-year projects. This approach to technical assistance had a direct and measurable effect.

**Peer-to-peer learning:** JFF convened regular initiative-wide national meetings and offered a wide variety of webinars to provide opportunities for project leaders to network with one another and share best practices and challenges in conducting work-based learning and achieving sustainable systems changes. These activities produced substantial learning and information exchange, leading to major advancements in the innovative field of work-based learning.

**Documentation and research:** JFF produced a wide variety of publications documenting the strategies, challenges, and successes of the projects. These resources include practice briefs, newsletters, sector analyses, and tools and worksheets to support program decisions. This activity culminated in a comprehensive website and online work-based learning toolkit for the field.

# Appendix I:

## Major Goals and Activities of *Jobs to Careers* Projects

Seventeen local partnerships of health care providers, education institutions, and other community organizations designed and implemented the *Jobs to Careers* approach to improve outcomes for frontline workers and

their employers. The partnerships trained over 800 frontline workers across four subsectors of health care: community health centers; hospitals; long-term care facilities; and behavioral health facilities.

Location	Sector	Goals	Examples of Innovation	Lead Agency
Alaska	Behavioral Health	Upgraded the skills of behavioral health aides	<p>Developed a three-tiered career ladder, complete with a certification</p> <p>Program primarily consisted of distance learning and mentorship by supervisors and village elders</p> <p>Training articulated to college credit and resulted in pay raises</p>	University of Alaska
Arizona	Hospital	<p>Trained frontline hospital staff to move into the public health field as health technicians</p> <p>Helped workers pass the national licensure exam to become registered nurses</p>	Incorporated the Native-American tradition of “learning circles” to stress bottom-up decision making and teamwork in the development and delivery of work-based learning	Northern Arizona University
Austin, TX	Hospital	Prepared frontline workers for two career paths: a clinical path leading to jobs as clinical technicians; and a clerical path leading to jobs as patient access representatives	<p>Developed 11 work-based learning modules</p> <p>College partner awarded credit for competencies workers mastered through prior learning and work-based learning</p> <p>Engaged nurses as coaches</p>	Workforce Solutions—Capital Area Workforce Board
Baltimore, MD	Hospital	Developed a two-track training project to fill a shortage of frontline patient care workers, including certified nurse assistants and patient care technicians, and built a pathway to higher-skilled careers in nursing	Training consisted of classroom instruction during work time, job shadowing, career coaching, and completion of work tasks on the hospital floor	Baltimore Alliance for Careers in Healthcare



Location	Sector	Goals	Examples of Innovation	Lead Agency
Boston, MA	Community Health Center	Trained medical and clerical assistants to become certified auxiliary medical interpreters	College instructors taught the three-credit medical interpretation class at the workplace  Professional interpreters served as preceptors, documented the achievement of competencies, and reported these achievements to the instructor who issued a final grade	East Boston Neighborhood Health Center
Fall River, MA	Behavioral Health	Upgraded the counseling skills of frontline workers, leading to certifications in addiction counseling	College began awarding credit for certification  Classes co-taught by college instructors and workplace supervisors  Professional staff acted as adjunct instructors, mentors, and coaches	Stanley Street Treatment and Resources
Hartford, CT	Long-term Care	Improved the skills of nursing assistants	Developed a three-tiered career ladder for nursing assistants with pay increases  Developed a hybrid course that combined content in Adult Basic Education and hospice care	Capital Workforce Partners
Medford, OR	Hospital	Trained frontline workers in health care informatics	Developed certificate program  Workers received substantial paid release time to complete training  Included job shadowing and coaching	Asante Health Systems
Mississippi	Hospital	Trained frontline workers to become unit clerks  Improved job readiness for multiple positions	Granted paid release time to complete training with innovative use of job shadowing and learning coaches on the job	Mississippi Office of Nursing Workforce
New York, NY	Community Health Center	Improved the skills of medical assistants	College partner taught classes at the workplace  Supervisors provided work-based learning instruction	Charles B. Wang Community Health Center
Owensboro, KY	Hospital	Prepared frontline workers to become nurses	Developed an accelerated part-time nursing program and contextualized remedial math course	Owensboro Community & Technical College
Philadelphia, PA	Behavioral Health	Upgraded the skills of frontline behavioral health aides	Mapped competencies needed for frontline workers and designed a work-based learning curriculum to teach those skills on the job, resulting in a certificate	1199C Training & Upgrading Fund
Portland, OR	Long-term Care	Improved the skills of resident assistants	Created a two-tiered career ladder for resident assistants  Developed 27 work-based learning modules	Portland Community College

Location	Sector	Goals	Examples of Innovation	Lead Agency
San Francisco, CA	Community Health Center	Improved the skills of community health workers	Integrated distance learning and work-based learning into long-standing certificate program	City College of San Francisco
Seattle, WA	Hospital	Prepared frontline workers to become medical assistants and provided pathway for existing medical assistants	Developed a two-tiered career ladder for medical assistants through a certificate program that consisted of seminar instruction, online instruction, and work-based learning  Workers received paid release time to attend classes on site, and clinical nurses provided coaching	Virginia Mason Medical Center
Waianae, HI	Community Health Center	Improved skills and wages of community health workers	Incorporated into its annual performance evaluation process a formal pay raise scale for frontline medical assistants and receptionists who completed work-based learning programming in the past year	Waianae Coast Comprehensive Health Center
Youngstown, OH	Hospital	Prepared frontline workers to become health care associates and unit clerks and provided pathways for existing staff	Incorporated an apprenticeship credential and pay raises  Workers needing to upgrade their academic skills took a medical-readiness course at the workplace, which infused health care concepts into an Adult Basic Education course	Humility of Mary Health Partners

## Appendix II:

### National Advisory Committee

Convened by the Robert Wood Johnson Foundation, the *Jobs to Careers* National Advisory Committee participated in the development of grantee selection criteria, review of grant applications, and site visits to grant applicants. The committee made funding recommendations to the foundation, advised the National Program Office, contributed to the technical assistance provided to project sites, and assisted with disseminating program activities and results. The committee comprised a broad-based group of experts:

- Victor Capoccia, program director, Open Society Institute, Baltimore, Maryland (Chairperson)
- Harneen Chernow, director, Massachusetts Office, 1199 SEIU Training and Upgrading Fund, Roxbury, Massachusetts
- Diana Yazzie Devine, president and CEO, Native American Connections, Phoenix, Arizona
- Tom Dowd, administrator, Office of Policy Development and Research, Education Training Administration, U.S. Department of Labor, Washington, DC
- Barbara Dyer, president and CEO, The Hitachi Foundation, Washington, DC
- M. LaVerne Reid, chair, Department of Health Education, North Carolina Central University, Durham, North Carolina
- Samuel Scott, shift supervisor, Arkansas Juvenile Assessment and Treatment Center, Little Rock, Arkansas



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