



CREATING OPPORTUNITIES IN HEALTH CARE:

The Community College Role in Workforce Partnerships

BY RADHA ROY BISWAS,
WITH JEREMY KELLEY

APRIL 2011



JOBS FOR THE FUTURE

MetLife Foundation

ACKNOWLEDGEMENTS

Along with works cited in this report, the authors drew on Jobs for the Future's experience with and partners in three national initiatives: *Jobs to Careers*, *Breaking Through*, and the *National Fund for Workforce Solutions*, as well as the *Community Health Worker Initiative* in Boston, for which JFF was a consultant. We would specifically like to thank Kenya Elisa-McLaren, director of the *Community Health Worker Initiative*, and Cris A. Crowley of Madisonville Community College. Sources for this brief also include documentation for the 2010 MetLife Community College Excellence Award competition. The profiles of the projects at Madisonville Community College and Cincinnati State Technical and Community College were originally documented by Women Employed with Chicago Jobs Council and the UIC Great Cities Institute as part of a project focused on developing bridge programs in several high-growth industry sectors. We thank MetLife Foundation for its support and insights. Thanks finally to our JFF colleagues for their assistance: Maria Flynn, Rochelle Hickey, Jean-Pierre LeGuillou, Marc S. Miller, and Jayme Rubenstein.

MetLife Foundation

METLIFE FOUNDATION supports education, health, civic and cultural organizations. In education, it seeks to strengthen public schools through effective teaching and leadership to prepare students for access to and success in higher education, particularly the crucial first year. Its longstanding commitment to community colleges includes the Community College Excellence Award administered by Jobs for the Future and the Initiative for Student Success in the Center for Community College Student Engagement (CCCSE) at the University of Texas at Austin. The Foundation's grantmaking is informed by findings from the annual *MetLife Survey of the American Teacher*.

WWW.METLIFE.ORG

THE METLIFE FOUNDATION COMMUNITY COLLEGE EXCELLENCE AWARD, created in 2002, honors the distinctive roles community colleges play in the education of students of all ages and circumstances and in addressing local and regional educational, social and economic needs and opportunities. In 2010, three leading colleges received awards recognizing their respective service to students, service to community, and service through innovation.

www.jff.org/projects/current/workforce/metlife-foundation-community-college-exc/141



JOBS FOR THE FUTURE

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

WWW.JFF.ORG

TABLE OF CONTENTS

1	Partnerships and the Community College Challenge
2	The Growing Demand for a Health Care Workforce
4	Community College-Employer Partnerships
4	Portland Community College, Portland, Oregon
5	Bristol Community College, Fall River, Massachusetts
5	Leeward Community College, Waianae, Hawaii
7	Renton Technical College, Seattle, Washington
7	Owensboro Community & Technical College, Owensboro, Kentucky
8	Pitt Community College, Greenville, North Carolina
9	Local Workforce Partnerships
9	Bunker Hill Community College, Boston, Massachusetts
9	Austin Community College, Austin, Texas
10	Madisonville Community College, Madisonville, Kentucky
11	Lewis & Clark Community College, Godfrey, Illinois
11	Cincinnati State Technical and Community College, Cincinnati, Ohio
13	Conclusion
15	Endnotes
16	References

PARTNERSHIPS AND THE COMMUNITY COLLEGE CHALLENGE

The nation's 1,200 community colleges are well positioned to strengthen the workforce of one of America's most critical sectors—health care. They can provide training and credentialing for incumbent workers in health care and to prepare new workers to succeed in and meet the workforce demands for this sector—expanding individual opportunity and economic vitality.

These institutions already enroll nearly half (46 percent) of the nation's postsecondary population and the lion's share of nontraditional students (Choitz 2006).¹ They are developing or enhancing health care-related certificate and degree programs to better serve employers, workers, and communities, while also identifying unique, innovative ways for nontraditional students to access, prepare for, and succeed in these programs.

This brief highlights some of the ways in which community colleges are preparing frontline incumbent health care workers and low-income individuals for family-sustaining careers in health care careers—including advancement to allied health care and nursing jobs. A common element among the programs featured is a college's participation in a partnership—whether one-on-one with a local health care employer or in collaboration with employers, workforce development agencies, community organizations, and other funders of and players in local and regional workforce development endeavors.

Employer/college partnerships focus most often on incumbent workers. They also usually respond to a particular workforce challenge confronting the employer (or a small group of employers), such as a chronic labor or skill shortage in one or more occupations. The community college's role in such a partnership is typically that of a “preferred provider,” helping an employer address its particular challenges. The college often goes beyond simply delivering training to:

- > Offer a comprehensive set of services;
- > Customize curricula and courses;
- > Collaborate with the employer to create or enhance career pathways;
- > Develop services that address particular barriers (e.g., mentoring or supplemental tutoring to address specific skill needs); or
- > Offer training at the workplace so that more workers can access it.

Broader workforce partnerships engage not only employers but also others involved in workforce development, including local Workforce Investment Boards, education and training institutions (e.g., Adult Basic Education providers, community colleges, four-year colleges), and community-based organizations. Workforce partnerships may grow out of an employer-community college partnership, stepping up the focus or scale of an initiative from one or two occupations to several. They can also respond to an immediate worker shortage to forging a longer-term relationship that may span an entire industry or sector, or even several sectors. A workforce partnership and its programs may arise out of the need for services in a particular community, or they may start from a concerted regional workforce development plan led by a local public workforce development entity that has identified health care as a key sector in the regional economy.

Local workforce boards and other workforce development agencies add to the dynamism and strength of workforce partnerships—bringing public resources to the table in the form of public funds that can support training (e.g., through the Workforce Investment Act or Temporary Assistance to Needy Families). The involvement of a workforce board and other public workforce agencies can also help affect policies for training for low-skilled workers. Other educational institutions may participate in workforce partnerships through articulation agreements—for example, to ensure that four-year colleges accept credit earned at a community college when a worker pursues further education. Community-based organizations can provide a number of services through workforce partnerships—from outreach and intake for a program, to case management and other services that help address the challenges that low-income individuals and workers face. Local and regional philanthropy can encourage innovative ideas with seed funding, provide operational funding to lessen development costs over several years, and lower the costs of participation for workers, educational institutions, and employers.

THE GROWING DEMAND FOR A HEALTH CARE WORKFORCE

The health care sector has been a major source of economic growth in recent years. One result is rising demand for training in health care for both short- and medium-term programs—and for not only nurses and physicians but also for frontline staff in jobs that range from direct patient care to support and administrative roles. They include but are not limited to home health aides, nursing and medical assistants, laboratory technicians, community health educators, and substance abuse workers (Wilson 2010).

The reasons for this labor demand in health care are many. In an otherwise dismal economic landscape, many health care jobs are being created or sustained by demographics and an aging population. Moreover, many health care jobs cannot be automated or outsourced, making them crucial entry points to employment for jobseekers, students, and displaced workers, as well as for currently employed workers who are seeking greater economic security.

Other trends are expected to add to the demand for health care workers. Recent federal health care reform legislation will likely add to the need for health care services and potentially millions of frontline health care jobs. Also, there is a recurring shortage of nurses at all levels; rising demand at a time when a significant portion of the nursing workforce is approaching retirement will exacerbate shortages that are already evident in many parts of the nation.

Health care jobs are not only vital for individuals but also for meeting the health care needs of whole communities. They are necessary for building a system that delivers affordable, accessible, high-quality care. Without a well-trained frontline health care workforce, the nation cannot deliver affordable care to millions of newly insured Americans (Wilson 2010).

Indeed, health care has been the only engine of employment growth in some states, even as other sectors have declined or remained flat.² Further, the Bureau of Labor Statistics forecasts a 24 percent increase in the number of health care jobs between 2006 and 2016 compared to a 10 percent increase in all American jobs (PHI 2008). Frontline workers already represent about half of the 12 million people employed in the health care sector and will continue to form the bulk of this workforce (Schindel et al. 2006).

Despite the numbers, special challenges arise with regard to the health care workforce, which is predominantly female. The quality of many frontline jobs is low, with poor pay and few opportunities for advancement. Many frontline health care workers earn \$40,000 or less per year. They tend to have few education credentials beyond a high school diploma, with little or no preparation for their work beyond on-the-job training and brief in-service training (Wilson 2010). Employer investments in workforce development focus mainly on higher-end occupations (e.g., nurses, doctors). The small investment in frontline training and the lack of advancement opportunities affect job quality and results in higher turnover, with resultant costs to employers. When workers are neither motivated nor engaged, it becomes difficult to deliver high-quality care and services.

Reducing staff turnover and improving the quality of care will require innovative approaches to training and supporting workers seeking to earn educational credentials, along with the creation of employment structures that include pathways to higher wages and better benefits. Community college programs that increase the skills, education attainment, and advancement opportunities for frontline workers can contribute to a variety of benefits (Zacker 2011):

- > Filling higher-level jobs by training entry-level workers;
- > Reducing turnover and the associated costs to employers;
- > Helping frontline workers achieve economic self-sufficiency;
- > Creating openings in entry-level positions to reduce unemployment rates; and
- > Improving the quality of care and services.

However, frontline workers often face significant barriers to obtaining educational credentials. Not only do most lack postsecondary education, many have not completed high school and they lack the know-how and confidence to navigate the educational system. Many are recent immigrants with limited knowledge of English. In addition, a substantial number of these workers hold more than one job to support their families, leaving little time to pursue further education. In short, they make up the body of “nontraditional students” that community colleges are leaders in serving: low-income individuals, students of color, new immigrants, and working adults studying part time.



COMMUNITY COLLEGE-EMPLOYER PARTNERSHIPS

PORTLAND COMMUNITY COLLEGE PORTLAND, OREGON

Portland Community College collaborated with assisted living and residential care facilities to prepare frontline direct care staff for a first-of-its-kind, industry-recognized credential, resulting in higher quality care delivered to residents.

Portland Community College managed a project that engaged direct care staff members at five assisted living and residential care facilities in a work-based learning curriculum. Workers completing the training received certificates as 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 training led to a first-of-its-kind, industry-recognized credential and raised the quality of care delivered to residents. The project received three years of funding from *Jobs to Careers*, a national initiative to develop local partnerships of employers, educational institutions, and other organizations to advance the careers of frontline employees and improve the quality of care.³

Through Portland's *Jobs to Careers* project, direct care workers honed their observation skills and gained a better understanding of residents' health and emotional needs. They now play a stronger role in planning and carrying out service plans for residents, which creates the potential for more personalized and sensitive care. According to managers and supervisors at the participating facilities, direct care workers have learned important skills and knowledge in a systematic and consistent fashion, as opposed to the more ad hoc training they received in the past. As a result, residents have reported higher satisfaction with the care and services they receive.

Even before the project, Portland Community College had collaborated with assisted living employers to identify tasks performed and competencies or skills required for entry-level, unlicensed direct care positions. That effort codified the first- and second-rung occupations as Resident Assistant I and Resident Assistant II. A curriculum was then developed for training resident assistants in the required competencies. For *Jobs to Careers*, PCC then customized the Resident Assistant curriculum so that it could be delivered through work-based learning. The college's Customized and Workplace Training Department and the Department of Gerontology collaborated to develop training materials, provide career exploration workshops for direct care workers, and develop opportunities for workers to receive academic credit for participating in training.

The curriculum consists of 27 work-based learning modules covering such topics as workplace roles and responsibilities, resident service plans, personal care, and diabetes care. It also incorporates a wide variety of skills associated with ensuring the emotional well-being of residents. On average, workers completed 30 hours of training over the course of several months.

The college trained professional staff at the five facilities to become workplace instructors. Nurses, administrators, supervisors, and other experienced direct care workers attended a three-day workshop where they learned how to teach workers who have different learning styles and varying levels of English proficiency.

The *Jobs to Careers* project ended in 2009, but Portland Community College has institutionalized many of its key features. The college grants two credits for those attaining Resident Assistant I status and an additional credit for those attaining Resident Assistant II status. PCC also worked with its partners to develop short-term credentials in specialized topics to prepare graduates for jobs in elder-serving settings (e.g., assisted living) and to pursue further academic studies. Studies leading to the certificates also earn credits toward Associate's and Bachelor's degrees in gerontology.

The state's two major associations of long-term care employers—the Oregon Health Care Association and the Oregon Alliance for Senior and Health Services—recognize the Resident Assistant certifications. In addition, 18 other long-term care facilities have signed up a total of 61 professional staff for training to become instructors.

Thus far, 86 workers have completed the training and received certificates and more are currently in training. Also, 30 supervisors received training to deliver work-based learning at the participating facilities.⁴

BRISTOL COMMUNITY COLLEGE FALL RIVER, MASSACHUSETTS

SSTAR, an addictions treatment facility, collaborated with Bristol Community College and other partners to upgrade the skills of frontline employees who counsel inpatient and outpatient clients.

In southeastern Massachusetts, Bristol Community College partnered with Stanley Street Treatment and Resources (SSTAR), an addictions treatment facility, as well as with the Trundy Institute of Addiction Counseling, to upgrade the counseling skills of frontline employees who work with inpatient and outpatient clients. This *Jobs to Careers* project offered opportunities for workers to earn college credits and higher pay, while obtaining state- and nationally recognized addictions counseling certifications. Non-credentialed inpatient counselors, milieu therapists, and non-clinical staff (e.g., receptionists and administrative assistants) received training and support to become certified addictions counselors (CACs) or certified alcohol and drug abuse counselors (CADACs).

Bristol Community College delivered a four-credit course on effective group facilitation skills for frontline workers running inpatient addiction counseling groups. In developing the course, college and SSTAR representatives surveyed clients and entry-level workers to gather feedback on their knowledge and skills and on the qualities needed for group facilitation. As a result, the course included specific training in group dynamics and group process, along with a theoretical framework. Additionally, BCC developed modules to address specific needs for inpatient groups dealing with depression, relapse prevention, and other issues. The class was co-taught at SSTAR and online by BCC faculty and worksite supervisors. Eight SSTAR staff members became adjunct college faculty. Supervisors also provided mentorship and coaching to frontline workers participating in the program.

In addition, the Trundy Institute provided a 270-hour, six-month program to prepare workers to become state-certified addictions counselors. Workers learned techniques in substance abuse counseling, assessment and treatment planning, psychopharmacology, and ethics.

Bristol Community College began awarding 15 credits for earning the CAC credential. Workers who earned the CAC credential had the opportunity to participate in learning circles, coaching, and tutoring to prepare for the more rigorous CADAC national certification.⁵

LEEWARD COMMUNITY COLLEGE WAIANAЕ, HAWAII

Medical receptionists and medical assistants in a community health center received training on a range of topics relevant to health care administration, earning a 10 percent raise and college credit toward an Associate's degree in business technology.

On the Hawaiian island of Oahu, another *Jobs to Careers* partnership brought together Leeward Community College and Waianae Coast Comprehensive Health Center to improve the skills of medical receptionists and medical assistants. Frontline workers participated in work-based learning and college classes covering word processing, medical office procedures, medical terminology, electronic medical records, quality and performance, health and safety, business services, and customer service. Those who completed the training earned 14 college credits that they could apply toward an Associate's degree in business technology. They also received up to a 10 percent raise and qualified for advancement in their current positions. Over the three years of the demonstration grant, the partnership enrolled 83 frontline employees at the community health center.

As the employer partner, the Waianae center developed a "graduated competency program" that tied professional development for all staff members to core competencies that it requires of its workers. The center and Leeward Community College jointed developed coursework for teaching these competencies—as well as to determine whether each should be taught at the workplace,

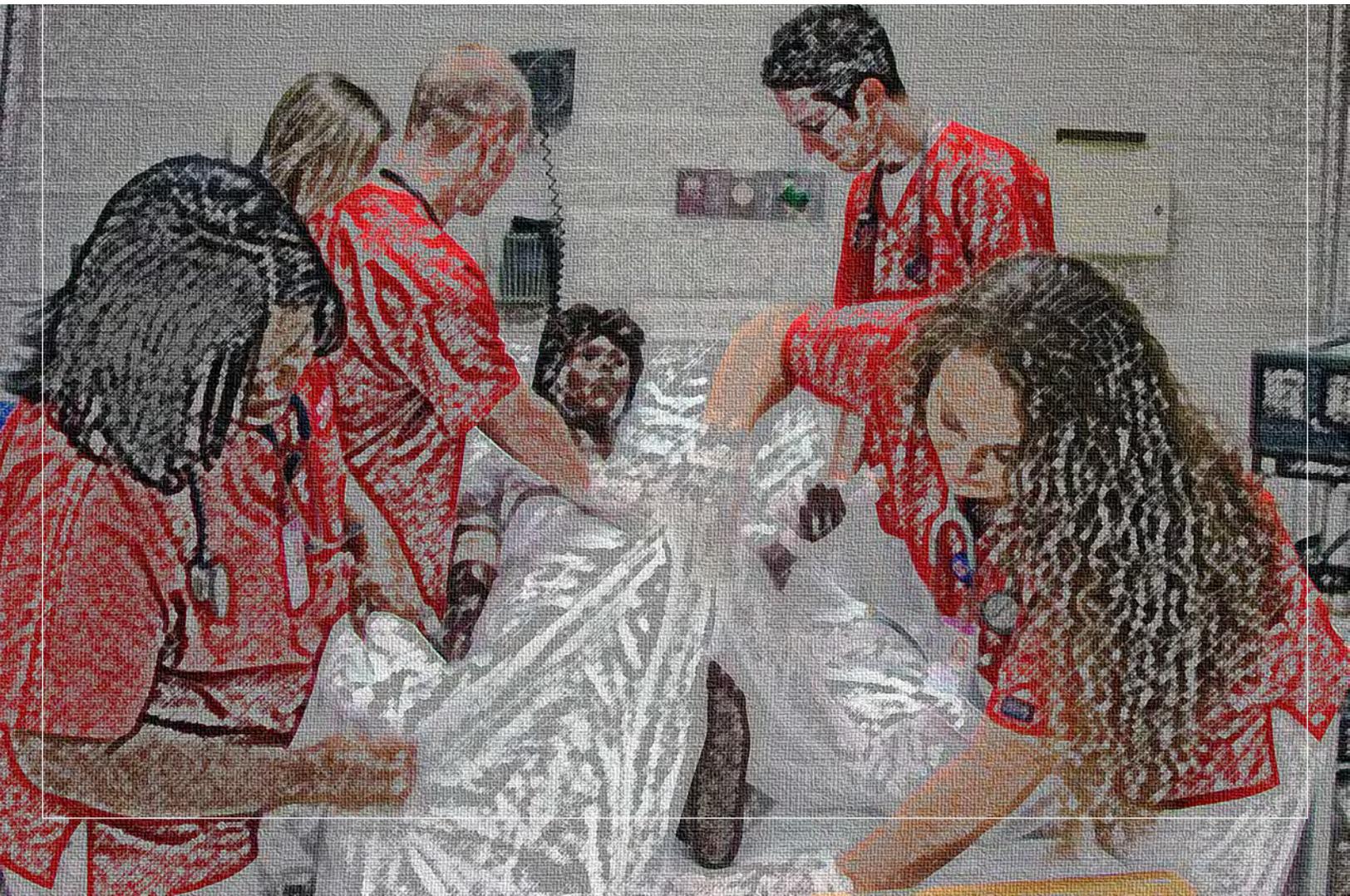
in a traditional classroom, or online. Employees were expected to learn these critical competencies to improve their performance; annual performance reviews and pay increases were tied in part to the mastery of these competencies.

The Waianae *Jobs to Careers* project also provided work-based learning opportunities for Waianae supervisors: they were trained as preceptors and tasked with teaching both on the job and in the classroom. The goal was to enhance their supervisory and job-coaching skills, as well as to preview the training that their employees would receive. Doing so ensured that supervisors understood the coursework and learned how they could best guide and assess the people working for them.

In addition, college and health center staff collaborated on assessing the skills and college readiness of frontline employees. Workers were evaluated on their reading comprehension, writing, listening, and math skills. Some were placed in a customizable career readiness training program to improve their basic skills. Testing was also aligned with the COMPASS college placement exam; employees who passed the customized test were exempt from taking COMPASS and pre-training instruction.

Leeward expanded the continuum of training services that it provides at the Waianae facility. It now offers five for-credit courses, as well as a number of additional noncredit courses covering competencies and the center's continuing education requirements. To streamline services further, the college simplified the student registration process so that staff could better address concerns of nontraditional students, especially working adults. It also increased enrollment in health care programs and redesigned curricula to reduce barriers for new students seeking to enter targeted jobs in health care.

Perhaps most important, Leeward Community College created a unified office for workforce development, merging the offices of continuing education and career and technical education. This has made it easier to restructure programs, including those using work-based learning, and to provide a revenue stream for workforce development initiatives.⁶



RENTON TECHNICAL COLLEGE SEATTLE, WASHINGTON

Renton Technical College's partnership with Virginia Mason Medical Center led to the development of a pathway for the center's clinical service representatives and other entry-level workers in the ambulatory services department to become medical assistants.

Through a *Jobs to Careers* partnership with Renton Technical College, customer service representatives at Virginia Mason Medical Center receive college credit for skills they hold in common with medical assistants, including CPR and telephone-based customer service. Renton and the center developed a training model that paired workers with medical assistants who served as their coaches. Current medical assistants are hired as instructors in the program. The program consists of approximately one-third seminar instruction, one-third online instruction, and one-third work-based learning. Completion of the training results in college credits applicable toward an Associate's degree.

To operate this new model, Renton adapted its traditional medical assistant program—which requires 30 hours of classroom time per week for a year—by reducing classroom time to four hours a week and stretching the curriculum over 16 months. Department managers at the medical center agreed to release participating employees for at least four hours a week to participate in the program and for the 168 hours each employee needed to complete the required externship. “Employee learners”—as program officials call them—are individually assessed for their learning styles and what help each one needs in order to manage time, take tests, and navigate the education system.

Virginia Mason operates the program on an open-enrollment model, with applicants' managers providing recommendations for participation. Once a department agrees to participate, the manager's role in the program is restricted to scheduling and selecting participants and coaches (preceptors) who are typically medical assistants and clinic nurses. Before assuming their roles as coaches, medical assistants participate in 16 hours of training. In addition, a certified medical assistant with a background in education serves as education coordinator, using a “train the trainer” model for coach training.

As of 2010, 19 workers had received or were in training for medical assistant certification, and 22 medical assistants and clinic nurses had trained to serve as coaches.⁷

OWENSBORO COMMUNITY & TECHNICAL COLLEGE OWENSBORO, KENTUCKY

Through Owensboro Community & Technical's accelerated pathway to a nursing degree, nursing aides, pharmacy technicians, and unit clerks are becoming part of the solution to Owensboro Medical Health System's long-term need to hire hundreds of additional nurses.

Owensboro Community & Technical College, in partnership with Kentucky's second largest hospital, Owensboro Medical Health System, has developed OMHS@OCTC, an accelerated pathway to a nursing degree. The program is designed for hospital employees on the lower rungs of employment, including nursing aides, pharmacy technicians, and unit clerks. It responds to OMHS's projected need for over 500 additional registered nurses as it expands in the coming years. (*The box on page 8 profiles Pitt Community College's nurse education program in North Carolina, serving the needs of its local hospital.*)

The program, instituted by the college's Community and Economic Development Division, is innovative in its approach to the curriculum, instructional methods, and supports for student-employees. It was initiated with the support of both *Jobs to Careers* and *Breaking Through*, a national, multiyear project to assist community colleges in building pathways to occupational and technical degrees for low-literacy adults.⁸

The curriculum compresses the time required to complete a degree: a full-time worker can attain an Associate's Degree in Nursing in three years. Paid release time—eight hours every two weeks—and employer-paid tuition support, along with online and classroom instruction at the hospital, enable students to maintain their income while studying. Students also receive intensive coaching and case management to identify academic and life barriers that might interrupt their progress toward the degree. Moreover, the

students support one another: they study as a cohort and stay connected through Facebook groups and other means. Students who encounter severe but temporary obstacles can drop out temporarily and reenter the program when they are ready.

OMHS@OCTC addresses a dual problem. On the one hand, weak academic skills, particularly in math and reading, have deterred prospective candidates from pursuing careers in nursing. At the same time, the college's developmental education courses have had low success rates and have not provided the skills that nurses need. One response is MathRx, an intensive sequence in developmental math that the college crafted after consulting OMHS nursing staff. MathRx is grounded in nursing and customized to each student's skill level. Students move directly from this sequence into the nursing curriculum.

Retention rates in OMHS@OCTC have ranged from 75 percent to 89 percent, comparable to or exceeding national retention rates in nursing programs, despite the barriers that entry-level workers face. Seventy-five percent of all enrollees are expected to earn an RN credential.⁹

Nurse Education Program Leads Directly to Jobs at Community Hospital: Pitt Community College, Greenville, North Carolina

Pitt Community College introduced Success Through Academic Resources to improve completion rates for students in its Associate's Degree in Nursing program. As the name implies, STAR provides a variety of strong student support mechanisms. Its integrated approach to helping students with academic and other challenges has been popular among students and a key factor in encouraging retention and completion.

In STAR's first three years, the number of students completing the nursing program has risen dramatically, reaching an average of 86 percent in the past three years, from an average of 37 in the three prior years. Just as important, all nursing program graduates are offered jobs at Pitt County Memorial Hospital through an agreement between the college and the medical center.

To develop and support the program, Pitt reorganized its nursing instruction to bring about the student-centered, one-on-one approach that would address barriers within and outside the classroom. This approach has become the guiding philosophy for STAR and has led the nursing faculty to change many of the department's policies, practices, and requirements.

STAR begins with the first nursing course when students are assigned a faculty mentor, and it continues through the five semesters of the nursing program. Students take classes in cohorts as part of a learning community. Each cohort has a faculty mentor who works individually with students throughout their first nursing course and continues mentoring during each subsequent course.

STAR focuses tightly on each participant's life skills and needs and the desired outcomes from the program. Student persistence is encouraged through classroom, lab, and other assessment feedback by appointment with faculty mentors. Students receive a minimum of nine hours of face-to-face individualized feedback per semester, or approximately 20 percent of the faculty's work time.

To help students navigate life challenges, college counselors are on call to provide assistance and access to additional resources. A supplemental instruction specialist attends courses in the first-year class and provides assistance in a lab setting. The nursing faculty, in cooperation with the support area specialist, provides referrals and tracks outcomes in the support network. Milestones and progress are measured in attendance, competency mastery, participation in supplemental instruction, and performance on standardized assessments of nursing coursework.¹⁰

LOCAL WORKFORCE PARTNERSHIPS

BUNKER HILL COMMUNITY COLLEGE BOSTON, MASSACHUSETTS

Bunker Hill and several other community colleges have collaborated to create a Community Health Worker Certificate program that prepares low-income students to provide underserved neighborhoods with information about health issues and access to health care and services.

The *Community Health Worker Initiative* of Boston has developed career pathways for low-income individuals by training them as community health workers who can provide information about health issues and access to health care and services.¹¹ Launched in 2006, the multiyear workforce partnership is funded by the SkillWorks, a Boston-based funder collaborative. It began by creating a common definition of community health workers, and then determined the skills and educational requirements workers need to be certified as community health workers. In 2010, The Boston Foundation made an additional grant to SkillWorks to support the initiative and strengthen the professional identity, job stability, and opportunities for career advancement in the community health worker field.

The initiative created a continuum of educational opportunities for community health workers from a certificate up to a formal Bachelor's degree. By providing more educational opportunities, the initiative is formalizing the skills needed to perform community health work and providing an educational structure that can align with the career pathways being developed. Ultimately, the goal is to improve the quality of work performed by community health workers in service to local communities.

Bunker Hill Community College serves as the partnership's educational arm, providing a certificate in community health work, along with more advanced offerings. It offers community health concentrations within existing certificate and Associate's degree in human services programs. The certificate enables students to complete half of an Associate's degree. The initiative's Education and Training Committee and the college's representatives jointly developed the community health work concentration. The competencies identified serve as the foundation for the curriculum. In addition, the initiative collaborated with the Boston Public Health Commission's Community Health Education Center to create training that leads into further study toward the Advanced Community Outreach Educator Certificate. Designed for experienced community health workers, this program is offered through the Community Health Education Center.

Outreach, coaching, and facilitating access to training are critical components of the initiative. During outreach and coaching interactions, coaches and participants meet at the workplace to help worker-students complete career plans, determine what resources they need to achieve those plans, and get referrals to needed services. These meetings also provide a place for support and accountability. The advanced course, including about 54 hours of instruction, focuses on person-to-person, professional communication skills, particularly written communication (e.g., monthly reports, caseload documentation).¹²

AUSTIN COMMUNITY COLLEGE AUSTIN, TEXAS

Austin Community College and the local workforce board collaborated to prepare frontline workers for two credentialed career paths at area hospitals.

In Texas, Austin Community College collaborated with Workforce Solutions-Capital Area Workforce Board to provide work-based learning opportunities for frontline workers at five hospitals in the Seton Family of Hospitals and Saint David's HealthCare.

The *Jobs to Careers* project prepared frontline workers for two career paths:

- > *A clinical path leading to jobs as clinical technicians:* Patient care technicians (also referred to as certified nursing assistants) assist medical staff in providing basic patient care—recording vital signs, collecting specimens, and recording patient conditions.

- > *A clerical path leading to jobs as patient access representatives:* Patient access representatives perform administrative and customer service tasks, such as scheduling appointments, acquiring billing information to submit insurance claims, and maintaining phone coverage.

Partnering with the hospitals, Austin Community College integrated work-based learning into an acute-care training program and developed modules that included online checklists to assess competencies. The college trained hospital supervisors, including registered nurses and Master's-prepared nurses, on how to use the modules and checklists to document on-the-job learning and mastery of competencies. Upon completion of all competencies, participating employees earned academic credit. According to staff at Austin Community College, one of the main advantages of the work-based learning program was that the bulk of the instruction time focused on teaching competencies that employees needed to learn.

Through the program, the college served a new student population of incumbent workers and helped meet the workforce development needs of two major hospital systems without using additional campus classrooms or lab space. Hospital employees mastered a significant portion of the competencies required for completing the curriculum through work-based learning—and they did so faster than they would have in traditional courses. The college reduced the amount of classroom time needed to complete each course by credentialing the hospitals' nursing staff to work as adjunct faculty and job coaches.

Over the three years of the project, 48 frontline workers participated in training: 37 followed the clinical track; 11 followed the patient access representative track.¹³

MADISONVILLE COMMUNITY COLLEGE MADISONVILLE, KENTUCKY

A career pathway program provided special academic support for weekend and evening students in several health care programs at Madisonville Community College.

The Madisonville Community College Career Pathways program provided academic support for weekend and evening students who needed additional academic supports as they tried to move up the nursing career ladder. These students were pursuing certification as certified nursing assistants or licensed practical nurses, or working to complete an Associate's Degree in Nursing. The program included flexible weekend and evening schedules for working CNA and LPN students, individualized one-to-one and small-group tutoring support, and WIA-funded paid work experience for those who qualify. While the Career Pathways program ended when funding ran out, the nursing program incorporated most of its services. *(The box on page 11 profiles Lewis & Clark Community College's Nurse Managed Center, a unique approach to serving rural health care needs.)*

Through individualized pathways, students focused on their own needs instead of an established curriculum, and they were guided by an instructor, an LPN, and two RN tutors. The instructor and tutors helped students with their class work and prepared additional materials contextualized to the appropriate nursing-program level. The key component of the program involved assessing and responding to a students' specific needs, which ranged from basic math, reading, and test preparation to specific clinical topics and more general life skills (e.g., managing time, setting goals). Students who lacked basic skills began with developmental education courses. At the other end, the program provided academic assistance to students who were preparing to advance to a higher level of nursing education. An articulation agreement with Murray State University enabled LPN students to transfer credits toward earning a Bachelor of Nursing Degree.

Two program components funded through the Workforce Investment Act were available to qualifying CNA students. One program paid for tuition, uniforms, books, supplies, and certification fees. The other offered a three-day employability skills workshop, then placed graduates of the CNA program into subsidized work-experience positions at medical centers, nursing homes, and physicians' offices, with WIA funds paying their first 500 hours of salary. About 80 percent of participants received an offer for a permanent job with their subsidized employer.

Two divisions of the college, the Adult Centers for Educational Excellence (the adult education program) and the Nursing Department, collaborated to offer this program. Other partners included the West Kentucky Workforce Investment Board and a leading regional medical center. These efforts were also connected with the college's Department of Nursing's Nurse Mobility Project, an effort to recruit low-income individuals into the CNA and LPN programs.¹⁴

**Serving Rural Illinois with the Nurse Managed Center:
Lewis & Clark Community College, Godfrey, Illinois**

As part of its nursing education program, Lewis & Clark Community College created the Nurse Managed Center—an educational effort that also directly meets community needs in an underserved rural area. The center gives Associate’s Degree in Nursing students a unique opportunity to gain experience operation in a clinical setting.

The Nurse Manager Center provides a link between the academic program in nursing and the community through the applied clinical experiences that students get at the campus-based clinic and the service it provides to the underserved areas in its district, including low-income areas with large minority populations that exhibit high rates of chronic diseases and risky health behaviors. The center is staffed by nurse practitioners and open to the community regardless of patient needs. In 2008, the center acquired a mobile health unit that extended its much-needed services to remote corners of its district.

Lewis and Clark’s Associate’s Degree in Nursing program, the largest in Illinois, enrolls over 275 students. Each year, the program graduates over 120 students who are eligible for national RN licensure exams. The Nurse Managed Center, a distinctive feature of the program, provides primary health care, preventative services, and health education. It also offers sports physicals, dental exams, breast exams, and seasonal flu shots, as well as other preventative health care services in several school districts. It sponsors health fairs at churches and community centers, where members of the community can get cholesterol screenings, glucose tests, breast exams, and general health exams. In response to employer requests, the center also offers health screening and examinations for their employees.

The college established the Nurse Managed Center based on 2005 data showing that one in three rural adults were in fair to poor health, with nearly one-half having at least one major chronic illness. Only 64.5 percent carried private health insurance. Among rural populations, a lack of health insurance, general poor health, and chronic disease translate into a significantly higher risk of acute illness and mortality. Also, the distance required for rural residents to travel in order to access health care services is a challenge, especially because the percentage of seniors is higher in rural areas than in non-rural areas.¹⁵

**CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE
CINCINNATI, OHIO**

As a partner in the Health Careers Collaborative of Greater Cincinnati, Cincinnati State Technical and Community College helps prepare students from both the community and the low-skilled workforce in local hospitals for careers in health care.

Created in 2003, the Health Careers Collaborative of Greater Cincinnati seeks to address regional health care worker shortages while opening up pathways to health care careers for displaced and unemployed individuals, low-wage workers, recent immigrants, and people with disabilities. Originally called the Greater Cincinnati Health Professions Academy, the effort is a collaboration of Cincinnati State Technical and Community College’s Great Oaks Institute of Technology and Career Development Adult Workforce Division with the Cincinnati Children’s Hospital Medical Center, the Health Alliance of Greater Cincinnati, the City of Cincinnati and Hamilton County One-Stop Career Center, the Greater Cincinnati Health Council, Mercy Connections, Cincinnati Dress for Success, and the Greater Cincinnati Tech Prep Consortium.

The collaborative uses an open-format “multi-entry, multi-exit” system: participants enter specific programs at different points based on their skills and experience, and they advance along different tracks in health care careers. Applicants come from area hospitals’ low-skilled workforce and the community at large.

Career coaches help applicants identify and navigate career pathways that best fit their skills and interests. Once students identify their goals, they take a program-specific placement test; if they do not place into the program immediately, career coaches work with them to identify steps toward qualifying. Those who aspire to become certified nursing assistants but test below the required minimum scores in reading and math can enter a GED program or an 80-hour Adult Basic Literacy Exam course, which offers contextualized basic skills in health care.

CNA or unit clerk applicants testing at or above the ninth-grade level or those who complete the remedial program begin the CNA or unit clerk program. Both courses include a three-week employability skills component. Upon completing the CNA course, students take an exam to become state certified. Unit clerk program credits are transferable to any Associate's degree program at Cincinnati State.

After completing either program, most candidates secure employment or move to better positions. Others enter into a degree program. LPN applicants take the WorkKeys test. Those who do not pass Level 4 reading and Level 5 math are referred to the pre-nursing, contextualized developmental course, and take the test again after completing the course. Successful participants can enter the LPN program and work while enrolled. LPN completers can continue on to an Associate's Degree in Nursing program offered by Cincinnati State, with LPN credits applying toward this degree.

Career coaches guide students through the collaborative. Employer representatives are actively involved in developing and providing curricula input, clinical rotations, equipment and space, program oversight, and job placement. Funding comes from various sources: WIA; the state; employer-paid tuition; and foundation grants. Employers provide significant contributions through tuition reimbursement for incumbent workers, plus subsidies for 50 percent of the academy space.¹⁶



CONCLUSION

Community college/employer partnerships and local workforce partnerships in health care are similar in that community colleges are essential providers of a range of services for both—from academic instruction to the wraparound supports that help worker-students address barriers to attaining credentials of value in the labor market.

Through some partnerships, college services and supports ease workers' transitions back into school. In others, work-based learning accelerates the pace of instruction and distributes it across classrooms, workplaces, and online. Most of these partnerships result in training and credentials that lead directly to pay raises and career advancement.

Both types of partnership also illustrate promising practices for workforce development. Most important, without the involvement of key stakeholders, it is almost impossible to design and deliver training in ways that benefit workers. Among these stakeholders, employer partners are crucial to a community college's efforts to improve training and education outcomes for workers. These employers not only are the ones who will hire workers trained through a program in which they collaborate, but they also have a strong role to play in shaping everything from curricula to the delivery of instruction to the value of a credential. Employers can help colleges:

- > Determine, approve, or provide suggestions about the competencies and skills required of their frontline workers;
- > Design or improve curricula by providing contextualized learning materials;
- > Improve how instruction is delivered, and support the training and credentials that workers attain by linking them to wage increases or promotions; and
- > Provide clinical/on-the job experience that is so critical for health care jobs—through rotations, training at the work site, or work-based learning strategies.

Increasingly, community college services to local employers result from broad-based efforts to alleviate specific worker shortages and meet local needs for family-sustaining employment and better health care. While employer/college partnerships may be effective for small, short-term, or tightly focused initiatives, they are often limited in scale to one employer or a small group of employers and their workers. In contrast, workforce partnerships include other stakeholders—for example, public workforce development authorities who can bring additional resources to the table in the form of public funds, and who are important partners when it comes to advocating for systemic and policy changes for workforce development.

Many of the workforce partnerships described in this brief, with community colleges on board, are at the center of broad-based efforts that target the health care sector, seeking to address employers' workforce needs while providing entry to and success in family-sustaining careers for new and incumbent workers.¹⁷ Community colleges have long provided the first steps in postsecondary education for many under-skilled individuals while offering more immediate, customized solutions for employers' workforce development needs. By definition, they have served as hubs for their communities.

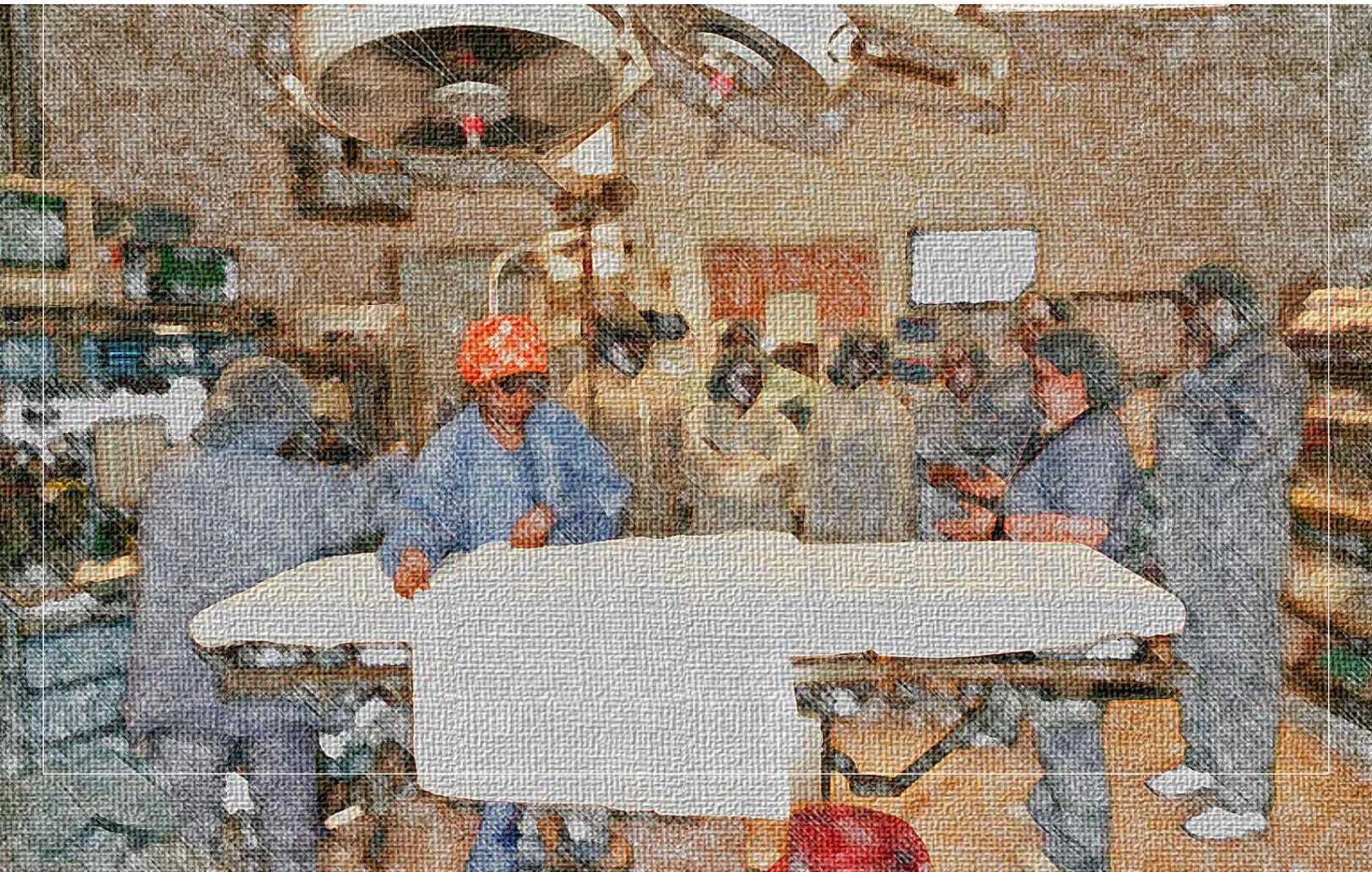
The programs and initiatives developed through the partnerships cited in this report reflect a convergence of these roles as colleges respond to the need for the development of the frontline health care workforce. The ability of community colleges to participate in such partnerships will continue to be key to their success in growing the nation's frontline health care workforce, even as efforts proceed to ensure the sustainability of successful innovations and take them to scale. In this respect, state policy offers an important level for enhancing the contributions of community colleges to the health of the nation. Established policies can help colleges reduce many barriers that prevent students from gaining credentials and graduate ready for employment. On the other hand, poorly designed or outmoded policies can also impede employers from being active collaborators with colleges in the design and delivery of curricula. In the immediate future, states should examine their health care training regulations and advocate for promising policy incentives.

Jobs for the Future's Randall Wilson (2010) has detailed a number of public policy steps that would help promote the promising practices described in this brief. These include, among others:

- > Making grants to educational institutions to support scholarships, other forms of tuition support, and programmatic innovations for advancing frontline workers into high-demand health professions;
- > Expanding and promoting loan-forgiveness programs for health care graduates and frontline workers, as well as for doctors and nurses;
- > Reviewing public and private rules, standards, and practices governing entry into and education for health professions;
- > Changing reimbursement policies of state and private insurers in ways that increase the capacity of health care employers to invest in developing and advancing frontline workers; and
- > Supporting competency-based standards for preparing the direct care workforce across the spectrum of aging and mental and physical disabilities, and aligning training requirements with new standards.

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. With the active involvement of community colleges, 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 healthier communities and economies.



ENDNOTES

¹ Community colleges enroll more nontraditional students than other types of public or nonprofit postsecondary institutions. A U.S. Department of Education study found that 75 percent of community college students are moderately or highly nontraditional, as compared to 37.5 percent at public four-year colleges and 35.4 percent at nonprofit private colleges (Berkner, Horn, & Cataldi 2002).

² See: "Direct-Care Jobs and Long-Term Care: Untapped Engine for Job Creation and Economic Growth PHI Facts 2," available at: <http://www.pioneernetwork.net/Data/Documents/PHIFactSheetNo2.pdf>.

³ Launched in 2006, *Jobs to Careers* supports 17 partnerships to create lasting improvements in how they train, reward, and advance frontline employees. The initiative is funded by the Robert Wood Johnson Foundation in collaboration with the Hitachi Foundation, and with additional support from the U.S. Department of Labor's Employment and Training Administration. For more information on *Jobs to Careers*, see: <http://www.jobs2careers.org>. Jobs for the Future is the National Program Office for the initiative.

⁴ The profile of Portland Community College's program is documented in *Supervisors Stepping Up: Supporting the Learning of Frontline Workers in Health Care* (Goldberg & Wilson 2010).

⁵ The profile of SSTAR is documented in *Improving Access and Quality: The Role of Frontline Staff at Behavioral and Mental Health Centers* (Altstadt 2011).

⁶ The profile of Leeward Community College is documented in "Growing Their Own" *Skilled Workforces: Community Health Centers Benefit from Work-Based Learning for Frontline Employees*" (Altstadt 2010).

⁷ The profile of Renton Community College is documented in *The Resource Within: Today's Employees Become Hospitals' Workforce of the Future* (Altstadt 2011a).

⁸ *Breaking Through* promotes and strengthens the efforts of innovative community colleges to help low-literacy adults prepare for and succeed in occupational and technical degree programs, including the burgeoning health care field. With community colleges educating close to 60 percent of America's health care workforce, the initiative focuses on strategies that improve postsecondary outcomes for adult learners. *Breaking Through* is funded by the Bill & Melinda Gates Foundation, The Walmart Foundation, and the Charles Stewart Mott Foundation. Funders have also included the North Carolina GlaxoSmithKline Foundation and the Ford Foundation. For more information on *Breaking Through*, see: <http://www.breakingthroughcc.org>. *Breaking Through* is an initiative of Jobs for the Future and the National Center for Workforce Education.

⁹ The profile of Owensboro Community & Technical College is documented in *Rx for a New Health Care Workforce: Promising Practices and Their Policy Implications* (Wilson 2010).

¹⁰ The profile of Pitt Community College is drawn from documentation for 2010 MetLife Community College Excellence Award competition.

¹¹ SkillWorks is one of thirty regional funder collaboratives supported by the *National Fund for Workforce Solutions*. All of the regional collaboratives in the National Fund target health care as one of the fastest-growing sectors in their communities or states. This unprecedented partnership of funders is testing new ways to address a critical problem: the large gap between the skills many workers have and the skills many employers need to compete. More than 200 foundations and 900 employers are part of the National Fund. For more information, see: <http://www.nfwsolutions.org>. Jobs for the Future is the implementation partner for the National Fund.

¹² For more information on the *Community Health Worker Initiative* and SkillWorks, see: <http://www.skill-works.org/about-grantees.php>.

¹³ The profile of Austin Community College is documented in *Community Colleges Get to Work Adopting Work-Based Learning in Partnership with Health Care Employers* (Quimby & Rogers 2010).

¹⁴ The profile of Madisonville Community College is documented in *Bridges to Careers for Low-Skilled Adults: A Program Development Guide* (Women Employed Institute 2005).

¹⁵ Lewis & Clark Community College received the 2010 MetLife Foundation Community College Excellence Award for “Service Through Innovation.”

¹⁶ The profile of Cincinnati State Technical and Community College is documented in *Bridges to Careers for Low-Skilled Adults: A Program Development Guide* (Women Employed Institute 2005) and *A Model Career Pathways Initiative How to Guide* (Health Careers Collaborative of Greater Cincinnati 2009). Additional information was gained from the website of the Health Careers Collaborative of Greater Cincinnati: <http://www.hccgc.org>.

¹⁷ These include three major initiatives in which Jobs for the Future is a partner: *Jobs to Careers*, the *National Fund for Workforce Solutions*, and *Breaking Through*.

REFERENCES

Altstadt, David. 2010. *“Growing Their Own” Skilled Workforces: Community Health Centers Benefit from Work-Based Learning for Frontline Employees*. Boston, MA: Jobs for the Future.

Altstadt, David. 2011. *Improving Access and Quality: The Role of Frontline Staff at Behavioral and Mental Health Centers*. Boston, MA: Jobs for the Future.

Altstadt, David. 2011a. *The Resource Within: Today’s Employees Become Hospitals’ Workforce of the Future*. Boston, MA: Jobs for the Future.

Berkner, Lutz, Shirley He, & Emily Forrest Cataldi. 2002. *Descriptive Summary of 1995-96 Beginning Postsecondary Students: Six Years Later*. Washington, DC: U.S. Department of Education, National Center for Education Statistics.

Choitz, Victoria. 2006. *Strategies for Success: Promising Practices from the 2004 Winners of the MetLife Foundation Community College Excellence Award*. Boston, MA: Jobs for the Future.

Goldberg, Charles & Randall Wilson. 2010. *Supervisors Stepping Up: Supporting the Learning of Frontline Workers in Health Care*. Boston, MA: Jobs for the Future.

The Health Careers Collaborative of Greater Cincinnati. 2009. *A Model Careers Pathways Initiative How to Guide*. Cincinnati, OH: Author.

PHI. 2008. *FACTS 2—Eldercare/Disability Services: Untapped Engine for Job Creation and Economic Growth*. New York, NY: Author.

Quimby, O. Steven & Kimberly R. Rogers. 2010. *Community Colleges Get to Work: Adopting Work-Based Learning in Partnership with Health Care Employers*. Boston, MA: Jobs for the Future.

Schindel, Jennifer et al. 2006. *Workers Who Care: A Graphical Portrait of the Frontline Health and Health Care Workforce*. Princeton, NJ: Robert Wood Johnson Foundation. Report Prepared by Health Workforce Solutions LLC.

Wilson, Randall. 2010. *Rx for a New Health Care Workforce: Promising Practices and Their Policy Implications*. Boston, MA: Jobs for the Future.

Women Employed with Chicago Jobs Council and UIC Great Cities Institute. 2005. *Bridges to Careers for Low-Skilled Adults: A Program Development Guide*. Chicago, IL: Women Employed Institute.

Zacker, Heather B. 2011. *Creating Career Pathways for Frontline Health Care Workers*. Boston, MA: Jobs for the Future.

ABOUT THE AUTHORS

RADHA ROY BISWAS, a consultant to Jobs for the Future, is the author or coauthor of several JFF publications, including *Accelerating Remedial Math Education: How Institutional Innovation and State Policy Interact*; *Pushing the Envelope: State Policy Innovations in Financing Postsecondary Education for Workers Who Study*; *Building Skills, Increasing Economic Vitality: A Handbook of Innovative State Policies*; *Our Success Is Our Graduates: Case Study of Year Up*; and *Access to Community College for Undocumented Immigrants: A Guide for State Policymakers*.

JEREMY KELLEY is a project manager in JFF's Building Economic Opportunity Group, working on *Breaking Through*, an initiative enabling adults with less-than-eighth-grade skills to prepare for and succeed in community college technical programs. He helps identify best practices and program models for advancing adults through postsecondary education, as well as policies that can promote these practices and models. His focus is on helping adults who already have accumulated some college credit to earn degrees at *Breaking Through* community colleges in Kentucky, Michigan, and North Carolina.



JOBS FOR THE FUTURE

TEL 617.728.4446 FAX 617.728.4857 info@jff.org

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

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

WWW.JFF.ORG

>> union bug <<