

# Jobs to Careers

*Transforming the Front Lines  
of Health Care*

## Practice Brief

Part of a series of reports  
and practice briefs on  
advancing and rewarding  
the skill and career  
development of workers  
providing care and  
services on the front  
lines of our health  
and health care  
systems



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## Creating Career Pathways for Frontline Health Care Workers

By Heather B. Zacker



Robert Wood Johnson Foundation

THE **HITACHI**  
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**JOBS FOR THE FUTURE**

# Jobs to Careers

*Transforming the Front Lines  
of Health Care*

*Jobs to Careers* explores new ways to help frontline health care workers get the skills they need to provide quality care and build a sustainable career. It helps health care providers improve the quality of patient care and health services by building the skills and careers of their frontline employees.

Through *Jobs to Careers*, health care employers build strong partnerships with education institutions and other organizations to change the way frontline employees are trained, rewarded, and advanced. Career paths are developed and made readily available to frontline employees. Employer and education partners make systematic changes that better recognize the needs of working adults and that improve access to and success in skill-building programs.

A hallmark of *Jobs to Careers* is work-based learning: frontline employees master occupational and academic skills in the course of completing their job tasks and fulfilling their day-to-day responsibilities. While working full time, frontline employees enter college and earn academic credit for workplace training. Other learning approaches in *Jobs to Careers* include technology-enabled, experience-based, and traditional worksite and off-site learning.

To realize the unique *Jobs to Careers* approach to learning, employers and educators implement systems changes, such as:

- *At the workplace:* Developing new job positions and responsibilities; deeply involving supervisors in employee training and career development; and offering paid release time, pre-paid tuition assistance, job coaching, and mentoring.

- *At the educational institution:* Providing college credit for work-based learning, prior learning, and entry-level health care credentials; offering accelerated and part-time degree and certificate programs; contextualizing college preparatory math and English courses to health care concepts and job tasks; and appointing professional staff from health care employers to be adjunct college faculty.

*Jobs to Careers* moves everyone forward to a healthier future. Frontline employees receive rewards for building skills and expanding knowledge necessary for their current jobs and qualifying them to advance to new positions. Employers build and retain talented and committed employees, while bolstering a workplace culture that supports professional development, mentorship, and collaboration across the entire health care team. And health care consumers receive high-quality care and services, delivered by a high-quality workforce.

*Jobs to Careers* is a \$15.8 million initiative of the Robert Wood Johnson Foundation and The Hitachi Foundation, with additional support from the U.S. Department of Labor. Jobs for the Future manages the initiative. Seventeen partnerships representing hospitals, community health centers, long-term care, and behavioral health received multiyear *Jobs to Careers* grants.

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# About the Author

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# Acknowledgments

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# Executive Summary

An effective, efficient health care workforce is essential to addressing rising costs in the industry, providing high-quality care and service, and responding to ever-changing needs. Nevertheless, effective investment in career advancement for frontline health care workers is limited.

This brief focuses on promising practices drawn from six projects in *Jobs to Careers: Transforming the Front Lines of Health Care*. This national initiative is testing the effectiveness of a career pathways approach at 17 sites around the country. At each, a partnership of health care employers and educational institutions crafts and implements a successful career advancement strategy for clerical, technical, and direct service workers who face tremendous barriers to advancement.

The diverse settings covered in this brief provide a rich laboratory in which to explore what works best. *Jobs to Careers* projects have built career ladders to allow low-wage workers to advance in a structured, planned way from an entry-level position to a more advanced rung, after obtaining new educational credentials and demonstrating new competencies. Initial positions targeted for advancement include receptionists, lab and imaging technicians, human service workers, and certified nursing assistants, among others. Depending on the project, frontline workers have opportunities for advancement to Associate's degree nurses, health informatics positions, certified addiction counselors, certified nursing assistants, and medical assistants. Such advancement can bring with it rewards both monetary (e.g., one-time bonuses, salary increases) or non-

monetary (e.g., increased engagement, more challenging job responsibilities, preparation for more advanced educational tracks, recognition, increased self-esteem).

## STRATEGIES AND PROMISING PRACTICES IN CAREER ADVANCEMENT

All *Jobs to Careers* partnerships have implemented their approaches to career advancement through a series of interconnected strategies:

### 1. Determine Desired Outcomes.

As the first step toward developing career pathways, employers begin identifying areas of vacancies and shortages, deficits in important skills, and high-growth areas.

### 2. Map the Rungs on the Career Ladder.

Projects commit to improving employee outcomes in terms of educational credentials and job positions. They also clearly define the competencies required for each step along the way to achieving those goals. Considering the requirements of employers and the needs of employees, each project determines what, if any, interim steps they would create to compensate for missing rungs on a career ladder, or whether they would make certain rungs more accessible.

### 3. Develop Educational Strategies that Support a Learning-Friendly Workplace and Work-Friendly Education.

*Jobs to Careers* projects align the needs and priorities of employers with those of educational institutions, wrestling on occasion with cultural differences and current practices. The projects craft or modify curricula, placing a focus on

using and testing new strategies for work-based learning.

### 4. Identify and Address Systemic and Cultural Barriers.

At workplaces and at educational institutions, addressing issues of rigid formal systems and entrenched organizational cultures helps pave the way for success.

### 5. Create Incentives and Rewards.

The task of balancing learning with working and with other responsibilities is complex and difficult. While accessibility and support can help engage participants in the process, rewards upon completion are also crucial. A pay raise clearly motivates progress and makes a big difference in the life of a frontline worker. Moreover, beyond financial rewards, workers have been vocal in expressing gratitude for the psychological boost, pride, and self-esteem that come when they prove to themselves that they can attain certifications, succeed in college, and develop new competencies.

### 6. Recruit, Screen, and Promote Participation.

Most *Jobs to Careers* projects have employed a two-pronged approach to identifying and engaging potential participants: marketing directly to eligible employees and reaching out to supervisors for recommendations. In either case, the projects have sought to publicize and communicate clearly to prospective participants the career pathways, opportunities, and program requirements.

### 7. Implement Ongoing Operations.

While thoughtful program design and strong partnerships can go a long way toward promoting

career advancement, operating a program successfully requires teams to monitor the details, be flexible and resourceful in addressing problems that arise, and plan for sustainability.

If career pathways are constructed with attention to these strategies, they can contribute to solving our health care crisis and improve workers' livelihoods and employers' situations. As the strategies suggest, career advancement for frontline workers requires more than just a "map" to existing opportunities. It is also more than a matter of adding new rungs to a career ladder and training and promoting people.

The *Jobs to Careers* pathways presented in this report, for all of their variations in context, demographics, and approach, are similar in that all address the seven strategies at some level. They have each explored and implemented a wide range of practices in promoting career advancement for frontline health care workers. They have tested and continue to test new ideas that bring their projects from contemplating change to implementing it, from filling jobs to supporting career development.

Employers and educational partners alike can benefit from planning and adopting career advancement programs according to the processes documented here—building on the lessons gleaned from the *Jobs to Careers* experiments conducted around the country in real-world settings and adapting them to local conditions.

The health care system can benefit by leveraging the role of frontline health workers to maximize the effectiveness and efficiency of care and services. Concomitantly, career advancement for these workers will improve their socioeconomic status and begin to influence the opportunities available not only to them but to their families

and communities. Through learning what has worked in *Jobs to Careers* projects and replicating the successes on a much larger scale, advancing the prospects of frontline health care workers can be an integral part of efforts to address the nation's health care crisis.

# Creating Career Pathways for Frontline Health Care Workers

## Needed: A Stable, Skilled Health Care Workforce

The nation spent \$2.4 trillion on health care in 2008, accounting for 17 percent of the economy. That percentage is projected to grow at a rate of over 6 percent annually for the next decade, according to the U.S. Department of Health and Human Services. Personnel is a significant expense in an industry that is extremely labor-intensive. A more effective, more efficient health care workforce at all levels will be essential to addressing the climbing costs of health care while preserving and enhancing the quality of care and services. It will also be critical to the ability of health care providers and employers to respond to increased and ever-changing needs in the health care sector: increased and shifting consumer demand as the population ages, evolving disease prevention and treatment protocols, and technological advances.

Central to this workforce development mandate are frontline workers—those delivering direct care and service in positions such as medical assistants, health educators, laboratory technicians, substance abuse counselors, and home health aides. They facilitate the provision of or directly provide patients with preventive services, management of chronic illness, rehabilitative care, ancillary testing, and health education.

Establishing well-defined career paths for these workers, and supporting those career paths with education and training, can aid employees who would like to improve their job security, satisfaction, and compensation levels, but who lack skills and credentials needed for advancement. In addition, such supports are vital for those frontline workers

who are expected to provide services and care in settings where people's health and sometimes even their lives are at stake.

A career pathways approach to health care workforce development can be an integral part of both “bending the cost curve” and improving quality as part of health care reforms. Through programs that create, codify, and implement career advancement strategies, employees can set and achieve realistic professional and personal goals that are consistent with the needs of their employers. Overall, increasing job skills and engaging frontline workers has great potential to contribute to a variety of positive outcomes:

- Developing the workforce to fill the needs for higher-level jobs (e.g., in areas with nursing shortages);
- Reducing turnover and the associated costs to employers;
- Improving the quality of care and services provided, as well as the ability to support and leverage the roles of more highly compensated medical professionals;
- Improving the socioeconomic circumstances of the workers; and
- Creating openings in entry-level positions to fill the pipeline and reduce unemployment rates.

Despite the potential benefits of a more skilled and stable frontline health care workforce, and regardless of the nation's overall investment in health care, effective investment in career advancement for frontline health care workers is limited.



Frontline workers are predominantly female, disproportionately minority, often have low educational attainment, and generally receive low wages and poor training. They have little if any time to devote to learning and lack accessible opportunities for career advancement. They face tremendous barriers to obtaining educational credentials: many have no postsecondary education, some have not completed high school, and many lack the know-how and confidence to navigate the educational maze. In addition, many work more than one job to support their families and have limited or no time to pursue education.

Furthermore, the institutional cultures and formal systems of health care employers and educational institutions are not always conducive to career advancement, and employers devote the overwhelming bulk of their investments in workforce development to high-end occupations. Even workforce development initiatives that develop entry-level recruitment programs often fail to adequately address many of these challenges, so that they do not provide a step up from entry-level positions.

Acknowledging the lack of formal and accessible career steps for frontline workers, as well as barriers to obtaining educational credentials, *Jobs to Careers: Transforming the Front Lines of Health Care* advances and rewards the skill and career development

of low-wage incumbent workers providing care and services on the front lines of our health care system. Through *Jobs to Careers*, 17 partnerships of health care employers and educational institutions use a career pathways approach: workers can advance in a planned and logical way, from an entry-level position to more advanced rungs on a career ladder. Each rung requires a clearly defined set of skills and credentials. A career pathways approach can support workers in advancing with one employer or laterally within or across industries.

A key feature of *Jobs to Careers* is the use of work-based learning: some of the learning is embedded in the work process and made accessible to learners in a variety of nontraditional ways. Through being able to “learn on your feet as well as in your seat,” workers often develop skills more readily than through formal, off-site classroom learning. Also, learning at the workplace, often with peers, can ease not only practical constraints but also psychological barriers to reentering college or registering for training. Engaging coworkers and supervisors as active participants in the educational process, another crucial part of work-based learning, helps clarify the competencies needed as the worker progresses in a career. Taken together, these aspects of the work-based learning model facilitate a career pathways approach.

## The Research Base

To elucidate promising practices about career pathways from *Jobs to Careers*, this brief primarily draws from the experiences of six of the initiative’s seventeen projects.

*Asante Health System* in Oregon partners with Rogue Community College to advance frontline workers from a variety of hospital

occupations to fill positions in health care informatics.

*Capital Workforce Partners*, the Workforce Investment Board for north-central Connecticut, brings together several health care providers and educational partners, including Southington Care Center, Jerome Home, Hebrew Home, Woodlake



at Tolland, The Orchards at Southington, VNA Healthcare, Inc., Eastern Connecticut Health Network, Manchester Memorial Hospital, Asnuntuck Community College, Capital Community College, Manchester Community College, Tunxis Community College, Charter Oak State College, Capitol Region Education Council, Vernon Regional Adult Basic Education, Connecticut Women's Education and Legal Fund, and the 1199C Training & Upgrading Fund. Together, they are developing more effective ways to train certified nursing assistants for advancement, using work-based learning methodologies for training in clinical specialty areas relevant to the provision of long-term care.

*Owensboro Medical Health System and Owensboro Community & Technical College* in Kentucky launched an accelerated program to advance entry-level workers in order to address an anticipated need for 500 additional registered nurses over the next few years.

*SSTAR* in Fall River, Massachusetts, working with Bristol Community College, is increasing the availability of qualified and credentialed addictions treatment professionals.

*Virginia Mason Medical Center and Renton Technical College* in Seattle, Washington, are training clinic services representatives to become medical assistants in ambulatory care clinics.

*Wai'anae Coast Comprehensive Health Center and Leeward Community College* in Hawaii are building out a graduated competency program beginning with medical receptionists and medical assistants, training staff.

While all *Jobs to Careers* projects build on a model of collaboration between an educational institution and an employer, the initiative is distinguished by its diversity of settings and geographic areas in which the projects are developing career pathways, as well as by the innovative collaborations between educational institutions and employers to design and tailor work-based

and workplace learning that are population-specific. These factors have made *Jobs to Careers* a significant opportunity for testing and learning from various approaches to career advancement. Moreover, all these approaches offer feasible paths to career advancement, despite wide variations in context, target population, and type of intervention.

The six sites, representing a diverse cross-section along several parameters, can provide great insight into critical success factors and key challenges in a career pathways approach:

- The projects *span a range of sectors*, including hospitals, behavioral health/substance abuse treatment facilities, long-term care providers, and community health centers.
- They are located in areas with *varying local contexts*, in urban, suburban, and rural settings, some in regions with multiple health care employers and others with a single large player.
- Frontline workers' *demographic characteristics vary* as well. At three projects, frontline workers as well as patients are exclusively or partially from indigenous populations, and racial and ethnic minorities represent a high proportion of workers at many of the other locations.
- Variation exists in the *structural approach to the intervention* as well: lead partner types include educational institutions, employers, and facilitators or intermediaries.
- Each *Jobs to Careers* project has its own criteria for selecting the frontline positions to target for advancement, the desired outcomes, and how to use *Jobs to Careers* strategies and home-grown experience to create and implement the proposed ladders. (*The box, "Features of the Selected Case Studies," on the next page summarizes the initial job titles of participants, targeted educational and position outcomes, and rewards at the six Jobs to Careers sites reviewed in this report.*)

## FEATURES OF THE SELECTED CASE STUDIES

	Initial Frontline Positions of Participants	Targeted Educational Outcomes	Targeted Job Position Outcomes	Rewards and Incentives
<b>Asante Health System, Rogue Community College</b>  Oregon	Frontline workers from nursing, lab, and imaging	Certificate in health care informatics	Health care informatics position	Salary increase, engagement, new responsibilities, more job security
<b>Capital Workforce Partners, four community colleges, and adult education providers</b>  Connecticut	Certified nurse assistants (CNAs) and other frontline workers	Increase academic and personal proficiency skills and improve clinical specialty skills through certification and college credit	CNA I and II with gerontology and other subspecialties	Salary increase tied to tier advancement, new job responsibilities
<b>Owensboro Medical Health System, Owensboro Community &amp; Technical College</b>  Kentucky	Many, including CNAs, pharmacy technicians, unit clerks, patient care technicians, and environmental technicians	Associate's Degree in Nursing	Registered nurse	Career change into nursing, with increased salary
<b>Virginia Mason Medical Center, Renton Technical College</b>  Washington	Non-clinical entry-level positions, including receptionists and clinic service representatives	Medical Assistant certificate, AMA-certified medical assistant designation, and 85 college credits toward Associate's degrees	Medical Assistant I and II	Promotion, often with salary increase and always into higher salary range
<b>Wai'anae Coast Comprehensive Health Center, Leeward Community College</b>  Hawaii	Medical assistants, receptionists	College credit, demonstrated skill development	Advancement to higher level (e.g., MA I, MA II, MA III) within current positions	Salary increase

Each *Jobs to Careers* site created one of three types of career pathways: advancement *within occupations* (varying rungs of medical assistants or certified nursing assistants; progressively more skilled rungs of addictions counselors); *between occupations* (frontline workers such as transport or dietary become unit clerks or medical receptionists), and *transcending professional scope* (lab and imaging techs become health care informaticists; medical assistants move to a track leading to registered nurse or physician assistant).

Each type generally requires a particular emphasis in the strategies used, the resources needed, the incentives created, and the career maps developed. For example, pathways *within occupations* may have greater challenge in recruiting participants due to less grandiose objectives and smaller monetary rewards than in the other two paths. Pathways that *transcend occupational scope* may have a motivated group of participants but a harder time achieving supervisor buy-in to provide schedule flexibility for participants.

# Strategies for Career Advancement

All *Jobs to Careers* partnerships have implemented their approaches to career advancement through a series of interconnected strategies. While each project applies these strategies according to its individual circumstances, all use the same set of process elements, whether sequentially or concurrently:

- Determine desired outcomes based on specific business objectives or priorities.
- Map the rungs on the career ladder.
- Develop educational strategies that support a learning-friendly workplace and a work-friendly education.
- Identify and address system and cultural barriers.
- Create incentives and rewards.
- Recruit, screen, and promote participation.
- Implement ongoing operations.

*Appendix 1, Career Advancement of Frontline Health Care Workers in Jobs to Careers Sites, shows how these elements interact.*

## **DETERMINE DESIRED OUTCOMES BASED ON SPECIFIC BUSINESS OBJECTIVES OR PRIORITIES**

As the first step toward developing career pathways, *Jobs to Careers* projects determine the needs of employers and their employees. To select which positions to target for advancement, employers identify areas of vacancies and shortages, deficits in important skills, and high-growth areas.

In Kentucky, for example, Owensboro Medical Health System anticipated a few years ago that it would need 500 additional registered nurses for a facility it is building. Owensboro is geographically isolated, and nurses were already in short supply. Clearly, the health system needed to take action.

Owensboro Community & Technical College collaborated with OMHS to review the suitability of existing frameworks for obtaining educational credentials and to assess the feasibility of advancing the skills of current workers.

Similarly, employer need drove the development of the career pathways program at SSTAR. The agency had an incentive to help workers attain certification because state reimbursement for substance abuse counselor services is higher if those services are provided by a certified counselor. Furthermore, SSTAR's shortage of certified counselors limited the number of clients it could serve. Previous efforts had failed to engage SSTAR workers as learners; employees did not sign up for courses, some because they lacked the preparation for the courses, others because they were skeptical about whether the program would work. To increase the likelihood of success of the *Jobs to Careers* initiative, SSTAR and education partner Bristol Community College began by assessing workers' needs for supported learning.

Rather than begin with the business case for a career advancement program, Capital Workforce Partners approached the needs assessment from both the employer and employee perspectives. Its evaluation of the needs of certified nursing assistants in long-term care facilities led to a focus on four areas: clinical skills; basic literacy skills; basic job readiness skills; and awareness of opportunities for skill-building, wage increases, and career advancement.

Because remediation needs in the first *Jobs to Careers* projects had been greater than expected, *Jobs to Careers* provided insight and support to Capital Workforce Partners in preparing for remediation. Capital Workforce Partners responded to that preparation by creating a blended model of education that contextualizes remedial

learning by using health care-related information while embedding clinical specialty content.

*Across occupations:* Virginia Mason Medical Center began by creating the first rung of a ladder—Medical Assistant I—as an entry point for clinic services representatives, and it is gaining experience in providing the education required for this job. Simultaneously, and with technical assistance from *Jobs to Careers*, the project identified the competencies needed for the second rung, Medical Assistant II, in three areas: clinical skills, leadership skills, and academic skills.

### Promising Practices in Determining Desired Outcomes

- Review the strategic plans of the employers and the resulting business case for investing in career advancement for frontline workers.
- Evaluate the local context (e.g., the local economy, insurance reimbursement for health care services).
- Learn from past efforts, including failures to engage employees.
- Anticipate and assess the magnitude of the need for remediation.

### MAP THE RUNG ON THE CAREER LADDER

In developing career pathways, *Jobs to Careers* projects identify and commit to ultimate employee outcomes in terms of educational credentials and job positions. They also identify steps along the way to achieving those goals. Considering the needs of employees, each project determines what interim steps, if any, they will create to compensate for missing rungs on a career ladder or whether to make certain rungs more accessible.

A critical step at this juncture is mapping career ladders—within an occupation, across occupations, and transcending occupations. In each case, this means clearly defining competencies required for each step.

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

At the same time, Virginia Mason is mapping how the Medical Assistant II position can be a gateway to additional education and higher rungs on a career ladder. The MA I enables employees to seek additional education and advancement in business or clinical roles. The MA II focuses more on soft skills, such as leadership, effective teamwork, critical thinking, and problem solving across departments. In addition, Virginia Mason may require at least one college class that is applicable to employees’ current positions so that they can get the credits they need to progress to a future degree.

*Transcending occupations:* In Owensboro, the hospital and the college decided to create opportunities for entry-level workers in any position to participate in an accelerated program to attain Associate’s degree/registered nursing credentials. Participants include lab techs, nursing assistants, front-desk staff in radiology, and housekeeping and dietary staff, among others. A career in nursing would transcend the professional scope previously available to workers in any of these entry-level jobs. The primary task in mapping the ladder was to identify training and educational pathways to that career, based on previously established standard competencies required for an RN position.

The goal of the Asante Health System project—a career in informatics—typically requires a Bachelor’s degree, a credential

that many frontline workers would find difficult to acquire. Originally, the project contemplated creating an Associate's degree program in informatics; in the end, it created an intensive, one-year course for lab techs, imaging techs, and front-desk workers, leading to certification in informatics.

Capital Workforce Partners is working with Capital Community College to align clinical specialty work-based learning courses to a certificate in gerontology. Using a hybrid design that includes distance learning, learning circles, and e-portfolio development, students will demonstrate competencies in the work setting, leading to credit for experiential learning. This model is under development.

Workers at SSTAR were anxious about becoming adult learners and felt unprepared to return to school. In response, the agency created “wraparound support services”—for example, by providing one-on-one coaching, mapping out individual objectives, and identifying mentors to act as “cheerleaders for success” who reinforce triumphs and provide encouragement when needed. The project tailors learning plans to the needs of each employee by, for example, providing tutoring for one employee so she could earn a GED. By collaborating with Bristol Community College, SSTAR combines traditional, electronic, and work-based learning experiences, using such techniques as learning circles, peer-centered reflection, and online lab courses. The college also provides an on-site career coach. According to the CEO, “We pulled some [workers] in kicking and screaming. . . . This program gave us the impetus to move people forward. Now it’s a peer-to-peer support.”

At Wai’anae, many employees in the first cohort were reluctant to start the

educational program, convinced that it was not “real college.” However, the health center required all employees to participate in its Graduated Competency Program—and it attached pay raises to mastering each level of competency. Also, it hired an education specialist to teach workers how to be students (e.g., how to speak to a teacher appropriately) and to help address their lack of self-confidence as learners. These practices combined to motivate employees to participate and sent a strong message that the health center was evolving into a culture of learning.

At Owensboro, a key element of the strategy is to develop and deploy readily accessible delivery mechanisms that meet the learners where they are. To that end, the program offers remediation through on-site access to WorkKeys assessment and educational tools, skill-builder courses (e.g., Math

### Promising Practices in Mapping the Career Ladder

- Clearly identify the competencies required for each rung of the ladder.
- Base training and educational plans on the needs of the employees and clearly identified, position-specific competencies.
- Create interim rungs when existing rungs on a ladder are far apart.
- Focus initially on a limited number of positions.

### DEVELOP EDUCATIONAL STRATEGIES THAT SUPPORT A LEARNING-FRIENDLY WORKPLACE AND WORK-FRIENDLY EDUCATION

On occasion wrestling with cultural differences and current practice, *Jobs to Careers* projects seek to align employers’ needs and priorities with those of educational institutions. The projects have crafted or modified curricula, including a focus on testing strategies for work-based learning. Many of these efforts have engaged a variety of appropriate participants (e.g., supervisors, instructors, frontline workers) in creating the program. This approach both helps engage the various stakeholders in an effort and makes it more likely that worker-students would have the ongoing supports they need.



Rx, an online and classroom-based course developed by the Owensboro partnership and designed to prepare students for college-level math courses), and an on-site career coach. Owensboro also created a learning path that was supported, accelerated, and feasible for frontline workers in the context of their life responsibilities. Supports include paid release time for studying (eight hours every two weeks) and on-site access to advisors and instructors from the college. The health system also provides a coach to mentor each participant and provide help with overcoming barriers and balancing work and life responsibilities. In addition, it facilitated peer support in various ways, including the use of Facebook groups.

The Owensboro partnership sought to lessen the time it took to earn a credential of value by developing a series of hybrid courses, distance learning, and video learning. In traditional programs, the learner would typically need over two years to complete the prerequisites and remedial work, followed by an 18-month degree program. The pilot developed by the Owensboro partners demonstrates that the full path, from remediation and prerequisites through the RN Associate's degree, can be completed in under two years. In addition, program graduates can get tutoring to prepare for their licensing exams.

At Capital Workforce Partners in Connecticut, mentors teach certified

nursing assistant students how to read medical records and think critically. CNAs are encouraged to take charge of their own learning, asking questions and engaging not just their own mentor but any supervisor. The employers also provide paid time for study, amounting to half of the course time.

## IDENTIFY AND ADDRESS SYSTEM AND CULTURAL BARRIERS

Systems change—by employers and within educational institutions—is often critical to the success of *Jobs to Careers* projects, as well as to the potential for replicating or sustaining such efforts. At both the employer and educational institutions, addressing formal systems and organizational cultures has helped pave the way for success. When the projects have upper-management champions among participating employers, the result has been a culture of learning and a “can-do” attitude toward resolving problems; educational institutions with a history of employer partnerships have reworked course content and delivery mechanisms as needed.

One example of a supportive systems change is allowing employees to take paid time off for study. Owensboro Medical Health System developed a policy to allow eight hours of paid release time every two weeks. Without this, many frontline workers would have struggled to find the time to study and complete the program. Similarly, changing tuition policies from reimbursement to advance payment smoothes the way for some employees to take classes. While none of the six sites in the primary research base here has made this specific change, several others among the 17 *Jobs to Careers* sites have. Asante Health System helps address financial barriers in another way, by increasing the amount of tuition assistance available to employees.

### Promising Practices in Developing Educational Strategies that Support a Learning-Friendly Workplace and Work-Friendly Education

- Create wraparound services, including mentoring support.
- Guide learners case by case toward remediation, critical thinking skills, or other individual needs.
- Provide paid time off for studying to help create a culture of learning and send a signal of employer commitment.
- Accelerate training to make the program more appealing to worker-students.
- Use technology where it is most helpful, whether in skill building, distance learning, or facilitating peer social support.
- Ensure close collaboration between employer and educational partners.

On the education side, many of the Owensboro Medical Health System staff who applied for the *Jobs to Careers* program did not score high enough on the ACT exam to qualify for admission to the nursing training program at Owensboro Community & Technical College. The college agreed to relax this standard, allowing all the participants to matriculate when they satisfied the prerequisites that showed they were academically ready. (According to instructors at the college, these students appear to have excelled and surpassed the grades of many traditional students. In fact, one of the Asante *Jobs to Careers* students received a Renton Technical College award for “Outstanding Student Scholar.”)

In Oregon, Asante’s partner, Rogue Community College, developed a new credential to prepare workers for a career in health care informatics. In contrast to two-year or four-year information technology programs, the college and the employer worked together to create a faster track, a one-year certificate course. For example, they created courses that would prepare students to support a distance radiology program, with radiologists interpreting imaging off site. The learning and credits for this course of study articulate to a four-year degree at the Oregon Institute of Technology. Asante students say that because their supervisors have been involved in the program, they feel more accountable for their performance than if they had taken classes on the side.

SSTAR, Bristol Community College, and Trundy Institute—co-creators of

the coursework needed for advancement in addictions counseling—have made remarkable progress in reducing cultural and system barriers in the educational institutions. Because employees had found the community college system difficult to understand, the project set up much of the learning at the workplace. In addition, employees who gain certification for substance abuse and alcohol counseling and for group facilitation skills through the project will also earn nearly half of the required credits for an Associate’s degree in human services.

## CREATE INCENTIVES AND REWARDS

While career mobility is an attractive goal for frontline workers, the task of balancing learning with working and with other responsibilities is complex and difficult. Accessibility and support go a long way toward keeping participants engaged in the process, but rewards upon completion are also crucial. A pay raise clearly motivates progress and makes a big difference in the life of a frontline worker. Moreover, beyond financial rewards, workers are vocal in expressing gratitude for the psychological boost that comes with proving to themselves that they can attain certifications, succeed in postsecondary college, and develop new competencies. These, too, are powerful incentives for worker-students to persist in doing what it takes to climb a career ladder.

*Jobs to Careers* projects offer a variety of incentives and rewards. For example, CNAs at one of the employers in the Capital

Workforce Partners initiative receive a \$200 bonus when they complete the coursework to become CNA IIs, and those who become mentors for CNA Is receive a raise of about \$1 per hour. Owensboro Medical Health System, in providing frontline employees with the opportunity to become nurses, has created paths for them to double their salaries. Wai’anae

### Promising Practices in Addressing Systems and Cultural Barriers

- Paid release time and tuition remission are more effective than tuition reimbursement.
- Upper-management champions, strong support from human resources, and supervisor involvement are beneficial and can enhance student accountability.
- Traditional measures of college readiness, such as the ACT, may need to be supplemented or modified for a career advancement strategy.
- A culture of learning and support allows for creativity and flexibility in adapting educational requirements and protracted timelines to the needs of the worker-students.



Health Center offers up to a 10 percent raise for completing the various levels of graduated competencies. Many of Virginia Mason’s clinic services representatives who become medical assistants get a raise (although the salary ranges for the two positions overlap). They also increase their earning potential by exiting a position with no upward career trajectory and moving into a position with a higher pay range and the potential to advance. In addition, clinic services representatives receive 85 college credits toward a transferable Associate’s degree (about 80 percent of needed credits) at no charge to themselves. While improved wages may not come immediately, the top pay for medical assistants is higher than it is for clinic services representatives.

At SSTAR, frontline workers receive a raise when they earn alcohol and drug abuse counselor certifications. Those who complete coursework in group facilitation skills are further motivated by more challenging and interesting opportunities at work. In addition, the sense of pride and excitement among employees is palpable and appears to be associated with greater engagement in the work of SSTAR.

## RECRUIT, SCREEN, AND PROMOTE PARTICIPATION

To identify and engage potential participants, most *Jobs to Careers* projects employ a two-pronged strategy: marketing directly to eligible employees; and reaching out to supervisors for recommendations. In either case, the projects seek to publicize and communicate clearly to prospective participants the career pathways, opportunities, and program requirements.

Asante Health System in Oregon created a brochure about health care careers for recruiting employee participants. Also, Asante managers help identify “super users” of technology; prospective participants need the support of their supervisors to enter the program. This buy-in by managers helps ensure that workers’ schedules will be adjusted as needed to help them succeed in the learning.

In Owensboro, Kentucky, the medical center stuffs promotional materials in payroll envelopes, puts up recruiting posters near time clocks and in the cafeteria, and sends emails to employees in order to recruit applicants. As a result, the participants reflect a diverse range of occupations.

The medical center also screens applicants carefully, identifying prospective participants who are academically ready and those who

require remediation. The project then provides access to and support for remediation. These strategies contribute to retention rates above the national average for traditional nursing programs.

Wai’anae’s commitment to job creation in the community it serves had led to the hiring of employees regardless of skill, and retaining them despite skill deficits. To address this issue, Wai’anae’s leadership implemented a strategy that eventually will divide each position into three or four

### Promising Practices in Creating Incentives and Rewards

- A pay raise has more impact than a one-time bonus.
- Non-monetary rewards may make a difference (e.g., job security, job enrichment, confidence in one’s ability to pursue additional education).

### Promising Practices in Recruiting, Screening, and Promoting Participation

- Blanket the workplace with program publicity through a variety of channels to attract a range of potential participants.
- Use supervisors and managers to help identify candidates.
- Address initial resistance to participate through engaging executive leadership in placing a high priority on the program.

levels of graduated competencies. All incumbent and new staff begin at the first level regardless of experience, seniority, or skill. Initial employee resistance gave way to enthusiasm when the first cohort developed new skills as well as earning pay raises.

## IMPLEMENT ONGOING OPERATIONS

Implementing a program requires a team to pay close attention to monitoring details, be flexible and resourceful in addressing problems that arise, and plan for sustainability. Each *Jobs to Careers* project had a multidisciplinary planning and review team, a go-to person at each site kept track of progress and issues, and a technical assistance provider from the National Program Office offered help as the teams responded to challenges by adapting their plans and strategies.

At Capital Workforce Partners, a formal structure for monitoring progress has helped the program implement changes when necessary. The project has been particularly adept at continuous improvement. At the end of each cohort, the team undertakes a formal debriefing with college staff, worksite managers, and participants in order to identify successes and needed changes.

One issue occurred when mentors and mentees at Capital Workforce Partners found it hard to use a project learning tool: students found that the notecards designed by the instructor for them to take on the job were confusing and complicated. The project simplified the tool and provided additional training in its use. Further, a model called “DO IT” was designed to guide students in case study analyses and situations that occurred during their work

that they wanted to document. “DO IT” is an acronym that stands for Describe, Observations, Identify interventions, and Try it. This tool has proven valuable in helping students organize their writing and begin to think critically in their work.

Similarly, Virginia Mason had to adjust its plans early in its program when the first cohort of medical assistants moved through the curriculum faster than anticipated. While fast progress is good news and helps to maintain momentum and engagement, the accelerated learning caused some anxiety for the planning team: they had not fully thought through the next steps. The team realized that not all skills necessary to become a medical assistant—that is, the skills students needed to learn and practice—were used in all of Virginia Mason’s participating clinics. They solved the problem by creating a schedule for the trainees to participate in clinical rotations at several clinics.

*Jobs to Careers* projects also have responded to changes in the external environment, particularly changes in the economy. For example, Asante Health System had planned to promote graduates of its informatics program to jobs assisting with a new electronic medical records system, but it postponed the rollout due to the economic downturn. While the Asante students have not been promoted, none of the worker-students were affected by the center’s layoffs—a creative way of rewarding the employees’ achievements in the face of a new financial reality. Managers believe that the skills *Jobs to Careers* participants have gained improved their job security. Half of the students in the cohort are proceeding with additional education, and all have greater connection to and enthusiasm for their jobs.

### Promising Practices in Implementing Ongoing Operations

- Structure formal opportunities for ongoing review by participants and members of the planning and implementation team.
- Be willing to revise tools and techniques that are not working.
- Be creative and prompt in resolving unanticipated problems.

# Conclusion

No matter how exciting advancement programs may appear on paper, the true test of their success lies in applying them in real-world settings. The world of frontline health care workers is one of challenging personal lives, complicated institutional systems and cultures, high-pressure business environments, and the high stakes of the health care industry, where quality care and competent service are vital to people's lives. The *Jobs to Careers* pathways presented in this report, for all of their variations in context, demographics, and approach, are similar in that all address the seven strategies at some level as they have explored and implemented a wide range of practices in promoting career advancement for frontline health care workers.

The projects have come far in creating career advancement opportunities. They are testing ideas and strategies, responding to challenges, and designing programs that bring each effort from contemplating to implementing real change: from filling jobs to supporting careers. By building on the lessons gleaned from *Jobs to Careers*, employers and educational partners can begin the first steps on the journey, create programs at the intersection of learning and working, and proceed to develop career pathways for frontline health care workers tailored to local conditions.

Because the projects are achieving many of their goals, they are all interested in continuing their programs if funding can be secured. Many have begun to make concrete plans for sustainability after grant funds are spent. A key element of most sustainability plans is developing a business case for the ongoing program: understanding how career pathways for frontline workers can help the bottom line and the achievement of other measurable goals. The projects also are identifying and seeking other potential funding streams, codifying ladders and strategies, utilizing champions from

within as well as among program graduates, and working to integrate further into the cultures of their respective institutions.

Initiatives designed to reform the nation's health care system can benefit substantially from learning how to best leverage the role of frontline health workers to maximize effectiveness and efficiency of care and services. Concomitantly, career advancement for these workers will improve their socioeconomic status and begin to influence the opportunities available—not only to them but to their families and communities.

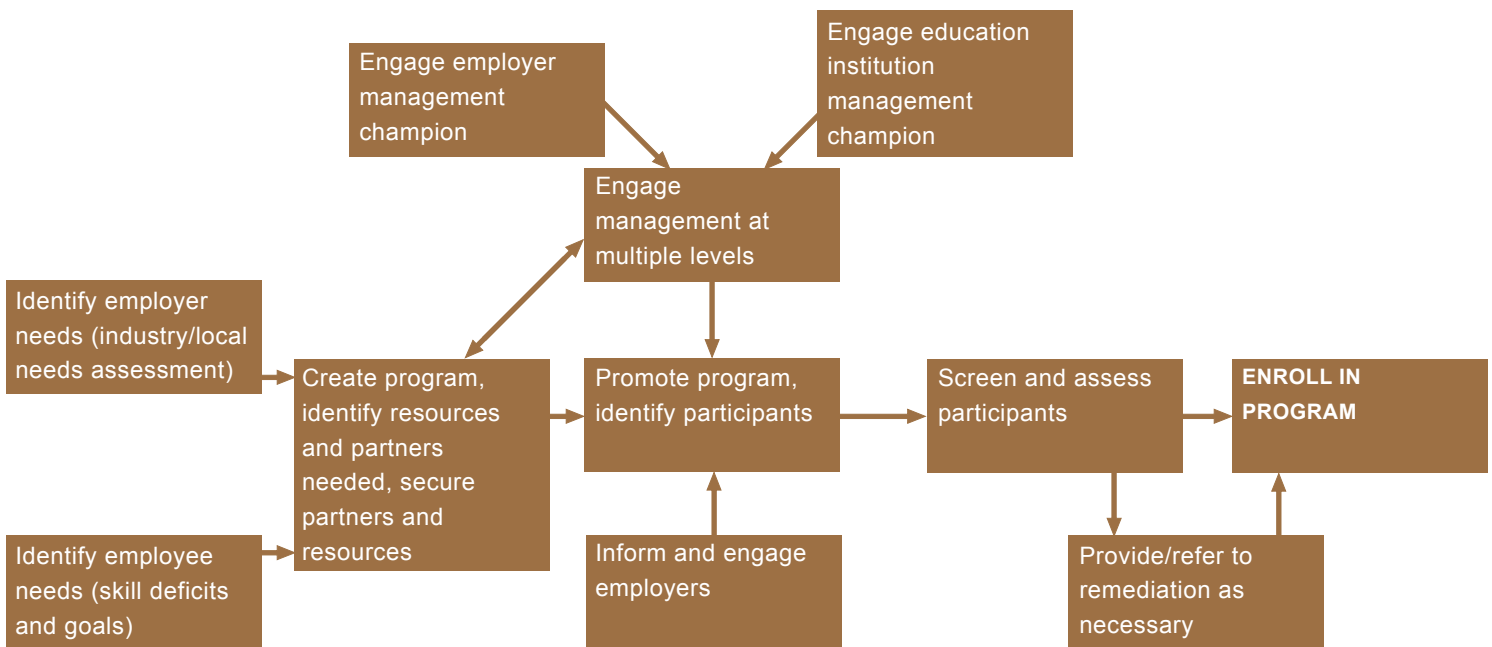
Through learning what works, and through replicating the successes of *Jobs to Careers* on a much larger scale, advancing the prospects of frontline health care workers can be an integral part of efforts to address the nation's health care crisis.

# Appendix

## Career Advancement of Frontline Health Care Workers in *Jobs To Careers*

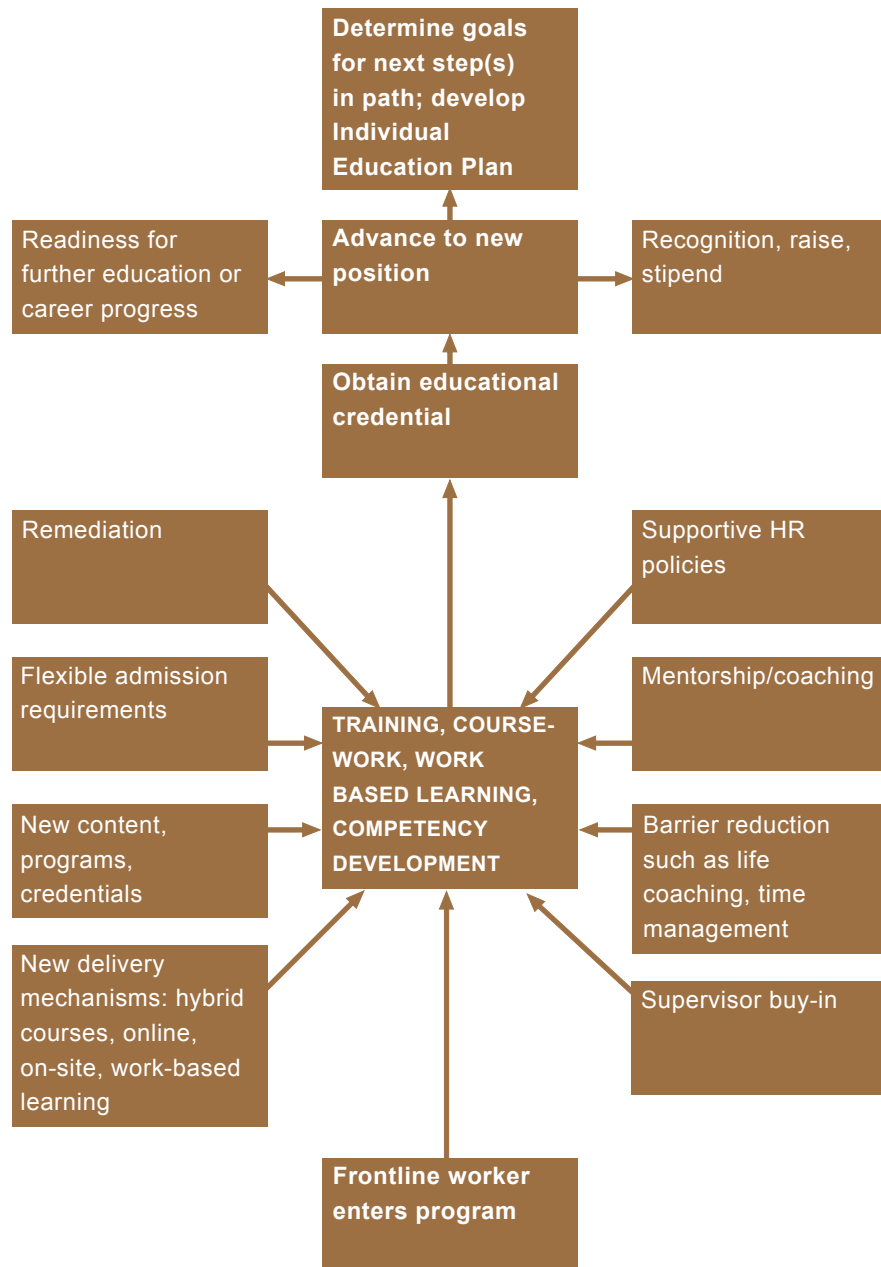
These diagrams summarize the processes used in *Jobs to Careers* to develop and implement career advancement programs for frontline health care workers.

**Part I: Start-up** summarizes the flow of steps used from conception of a career advancement program to initial implementation (enrollment of the first cohort). It includes the role of important supporting steps in this part of the process.



## Part II: Career Pathway and Key Inputs

synthesizes the various ladders in *Jobs to Careers* projects to show a generic map of a career pathway for frontline health care workers. The diagram notes the key inputs that make advancement possible.





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