



RESEARCH REPORT

Employer Roles in Building Pipelines for Middle-Skill Jobs in Health Care

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Executive Summary

Health care is the fastest-growing industry nationally. Across markets as diverse as New York, Detroit, and San Francisco, the health care sector is projected to produce the highest level of demand for middle-skill jobs—those that require some postsecondary training and education, but not necessarily a four-year degree (JPMorgan Chase 2015a, 2015b, 2015c). Middle-skill jobs can provide higher wages, set workers on a career pathway, and improve job security and satisfaction. These trends suggest health care is a promising sector for initiatives focused on developing a strong pipeline to move lower-skilled workers into middle-skill jobs (Ross, Svajlenka, and Williams 2014).

Workforce development literature suggests that successfully building pipelines to middle-skill jobs in the health care sector requires employer involvement (Spaulding and Martin-Caughey 2015). Over the past decade, health care employers have increasingly engaged in initiatives to build a pipeline. Employers are designing and updating training curricula, providing work-readiness training and internships, hiring workers in entry-level health care jobs with the goal of promoting from within, and helping incumbent workers advance by changing internal workforce practices for training, retention, and promotion. Such efforts have often been in partnership with other training, education, or community-based organizations and as part of sector-based industry partnerships (Conway and Giloth 2014).

While past research has examined these partnerships and how employers are engaged, this report adds to our understanding by focusing on employers' perspectives of their role in workforce initiatives to create pipelines to middle-skill jobs. We interviewed more than a dozen employers and their partners to gather information on these initiatives, their motivations, and their perspectives on the employer role in partnerships to build middle-skill jobs. Better understanding employer perspectives can help workforce organizations, employers, and funders productively engage other health care employers in similar efforts to improve outcomes for workers while better meeting employers' needs.

Employer Roles in Building Middle-Skill Pipelines

Employers work with partners in many ways to help workers move up into middle-skill jobs. In addition to hiring workers for middle-skill jobs, employers are involved in activities that go beyond hiring, such as

- investing in skill training for entry-level health care jobs as a first step to advancement,

- developing incumbent worker training for middle-skill jobs,
- providing retention specialists and coaching to help workers move up,
- developing new worker roles that provide greater responsibilities and pay, and
- creating industry partnerships that will build pipelines to middle-skill jobs.

Employer Perspectives on Partnerships

The employers we interviewed shared their perspectives on their roles and their partnerships aimed at building the middle-skill pipeline for health care workers.

Motivations for Engaging

Employers reported economic motivations for engaging in partnerships, including worker shortages or an inability to find workers with appropriate skills, high turnover or difficulty retaining workers in certain jobs, desire to build a diverse and culturally competent workforce, and the need for new or different skills to meet future changes in health care delivery. Some employers were also motivated by a mission to serve the community and “to be a good neighbor [that provides] good jobs.” Most employers were motivated by a combination of these factors. Many of the employers we spoke with felt these initiatives could not be successful without employer input. Health care employers believe they have a key role to play in middle-skill pipeline initiatives. Employers and their partners agree that employers are the most knowledgeable about their workforce needs and challenges and can best inform the necessary solutions. Even if solutions are developed and carried out mostly by other organizations or industry partnerships, employers need to be involved to ensure those solutions align with employers’ expectations and needs.

Value of Industry Partnerships

Industry partnerships are groups of employers and workforce partners from across the health care sector whose goal is to address sector-wide workforce issues in an ongoing, collaborative way. Employers reported that industry partnerships are an efficient and effective way to build the middle-skill pipeline. Industry partnerships with a strong intermediary organization could leverage employers’ knowledge

and input, foster new ideas, create and maintain relationships with multiple partners, and effectively raise funds. In addition, industry partnerships provided a convening function that allowed employers and other partners to share information and learn from each other. Organizations with deep knowledge of the health care sector and long-term relationships with employer partners served some of these functions for employers as well.

Roles of Nonemployer Partners

Although employers led or played key roles in many of the activities we heard about, most employers welcomed or sought partners, acknowledging limitations in their desire or capacity to carry out certain activities. They acknowledged the constraints on employer roles posed by funding shortages and limited staff time, but also felt that they were less able or it was not within the scope of their mission to do certain activities. Employers reported that community-based organizations, community colleges, and other workforce organizations may be better equipped than their employer partners to recruit and screen candidates, provide training on basic skills or work-readiness skills, provide the classroom portion of occupational skill training, and offer wraparound support services for students pursuing health care training.

Challenges Initiating and Sustaining Partnerships

Employers reported challenges they faced when developing, implementing, and partnering to provide middle-skill pipelines for workers. Employers and their partners recognized the importance of finding a champion within the employer's organization to advocate for and bring about changes. They also saw the value in measuring effectiveness and used those results, but faced challenges in doing so, including costs and privacy regulations when attempting to collect and analyze data. Most employers spoke about the pressures of the changing health care delivery environment and the particular impact this had on containing costs. At the same time, employers reported on the opportunities these changes presented for their workforce. Initiatives that can reduce turnover by retaining and promoting incumbent workers were seen as positive actions toward reducing costs. In addition, changes in health care delivery structures allowed for new enhanced occupational roles, launching new career pathways for workers.

Implications

We draw from these employer perspectives several implications relevant for employers and other organizations seeking to start, enter, or fund health care industry partnerships to build middle-skill pipelines.

- **Be knowledgeable about health care employer needs.** To get employers interested in participating, potential partners need to understand the employers' needs and the health care market context. Listening to what issues employers face, including where shortages and turnover exist and difficulties finding skilled applicants, can increase the chances of developing a successful and sustainable partnership. In addition, successful partners had deep knowledge of health care market trends around specific occupations and changes in health care delivery. This can mean developing more relevant initiatives and better employer partnerships.
- **Assess the relative advantages of different partners.** Employers feel their involvement in middle-skill initiatives is important, but they agree that some activities are better suited to other partners. Activities that are best for employers versus other partners will differ for each effort, so considering the relative advantages of partner roles should be part of developing a new initiative.
- **Understand it takes time to build employer partnerships.** Employers recognized that it takes time to build a trusting relationship with new partners to be assured that their goals are aligned. This up-front time for planning should be built into expectations for partnership development and should be a consideration for funders. Building on developed partner relationships or working through established industry partnerships can address this challenge.
- **Plan to measure outcomes.** Measuring a project's success can help staff at the employer get buy-in from leadership, potentially leading the employer to invest additional resources, incorporate a project into its regular operations, and increase the chances of winning external funds or encourage others to develop similar programs. Less than a complete return-on-investment analysis can be persuasive.
- **Leverage funding.** When funding employer partnerships, external seed money might be enough to fund a pilot, cover costs while building employer trust, or see initial positive results. If an initiative is well developed and valuable to an employer, the employer may invest resources to sustain the work. Funding an initiative developed by an industry partnership or other intermediary with well-developed health care employer partnerships is another way to

leverage funds for results. Finally, funders should explore ways to leverage funds to encourage employers to consider middle-skill workforce investment as part of other efforts to restructure health care delivery to reduce costs and improve patient outcomes.

While trends in the health care sector indicate increased demand for jobs requiring less than a four-year degree, not all these jobs are middle skill. Employer-involved initiatives around entry-level jobs are important, and many employers are involved in and being asked to participate in these activities. Stakeholders concerned with building opportunities for less-skilled workers also point out the importance of improving entry-level job quality. But if the desire is to focus on the next step of the career ladder, potential partners and funders need to focus on projects targeting the development of middle-skill jobs or advancement from entry-level to middle-skill work. One strategy is to focus on initiatives with employers that increase incumbent workers' skills and advancement opportunities.

Understanding employer roles and perspectives in building middle-skill pipelines can be useful for other health care employers, intermediaries, workforce organizations, and potential funders to consider when developing their own initiatives with employer partners.

Employer Roles in Building Pipelines for Middle-Skill Jobs in Health Care

Introduction

Health care is the fastest-growing industry nationally, with employment estimated to grow 19 percent from 2014 to 2024, adding 2.3 million new jobs.¹ Across markets as diverse as New York, Detroit, and San Francisco, the health care sector is expected to produce the highest level of demand for middle-skill jobs—those that require some postsecondary training and education, but not necessarily a four-year degree (JPMorgan Chase 2015a, 2015b, 2015c). Middle-skill jobs provide higher wages and can set workers on a career pathway and improve job security and satisfaction. Increased demand for health care services, changes to the structure of health care delivery, and efforts to control costs affect employment in the health care workforce at all skill levels. These trends suggest health care is a promising sector for initiatives focused on developing a strong pipeline to move lower-skilled workers into middle-skill jobs (Ross, Svajlenka, and Williams 2014).

Workforce development literature suggests that successfully building pipelines to middle-skill jobs in the health care sector requires employer involvement (Spaulding and Martin-Caughey 2015). Over the past decade, health care employers have increasingly engaged in initiatives to build a pipeline. Employers are designing and updating training curricula, providing work-readiness training and internships, hiring workers in entry-level health care jobs with the goal of promoting from within, and helping incumbent workers advance by changing internal workforce practices for training, retention and promotion. Such efforts have often been in partnership with other training, education, or community-based organizations (CBOs) and as part of sector-based industry partnerships (Conway and Giloth 2014).

While past research has examined these partnerships and how employers are involved, this report adds to our understanding by focusing on employers' perspectives on their role in workforce initiatives to create pipelines to middle-skill jobs. The report demonstrates that employers participate in, develop, and play key leadership roles in these initiatives. It shows that some employers are willing to make substantial investments in these opportunities and describes employers' motivations for doing so. It

also points out circumstances where up-front investments can lead to ongoing employer support and change in practice.

We address the following questions:

- How do health care employers engage workers and develop pipelines to middle-skill jobs?
- What are employers' motivations for engaging in these activities?
- What are employers' perspectives on their role in and the value of health care industry partnerships?
- How do employers measure the effectiveness of workforce initiatives in which they are involved?
- What are important factors for initiating and sustaining partnerships with employers in health care?
- What is the role of external funding sources?

A better understanding of employer perspectives can help workforce organizations, employers, and funders productively engage other health care employers in similar efforts to improve outcomes for workers while better meeting employers' needs.

Methods

This report draws on interviews with health care employers and partner organizations. We interviewed organizations receiving grants from JPMorgan Chase (box 1) and health care employers and partners not funded by the foundation, but who provide unique perspectives from their long history of involvement in this area. In addition, we have drawn on the literature on this topic and interviews with experts with long involvement in this field. A list of the people interviewed for this report and their organizations is provided in appendix A.

The organizations we interviewed represent various local areas, types of health care employers, and types of partnerships. The employers are mostly large health care providers, including hospitals, long-term care providers, home health agencies, and health care systems with multiple facilities and providers. Some are employers that have been involved in health care partnerships for over a decade, while others are developing partnerships. The content of this report is based on interviews we

conducted; we do not claim to provide a comprehensive view of all health care employers and partnerships. We also recognize that because the health care employers we spoke with are involved in initiatives developing pipelines into middle-skill jobs, they may be more open to involvement in these efforts than other health care employers. The examples given and the points discussed provide employer perspectives about promising strategies for health care partnerships designed to meet the demand for middle-skill health care workers by preparing lower-skill employees to fill these jobs.

BOX 1

The Urban Institute's Partnership with JPMorgan Chase & Co.

The Urban Institute is partnering with JPMorgan Chase over five years to inform and assess JPMorgan Chase's philanthropic investments in key initiatives. One of these is New Skills at Work, a \$250 million multiyear workforce development initiative that aims to expand and replicate effective approaches for linking education and training efforts with the skills and competencies employers need. The goals of the partnership include using data and evidence to inform JPMorgan Chase's philanthropic investments, assessing whether its programs are achieving desired outcomes, and informing the larger fields of policy, philanthropy, and practice. In service of these goals, this paper provides employer perspectives on building pipelines to middle-skill jobs, a central strategy of New Skills at Work.

Background and Context

In this section, we define and discuss middle-skill jobs in health care and some of the relevant complexities specific to the health care sector. We also discuss trends in the health care sector that are relevant for middle-skill jobs.

Defining Middle-Skill Jobs and Developing Pipelines

The health care sector is a target of many workforce development efforts focusing on low-skilled or low-income people because of the industry's growing employment opportunities for workers. Health care occupations experiencing and projected to have high growth include both entry-level and middle-

skill jobs. Entry-level occupations require minimal training and often pay relatively low wages, but can be a first step toward stable employment and advancement along a career pathway. Middle-skill occupations require more training or education (i.e., less than a four-year degree, but often an associate's degree), pay higher wages, and can be the next step along a career pathway.² Efforts to improve opportunities in health care for less-skilled workers focus on building ladders to middle-skill jobs and raising the floor, or improving entry-level job quality. We focus on employer participation in building middle-skill job opportunities.

High-growth middle-skill health care jobs include community health worker, cardiovascular technologist, or dental hygienist, which usually require an associate's degree. On average, these occupations pay \$17.45, \$26.38, and \$34.77 an hour, respectively.³ In contrast, high-growth entry-level health care occupations include certified nursing assistants that usually require four to six weeks of training, a certification, and pay an average of \$12.36 an hour, as well as home health aides that are often trained on the job, have minimal or nonexistent requirements (depending on the state), and pay an average of \$10.54 an hour.

Career pathways in health care tend to be complex, which can create challenges for developing programs that help workers move into middle-skill jobs. Career pathways for entry-level workers in health care might be better called *career lattices* because of the many options and complexities (Frogner and Skillman 2015). Many organizations have mapped different career lattices and developed career pathway models to assist workers.⁴ Many next-step occupations along a career pathway in health care require that a worker get additional education or certifications. Tenure on the job is not enough. This can increase the value of programs that help workers attain additional skills.

Another complexity for developing pipeline programs and understanding health care pathways is variation in occupational requirements. A lack of consistency in defining the scope of practice and content of program curricula and competing credential opportunities available to workers can create confusion for jobseekers and hiring difficulties for employers. In the medical assistant occupation, training programs can vary from several months to a two-year degree, with different accredited programs and certifications available (CUNY 2012).

One of the major workforce development strategies involving employers creating opportunities for workers to move into middle-skill jobs is sector strategies, organizing training within an industry sector with close involvement of employers and the development of industry sector partnerships (Conway and Giloth 2014). For health care, an important effort in this space is the National Fund for Workforce Solutions' work to develop more than two dozen regional industry partnerships in health care. Each

industry partnership has strong employer involvement and grapples with the complexities described above to focus on careers, not just jobs.⁵ The fund also started CareerSTAT in 2011, an “employer-led national collaboration of health care leaders who promote employer investment in the skill and career development of frontline workers.”⁶ This effort helps employers make the business case to other employers for investment in their incumbent workers to build pipelines to better jobs, highlight employer best practices through awarding recognition annually to Frontline Worker Champions, and document best practices through case studies of employer efforts.

Another important national initiative is the Healthcare Career Advancement Program (H-CAP), a national labor and management organization promoting innovation and quality in health care career education with a board comprising the Service Employees International Union (SEIU) locals and health care employers. H-CAP works with union and employer partners “to share best practices in workforce development and planning, align health care professional education with industry needs, address changes in health care technology and their workforce implications, and develop programs that combine career advancement with quality outcomes.”⁷ H-CAP works with joint labor and management training funds and organizations that implement local workforce, career ladder, and educational programs.

In this report, we focus on employer partnerships that are building a pipeline to middle-skill jobs. We include employer-involved programs that prepare and place workers for entry-level health care occupations with the understanding that these jobs can serve as the first step toward middle-skill jobs, often with the same employer. We discuss where these efforts work to connect entry-level workers to continuing opportunities for advancement. Often, the employers we interviewed did not distinguish between entry-level and middle-skill jobs. The more relevant distinction for them was whether they were working with jobseekers from the community or their own *incumbent workers*. Some employers described efforts to move incumbent workers from non-health care entry-level occupations (e.g., janitorial services) to entry-level health care occupations. These efforts can also be viewed as beginning a pipeline, even if workers are not moving directly into middle-skill jobs.

The Impact of Changes in the Health Care Sector on the Middle-Skill Workforce

Recent and ongoing changes in the health care sector are changing the demand for and structure of the health care workforce with implications for developing pipelines to middle-skill jobs. The Affordable Care Act (ACA) is one large change with its triple aim of increasing accessibility to health care while controlling costs and improving health care outcomes (Berwick, Nolan, and Whittington 2008). The

ACA's expansion of the number of people with health care coverage coupled with the nation's aging population means increased demand for health services and workers (Bovbjerg and McDonald 2014). Whether the ACA will continue to play a significant role in health care-sector changes in the future is unclear. But an emphasis on cost containment while improving health care outcomes is likely to remain. Some of the health care occupations projected to grow the fastest require less than a four-year degree, including both entry-level and middle-skill jobs.

The ACA is encouraging innovation in organizing health care delivery in ways that could lead to increased demand for certain middle-skill occupations. Patient-centered medical homes and accountable care organizations are health care delivery structures that encourage coordination of patient care by physicians backed by health care professionals. These teams can include middle-skill workers, such as licensed vocational nurses, health care coaches or navigators, care coordinators, or community health workers (Ross, Svajlenka, and Williams 2014). Moving some responsibilities (e.g., screening, patient education, and care coordination or navigation) to middle-skill workers frees up physicians' and nurses' more costly time. These jobs can require additional skills of employees, including communication and coordination. How changes in the health care sector will lead employers to reorganize care and increase demand for these middle-skill jobs is unclear, although it does present the opportunity (Wilson 2014).

Health care payment mechanisms affect how much workforce structure can be changed. Innovation in care delivery and payment models is encouraged by programs and waivers at the federal and state levels, including State Innovation Models grants and the Delivery System Reform Incentive Payments (DSRIP) program (MACPAC 2015). States receiving funds through these types of programs carry out different reforms, including health care workforce changes for middle-skill jobs.

What Are Employer Partnerships?

Many health care employers create and improve pipelines to middle-skill jobs for low-skill workers. While some health care employers have internal policies and practices that serve these goals, many employers work with external organizations. Health care employers partner with nonemployer organizations (e.g., CBOs, community colleges, and public workforce agencies) to carry out various on-the-ground projects or initiatives. In our interviews, we learned about several of these partnerships. Some involve connecting with jobseekers in the community, while others focus on incumbent workers already employed at the organization. Some partnerships started with employers reaching out to other

organizations to fill specific roles, and some started with external organizations reaching out to engage employers. Some middle-skill projects have developed into internal practices continued by the employer. Some partnerships starting with one project have developed into longer-lasting relationships spanning multiple years and projects.

In this report, we discuss two main types of employer partnerships. The first type is an individual *health care initiative*, where usually one health care employer partners with one or more organizations to carry out a project. During our interviews, employers discussed one or more initiatives in which they are involved. We use these as examples throughout the report. These examples do not characterize all the initiatives an employer is engaged in and may not include the perspective of every employer involved in an initiative.

The second type is an *industry partnership*, where multiple health care employers partner with multiple nonemployer organizations. The structures of these partnerships differ, but they are often administered by a single intermediary organization, an organizing entity that connects the partner organizations and carries out partnership activities. Industry partnerships develop and carry out projects or initiatives, but their goal is to bring together employers and other partners from across a sector to address sector-wide workforce issues in an ongoing, collaborative way. Employers we spoke with discussed their involvement in specific health care initiatives and industry partnerships. We conducted interviews with members of the six industry partnerships, including people at employer partners and at the organizing intermediary. The list below provides information on each of these industry partnerships (see appendix B for further details).

- The **Baltimore Alliance for Careers in Healthcare (BACH)** is an intermediary and coordinating body for health care partnership efforts in Baltimore. Launched as the Baltimore Healthcare Coalition in 2003, it was established as a nonprofit organization in 2005. BACH was designed to address the shortage of health care workers in Baltimore by allowing underserved and under- and unemployed people to access numerous open entry-level health care positions. The alliance is chaired by a health care employer, and health care recruiters from each employer meet once a month with community partners to discuss job openings and set up interviews. The nonprofit's daily operations are managed by three full-time staff members, who pursue grant opportunities to fund proposed training initiatives on behalf of BACH's employer partners.
- The **Boston Healthcare Careers Consortium (BHCC)** is an employer-led health care industry partnership cochaired by the directors of workforce development from Beth Israel Deaconess Medical Center and Partners HealthCare. BHCC was launched in 2010 and convenes

employers, educators, and workforce system partners to promote health care–related education and training opportunities that are efficient, are effective, and align with industry needs. The consortium’s vision is for Greater Boston to have an efficient and effective system where jobseekers and employees connect to positions at the end of training and employers find and develop the skilled workforce they need to meet their vacancies and to adapt to industry demands. The convening entity for the BHCC partnership is the Boston Private Industry Council. The consortium’s activities are managed by a full-time staff member funded by Skillworks and the Boston Private Industry Council.

- The **Center for Healthcare Careers in Southeast Wisconsin (CHCSeW)** is an industry partnership of four major health care systems in the Milwaukee region. It is an employer-led, demand-driven collaborative. The partnership was developed over four years and launched in 2016. The CHCSeW aims to “unite all appropriate stakeholders in a viable, flexible structure to locate, educate, and support a workforce from service to professional levels in the health care industry in SE Wisconsin with a vision to create a supply of fully skilled and capable individuals prepared to meet the current and future needs of the health care field from entry-level to professional skilled–level roles.”⁸
- **Central Iowa Careers in Healthcare (CICH)** was founded in 2010. CICH is an industry partnership managed by Central Iowa Works, a regional collaborative and workforce intermediary. Central Iowa Works is a regional coordinating body and is the backbone organization funding CICH’s efforts. A director and a full-time staff member run Central Iowa Works and coordinate CICH’s activities. Employers in the partnership coordinate resources and have found that working as one unit has been more beneficial than operating each training effort as its own separate employer initiative.
- **Healthcare Workforce Collaborative**, led by Advocate Health Care, is an industry partnership designed as a five-year strategy to build partnerships between participating hospitals and the greater Chicagoland community. The goal is to enhance the alignment between available health care jobs and current jobseekers’ skills. After a six-month planning period in 2015 and pilot launch in early 2016, a workforce development training program will be rolled out in years 1 and 2 at Advocate Trinity Hospital, with expansion in years 3–5 to three additional providers within the Advocate Health Care system.
- The **New York Alliance for Careers in Healthcare (NYACH)** is an industry partnership that convenes stakeholders, identifies employers’ needs, and develops solutions to improve health

care education and training across the health care system in New York City. As an intermediary, NYACH works with employers on training programs and supports systemic changes that will equip New Yorkers with the skills and credentials necessary for today's health care industry. NYACH's small staff ensures clear expectations of employer partners by providing roles and responsibilities checklists, which include such items as informing screening and assessment tools, curriculum, internship skills checklists, and providing work-based learning opportunities. NYACH was developed through a partnership between the New York City Department of Small Business Services and the NYC Workforce Funders group in 2011 to build a sustainable, collective approach to workforce issues for the health care industry.

What Role Do Employers Play in Building Middle-Skill Pipelines?

Employers work with partners to prepare workers for middle-skill jobs and build pipelines of workers. In this section, we focus on initiatives that go beyond hiring workers, where employers are leading or being strong partners by

- investing in entry-level skill training,
- developing incumbent worker training,
- providing retention specialists and coaching,
- developing new worker roles, and
- creating industry partnerships.

Drawing on examples from our interviews, this section explores the ways employers engage with workers to improve their skills and jobs.

Investing in Entry-Level Skill Training

Some employers play a significant role in entry-level skill training programs in partnership with community organizations. Some of these jobs are a step beyond nonskilled employment for which no training is necessary, and they are usually the first step on a career ladder. These programs include training in work-readiness skills, basic academic skills, job-related skills, and employer internships. See

box 2 for brief profiles of four entry-level training efforts that employers lead or have significant employer involvement.

Employers invest in these programs by developing training curricula that meet their employment needs, screening participants, providing paid or unpaid internships, and funding these activities. Employers reported internships ranging from four weeks to three months, requiring significant employer staff resources to supervise interns. Some employers provide funds to pay interns.⁹ In the Partners in Career and Workforce Development program and the Medical Assistant “Refresher” training, employers pay for the entire program. While employers usually do not guarantee they will hire graduates, many graduates were hired by the partner employer in the programs we heard about.

While these entry-level training programs do not usually include a pipeline to middle-skill jobs, they can be instrumental in getting people onto the first rung of the career ladder. Entry-level training with an employer internship helps participants learn about careers in health care, and employers get to see potential hires at work. Also, getting hired by large health care employers can open up career advancement opportunities at that employer. For example, as part of the Career Network: Healthcare program, Montefiore Health System staff mapped the career trajectories for all the health care entry-level positions at Montefiore to help participants understand future career pathways. Workers hired after the program are promoted internally faster than other workers. Employer involvement in these programs also highlights some employers’ willingness to invest in training.

BOX 2

Profiles of Entry-Level Worker Training with Strong Employer Involvement

Excellence through Community Engagement and Learning program (EXCEL). EXCEL is a work-based learning program that uses classroom and on-the-job training to prepare participants for career-path jobs in health care and places students in paid four-month internships at the conclusion of the program.^a It is a partnership of the University of California, San Francisco, Medical Center (UCSF), Jewish Vocational Service (JVS) of San Francisco, and the City and County of San Francisco. The program was established to develop the local workforce and provide underserved communities exposure and access to university jobs. JVS provides enhanced training and supports. UCSF provides internships as part of the EXCEL program, paid for with public and UCSF community benefit funds. The program has accelerated its reach with additional funding from a consortium of foundations. Results from the program show at least 80 percent of graduates move into jobs within six months that pay at least \$40,000 a year.^b

Career Network: Healthcare program. The Career Network: Healthcare program is a partnership in the Bronx of Montefiore Health System, Phipps Neighborhood Development Corporation, and Hostos Community College and is funded by the JPMorgan Chase Foundation. This program provides low-income, entry-level workers contextualized occupational training, a four-week internship at Montefiore, and exposure to the workforce culture. Before the internship, program participants visit Montefiore every Monday, and these prospective employees are introduced to health care vocabulary, health care math (e.g., dosage), physiology, and anatomy. They also learn presentation and communication skills within the health care context. The internship program permits participants to shadow current employees and learn about job responsibilities. Once graduates are employed, the program helps them reenroll in community college to move up the career ladder.

Medical Assistant “Refresher” training. The Medical Assistant “Refresher” or enhanced training program is a four-week training class followed by a three-month paid internship for those who already have medical assistant training, developed by JVS of San Francisco and Sutter Pacific Medical Foundation. JVS recognized that many people in the area with medical assistant training could not find jobs, while employers such as Sutter reported they could not find medical assistants that met their requirements, with only 50 percent of applicants showing up for their screening test and 70 percent of those passing it. JVS worked with Sutter to identify the skill gaps and develop training to address them. Sutter pays for most of the program, including the paid internships. Sutter does not guarantee employment, but by the end of the first program, 13 of 15 graduates were hired at Sutter, and the remaining two were hired by other area employers. JVS plans to start similar training and internship programs with other area health care employers in the Bay Area.

Partners in Career and Workforce Development (PCWD). Partners HealthCare in Boston offers the PCWD program, in partnership with community-based providers. This eight-week training program, offered at Partners for 20 years, provides coaching, job performance, skill building, and opportunities for advancement internally and is open to jobseekers from the community. Four weeks of the program are dedicated to unpaid clerical and support staff internships in one of Partners’ member institutions, and 97 percent of 2015 PCWD graduates who used job placement assistance and sought employment following the internship were placed within Partners HealthCare or one of its member institutions (Partners HealthCare 2016). PCWD program graduates train for jobs a step or two above nonskilled entry-level jobs, including clerical roles, lab aides, administrative assistants, and operating room assistants. The program is paid for by Partners HealthCare.

^a Lisa Cisneros, “EXCEL Internship Program Prepares San Franciscans for Careers,” University of California, San Francisco, March 13, 2013, <https://www.ucsf.edu/news/2013/03/13673/excel-internship-program-prepares-graduates-careers>.

^b Dan Fost, “From Welfare to Work: EXCEL Program Becomes Model of Success,” University of California, San Francisco, November 4, 2013, <https://www.ucsf.edu/news/2013/11/110061/welfare-work-excel-program-becomes-model-success>.

Developing Incumbent Worker Training

Training workers for advancement is one way health care employers create middle-skill pipelines. Some employers offer tuition assistance as an employee benefit to offset costs of further education. Other employers offer programs that engage their *frontline workers*—that is, workers in entry-level positions in health care or support occupations. Most incumbent worker training develops a skill set among current employees needed for advancement to a more senior position.

To move into middle-skill jobs in health care, entry-level incumbent workers often need further education, ranging from noncredit training programs to an associate's degree. These workers may also benefit from support to complete their education, including college preparatory work and prerequisite courses, career guidance, and help balancing work schedules and classwork. Employers lead programs that provide this assistance. Employers' involvement in improving skills is mutually beneficial: it helps employers fill worker shortages and is a benefit for workers that improves retention and enhances the employer's attractiveness to jobseekers.

One example of employer-led incumbent worker training is the Allied Health Initiative in Boston, launched in 2007 with Beth Israel Deaconess Medical Center, Boston Medical Center, and Partners HealthCare. These three employers received employer-matched funding from The Boston Foundation to run an incumbent worker training program. The foundation funding helped incumbent workers build the core skills needed to pursue allied health careers. Some classes were provided on-site and online to make it easier for workers to balance classes with work. At Partners HealthCare, workers who completed computer literacy and college readiness assessments received web-based training in advanced imaging programs (provided in partnership with community colleges) for occupations such as radiologic technologist (Hebert 2011). Although the grant ended, the program continues in some form separately at each employer and is funded by the employers. Beth Israel Deaconess Medical Center offers precollege courses in reading, English, and math and college-level science courses to its employees, paying community colleges to teach college coursework to employees on site.

Another example of employers investing in workers' career advancement is UnityPoint Health–Des Moines's Breakthrough to Leadership training. This training was developed and piloted in 2010 in collaboration with the CICH industry partnership to increase internal promotions into supervisory positions. At program launch, baseline data at UnityPoint demonstrated 30 to 35 percent promotion from within for supervisor positions. Through the program, employees strengthen skills in delegation, time management, people skills, and relationship building. Now 80 to 90 percent of supervisory

positions are filled with internal candidates, and most attribute their promotion to the Breakthrough to Leadership training (Wilson 2015).

We heard from employers in several geographic areas that they share the mission to “grow their own” skilled health care workforce by improving incumbent workers’ skills. Although employers sometimes incurred significant costs for certain programs, others were funded through external sources. Several industry partnerships we spoke with develop training programs with employer input and raise funds to pay for these programs from public sources, philanthropy, or other grants.

Another employer-involved incumbent training program for health care employers with unionized workforces is 1199 SEIU training funds, labor-management funds jointly governed by union and employer members. These funds operate in 14 states and Washington, DC, with over 950 employers, 650,000 covered workers, and 125,000 students enrolled in training.¹⁰ Funds offset union members’ tuition, but the training funds are intermediaries developing new training programs for incumbent workers with employer member input. Because employers are coleaders and provide funds, trainings reflect employer priorities and knowledge. In New York City, leaders of the 1199 SEIU League Training and Upgrading Fund report that this model is successful because it balances input from employer members on their needs with input from student members on what works. Through this model, employer members in New York City have become more concerned with articulating training credits and incorporating career pathways. 1199 SEIU funds also receive grants from external sources to leverage their employer knowledge to create programs and provide expertise to other organizations.

Employers also build pipelines for incumbent workers by mapping career pathways—that is providing information on the skills, education, and certification needed to move from one position to another and how incumbent workers can build skills to advance. The BACH industry partnership coordinated hospitals to work together to develop career maps showing pathways to advance from lower- to higher-skilled and more advanced occupations and recently received funding to update these maps. One employer partner, Genesis HealthCare, a large skilled nursing and rehabilitation therapy provider with skilled nursing and assisted living communities in 34 states, worked with BACH staff to develop a career map for employment in long-term care, one of the first in the country. Genesis uses this map to assist workers at its sites across the country.

In addition to employers increasing their workers’ skills, some training initiatives engage incumbent workers in entry-level health care positions across multiple employers to increase their skills to move up. One example is Project OnRamp, developed by the Dallas County Community College District and funded by JPMorgan Chase. Launched in 2014, this initiative involves training certified nursing

assistants to increase their skills to move up to the higher-paying patient care technician certification. Participants earn up to an additional 20 percent annually by earning this additional certification.¹¹ Program staff report the initiative meets employer demand for patient care technicians. But related efforts by the Dallas County Community College District to help increase incumbent health care workers' skills to the next rung—an associate's degree in nursing—have been met with less success, largely because of a shift in emphasis by employers to hiring bachelor's degree-qualified nurses and reduced clinical training slots for associate's degree candidates. This highlights the importance of employer involvement in programs for middle-skill jobs to meet employers' changing needs.

Retention Specialists and Coaches

Several of the employers we interviewed want to reduce turnover and help existing employees' careers by using retention specialists or coaches. Coaches and retention specialists help frontline employees address challenges on the job (retention support) or provide mentoring for career advancement. Coaches instill career planning advice, address barriers to additional skill building, and provide assistance accessing employer career benefits, such as tuition support or training programs.

Having staff members fill this role helped employers retain, promote, and compete for workers. An additional advantage is that frontline employees have already been trained in the workplace culture and have a demonstrated desire to work for the employer. Two examples are presented in box 3.

BOX 3

Examples of Retention Specialists and Coaches

UnityPoint Health–Des Moines retention specialist. UnityPoint Health launched a pilot program in 2011 funded through a grant from Central Iowa Works to invest in a retention specialist to tap into the resources already on staff to meet employment needs, and the program continues today. This retention specialist targets frontline workers interested in pursuing career pathways leading to higher wages. The specialist’s job is to assist workers who have barriers to completing and pursuing additional education or training (e.g., moving people up from housekeepers to supervisors). Services offered include assistance completing a high school equivalency credential, résumé writing, interview preparation, and discussing how to build a path to a more sustainable wage. Specialists also help employees access supports, such as tuition assistance (Wilson 2015).

BACH career coaches. Several employer members of the Baltimore Alliance for Careers in Healthcare (BACH) have created coaching positions for their direct service workers to address issues that arise on the job. Employees may be referred to a coach to address challenges (retention support) or seek coaching services themselves, such as mentoring for advancement. Coached employees are often given an individualized development plan that includes an employee’s aspirations and goals and a plan for accessing services through their employer (e.g., tuition support) to move up a career ladder. Many coaches attend prospective employee orientations to describe the services they provide. The career coaching initiative was funded initially in 2005 by the Open Society Institute–Baltimore, the Annie E. Casey Foundation, and the Aaron and Lillie Straus Foundation, with eventual financial support from a US Department of Labor grant.^a According to a BACH staff member, each of the participating hospitals has continued to fund the coaching program (for about five years) using its own funds.

^a“The History of the Baltimore Alliance for Careers in Healthcare,” Baltimore Alliance for Careers in Healthcare, accessed December 9, 2016, <https://web.stevenson.edu/akilgour/bach/history.html#section3>.

One employer reported that following its investment in this type of position, entry-level employees can now more easily move along a career trajectory. Retaining and increasing skills for these entry-level health care workers to a more advanced role rather than hiring someone outside the hospital system is likely a cost savings, because the employee is already on-site and has been trained in the workplace culture. Specialists can help employees take advantage of available benefits, such as tuition assistance.

Full-time coaching and retention staff can be costly. Both of the initiatives in box 3 started as pilots with external funding coordinated through an industry partnership. After employers recognized the position’s value and made it part of their regular practice, both initiatives became completely or partially funded by the employers. One employer suggested other employers interested in trying this approach could lower costs by using virtual coaching to spread services across a large workforce or have multiple staff in workforce positions provide coaching services as part of their broader role.

Developing New Roles for Workers

The ACA and other changes in the health care sector mean that changes in health care delivery can create new roles and demand for middle-skill jobs. In our interviews, we heard several examples of employers developing new positions with enhanced responsibilities beyond entry-level patient care jobs as part of broader efforts to improve health care delivery design. These jobs provide advancement opportunities for entry-level workers and show the potential for health care employers to include workforce investments in their plans for change. As one employer said, employers often treat investment in frontline workers as incidental or an afterthought to efforts to transform health care delivery. But this employer also felt workforce development efforts should be front and center in health care redesign because frontline workers are central to improving quality outcomes for patients.

Several new training opportunities enhance the skills of current medical assistants so they can become health care coaches, shepherds, or care coordinators. Workers in this position are often part of a patient care team, working with patients, doctors, and nurses to meet patients' needs. These enhanced medical assistant positions offer a step up for medical assistants who typically have limited opportunities for advancement. Industry partnerships, union training funds, and other intermediary organizations work with employers to develop these trainings.

One employer-led effort in this area is the health coach initiative of the Community Care of Brooklyn (CCB) performing provider system, led by Maimonides Medical Center (box 4). CCB asked partner employers what they needed to implement its major new health care initiatives and reach patient outcome goals. The health coach position was an early result of these discussions. Given the lack of programming available to train for this emerging role, Maimonides CCB worked with NYACH to coordinate curriculum development and launch the first two training cohorts. CCB reported on the importance of structuring the health coach program in a way that would provide incentives to employers, particularly small primary care offices, to incorporate health coaches into their organizations. CCB staff report that funding for training, paying trainees, and paying to fill open positions of those attending training is instrumental in encouraging employers to try the health coach position. Additional incentive payments, available if health coaches help practices meet patient quality standards, also encourage employer involvement.

A different example of employer involvement in promoting worker advancement through creating a new worker role is the Care Connections Project (box 4). It points to the critical role a third-party intermediary can play, using close employer connections and deep understanding of the health care market. The project created a higher-paid advanced home health aide role in the home health care

setting and was funded with public funds for innovative health care delivery strategies. The initiative was led by the nonprofit Paraprofessional Healthcare Institute (PHI) with the involvement of several home health care agencies. PHI developed the project with employer partners. A staff member at the Jewish Association Serving the Aging (JASA), an employer partner in this project, reported it could not have been accomplished without the PHI securing public innovation funds for the initiative and developing the training using their expertise. According to JASA, the cost-containment environment and low reimbursement rates from the state for home health aides does not leave much room for home health agencies to provide training or advancement opportunities or even the capacity to develop this type of initiative. Also key to the initiative's success was the inclusion of Independence Care System (ICS) as a payer, with the participating home health agencies included as licensed preferred providers in their network. This provided a mechanism for paying for these enhanced positions. ICS has managed to continue the Care Connections Project, but JASA reports need for more managed-care plans to adopt this type of operation and provide additional opportunities for advancement.

BOX 4

Profiles of Employer-Involved Initiatives Creating New Roles for Workers

Community Care of Brooklyn health coaches. Community Care of Brooklyn (CCB), led by Maimonides Medical Center, is a performing provider system in New York State's Delivery System Reform Incentive Payment (DSRIP) program. With over 4,500 providers, including 1,600 primary care providers, more than 800 partner organizations, and 600,000 attributed Medicaid recipients, CCB is one of the largest performing provider systems in New York State and the largest in Brooklyn. To meet goals across DSRIP projects, CCB worked with the New York Alliance for Careers in Healthcare (NYACH) to develop a health coach training program. Health coaches are medical assistants or medical assistant equivalents who receive additional training to spend time with patients as part of their care team, freeing up doctors' and other providers' time to deliver quality care to patients more efficiently. NYACH developed the 12- to 15-week health coach training curriculum with input from other network health care employers, and training is provided by Kingsborough Community College. Those who complete the training receive a certificate and up to six college credits. Following NYACH's funding for the first two pilot cohorts, state DSRIP funds³ pay for the training and pay trainees during training. In addition, adopting health coaches helps practices meet National Committee for Quality Assurance 2014 patient-centered medical home standards and receive additional incentive payments.

Care Connections Project. In 2014, the Paraprofessional Healthcare Institute (PHI) developed the Care Connections Project in partnership with three home care agencies: the Jewish Association Serving the Aging, Sunnyside Community Services' Cooperative Home Care Associates, and Independence Care System (ICS), a nonprofit Medicaid-managed long-term-care organization. The project used specially trained advanced aides and telehealth technology interventions to improve care transitions for ICS members to foster stability within the home environment and reduce preventable emergency room visits and hospital readmissions. Care Connections senior aides were embedded within each partnering home care agency coaching other home health aides, having more direct contact with nurses and technology, supporting the ICS member's interdisciplinary care team in stabilizing the member's care at home. These were salaried positions guaranteed for 18 months. The home care agencies recruited for the project from their incumbent workforce, and the PHI designed and delivered extensive training. The project was funded by a \$1.9 million award to the PHI from the New York State Balancing Incentive Program Innovation Fund. Data showed that emergency room visits went down 8 percent, with 14 newly trained aides (eight deployed and six alternates) providing care to almost 2,000 people through their participation in the program.

³ DSRIP is a fund that uses some Medicaid dollars through a federal waiver to restructure health care service delivery (MACPAC 2015). DSRIP is the main mechanism by which New York State will implement the Medicaid Redesign Team Waiver Amendment. DSRIP aims to restructure the health care delivery system by reinvesting in the Medicaid program and to reduce avoidable hospital use 25 percent over five years. For more information, see "Delivery System Reform Incentive Payment (DSRIP) Program," New York State Department of Health, accessed December 23, 2016, http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/.

Creating Industry Partnerships

A final way employers develop middle-skill pipelines is by starting industry partnerships. While all the industry partnerships we spoke with have strong employer involvement, several were created by employers. One example is the long-standing Boston Healthcare Careers Consortium, started by large Boston-area health care employers. After working within their organizations to build middle-skill opportunities, they recognized the need for broader system change, where employers collaborate with community colleges, community organizations, and other workforce system partners to better align training for health care issues.

Other employers are starting new industry partnerships, including the Healthcare Workforce Collaborative led by Advocate Health Care and the Center for Healthcare Careers in Southeast Wisconsin with founding member Froedtert Health. Both of these industry partnerships have plans to develop opportunities that focus on middle-skill career pathways.

In partnership with community organizations, the Healthcare Workforce Collaborative started with a first phase of providing entry-level nursing assistant and patient care technician training to some of Chicago's poorest residents. The collaborative is engaging hospitals and partners in the Advocate Health Care system before expanding to other external employer partners. According to collaborative staff members, the primary motivation for starting the partnership is to address Chicago's skilled-worker shortage. Another impetus is to reinforce a connection between Advocate and the community to limit the disconnect between community members and health care providers. The collaborative aims to implement additional trainings in multiple phases to advance incumbent workers seeking more advanced career opportunities within the health care sector. The collaborative involves partnering with other employers, relying on community colleges to provide training and on community organizations to provide support services for participants. Staff members at Advocate Health Care overseeing the Healthcare Collaborative hope that the evolving partnership will demonstrate the value of demand-driven, employer-led training programs.

While still in its early stages, the CHCSeW partnership intends to develop programs targeting health care occupations from entry-level to middle- and higher-skill jobs, such as nurse practitioners and physician assistants. The CHCSeW was launched with multiple external partners and designed to address worker shortages experienced by employer partners in the region. Starting an industry partnership required a lot of up-front work, including meeting with employer groups and educating them about what the partnership might look like to get buy-in and build trust. Five founding regional health care employers made an initial \$400,000 collective investment and provided human capital to

help with these building efforts. A founding partner of the CHCSeW is optimistic that the partnership will lead to greater return on investment because of multiple employer partners in the region working together to pursue shared goals. One of the challenges the new partnership faces is ensuring that the needed resources and training program elements are in place for long-term sustainability.

Employer Perspectives on Partnerships

The employers we interviewed shared their perspectives on their roles and engagement in initiatives that build pipelines to middle-skill jobs. We report here on their motivations for engaging in these activities, their roles in and thoughts on industry sector partnerships, and their perspectives on other partners' roles in these initiatives.

Employer Motivations for Engaging

To encourage employers to develop or engage with other partners in activities that help workers move into middle-skill jobs, it is important to understand what motivates their participation. Employers want to improve opportunities in the labor market to meet their need for a skilled workforce. But why do employers develop or join partnerships that go beyond what might be considered “usual” hiring practices? Employers reported multiple motivations.

Worker shortages and difficulties hiring for certain positions motivated some employers to be involved in increasing and improving supply. While employers reported shortages for higher-skilled positions, such as nurses, physician assistants, and nurse practitioners (Bovbjerg and McDonald 2014), some employers mentioned shortages for entry-level clinical positions and allied health professions. In some places, low unemployment rates have led to worker shortages and have increased employers' desire to create a pipeline for entry-level positions. In places without a shortage of applicants for entry-level health care positions, such as medical assistants or certified nursing assistants, the quality and skills of available workers do not meet employers' needs. As a result, employers are motivated to improve the health care pipeline, including training and promoting their own entry-level employees.

Employers also discussed worker turnover and difficulty with retention in certain positions. Training and coaching initiatives for incumbent employees were often developed to meet this need. This skill upgrading was offered as a benefit that would convince workers to stay. One employer estimated that to train a new worker costs them 50 percent of the annual salary of the worker who left,

but considers this a cost that can be controlled with successful workforce initiatives that reduce turnover. Other employers offered retention support as a way to be “the employer of choice” in the area and to better compete for workers.

Employers also want to have a workforce that reflects future health care delivery system needs. As health care delivery evolves, the workforce needed to deliver health care changes. Employers want to “ensure a well-prepared, diverse workforce, organized in ways that meet the needs of health care delivery” and make sure the workforce matches their needs in three to four years. For many, hiring a workforce that reflects the diversity of the patients they serve is important, and initiatives that recruit entry-level jobseekers or advance frontline incumbent workers can help achieve this goal. Employers need new skills with movement of health care delivery away from hospitals to ambulatory and community health settings, including communication and coordination skills.

Employers are also motivated to participate in these initiatives as part of their mission to serve the community or address community needs. For some employers, this is connected to being one of the larger employers in a city or being located in or serving neighborhoods with high unemployment or needs for skill upgrading. One employer described this as wanting to “be a good neighbor [to provide] good jobs.” For example, the Career Network: Healthcare program builds on Montefiore Health System’s commitment to the health of the broader community they serve in the Bronx. Building on this motivation was particularly important at the start of the relationship, before Montefiore had experienced the program’s potential economic and workforce benefits. These economic, workforce, and mission-oriented motivations are some of the reasons employers gave for undertaking efforts to improve workforce pipelines to middle-skill jobs.

In addition, employers find it important to be strong partners or lead partnerships, rather than leaving skill-building activities to nonemployer organizations. In health care, some training curricula require clinical placements, so employers have a natural role. But employers felt their role went beyond this. Just as employer engagement is seen as critical by the workforce development field, employers felt their role participating in partnerships is essential. Employers repeatedly talked about the unique role employers play in these partnerships and the need for employer involvement and leadership. Employers feel their role is critical because of their knowledge of the health care landscape and workforce needs. This knowledge includes the skills that should be included in training curricula and the job-readiness skills necessary for interacting with patients and operating in their workplace culture. One employer emphasized that a lot that goes into executing even entry-level health care jobs at his organization. Employers felt their input in developing entry-level training and internship programs helps ensure workers meet employers’ requirements. Some employers also felt that their participation in

partnerships funded by public dollars was important to help make sure these efforts are successful, meeting a desire to be “good stewards of community resources.” Finally, several employers described previous partnerships with CBOs or training providers that were less successful because employers were not involved enough or did not play a strong leadership role. On the other hand, all the nonemployer organizations we spoke with desired some employer involvement, and most welcomed strong employer roles in partnerships.

Employers Perspectives on Health Care Industry Partnerships

Health care industry partnerships bring together multiple health care employers and other stakeholders. We interviewed employers playing active roles in or leading health care industry partnerships and representatives from organizations playing an organizing or intermediary role for these industry partnerships. Employers reported multiple reasons why leading or playing an active role in these partnerships was important.

Employers value the work industry partnerships do to identify gaps in the regional workforce, create links between health care partners and the community, and to develop new initiatives with employer and nonemployer partners. Industry partnerships such as BACH, NYACH, and CICH, while differing in approaches, all gather input on employers’ needs and then seek to develop targeted strategies that meet those needs. Some employers said projects would be less successful or would not have happened without broader industry partnership. Often, this was because the partnership had a strong organizing or intermediary entity that had the capacity for activities that employers felt they did not have.

BOX 5

Highlights of Employer Perspectives on Health Care Industry Partnerships

Employers we interviewed valued industry partnerships because partnerships

- have the capacity to develop new initiatives while relying heavily on employer input;
- keep track of the players in the workforce system, building and maintain relationships;
- make it easy for employers to participate in new initiatives, from raising funds to structuring involvement to facilitating reporting requirements;
- provide a venue for developing employer collaboration and exchanging information with nonemployers; and
- facilitate employers working to create systemwide change beyond individual initiatives.

Employers appreciated industry partnership intermediaries doing the legwork to develop new training or other workforce initiatives, while relying heavily on employer input. This saved employers money and reduced duplication of effort across employers. Given pressures to contain costs, some employers could not have staff dedicated to developing middle-skill job initiatives. Even employers with permanent workforce development staff were limited in their ability to develop new programs to meet changing needs. Employers reported it was not feasible or cost-effective for each large health care employer to have its own training programs. Staff at UnityPoint–Des Moines said it was easier to serve the community and obtain well-trained employees collectively through the CICH partnership.

Employers had limited capacity to track all the players in the workforce system, including training providers and other community organizations, and maintaining relationships with these potential partners is difficult. Industry partnerships provide continuity and long-term relationships for employer partners, saving employers time and money.

Industry partnerships help make involvement easy for employers because they seek funding and maintain the initiatives. An industry partnership can identify potential funding sources, apply for funding, and meet funding requirements better than a single employer. In one grant initiative, employers provide the data funders require to BACH staff members, who create reports for the funder and are the point of contact. BACH also holds the employer partners accountable, setting expectations up front and providing feedback to employers. NYACH makes it easy for employer partners to be

involved in training programs by providing employers roles and responsibilities and an internship skills checklist designed with industry input.

Employers also recognized that industry partnerships can work on systemwide issues that are important to employers but beyond one employer's capacity. A Froedtert Health staff member who is a founding member of the CHCHSeW said one motivation for starting that partnership was shortages in key professions because one employer is not big enough to have community-wide impact. Another example of systemwide action is when the employer-led BHCC released a report calling for more flexibility in course scheduling and internships for working adults and consistency in academic standards for courses to increase portability of credits throughout the system (O'Connor 2011). Employers recognized the need for this system change from their experiences, and this was one of the motivations for creating the BHCC. NYACH also engaged in a partnership with the City University of New York to redesign curricula for specific health care jobs to align them with the employers' needs. NYACH brought multiple employer perspectives to this system redesign, a change beyond the capacity of any one employer.

Employers also value industry partnership meetings to exchange information with other employers. Meetings provide an opportunity to get to know peers at other employers and to share best practices. One employer commented that collaborative participation was crucial because of the face time with peers it affords, even peers who have been viewed as competitors. One employer said that by participating in the collaborative, other employers went from "competitors to colleagues." Employers value the exposure to peers who address similar labor market issues. This access allows them to partner to design programs and trainings that address those challenges. One employer partner said it lets employers get beyond an episodic approach to problems. Other employers can replicate initiatives that the collaborative develops. For industry partnerships to be successful, employers must share opportunities and funding to leverage resources effectively. Industry partnerships are useful for sharing knowledge about local labor markets with national companies involved in these partnerships.

In addition, as health care system changes emphasize the "continuum of care," employers recognize the need to communicate across subsectors that operate in silos, such as acute and inpatient care, ambulatory care practices, home care, and long-term care. Industry partnerships that include multiple types of health care employers can bring valuable connections. NYACH has fostered cross-sector collaboration between community health associations and hospital systems. Genesis Healthcare, a representative long-term care organization in BACH, provided accurate information and educated other organizations about the area's long-term care needs.

Industry partnerships are an efficient and valuable way to share information with nonemployer organizations. CICH has held partnership meetings at employer sites that were hiring and built relationships between employers and job developers. At joint meetings, job developers ask employers questions, such as whether an employer would hire someone with a criminal background now or in the future. Employers, in turn, are hiring more graduates who closely match their skill needs. The closer partnership has advanced the hiring pipeline. Other employers expressed the value of providing information to the broader partnership on the technical skills needed to be successful at their workplace and what they are looking for when hiring. Employers found it valuable and efficient to work through industry partnerships to provide input on needed changes in education and training programs to meet their needs. Industry partnerships also coordinated resources across nonemployer partners and avoided the duplication of efforts. Employers are approached by many different organizations in the community for hiring, internship slots, and other activities, and coordinating partnerships with nonemployer partners through industry partnerships streamlines connections to community partners.

Other organizations carry out some of the industry partnership roles that employers find valuable. Organizations such as the PHI and JVS of San Francisco develop workforce initiatives for employers with employer input, provide connections to funding opportunities, and coordinate partners. In addition, 1199 SEIU training funds leverage employer and union member input to create programs in alignment with employer needs and priorities, serving an intermediary role. Increasing employer engagement in developing pipelines to middle-skill jobs can be facilitated by organizations serving this function and through broader industry sector partnerships.

Employer Perspectives on Nonemployer Partners' Roles

Nonemployer organizations—including education and training providers, community and social service organizations, unions, government agencies, and industry representatives—play important roles in employer partnerships. Nonprofit organizations can be intermediaries when they bring key partners together in pursuit of a common goal or be the organizing entity for an industry partnership. This section focuses on employers' perspectives about the comparative advantage of organizations other than employers carrying out functions that are part of many workforce initiatives. According to our interviews, organizations other than employers may be better equipped relative to their employer partners to recruit and screen candidates, provide training on basic skills or work-readiness soft skills, provide the classroom portion of occupational skill training, and offer wraparound support services for students pursuing health care training.

In many efforts serving jobseekers from the community, CBOs and workforce development training providers recruit jobseekers from the community and screen and assess candidates before entry into training programs. Employers and industry partnerships rely on community partners' expertise for these functions, given partners' day-to-day interaction with their customers. This also helped alleviate budget and time constraints employers face when filling this role themselves. Employers felt it was important to provide input and feedback to help their partners stay well informed of skill requirements on the job and ensure that a job is a good fit for a candidate. In addition, many employers felt that nonemployers prepare a candidate for work by providing basic skills and other remedial coursework before training. Where workforce development budgets are limited, some employers' training dollars are best spent on on-the-job training to increase employees' skills, rather than training a new worker. But several employers that provide internships for entry-level workers felt it was important to help select candidates, because the employer knew best what was required for the job and could ensure a better match and successful experience.

Furthermore, community and workforce partners can design and implement curricula and training where employers do not have the capacity. The University of California, San Francisco (UCSF), recognized a shortage of electroencephalogram technicians in the East Bay area. Rather than creating its own training program, UCSF has been in discussions with area community colleges to leverage their expertise, because they feel community colleges are better equipped to provide this training. In addition, nonemployer partners can develop and revise curricula with input from employers regarding skills that are desirable for employees (e.g., personable, strong communications skills)

Finally, nonemployer organizations provide wraparound support services for students starting their health care training or continuing up the career ladder. Many potential health care workers face barriers to employment that prevent them from completing required training. These barriers include a lack of transportation, lack of child care, and inadequate clothing or other supplies needed for the training or new job. In the EXCEL program, UCSF's community partner JVS of San Francisco uses grant funding to provide supportive services, such as transportation, or needed clothing and supportive services to ameliorate other barriers that may prevent the completion of the training program.

Challenges and Facilitators to Initiating and Sustaining Employer Partnerships

The employers we interviewed discussed multiple challenges and facilitators to initiating or participating in partnerships to develop middle-skill pipelines. In this section, we discuss some of the

ways employers and their partners address challenges and facilitators that may make initiating and sustaining partnerships easier.

Changes in health care delivery can present a challenge to employer participation in partnerships to build middle-skill pipelines. Concerns about containing costs and diminishing margins put pressure on employers, limiting their capacity to fund initiatives and get employers' attention to engage in partnership activities. But some of these broader changes led to increases in innovation in the way health care is delivered and the potential for workforce changes to be woven into an innovative strategy. This is salient in states that use state and federal funds to encourage employer innovation. After the passage of health care reform in Massachusetts in 2006, employers that used funds targeted for innovation became forward thinking about the changing health care landscape and the implications for the workforce.

Other challenges included the time it takes to develop relationships with partners, see project results, and continue recalibrating programs to improve them. Working through an established industry partnership that maintained these relationships was an asset. Employers that were developing new industry partnerships also spoke of the time it can take to build relationships with employer and community partners and the need for funding in these initial development stages.

An essential facilitator in initiating and sustaining partnerships is having a leader at the employer who championed workforce change. This staff member advocates to the executive leadership for continued investment in workforce training initiatives. A strong leader can facilitate obtaining external funding, institutionalize an initiative, and encourage a broader commitment to workforce development by an employer. In many cases, these leaders have prior experience in workforce development.

Having one strong advocate is not sufficient for success. Engaging supervisors and managers in various departments is a challenge when developing new training and internship programs. Executive leadership buy-in is necessary, but supervisors and managers oversee the internships and clinical placements, hire workers, and interact with entry-level and middle-skill workers. Affording the cost of this staff time was also a challenge for some employers.

Another important facilitator for employer involvement was having partners that are knowledgeable about employers' workforce challenges and the health care delivery landscape. The most effective partnerships emphasize how a partnership is mutually beneficial, seek to understand an employer's workforce challenges, and tailor strategies and solutions to that employer.

Role of Funding

Employers we spoke with, including those that have been engaged for years in activities to build pipelines to middle-skill jobs, expressed concerns about funding for training initiatives and industry partnerships. Some employers felt the pinch of trying to train new and incumbent workers with limited resources. External funding and other leveraged funds are critical for most employers. Employers acknowledge the valuable role industry partnerships can play in accessing funding to initiate and sustain activities. Union-negotiated training funds are another source of sustained funding.

Often, funding to start new initiatives (i.e., seed money) from external sources is critical. Seed funding from a community partner or foundation can facilitate employer engagement. Even small amounts of funding, relative to large health care employers' multimillion-dollar budgets, can engage employers. In the Career Network: Healthcare partnership, Phipps Neighborhood Development Corporation providing funding to Montefiore Health Systems for staff time dedicated to planning signaled to Montefiore that Phipps was a serious and committed partner. The staff time Montefiore invested outstripped the funding they received, but Phipps's initial investment brought Montefiore to the table.

Seed funding is an incentive for employers to target populations they may not have previously worked with. Initial government funding from San Francisco encouraged employers to develop programs to prepare low-skill workers for employment. Advocate Health Care also reported the importance of initial funding to encourage employers to join them in the first phase of their industry partnership to train entry-level workers.

Even for employers already investing in workforce initiatives, external funding can encourage innovation. Using pilot initiatives, employers and their partners demonstrated the effectiveness of strategies. Proven efficacy of a pilot can then facilitate buy-in from leadership internally for additional employer investment and allow partnerships to continue to seek outside funding. Genesis Healthcare used seed money to fund initial training programs and used its track record of successful results to apply for new grants through the BACH partnership.

The 1199 SEIU training funds provided sustainable funding of employer-involved initiatives. These labor-management training funds are intermediaries that develop middle-skill training programs that respond to employer and worker needs and have large employer investments, continuous employer involvement, and a sustainable funding source. In 2016, these funds were managing \$86 million in bargained resources and \$20 million in other funding.¹² Other efforts can leverage this knowledge and

the employer relationship infrastructure these intermediaries have built by involving training funds in their work.

Despite concerns about costs, several employers incorporated initiatives focused on increasing skills and middle-skill pathways into “business as usual” at the company; that is, integrating a commitment to the workforce as part of their work and funding those efforts internally. The Allied Health Initiative in Boston is a training program initially funded by a grant but has been continued by the employer. In addition, the initiative developed through BACH to provide coaches for incumbent workers is now regular practice for employers participating in the partnership.

Measuring the Effectiveness of Employer Partnerships

Another key factor in sustaining initiatives is measuring their effectiveness. Previous work has described the importance of “making the business case” to employers to engage them in developing pipelines for middle-skill jobs (Spaulding and Martin-Caughey 2015; Wilson and Holm 2012). Data and evaluation can support the case for continued investment in successful programs. This aligns with guidance from the most recent CareerSTAT toolkit, a guide for best practices for employers managing frontline health care worker programs, published by Jobs for the Future. The authors find that in addition to making the case for investment in health care initiatives with robust data and analytics, data should link program findings to strategic business priorities, and an infrastructure is needed to manage data collection (Wilson and Aiken 2016).

Making the business case can also involve measuring the effectiveness of existing partnerships (Hebert 2011). Advocate Health Care has hired UChicago Urban Labs to analyze the Healthcare Workforce Collaborative as part of the process of setting up an evaluation framework for the collaborative. Data collection and analysis can be time consuming and costly for employers. This section highlights ways employers measure the effectiveness of initiatives, their perspectives on these efforts’ value, and the challenges of developing and implementing metrics to evaluate initiatives.

Employers reported the importance of measuring whether partnerships are a success because it can lead to future partnerships and funding opportunities. UnityPoint Health–Des Moines’s retention specialist collects data and metrics for every employee she works with. Collecting data on employee outcomes is an institutionalized responsibility for the retention specialist, allowing the employer to track promotion rates and program outcomes.

Establishing a program's efficacy lends credibility to a program that may require ongoing funding and may encourage others to develop similar programs. JASA and other participating employers collected data on the Care Connection Project, and PHI aggregated and analyzed that data to show positive program results. JVS San Francisco reported using results for the EXCEL program to show the initiative's caliber and establish support for creating similar programs and for developing additional collaboration possibilities with UCSF. Partners HealthCare staff members used metrics from its Partners in Career and Workforce Development program to track retention of program graduates.

One employer cautioned that while it is difficult to get a complete bottom-line return on investment in health care, attempting to measure outcomes shows what is working and what is not. To substantiate cost savings and return on investment, employers use many metrics, including retention, promotion, and outcomes data. Employers work with partner organizations and industry partnership intermediaries to demonstrate results. As part of Career Network: Healthcare, Phipps Neighborhood Development Corporation tracks retention and promotion rates for up to a year after graduation with data provided by Montefiore Health Systems.

While using data and evaluation to measure initiatives' and training programs' effectiveness is advantageous, challenges include difficulty developing metrics, data privacy restrictions that impede data sharing, and state or federal regulations that require a high level of data collection. Industry partnerships ease these challenges by aggregating and analyzing the data employers provide. Health care employer partners in BACH initiatives must provide some outcomes data to participate. Even so, a BACH staff member noted difficulty in tracking career pathways across employer partners because each hospital has its own data collection system. To address this, coaches at hospitals within the BACH network collect data and enter it into a central system, which the partnership uses to substantiate its initiatives' effectiveness. To address the difficulty in aggregating data because of hospital privacy regulations, the CICH partnership gathers employment and wage data from each employer partner, analyzes the data, and reports aggregate findings to employer partners.

Furthermore, many state- and federally funded programs that target changing health care delivery systems stipulate that the employer must collect data to receive performance-based incentive payments. Employers participating in these initiatives, such as Maimonides CCB and Montefiore in New York, are also required to collect performance outcomes related to the workforce. Employers reported tracking these metrics can be difficult, because they require an additional layer of data gathering that is new to many health care providers. But this type of data collection and measurement allows employers to build an evidence base that supports their worker- and patient-related outcomes.

Concluding Thoughts and Implications

Employers play important roles in building pipelines to middle-skill jobs for workers, from training to coaching to developing new worker roles. Employers best understand their workforce needs and believe successful initiatives require employer input. Beyond input, employers develop new initiatives and play important leadership roles. Employers also rely on other partners to fill roles that they don't have the capacity or ability to do well. Employers reported several challenges to initiating and sustaining middle-skill activities, and many discussed the importance of participating in sector-wide industry partnerships to develop, implement, and sustain middle-skill pipeline initiatives. In addition, the scale of these initiatives across each employer site is unclear—that is, how much the programs we highlight involve a substantial part of employers' middle-skill hiring varies. Further study to quantify the scale of these opportunities at specific employer sites or in specific markets would be an important addition.

In this concluding section, we draw from these employer perspectives implications relevant for employer and nonemployer organizations seeking to enter or fund health care employer partnerships to build pipelines for workers to middle-skill jobs.

- **Be knowledgeable about health care employer needs.** To get employers interested in participating, potential partners need to understand the employers' needs and the health care market context. Listening to what issues employers face, including where shortages and turnover exist and difficulties finding skilled applicants, can increase the chances of developing a successful and sustainable partnership. In addition, successful partners had deep knowledge of health care market trends around specific occupations and changes in health care delivery. This can mean developing more relevant initiatives and better employer partnerships.
- **Assess the relative advantages of different partners.** Employers feel their involvement in middle-skill initiatives is important, but they agree that some activities are better suited to other partners. Activities that are best for employers versus other partners will differ for each effort, so considering the relative advantages of partner roles should be part of developing a new initiative.
- **Understand it takes time to build employer partnerships.** Employers recognized that it takes time to build a trusting relationship with new partners to be assured that their goals are aligned. This up-front time for planning should be built into expectations for partnership

development and should be a consideration for funders. Building on developed partner relationships or working through established industry partnerships can address this challenge.

- **Plan to measure outcomes.** Measuring a project's success can help staff at the employer get buy-in from leadership, potentially leading the employer to invest additional resources, incorporate a project into its regular operations, and increase the chances of winning external funds or encourage others to develop similar programs. Less than a complete return-on-investment analysis can be persuasive.
- **Leverage funding.** When funding employer partnerships, external seed money might be enough to fund a pilot, cover costs while building employer trust, or see initial positive results. If an initiative is well developed and valuable to an employer, the employer may invest resources to sustain the work. Funding an initiative developed by an industry partnership or other intermediary with well-developed health care employer partnerships is another way to leverage funds for results. Finally, funders should explore ways to leverage funds to encourage employers to consider middle-skill workforce investment as part of other efforts to restructure health care delivery to reduce costs and improve patient outcomes.

While trends in the health care sector indicate increased demand for jobs requiring less than a four-year degree, not all these jobs are middle skill. Employer-involved initiatives around entry-level jobs are important, and many employers are involved in and being asked to participate in these activities. Stakeholders concerned with building opportunities for less-skilled workers also point out the importance of improving entry-level job quality. But if the desire is to focus on the next step of the career ladder, potential partners and funders need to focus on projects targeting the development of middle-skill jobs or advancement from entry-level to middle-skill work. One strategy is to focus on initiatives with employers that increase incumbent workers' skills and advancement opportunities. Understanding employer roles and perspectives in building pipelines for workers into middle-skill jobs can help other health care employers and intermediaries, workforce organizations, and potential funders when developing their own initiatives with employer partners.

Appendix A. Interviews Conducted

Name	Title	Organization
Kelly Aiken	Vice president and CareerSTAT director	National Fund for Workforce Solutions
Keith Allen	Senior vice president and chief human resources officer	Froedtert Health; Center for Healthcare Careers of Southeast Wisconsin
Mary Brumbach	Certified fundraising executive and associate vice chancellor of strategic initiatives	Dallas County Community College District
Daniel Bustillo	Director	Healthcare Career Advancement Program
Joan Chaya	Director of workforce development and management	Montefiore Medical Center
Jeffrey Chiu	Vice president for human resources	University of California, San Francisco, Medical Center
Lisa Countryman	Vice president of program and grants development	Jewish Vocational Service of San Francisco
Jenn Gross	Director of health care team	Jewish Vocational Service of San Francisco
Delisa Johnson	Project manager	Advocate Health Care
Deborah King	Former H-CAP executive director and 1199 SEIU TEF consultant	Healthcare Career Advancement Program and 1199 SEIU Training and Employment Fund
Loh-Sze Leung	Principal and owner	Leung Consulting
Joyce McDanel	Vice president for human resources and education	UnityPoint Health-Des Moines
Dianne Morales	Executive director and chief executive officer	Phipps Neighborhoods Development Corporation
Joanne Pokaski	Director of workforce development	Beth Israel Deaconess Medical Center
Clayton Pryor	Director of workforce development	Advocate Health Care
Deborah Rowe	Senior director	Genesis HealthCare
Mary Jane Ryan	Director of workforce development	Partners HealthCare
Navjeet Singh	Deputy director	National Fund for Workforce Solutions
Abby Snay	Executive director	Jewish Vocational Service of San Francisco
Laura Spada	Executive director	Baltimore Alliance for Careers in Healthcare
Jodi Sturgeon	President	Paraprofessional Healthcare Institute Inc.
Harriet Tolpin	Senior workforce development adviser	Partners HealthCare
Shawna Trager	Executive director	New York Alliance for Careers in Healthcare
Jenny Tsang-Quinn	Chief of clinical programs and network development	Maimonides Medical Center
Sandi Vito	Director	1199 SEIU/League Training and Upgrading Fund
Randall Wilson	Associate research manager	Jobs for the Future

Appendix B. Additional Information on Industry Partnerships

* = We interviewed a representative of this organization for the report.

The Baltimore Alliance for Careers in Healthcare (BACH)

- **Main features and strategies employed.** BACH's nonprofit entity steers and guides the alliance. BACH initiatives have been launched at several employer partner institutions and have supported new and incumbent health care workers. BACH-funded initiatives include career coaching to improve retention and advancement of frontline workers at member hospitals, career maps to outline career advancement opportunities in partner hospitals, and a pre-allied health bridge program for incumbent workers who need remedial short-term training.¹³
- **Partner employers.** Bon Secours Hospital, Carroll Hospital, Genesis HealthCare,* Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Levindale Hebrew Geriatric Center and Hospital, Medstar Good Samaritan Hospital, Mercy Medical Center, Northwest Hospital, Sinai Hospital, and the University of Maryland Medical Center.
- **Other partners.** Philanthropic organizations, the mayor's office, public schools, educational institutions and nonprofits, and the community.

The **Boston Healthcare Careers Consortium (BHCC)** is an employer-led health care industry partnership cochaired by the directors of workforce development from Beth Israel Deaconess Medical Center and Partners HealthCare. BHCC was launched in 2010 and convenes employers, educators, and workforce system partners to promote health care-related education and training opportunities that are efficient, are effective, and align with industry needs. The consortium's vision is for Greater Boston to have an efficient and effective system where jobseekers and employees connect to positions at the end of training and employers find and develop the skilled workforce they need to meet their vacancies and to adapt to industry demands. The convening entity for the BHCC partnership is the Boston Private Industry Council. The consortium's activities are managed by a full-time staff member funded by Skillworks and the Boston Private Industry Council.

- **Main features and strategies employed.** BHCC's first major project was Critical Collaboration, a report identifying the need for greater alignment of systems and collaboration among

workforce, higher education, and employers. Following the report's release, the consortium embarked on a two-phase project over four years with select allied health community college programs. The goals of the From Classroom to Employment project were for employer members and consortium staff to provide wraparound supports to students and faculty in the programs, better connect graduates to jobs at the end of training, and collect robust data about the jobs program graduates were getting.

- **Partner employers.** Beth Israel Deaconess Medical Center,* 1199 Service Employers International Union Training and Upgrading Fund, Boston Children's Hospital, Boston Medical Center, Brigham and Women's Hospital, Commonwealth Care Alliance, Dana-Farber Cancer Institute, East Boston Neighborhood Health Center, Hallmark Health Corporation, Harbor Health Services, Harvard Vanguard Medical Associates, Home Care Aide Council, Lahey Clinic, Massachusetts Senior Care Foundation, Mass League of Community Health Centers, Massachusetts General Hospital, Partners HealthCare,* Partners Private Care, Spaulding Rehabilitation Hospital, Boston Steward Health Care, and Tufts Medical Center.
- **Other partners.** Educational institutions, labor organizations, the public workforce system, and other Boston-area stakeholders.

The **Center for Healthcare Careers in Southeast Wisconsin (CHCSeW)** is an industry partnership of four major health care systems in the Milwaukee region. It is an employer-led, demand-driven collaborative. The partnership was developed over four years and launched in 2016. The CHCSeW aims to "unite all appropriate stakeholders in a viable, flexible structure to locate, educate and support a workforce from service to professional levels in the health care industry in SE Wisconsin with a vision to create a supply of fully skilled and capable individuals prepared to meet the current and future needs of the health care field from entry-level to professional skilled-level roles."

- **Main features and strategies employed.** The partnerships' primary activities are getting buy-in and funding to support the collaborative's future work. CHCSeW's employer members focus on high-skilled pathways. Employers expect that some of the technical training developed through CHCSeW will target nurse practitioners and physician assistants.
- **Partner employers.** Froedtert Health* and the Medical College of Wisconsin, Aurora Health Care, Children's Hospital of Wisconsin, and Ascension Health (sites: Wheaton Franciscan Healthcare and Columbia St. Mary's).

- **Other partners.** Government actors, community-based organizations, and workforce development agency representatives.

Central Iowa Careers in Healthcare (CICH) was founded in 2010. CICH is an industry partnership managed by Central Iowa Works, a regional collaborative and workforce intermediary. Central Iowa Works is a regional coordinating body and is the backbone organization funding CICH's efforts. A director and a full-time staff member run Central Iowa Works and coordinates CICH's activities. Employers in the partnership coordinate resources and have found that working as one unit has been more beneficial than operating each training effort as its own separate employer initiative.

- **Main features and strategies employed.** CICH helps employers determine demand across the labor market and what skills they need, and helps them connect with employees who are a good fit. CICH also has employers attend job developer meetings, where job developers represent community-based education and training organizations. Some of the training efforts launched from participation in CICH include leadership and coaching training and a retention specialist position aimed at retaining incumbent worker talent.
- **Partner employers.** Broadlawns Medical Center, Central Iowa Area Health Education Center, Dallas County Hospital, HCI Care Services, The Iowa Clinic, UnityPoint at Home, UnityPoint Clinic, Mary Greeley Medical Center, Mercy Home Care, Mercy Medical Center, TrueCare, Urbandale Health Care Center, UnityPoint Health–Des Moines,* Visiting Nurse Services of Iowa, and WesleyLife Services.
- **Other partners.** Job developers represent interests of community-based organizations and education and training providers.

Led by employer Advocate Health Care,* the **Healthcare Workforce Collaborative** is an industry partnership designed as a five-year strategy to build partnerships between participating hospitals and the greater Chicagoland community. The goal is to enhance the alignment between available health care jobs and current jobseekers' skills. After a six-month planning period in 2015 and pilot launch in early 2016, a workforce development training program will be rolled out in years 1 and 2 at Advocate Trinity Hospital, with expansion in years 3–5 to three additional providers within the Advocate Health Care System.

- **Main features and strategies employed.** The training program initiatives will support the advancement of incumbent workers and will include the following training tracks, which will be phased in at participating Advocate Health Care sites: basic nursing assistant, professional

services, advanced technical track, patient customer service I and II, nursing, and nursing nonclinical.

- **Partner employers.** Advocate Trinity Hospital, Advocate South Suburban Hospital, Advocate Illinois Masonic Medical Center, and Advocate Christ Medical Center.
- **Other partners.** Community colleges (including City Colleges of Chicago), community-based organizations, industry-based partners, local workforce investment board, and strategic regional workforce and economic development entities.

The **New York Alliance for Careers in Healthcare (NYACH)** is an industry partnership that convenes stakeholders, identifies employers' needs, and develops solutions to improve health care education and training across the health care system in New York City. As an intermediary, NYACH works with employers on training programs and supports systemic changes that will equip New Yorkers with the skills and credentials necessary for today's health care industry. NYACH's small staff ensures clear expectations of employer partners by providing roles and responsibilities checklists, which include such items as informing screening and assessment tools, curriculum, internship skills checklists, and providing work-based learning opportunities. NYACH was developed through a partnership between the New York City Department of Small Business Services and the NYC Workforce Funders group in 2011 to build a sustainable, collective approach to workforce issues for the health care industry.

- **Main features and strategies employed.** To institute systemic and sustainable change, NYACH manages employer input in developing training programs when employers cannot develop these projects on their own. NYACH also collects employers' needs through surveys and qualitative means and develops targeted strategies that meet that need. Continuous input and feedback is provided by NYACH's partners council, which includes trade associations, a labor management group, and the public higher education system. NYACH has identified designated employer partners in such subsectors as home care, primary care, acute care, and behavioral health, substance abuse, and recovery work.
- **Partner employers (not an exhaustive list).** Maimonides Community Care of Brooklyn* and Montefiore.*
- **Other partners.** Associations (Greater New York Hospital Association, Community Health Care Association of New York State, and Southern New York Association), community-based organizations, (including Paraprofessional Healthcare Institute*), 1199 Service Employees

International Union Training and Employment Funds,* and community colleges (e.g., City University of New York campuses).

Notes

1. "Healthcare Occupations," US Department of Labor, Bureau of Labor Statistics, last updated December 17, 2015, <http://www.bls.gov/ooh/healthcare/home.htm>.
2. A common term used to describe these health care occupations is *allied health* professions, although there isn't agreement on exactly which occupations are covered by this term. See Frogner and Skillman (2015) for more information.
3. Hourly wages are from the US Department of Labor's Occupational Employment Statistics (<http://www.bls.gov/oes/>). Designation of occupations with "bright outlook" can be found on the department's O*Net website. See "Bright Outlook Occupations," O*Net OnLine, accessed December 9, 2016, <http://www.onetonline.org/help/bright/>.
4. The National Association for State Directors of Career and Technical Education Consortium has developed career pathways for health science. See "Health Science," CareerClusters, accessed December 9, 2016, <https://careertech.org/health-science>.
5. For a map of health care industry partnerships, see NFWS (2016).
6. See "CareerSTAT," National Fund for Workforce Solutions, accessed December 9, 2016, <http://www.nfwsolutions.org/initiatives/careerstat>.
7. See the H-CAP website (<http://www.h-cap.org/>).
8. "About Us," Center for Healthcare Careers of Southeast Wisconsin, accessed December 9, 2016, <http://www.chcsew.org/about-us>.
9. In some examples, interns are paid using public program or other funds.
10. More information is available in H-CAP (2015). Numbers cited are updated for 2016 through personal communication with the H-CAP director.
11. "JP Morgan Chase Project OnRamp," Dallas County Community College District, accessed December 9, 2016, <https://www.dcccd.edu/BC/CorpTraining/WFPartners/Pages/ProjectOnRamp.aspx>.
12. Numbers cited are for 2016 from personal communication with the director of H-CAP.
13. "The History of the Baltimore Alliance for Careers in Healthcare," Baltimore Alliance for Careers in Healthcare, accessed December 9, 2016, <https://web.stevenson.edu/akilgour/bach/history.html#section3>.

References

- Berwick, Donald M., Thomas W. Nolan, and John Whittington. 2008. "The Triple Aim: Care, Health, and Cost." *Health Affairs* 27 (3): 759–69.
- Bovbjerg, Randall R., and Erin McDonald. 2014. *Literature Review: Healthcare Occupational Training and Support Programs under the Affordable Care Act*. OPRE Report 2014-29. Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Office of Planning Research and Evaluation.
- CUNY (City University of New York). 2012. *Medical Assisting: An Overview of the Profession and Results of the Survey of Graduates (1999–2000 to 2009–2010)*. New York: CUNY.
- Conway, Maureen, and Robert P. Giloth, eds. 2014. *Connecting People to Work: Workforce Intermediaries and Sector Strategies*. New York: Aspen Institute.
- Frogner, Bianca K., and Susan M. Skillman. 2015. *The Supply Chain for Middle-Skill Jobs: Education, Training, and Certification Pathways*. Washington, DC: The National Academies.
- H-CAP (Healthcare Career Advancement Program). 2015. "Labor and Management in Healthcare: Partnerships as a Force and Resource for Skills." H-CAP.
- Hebert, Scott. 2011. *When Untapped Talent Meets Employer Need: The Boston Foundation's Allied Health Strategy*. Boston: The Boston Foundation.
- JPMorgan Chase. 2015a. *Closing the Skills Gap: Preparing New Yorkers for High-Growth, High-Demand, Middle-Skill Jobs*. New York: JPMorgan Chase.
- . 2015b. *Driving Opportunity in Detroit: Building a Middle-Skill Workforce to Strengthen Economic Recovery and Expand the Middle Class*. New York: JPMorgan Chase.
- . 2015c. *Strengthening the Bay Area: Building a Middle-Skill Workforce to Sustain Economic Growth and Expand Opportunity*. New York: JPMorgan Chase.
- MACPAC (Medicaid and CHIP Payment and Access Commission). 2015. "Using Medicaid Supplemental Payments to Drive Delivery System Reform." Washington, DC: MACPAC.
- NFWS (National Fund for Workforce Solutions). 2016. "The Health Care Workforce Network." Washington, DC: NFWS.
- O'Connor, Liz. 2011. *Critical Collaboration: Improving Education and Training Pathways to Careers in Health Care*. Boston: Boston Healthcare Careers Consortium.
- Partners HealthCare. 2016. "Overview of Workforce Development/Economic Opportunity Programs: Building Tomorrow's Health Care Workforce." Boston: Partners HealthCare.
- Ross, Martha, Nicole Svajlenka, and Jane Williams. 2014. *Part of the Solution: Pre-Baccalaureate Healthcare Workers in a Time of Health System Change*. Washington, DC: Brookings Institution.
- Spaulding, Shayne, and Ananda Martin-Caughey. 2015. "The Goals and Dimensions of Employment Engagement in Workforce Development Programs." Washington, DC: Urban Institute.
- Wilson, Randall. 2014. *Implementing the Patient Protection and Affordable Care Act: Impacts on the Frontlines of Caregiving*. Boston: Jobs for the Future.
- . 2015. *Connecting the Dots: A Case Study of Transforming Care and the Frontline Workforce at UnityPoint Health-Des Moines*. Boston: Jobs for the Future.
- Wilson, Randall, and Kelly Aiken. 2016. *Guide to Investing in Frontline Healthcare Workers*. Boston: Jobs for the Future.

Wilson, Randall, and Robert Holm. 2012. *CareerSTAT: A Guide to Making the Case for Investing in the Frontline Hospital Workforce*. Boston: Jobs for the Future.

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