



Jobs to Careers: Transforming the Front Lines of Health Care

An RWJF National Program

INTRODUCTION

Jobs to Careers: Promoting Work-Based Learning for Quality Care,¹ was a seven-year (2005–2012), \$15.8 million initiative that explored new ways to help front-line health care workers gain the skills and credentials they need to advance their careers.

Sponsored by the Robert Wood Johnson Foundation (RWJF), in collaboration with the Hitachi Foundation and the U.S. Department of Labor, Employment & Training Administration, Jobs to Careers awarded three-year grants to 17 partnerships between health care employers, educational institutions, and other community organizations to:

- *Create lasting improvements in the way health and health care institutions train, advance, and reward their front-line workers.*
- *Test new models of education and training that incorporate work-based learning.*

CONTEXT

Investment in Front-Line Workers Has Been Minimal

Many health and health care organizations devote considerable resources toward developing clinical and professional staff, but they rarely make more than a minimal investment in a sizeable segment of their workforce: front-line employees.

¹ This is the Robert Wood Johnson Foundation's name for the program.

Front-line workers fill about half of all health and health care jobs² with jobs ranging from direct care to support and administrative roles. Roles include home health aides caring for elders; medical assistants taking vital signs and collecting patient data; lab technicians ensuring that tests run properly; counselors in substance abuse treatment facilities.

Despite their critical and growing responsibilities, most front-line workers have little, if any, direct preparation for their work beyond brief in-service training. Many of these jobs lack clear standards for good practice or a defined set of required competencies for performing the work. Instead, front-line workers often learn informally through peers and by trial and error, often passing improper practices down the line.

Many Barriers Prevent Front-Line Workers From Advancing on the Job³

Front-line workers are predominantly women with a high school education, but no postsecondary studies. They typically earn \$40,000 or less per year—making it difficult for them to support their families; and they often work more than one job to meet financial obligations. These factors, combined with the workers’ perception that their roles and responsibilities are undervalued, contribute to high turnover.

Far too often, employers in the health and health care sectors do not offer clear pathways for advancement or provide career counseling for advancement to front-line workers, including the educational and financial support they need to upgrade their skills.

The lack of formal paths within and between many health and health care occupations further hinders career advancement, as does the lack of competency-based standards and the absence of formalized credentials that could validate for employers what workers know and what they learn on the job.

The typical methods used by colleges to prepare students for health and health care careers create additional hurdles for front-line workers. Attending class outside of work and on a college campus is a major obstacle for workers who are usually juggling a mix of job and family responsibilities. In addition, front-line workers may not respond well to traditional instructional methods because of their low levels of formal education, limited English proficiency, negative experiences with school, or an extended period of time since the end of their formal education.

² *Workers Who Care: A Graphical Profile of the Frontline Health and Health Care Workforce*. San Francisco: Health Workforce Solutions, 2006. Available on CD. This study was funded by a grant from RWJF (ID# 53870); Program Results on the project are available [online](#).

³ Altstadt D, Flynn M, Wilson R. *Better Care, Better Careers: The Jobs to Careers Strategy for Growing a Skilled Health Care Workforce*. Boston: Jobs for the Future, April 2012. Available [online](#).

RWJF's Interest in This Area

Through its interest in building human capital, RWJF seeks to assure that the nation has a diverse, well-trained health care leadership and workforce to meet the needs of all Americans. RWJF's funding in the area of the front-line workforce includes the following programs and projects:

- *Better Jobs, Better Care: Building a Strong Long-Term Care Workforce*, a \$7.9 million RWJF program that ran from 2002 to 2008, highlighted the importance of financial and educational rewards in retaining front-line direct-care workers. For more on *Better Jobs, Better Care*, see [Program Results](#).
- In 2005, RWJF made a \$1.7 million grant to SkillWorks, a Boston-based collaborative, to launch the Community Health Worker Initiative of Boston, a workforce partnership to increase career advancement and training opportunities for traditionally low-paid community health workers. The initiative provided counseling and training to community health workers and others who wanted training or advancement in this field. SkillWorks also worked with employers and educational institutions to improve job status and training opportunities.

An evaluation by Abt Associates and Mt. Auburn Associates found that although the initiative served some 219 participants, of whom 93 received a credential, and several employers offered new benefits to community health workers, the cost of the project exceeded the value of increased wages and other benefits to project participants within the three-year grant implementation period. The evaluation also found that changes in the employment conditions of community health workers away from salaries paid for by grants to a more robust career path would be necessary to have a significant impact on the field as well as to see a positive return on investment over the long term. See [Program Results](#) for more information.

- From 2004 to 2006, RWJF funded five research projects to better understand the issues that impact the front-line workforce. See [Program Results](#) for the full findings. Among them are the following:
 - Front-line health workers report that feeling respected by and belonging to the medical team is highly important to them, yet they feel ambivalent about their role and standing as members of the medical team.
 - Three workforce development priorities exist for front-line workers in the addiction field: The adoption of a uniform orientation policy by addiction treatment agencies; the provision of structural supports for clinical supervision and a commitment to excellence in supervision; and opportunities for stronger networking and mentoring opportunities for front-line addiction workers.
 - A common set of challenges prevents expanding existing workforce training programs or creating new ones to alleviate worker shortages and deliver consistent high quality care. The challenges fall under three broad categories:

- **Make it Easier.** To improve the quality of health care and create advancement opportunities for front-line workers, it must become easier for workers to combine work, family and continuing their education.
- **Making it Work.** Each of the key stakeholders in front-line worker training for health care workers has systemic or organizational problems that prevent effective training programs from expanding.
- **Making it Pay.** Ultimately front-line worker training programs have to benefit both employers and workers.

Using the information obtained from these grants, RWJF staff developed a long-term funding strategy to address the needs of these essential workers.

THE PROGRAM

Jobs to Careers was a seven-year (2005–2012), \$15.8 million initiative that explored new ways to help front-line health and health care workers gain the skills and credentials they need to advance their careers. RWJF sponsored *Jobs to Careers* in collaboration with The Hitachi Foundation and the U.S. Department of Labor. (See [Appendix 1.](#)) Sallie Anne George, the program officer at RWJF says, “The partnership we formed with Hitachi was groundbreaking and crucial in the program.”

Program Design

The program aimed to improve the quality of care and services provided to patients and communities by establishing systems that train, develop, reward, and advance front-line health and health care workers. It had three key elements:

Partnerships

Jobs to Careers funded partnerships that included at least one employer and one educational institution. Eligible employers could be a single entity, such as a hospital, or a group of providers, such as a network of community health centers or home health agencies. Educational institutions could be any public or private institution that provided academic credit or an industry-recognized credential (e.g., community or technical colleges; community-based organizations; or certifying or accrediting bodies that provide training).

Partnerships were encouraged to join with other organizations that contribute resources or services to advance front-line workers (e.g., labor unions, workforce investment boards,⁴ and community agencies).

⁴ Workforce investment boards (WIB) are regional entities created to implement the Workforce Investment Act of 1998. WIBs provide vision, coordination and direction for workforce development activities and

Work-Based Learning

A central goal of *Jobs to Careers* was to test work-based learning methodologies as a complement to other skill and career development strategies. Work-based learning is one of many approaches to adult learning; it entails methods of education and training that capture, document, formalize, and reward the learning that occurs on the job. The [website](#) contains a number of publications on work-based learning.

Educational institutions and employers work in partnership to determine competencies for a particular occupation, and they then structure the teaching of these competencies in a work setting, many times using faculty who are supervisors working for the employer. Once students demonstrate mastery of the competencies, they receive academic credit and/or industry-recognized credentials. In addition, some participants receive job promotions and or salary increases based on their accomplishments.

According to national program office staff, *Jobs to Careers* grew out of the hypothesis that a worker's success and the employer's success are intertwined:

By changing the way workers are trained, advanced and rewarded on the job, their knowledge and skills could be harnessed to better meet (employer) needs. The employers, workers, and education and training partners in Jobs to Careers put this hypothesis to the test—not in the sense of a rigorous, controlled experiment but as a test of the feasibility, or “proof of concept” of work-based learning. That is, they sought to determine whether work-based learning can produce good results in a variety of health care settings and partnership arrangements.⁵

Systems Change

To support work-based learning opportunities for front-line workers, *Jobs to Careers* asked employers to make significant adjustments in the way they conducted their business. Key areas for change included human resource policies (e.g., tuition reimbursement) and organizational culture and management. Work processes also had to be adjusted so that learning could be built into routine tasks, eliminating the need for workers to go off-site for training.

Educational partners were also expected to make system changes by adopting academic policies and practices that support work-based learning and career advancement for workers. They had to substantially alter how and where they delivered instruction, how they partnered with employers, and how they were funded.

develop policies and strategies to ensure businesses have access to a trained workforce and workers have access to quality jobs.

⁵ Altstadt D, Flynn M and Wilson R. *Better Care, Better Careers: The Jobs to Careers Strategy for Growing a Skilled Healthcare Workforce*. Boston: Jobs for the Future, April 2012. Available [online](#).

Program Management

Program Planning

Under two RWJF grants, Putnam Community Investment Consulting provided administrative support for *Jobs to Careers*.⁶ Working with staff at Jobs for the Future in Boston, and its consultants, especially Jennifer Freeman, staff at Putnam conducted background research, created the call for proposals, recruited and convened a national advisory committee, identified potential applicant organizations and educated them about the program, advised on selection of a national program office and technical assistance providers, and provided support to the national program office.

National Program Office

Jobs for the Future served as the national program office for *Jobs to Careers*, providing ongoing guidance through the planning, design, and implementation, phases of the 17 three-year projects. Maria Flynn, MS, was program director; Rebecca Starr, MBA, MSW, was deputy director from January 2007 to November 2010; Randall Wilson, PhD, was senior project manager.

Peer-to-peer learning was an essential component of the technical assistance the national program staff provided. They sponsored several national convenings that brought project teams together with leaders in health and health care education, employment, policy, and workforce development. These meetings—as well as a wide variety of webinars—provided opportunities for project staff to network with one another and with leaders in the field to share best practices and challenges in conducting work-based learning.

National Advisory Committee

A seven-member national advisory committee advised RWJF on all aspects of the program. Committee members developed grantee selection criteria, reviewed grant applications, visited the applicants, made funding recommendations to RWJF, advised the national program office, provided technical assistance to project sites, and assisted with dissemination of program activities and results. See the *Jobs to Careers* [website](#) for a list of advisory committee members.

The Evaluation

An evaluation team at the University of North Carolina Institute on Aging (in collaboration with its Cecil G. Sheps Center for Health Services Research) conducted an in-depth examination of the 17 *Jobs to Careers* programs. Jennifer Craft Morgan, PhD,

⁶ Grant ID#s 53015 and 55251

led the research team.⁷ See the Evaluation section for [Methodology](#) and [Findings](#) of the evaluation.

The Research Program

RWJF awarded three grants to support additional research on the impact of work-based learning on front-line workers and their employers.

- Two research teams investigated whether work-based learning results in measurable benefits to employers. The Aspen Institute (Washington)⁸ analyzed costs relative to benefits of the work-based learning program for mental health workers in Philadelphia's Temple University Hospital. The University of Texas at Austin⁹ examined the experience of hospital systems in Baltimore and Austin, Texas.
- Portland State University studied the impact of work-based learning on workers, the organization, residents and families in a group of assisted living facilities in Portland, Ore., using surveys, focus groups, and direct observation of workers.¹⁰

THE 17 JOBS TO CAREERS PARTNERSHIPS

Jobs to Careers provided three-year grants of approximately \$430,000 to 17 partnerships in two rounds of funding (nine grants awarded in 2006 and eight in 2008). Seven partnerships were led by health or health care providers, five by educational institutions, and five by other organizations, such as a workforce investment board. (See [Appendix 2](#) for project details.) The 17 lead agencies and their partners were:

- [Asante](#) in Medford, Ore., joined with Rogue Community College to meet the need for hospital staff with skills in information technology.
- [Baltimore Alliance for Careers in Healthcare \(BACH\)](#) teamed with two city hospitals and the Community College of Baltimore County to address the demand for skilled patient care workers.
- [Capital Workforce Partners](#), a workforce investment board in Hartford, Conn., partnered with four long-term-care facilities and seven educational institutions to train nursing assistant staff in order to improve patient care.
- [Charles B. Wang Community Health Center](#) in New York City joined with the Adult and Continuing Education Program of City College of New York to address the need for skilled bilingual and bicultural health care workers.

⁷ Grant ID#s 57290, 59245, 61026

⁸ Grant ID# 63058

⁹ Grant ID# 63056

¹⁰ Grant ID# 63057

- [City College of San Francisco](#) teamed with Tenderloin Health to improve the skills of community health workers.
- [District 1199C Training & Upgrading Fund](#) in Philadelphia, an affiliate of the National Union of Hospital and Health Care Employees, joined with a behavioral health corporation, a city hospital, and two universities to define competencies for front-line behavioral health workers in southeastern Pennsylvania.
- [East Boston Neighborhood Health Center](#) joined with Bunker Hill Community College and Jewish Vocational Service of Greater Boston to respond to the needs of a multicultural community by creating career pathways for front-line workers.
- [Humility of Mary Health Partners](#) in Youngstown, Ohio, partnered with five educational providers and an apprenticeship council to train front-line hospital workers to fill patient care and administrative positions.
- [Mississippi Hospital Association](#), a statewide trade organization representing hospitals, health care networks, and their communities, teamed up with two medical centers, two community colleges and the Mississippi Office of Nursing Workforce to build the skills of hospital administrative staff.
- [Northern Arizona University](#) joined with the Chinle Service Unit of the Navajo Area Indian Health Service to incorporate Native American traditions into training programs for public health workers and nurses.
- [Owensboro Community and Technical College](#) in Owensboro, Ky., worked with Owensboro Medical Health System to prepare front-line workers to become nurses.
- [Portland Community College](#) in Portland, Ore., worked with five long-term care facilities to improve the skills of resident assistants.
- [Stanley Street Treatment and Resources](#) in Fall River, Mass., joined with three educational institutions to upgrade the counseling skills of front-line workers, leading to certifications in addiction counseling.
- [University of Alaska: Fairbanks Alaska Rural Behavioral Health Training Academy](#) teamed with Norton Sound Health Corporation to upgrade the skills of behavioral health aides.
- [Waianae Coast Comprehensive Health Center](#) in Hawaii partnered with Leeward Community College to improve the skills and wages of community health workers.
- [Workforce Solutions–Capital Area Workforce Board](#) in Austin, Texas, worked with two hospital systems and a community health industry steering board to create pathways for front-line workers to become clinical technicians and patient access representatives.

- [Virginia Mason Medical Center](#) in Seattle partnered with Renton Technical College to prepare front-line workers to become medical assistants and provide a pathway for existing medical assistants to upgrade their skills.

JOBS TO CAREER RESULTS IN THE FOUR WORKPLACE SETTINGS

Overall Results

The 17 partnerships used work-based learning strategies to train more than 800 front-line workers, the majority of whom achieved pay increases, professional credentials, college credits, or other outcomes.

Each project established its own objectives and activities for building the careers of front-line workers, targeting different occupations and skills and incorporating a wide range of workplace and educational innovations.

Their efforts focused on four types of health and health care settings: hospitals (eight projects); community health centers (four projects); long-term care facilities (two projects); and behavioral health institutions (three projects). Sites ranged from densely urban to rural and included diverse populations of workers.

The following projects illustrate the wide-ranging activities and training outcomes achieved by *Jobs to Careers* partnerships.¹¹

Results in Hospitals

Hospitals face a twin challenge: attracting and retaining replacements for retiring workers, while at the same time expanding their workforces to care for an aging population. Rising demand is projected for medical assistants, patient care technicians, unit clerks, nursing assistants, and staff skilled in information technology.

Baltimore Hospitals Collaborate to Train Direct-Care Workers¹²

Front-line employees at Good Samaritan Hospital and University Specialty Hospital participated in a two-track training project to fill a shortage of front-line patient care workers and build a pathway to higher-skilled careers in nursing.

Nonclinical staff, including dietary, transportation, and environmental services workers, trained to become certified nurse assistants (track one). After working on the job for at

¹¹ For more information on the nine sites described in this report and the remaining eight projects, see the *Jobs to Careers* website and *The Resource Within: Today's Employees Become Hospitals' Workforce of the Future* available [online](#).

¹² Grant ID# 56291

least six months, the certified nursing assistants could complete additional training and an internship to become patient care technicians, also known as nurse extenders (track two).

Training consisted of classroom instruction for eight hours per week during work time. Workers also gained first-hand experience in patient care by shadowing nurses and completing work tasks on the hospital floor.

Faculty from the Community College of Baltimore County partnered with the hospitals to develop three work-based learning modules: tracheotomy, urinary incontinence, and ostomy. Workers who did not initially have the prerequisite skills for the program participated in a hospital-based academic bridge course to increase their reading comprehension.

Supervisors, most of them registered nurses and licensed practical nurses, supported front-line workers through career and life coaching and mentorship. They helped workers balance work and family demands and improve time management skills. Supervisors also assumed the role of preceptors who trained workers through work-based learning assignments.

The Community College of Baltimore County offered a one-time, four-hour course to train mentors, coaches, and preceptors. The Baltimore Alliance for Careers in Healthcare (BACH) established monthly peer learning sessions to provide additional support.

Training Outcomes and Research Findings

- Some 55 front-line workers enrolled in the certified nurse assistant training track; 48 completed the program and became certified nurse assistants, providing bedside care and assisting patients with activities of daily living (e.g., dressing, eating, bathing, toileting). Participants received an average wage increase of \$1.42 per hour.
- Some 48 workers enrolled in the patient care technician training track; 34 completed the program and became patient care technicians (also known as nurse extenders), taking on such tasks as delivering meals, transporting patients, and taking vital signs. Their hourly wages increased by about \$4, to an average of \$13.
- The training as certified nurse assistants and patient care technicians built a pathway for those who completed training to higher-skilled careers in nursing.
- In an unpublished report,¹³ researchers from the University of Texas at Austin and Johns Hopkins University noted the following:
 - Participation in *Jobs to Careers* led to more stable employment for the first group of clinical nursing assistant trainees. Four of 16 trainees terminated their

¹³ CT King, et al. Returns From Jobs to Careers Front-Line Worker Projects in Austin and Baltimore: Final Report. Austin, TX: Ray Marshall Center for the Study of Human Resources, September 2010. Unpublished.

employment, compared to 14 of 16 in a comparison group of employees who did not participate in *Jobs to Careers*.

- *Jobs to Careers* participants earned significantly more credentials during the program period than did the comparison group. However, there were no statistically significant differences between the groups with regard to advancement outcomes such as final job title, final wage, or wage change.

Mississippi Medical Centers Join Community Colleges to Build Skills of Nonclinical Staff¹⁴

The Mississippi Office of Nursing Workforce and the Mississippi Hospital Association collaborated with health care providers and colleges in Jackson and McComb counties to increase the skills of 50 nonclinical front-line staff from dietary, transportation, and environmental services departments.

In Jackson, the Central Mississippi Medical Center and Hinds Community College trained nonclinical front-line staff for unit clerk positions¹⁵—administrative support positions on units that are responsible for tasks such as file management, medical record completion, customer service, etc. Hinds restructured its unit clerk curriculum to fit the mold of work-based learning.

In McComb, Southwest Mississippi Regional Medical Center partnered with Southwest Mississippi Community College to train front-line workers on a range of job skills. Workers attended a two-hour class for twelve weeks. The goal was to improve their performance in their jobs and prepare them to take on other positions in the event of layoffs during tough economic times.

Training Outcomes

- In Jackson, seven workers earned college credit and a certificate; six workers were promoted to unit clerk positions, resulting in wage increases of \$2 to \$3 per hour.
- In McComb, 25 workers completed job readiness training for advancement to higher level positions.

An Ohio Hospital System Prepares Front-Line Workers for Patient Care and Administrative Positions¹⁶

Humility of Mary Health Partners serving Mahoning, Trumbull and Columbiana counties in Ohio, led an effort to prepare front-line environmental, patient transport, and

¹⁴ Grant ID# 56499

¹⁵ Unit clerks perform a range of functions vital to hospitals' day-to-day operations, such as preparing and compiling patient records, transferring information from nurses' charts to medical records, and greeting and directing visitors.

¹⁶ Grant ID# 56498

nutritional workers for two patient care positions: health care associate¹⁷ and unit clerk. The training program—Pathways to a Brighter Future—covered occupation-specific clinical competencies and a core health care curriculum as well as basic literacy skills, depending on workers’ needs.

Workers completed introductory courses in anatomy and physiology and a course in medical terminology that earned credit at Eastern Gateway Community College, which has seven campuses in eastern Ohio.¹⁸ The courses were followed by work-based learning in clinical competencies and departmental operations, which was delivered through participation in patient rounds with learning coaches and preceptors.

Workers who needed to upgrade their academic skills enrolled in on-site Adult Basic and Literacy Education (ABLE) classes, as well as a medical-readiness course, which infused health care concepts into the adult basic education curriculum. The Ohio State Apprenticeship Council Program issued an acute care apprentice credential to people who completed the program.

Workers already serving as health care associates and unit clerks could earn higher pay by enrolling in training to advance to newly established level two positions, with greater responsibility for patient care (level two health care associates) or record keeping (level two unit clerks). For example, unit clerks received training to become certified electronic health records specialists in preparation for the system-wide implementation of electronic medical records. They also received national certification in recognition of their new skills, with continuing education provided by the hospital to help them maintain that certification.

In 2011, the U.S. Department of Labor selected the Pathways to a Brighter Future program to participate in its [Career Pathways Initiative](#), which funds projects that build career pathways for front-line workers.

Training Outcomes

- Thirty-three front-line employees received patient care training; 23 were promoted to health care associate or unit clerk; 10 received additional training and advanced to level II positions.
- Forty-three employees who already held health care associate and unit clerk positions received additional training; 20 advanced to level two positions.
- The retention rate among Pathways employees was 92 percent.

¹⁷ Health care associates work alongside hospital personnel to assist patients in performing many tasks, such as eating, bathing, and personal care. They also assist nurses in performing such tasks as catheter care.

¹⁸ The campuses are in Columbiana, Jefferson, Mahoning and Trumbull Counties.

- Ten Pathways employees were enrolled and five were preparing to enroll in postsecondary education programs at the end of the grant period.

Behavioral Health

Behavioral health, mental health, and substance abuse treatment institutions face a workforce crisis that threatens to erode access to treatment. Many workers in the field are nearing retirement, while turnover is stubbornly high—as high as 90 percent each year by some estimates.

Persistent workforce shortages could reduce the quality of care and lead to higher costs for employers, patients, and insurers. One estimate puts the cost of replacing lost workers at \$4.1 billion annually. Support staff, who act as first responders in mental health facilities, play critical roles on the front-lines of service delivery, but they are prevented from filling higher level positions because, for the most part, they are unlicensed.

Prior to *Jobs to Careers*, explained Senior Project Manager Wilson, “There was no certification in settings like behavioral health for front-line workers so you were starting without a template and a common consensus about core competencies.” The *Jobs to Careers* partnerships demonstrated that, with proper training and support, front-line workers could attain certification and fill licensed positions.

Front-Line Workers in Massachusetts Become Certified Addiction Counselors¹⁹

Stanley Street Treatment and Resources (SSTAR), an addiction treatment facility in Fall River, Mass., collaborated with Bristol Community College, the Trundy Institute of Addiction Counseling, and other partners to upgrade the counseling skills of front-line employees who work with inpatient and outpatient clients.

Jobs to Careers gave workers a chance to receive pay raises and college credits while obtaining state- and nationally-recognized addiction counseling certificates. Training was available to patient-care representatives, counselors, medical receptionists, nursing assistants, case managers, and nonclinical staff, including drivers, clerks, and housekeepers.

The Trundy Institute provided a 270-hour, six-month program to prepare workers to become state-certified addiction counselors. Workers completed a curriculum on techniques in substance abuse counseling, assessment and treatment planning, psychopharmacology, and ethics.

Bristol Community College delivered a four-credit course on effective group facilitation skills for front-line workers running inpatient addiction counseling groups. In developing

¹⁹ Grant ID# 56304

the course, staff of the college and SSTAR surveyed clients and entry-level workers to gather feedback on their knowledge and skills as well as on the qualities needed to facilitate groups.

The college also developed modules to address specific needs for inpatient groups dealing with depression, relapse prevention, and other issues. The class was co-taught at SSTAR and online by community college faculty and worksite supervisors who provided mentorship and coaching to program participants. Eight SSTAR staff members became adjunct faculty. SSTAR also trained front-line staff to lead a new family intervention program, Addiction Recovery in a Supportive Environment (ARISE).

As a result of its efforts in *Jobs to Careers*, SSTAR is replicating the work-based certified addiction counselor program for the front-line staff of a large social and behavioral health service provider.²⁰

Training Outcomes

- Fifty-three workers participated in training.
- Nineteen became state-certified addiction counselors, nationally certified alcohol and drug addiction counselors, or both.
- Twenty-four workers completed a three-day training to become certified ARISE interventionists, a credential that enabled them to facilitate nonthreatening family interventions for individuals.

Two Philadelphia Behavioral Health Facilities Map Out a Work-Based Curriculum for Front-Line Mental Health Workers²¹

District 1199C Training & Upgrading Fund partnered with researchers from the University of Medicine and Dentistry of New Jersey—School of Health Related Professions, Temple University Hospital - Episcopal Campus in Philadelphia, and four Philadelphia-based behavioral health facilities. (The facilities are affiliated with Public Health Management Corporation, a regional provider of public health services and training in the Philadelphia area and throughout the state.)

The project team defined a list of more than 225 job tasks and skills required to perform front-line jobs. For example, workers noted that crisis de-escalation was a task they were often called upon to perform for patients. Drilling down, the workers, supervisors, and

²⁰ Social and behavioral health providers offer a range of services. Behavioral health providers assist patients in dealing with problems such as depression, anxiety, pain management, ADHD, lifestyle changes related to chronic diseases, children's behavioral problems, parenting concerns, family violence, smoking cessation, chemical dependency, stress management and marital and family conflicts; in addition, social workers on staff assist patients with accessing social support services, confronting financial and housing problems, violence and sexual assault, literacy and many other issues.

²¹ Grant ID# 56292

researchers uncovered specific skills involved in this task, including observing and consulting with co-workers about symptoms and changes in behavior, notifying supervisors, and using behavioral techniques to help the patient calm down.

Tasks and skills like these became the basis of a three-module, work-based learning curriculum that trained workers in:

- Various types of mental illness, their symptoms, and treatment philosophies
- Communicating with patients, their families, and members of the treatment team
- Strategies for managing treatment groups, documenting and communicating treatment progress, and helping patients carry out daily living activities independently

Twelve supervisors from Temple University Hospital - Episcopal Campus and the behavioral health facilities received training from the University of Medicine and Dentistry of New Jersey, School of Related Health Professions, Newark, N.J., campus, and the Temple Teaching and Learning Center. The supervisors learned to coach workers in applying course concepts as they served patients; they also assessed a portion of the assignments.

Training Outcomes and Research Findings

- Forty-two employees from Temple University Hospital - Episcopal Campus and the Public Health Management Corporation affiliates enrolled in the program; almost two-thirds completed the training.

- The Aspen Institute research team²² reported the following findings:²³

- **Work-based learning can be articulated for college credit.** Program graduates earned college credit and continued with college course work beyond *Jobs to Careers*. Program graduates are eligible for 21 credits at Philadelphia University. Credits are awarded by the university when the graduates complete a three-course sequence toward a 30-credit vocational certificate in behavioral health.

As of November 2010, four program graduates were enrolled at Philadelphia University. Three had graduated with associate degrees in health and human services, one from Philadelphia University and two from the Community College of Philadelphia. Two of these graduates are enrolled in bachelor's degree programs.

- **Communication skills of front-line workers improved.** Social workers, behavioral health therapists, nurse managers and physicians all pointed out changes

²² Grant ID# 63058

²³ Blair A, Conway M and Helmer M. *Findings from Research into Temple University Hospital-Episcopal Campus's Work-Based Learning Program for Mental Health Workers*. Washington: The Aspen Institute, November 2010. Available [online](#).

in participants' communication skills that they directly associated with the *Jobs to Careers* training.

- **Participants became more engaged in the patient care team.** Mental health workers cited the program as helping them feel more self-confident and, thus more assertive in their communication with other members of the team.
- **Participants improved their skills in recording (charting) patient information.** Nurse managers reported that participants' writing skills improved making them better able to record information on patients' progress from admission to discharge in their medical records.

Community Health Centers

At the time the program began in October 2005, health reform was more than four years away, but as it turned out, the program's focus on community health centers as one of its workplace settings, was very timely. Because of the 2010 Affordable Care Act (ACA), community health centers are expected to double the number of patients served by 2015, to 40 million annually, while creating almost 300,000 full-time jobs for primary care providers and front-line staff.

Community health centers will need to hire additional medical assistants and other allied health occupations, nursing assistants and physical therapy assistants, as well as staff skilled in information technology. Filling these jobs will be a major challenge because health centers typically experience difficulty attracting and retaining well-qualified workers in the rural and urban communities they serve.²⁴

The health centers will especially need staff who can deliver culturally appropriate care and speak the languages of diverse ethnic and immigrant populations which are growing in number in the United States. These staff—often called community health workers or promotoras—serve as bridges between vulnerable populations and health care organizations.²⁵

Community Health Workers in Hawaii Upgrade their Skills²⁶

Waianae Coast Comprehensive Health Center is the largest provider of primary health care to low-income Native Hawaiians in the state of Hawaii and offers cultural and traditional healing as well as western health education and prevention. The goal of its *Jobs to Careers* program was to provide additional training to community health workers

²⁴ Altstadt D, Flynn M and Wilson R. *Better Care, Better Careers: The Jobs to Careers Strategy for Growing a Skilled Health Care Workforce*. Boston: Jobs for the Future, April 2012. Available [online](#).

²⁵ Farrar B, Morgan J, Chuang E and Konrad T. "Growing Your Own: Community Health Workers and Jobs to Careers." *Journal of Ambulatory Care Management*. 34(3): 234–246, 2011. Abstract available [online](#).

²⁶ Grant ID# 56305

in the medical assistant, medical receptionist, and team office manager positions so that these workers can better support clinical staff in providing high-quality care to clients.

The health center partnered with Leeward Community College in designing a culturally competent curriculum that included both credit courses taught by college faculty and noncredit courses based on job-specific competencies articulated and documented by health center administrators. The program limited didactic classroom instruction to two hours a week. Learning embedded into the work process occurred at the job site through workbooks, Web-based coursework, and other online components.

Leeward redesigned courses in word processing, customer service, medical office procedures, and medical terminology to include specific processes and procedures at the health center. Workers also had an opportunity to enroll in an additional three-credit course on business computer systems. All credits awarded by the college could be applied toward an associate's degree in business technology.

The use of team office managers as on-site preceptors and mentors for Leeward Community College was an important factor in the accomplishments of the program. The office managers were prepared and certified by Leeward Community College to teach and evaluate front-line employees on the job and in the classroom. The training also made the office managers more effective supervisors.

Cultural tradition also played a role. “Project leaders encouraged these managers to participate in *Jobs to Careers* by stressing the honor involved in being selected as a preceptor. That strategy persuaded many of the managers to participate, in part because of the emphasis within Native Hawaiian culture on teaching through oral traditions and of treating members of the community—including co-workers—like members of an extended family.”²⁷

Training Outcomes

- Seventy-seven front-line health workers entered the program and completed one or more courses. Participants received pay raises of up to 10 percent for each credit-based course they completed. They also received increases for completing the health center's noncredit training series.
- Forty-four workers completed all the required credit courses and received a certificate of completion from Leeward Community College.
- Eighteen front-line workers also completed a business computer systems course.
- Ten team office managers completed an additional course in supervision.

²⁷ *Merging Tradition and Innovation in Workforce Development*. Boston: Jobs for the Future, July 2011. Available [online](#).

A Boston Health Center Trains Front-Line Workers as Medical Interpreters²⁸

East Boston Neighborhood Health Center partnered with Bunker Hill Community College, Jewish Vocational Service of Greater Boston, and World Education to train medical and clerical assistants to become auxiliary medical interpreters. The project consisted of a medical interpretation class once a week, work-based learning activities, and eight hours of job shadowing.

Bunker Hill Community College instructors taught the medical interpretation class at the health center's Education and Training Institute. The institute serves as an on-ramp to higher education for front-line employees who may have had poor experiences with school and be hesitant to step foot on a college campus.

Without leaving the health center, workers register for and take training classes. They practice interpreting skills for eight hours on the job, supervised by a professional interpreter. The professional interpreters, who serve as preceptors, document the achievement of competencies and report these achievements to the instructor, who issues a final grade.

Jewish Vocational Service instructors provided student support services and offered precollege English and math classes to employees who lacked the basic skills to be accepted into the interpreter training program or other credential or degree programs.

Training Outcomes

- Twenty-eight employees completed the three-credit training from Bunker Hill Community College and became certified auxiliary interpreters, remaining in their positions but serving as interpreters when needed. They also received a pay raise.
- Sixty employees enrolled in precollege English or math classes in preparation for the interpreting course, associate's degrees, or other credentials.

Long-Term Care

The nation's aging population is raising the demand for long-term care, whether in nursing homes or, increasingly, in assisted living facilities and at home. Regardless of the setting, elderly patients primarily receive assistance from direct-care workers who hold many different job titles—nursing assistant, personal care aide, resident assistant, home health aide—but have common responsibilities.

Direct-care jobs are expected to increase by 35 percent over the next decade. By 2018, an additional one million workers will be needed—with personal and home care aides and home health aides projected to be the nation's first and second fastest-growing

²⁸ Grant ID# 56496

occupations.²⁹ Growth among the oldest and frailest Americans (over 85) is expected to raise demand for nursing assistants and physical therapy assistants, as well as additional licensed professions, such as nursing and medical social workers.³⁰

Long-Term Care Facilities in Connecticut Build the Skills of Certified Nursing Assistants³¹

Capital Workforce Partners, the workforce investment board serving 37 municipalities in north central Connecticut, collaborated with more than 10 long-term care and hospital partners, and an array of educational partners, to build the skills of certified nursing assistants and other front-line employees. Four of the facilities participated in work-based learning.

The initiative trained certified nursing assistants and other front-line workers in academics, specialty skills, and personal management proficiencies, preparing them for advanced education in higher-skilled allied health or nursing professions.

Capital Workforce Partners collaborated with community colleges to convert clinical specialty courses into work-based learning curricula, including courses on hospice and palliative care, how to care for people with dementia and Alzheimer's disease, rehabilitation, and aging issues. College instructors taught the classes, two hours per week for six weeks. Additionally, the project developed a hybrid course that combined content in adult basic education and hospice care.

According to facility administrators, the training encouraged workers to learn more about their patients by reading charts and asking questions of supervisors and others. Consequently, workers learned how to de-escalate problems with agitated residents and to reduce the number of falls by residents—a major problem in elder care facilities, which can lead to restraints being used on elderly residents.

Mentors coached workers on achieving their learning objectives and applying them to the care of their residents. They also assessed whether workers acquired competencies needed to fulfill course requirements. The mentors—drawn from the ranks of nurses, managers, directors of nursing, occupational therapists, and certified nursing assistants—received eight hours of training and continuing education units.

Charter Oak State College and area community colleges awarded credits for participation in the work-based learning courses. These may be applied toward a gerontology certificate or associate's degree programs.

²⁹ Bureau of Labor Statistics.

³⁰ Altstadt D, Flynn M, Wilson R. *Better Care, Better Careers: The Jobs to Careers Strategy for Growing a Skilled Health Care Workforce*. Boston: Jobs for the Future, April 2012. Available [online](#).

³¹ Grant ID# 56490

Training Outcomes

- One facility (Southington Care Center) implemented a three-tier career ladder and enrolled 88 workers in work-based learning courses.
- Thirty-three workers at the facility completed the clinical courses and advanced through the career pipeline, receiving wage increases as a result.
 - Workers who completed at least two specialty courses advanced to level two certified nursing assistant and received bonuses of \$100 to \$200.
 - At level three, they advanced to unit captains, functioning as work-based learning mentors and receiving a wage increase of up to \$1 per hour.

Long-Term Care Facilities Help Oregon Caregivers Obtain Industry-Recognized Credentials³²

Portland (Ore.) Community College collaborated with five assisted living and residential care facilities to prepare front-line direct-care workers for a first-of-its-kind, industry-recognized credential. Workers who completed the *Jobs to Careers* training became certified residential assistants responsible for helping residents undertake activities of daily living—such as getting out of bed, bathing, and toileting—and maintain their emotional well-being; they also helped to prevent infections, falls, and skin conditions, among other problems.

The Portland project was implemented at the same time as state regulations set the first formal training expectations for direct-care staff at assisted living facilities. The regulations require assisted living staff to demonstrate knowledge and proficiency in a wide variety of areas and complete a minimum of 12 hours of in-service training on topics relevant to community-based care.

Leading up to the *Jobs to Careers* project, Portland Community College and several assisted living employers conducted a formal job analysis: they identified tasks performed and the competencies or skills required for entry-level, unlicensed direct-care positions, codifying the first- and second-rung occupations as resident assistant one and resident assistant two. A curriculum was then developed for training resident assistants in the competencies.

The college adapted the resident assistant curriculum for delivery through work-based learning. Its customized and workplace training department collaborated with the department of gerontology to develop the training materials, provide career exploration workshops for direct-care workers, and develop opportunities for workers to receive academic credit for participating in the training.

³² Grant ID# 59375

The curriculum has 27 work-based learning modules on caregiver roles and responsibilities, resident service plans, personal care, self-care, diabetes care, and similar topics. The curriculum also focuses on caregiver skills that contribute to residents' emotional well-being, such as emotional care, problem solving, and written and verbal communication. On average, workers completed 30 hours of training over the course of several months.

The college trained professional staff at each facility to become workplace instructors for the program. Professional staff (i.e., nurses, administrators, other supervisors, and experienced direct-care workers) attended a three-day workshop on how to teach workers with different learning styles and with varying levels of English language skills. They had the discretion to teach the modules as they saw fit but typically delivered the training in small group settings during regular work hours.

Portland Community College granted two credits for attaining resident assistant one status and one additional credit for attaining resident assistant two status. Both certificates align with associate and bachelor's degrees in gerontology. The college also worked with project partners to develop short-term credentials in specialized topics around aging, including activities assistance and advanced behavioral and cognitive care, to prepare graduates for jobs in elder-serving settings like assisted living.

The state agency that provides oversight to assisted living facilities in long-term care and the state's two major employer associations recognize the resident assistant certifications. The *Jobs to Careers* project team met with state funders and regulators of community-based care to gain recognition for the curriculum and work-based learning model as a statewide standard.

Training Outcomes and Research Findings

- Eighty-six individuals completed the training and received certificates (75% of all enrolled workers); an additional 30 workers were in the process of completing training at the close of the project.
- Thirty supervisors received training to deliver work-based learning at the five participating centers; 61 supervisors at 18 other facilities around the state signed up for training.
- At least 10 percent of the direct-care workforce at the five long-term care facilities attended school and training off-site to become certified nurse assistants, pharmacy technicians, or nurses. Others sought associate's degrees.
- Under a program research grant,³³ researchers at Portland State University examined the program and found increased self-confidence among front-line workers. The

³³ Grant ID# 63057, findings are from a report to RWJF.

improved sense of efficacy was associated with higher career aspirations. Benefits for the organizations included performance improvements, a better work environment, and greater organizational capacity.

EIGHT KEY THEMES OF WORK-BASED LEARNING

The evaluator, the University of North Carolina Institute on Aging, identified eight core themes emerging from the work of the 17 partnerships over the course of implementing the *Jobs to Careers* training programs.

Themes one to four focus on the work-based learning process and the kinds of training programs needed to advance the careers of front-line workers, while also benefiting their employers and their patients. Themes five to eight focus on system change—the institutional adaptations (formal and informal) that employers, educators, and their partners must make to support effective work-based learning.³⁴ (See [Appendix 3](#).)

Theme One: Curriculum Is Embedded in the Work Process

By extracting learning objectives from the work process itself, *Jobs to Careers* projects ensured that their training programs were relevant to front-line workers' job tasks and responsibilities and met the needs of employers. To achieve this integration, workers, employers, and educational partners had to work together, amending existing training curricula when necessary.

The Philadelphia partnership made sure its training curriculum for front-line mental health workers was relevant for students' jobs by basing it in everyday duties such as interviewing patients, facilitating patient groups, or reading their charts. (See [Two Philadelphia Behavioral Health Facilities Map Out a Work-Based Curriculum for Front-Line Mental Health Workers](#) for information on the curriculum.)

Public Health Management Corporation mapped the job descriptions of workers across its various behavioral health facilities, aligning them with the work-based learning competencies and reviewing compensation. This helped front-line workers understand what skill-building steps they needed to take to advance their careers.

As part of mapping out the 225 skills needed to accomplish their jobs, the team consulted directly with front-line workers and supervisory staff prior to developing the curriculum. In addition, the team asked industry and consumer group representatives for their input in order to create a program informed by the perspectives of multiple stakeholders.

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

³⁴ *Jobs to Careers Evaluation Brief: Preliminary Results for Health Care Employers*. UNC Institute on Aging. Available [online](#).

research partner, Kenneth J. Gill, PhD, University of Medicine and Dentistry of New Jersey, Department of Psychiatric Rehabilitation and Behavioral Health Care.

Jobs to Careers deputy director Wilson agreed. “It was incredibly creative in the way that job activities were incorporated into the curriculum so it was seamless, relevant, and contextualized to the things that people understood in their everyday jobs.”

Theme Two: Learning Is Embedded in the Work Process

To embed learning in the work process, learning experiences are developed in a way that is convenient for front-line workers, by offering work-based learning opportunities on-site, for example, and using situations and real case examples encountered at work to create teachable moments.

In Austin, Texas,³⁵ front-line workers could prepare for jobs as clinical technicians and patient access representatives without leaving the workplace. Workers could enroll in EXCEED, a training program of 11 work-based learning modules providing opportunities to build, practice, and demonstrate mastery of the skills needed to advance into the higher level positions.

Workers pursuing the clinical technician career path received training in areas such as phlebotomy and aseptic technique. Those in the patient access representative career path received training in areas such as customer service and financial services policies.

Austin Community College awarded college-level continuing education credit to workers for competencies they mastered through both prior learning and work-based learning. The workers also enrolled in college-level, for-credit courses on medical terminology and college success, and received academic counseling. Hospital staff acting as job coaches also received training.

Theme Three: Assessment Is Embedded in the Work Process

Jobs to Careers projects aligned work-related competencies with academic learning objectives and assessed those competencies on the job during the work process. While instructors from the educational partners performed most of participants’ formal assessments (through tests and writing assignments, for example), preceptors at the worksite (nurses, supervisors, or other skilled staff) assessed workers while on the job.

Ohio’s Pathways to a Brighter Future was an apprenticeship program that used work-based learning principals to prepare front-line workers with little formal training for jobs as unit clerks and health care associates. (See [An Ohio Hospital System Prepares Front-Line Workers for Patient Care and Administrative Positions](#) for details.)

³⁵ Grant ID# 56307

Educational partners—three career and technical centers—adjusted their health care associate curriculum to better align with competencies required of Humility of Mary Health Partners workers. The Ohio State Apprenticeship Council allowed workers to demonstrate their mastery of the standards for health care associates through on-the-job performance. For example, workers could demonstrate their mastery of infection control standards by showing competencies in hand washing, catheter care, patient feeding, bed and bath techniques, and other essential tasks.

Faculty from the career and technical centers provided on-site training and assessment contextualized to health care. Humility of Mary employees were also designated as adjunct faculty, serving as preceptors and learning coaches. Learning coaches were vital to the program, according to Humility of Mary staff. By providing ongoing assessment, they were able to identify barriers early and refer workers to appropriate support resources.

“We need to go beyond simply placing jobseekers into a job and then training them,” said Molly Seals, senior vice president of human resources and learning at Humility of Mary Health Partners. “We need to work hand-in-hand—employers, education institutions, and public workforce agencies—to create approaches that train employees and jobseekers for the jobs the local economy will actually offer, now and in the future.”

Senior Project Director Wilson agreed. “Before *Jobs to Careers*, they would have had maybe a one-day or casual orientation to their job. Now it is a week of intensive orientation in a collective group off the floor and then three weeks of dedicated orientation on the job. It is done in a structured fashion based on *Jobs to Careers* experience.”

Theme Four: Front-Line Workers Help Design and Deliver Curricula

Jobs to Careers projects engaged supervisors and experienced front-line workers in developing learning objectives and delivering learning content. This involvement increased the cultural relevance of training programs, especially for front-line workers from traditional cultures, who often feel disconnected from the usual modes of instruction at mainstream academic institutions.

Jobs to Careers projects in Alaska, Arizona, and Hawaii applied the work-based learning strategy of co-worker involvement to promote advancement for front-line workers from indigenous American cultures and to improve services to native communities.

In Arizona,³⁶ a key member of the *Jobs to Career* partnership was the Chinle Service Unit, an Indian Health Service institution serving the primary care needs of the Navajo Nation. The site provides a range of public health, preventive health, and native

³⁶ Grant ID# 56297

medicinal services to some 33,000 people (97% Native American). At Chinle's 60-bed hospital, the department of native medicine employs two native healers and has an on-site Hogan, the Navajo's traditional dwelling.

Chinle partnered with Northern Arizona University to incorporate the tradition of learning circles in training programs that stressed bottom-up decision making and teamwork. Workers in the public health department applied to participate in the learning circles and advanced to become health technicians.

The training program was composed of modular online courses that helped workers demonstrate competencies in the field of community health and health promotion. While Northern Arizona University developed, administered, and maintained the online courses, the process of developing the curriculum was collaborative, in keeping with the learning circles concept.

Employees, supervisors, instructors, and the university's administrative staff all weighed in on relevant competencies for the courses. Employees and supervisors contributed real-world knowledge of day-to-day job tasks and responsibilities, while university instructors and administrators ensured consistency and standardization with existing public and community health curricula.

With *Jobs to Careers*, the delivery of health services on the reservation became more holistic and the connections between service delivery and spiritual and cultural beliefs became more explicit. Public health workers deliver health advocacy and promotion messages in a way that respects cultural preferences. For example, they avoid direct references to death, dying, or illness and emphasize the importance of treating the body well rather than the negative consequences of poor health habits.

Theme Five: Employers Create Pathways to Career Advancement

Employers helped front-line workers develop career goals by identifying and communicating specific and detailed information about career ladders, both within the organization and in health care generally. They collaborated with workers in constructing individualized training plans and also provided coaching to help workers move up the career ladder.

The Baltimore Alliance for Careers in Healthcare (BACH) and its partners are an example of a *Jobs to Career* project that made substantial investments in developing career map documents to support employee learner advancement. In addition to the career ladders for certified nursing assistants and nurse extenders, the partners also mapped career ladders in five Baltimore hospitals, illustrating how lower-skilled workers

can advance to higher-paying jobs.³⁷ (See [Baltimore Hospitals Collaborate to Train Direct-Care Workers](#) for details.)

As a strategy for retaining staff and helping them advance, employers pooled efforts to support and scale up career coaching for hospital workers, and offered professional development for coaches. Some 120 staff members in the participating hospitals completed training to serve as volunteer mentors for front-line workers. Nearly 600 workers across six hospitals received coaching services.³⁸

“This is an interesting example of a career ladder,” said Senior Project Manager Randall Wilson. “It has helped a lot of people in entry level or ancillary hospital positions take on jobs such as wound care, so that nurses can be freed up to perform the higher functions.”

Theme Six: Organizations Reward Front-Line Workers for Upgrading Their Skills

Granting wage increases or promotions to workers who raise their skill level or acquire new competencies through work-based learning was a key system change for many *Jobs to Careers* employers. Educational partners rewarded workers by granting industry-recognized credentials and college or continuing education credit for their efforts.

As a result of *Jobs to Careers*, Bristol Community College began awarding 15 credits for the certified addiction counseling credential. Workers who received the credential had the opportunity to participate in learning circles, coaching, and tutoring to prepare for a more rigorous national certification in alcohol and drug addiction counseling. At least 13 workers, most of whom had completed the certified addiction counselor program or the group facilitation course, enrolled in Bristol Community College.

The Stanley Street Treatment and Resources (SSTAR) project in Massachusetts found that establishing a system of rewards for front-line workers who improved their behavioral health skills benefited the organization’s bottom line as well as the workers’ careers. Before participating in *Jobs to Careers*, SSTAR had been operating in the red and its front-line workers had no clear way to move up to better-paying positions.

By completing *Jobs to Careers* work-based learning programs, front-line workers qualified for new jobs and increased salaries. (See [Front-Line Workers in Massachusetts Become Certified Addiction Counselors](#) for more about the training.) Employees who started working in addictions treatment received an immediate raise of \$1 per hour. Counselors who chose to work extra hours—a significant need for SSTAR, given its shortage of certified counselors—earned a much higher hourly wage for overtime.

³⁷ This mapping was carried out by BACH, but not under the auspices of *Jobs to Careers*.

³⁸ Only two of the six hospitals were part of *Jobs to Careers*.

SSTAR promoted five front-line workers to full-time counselor positions, with annual raises above the agency's average.

The revamping of the facility's systems has also paid off for the organization. "Once they got their workers credentialed at a higher level," said RWJF program officer Sallie Anne George, "they were able to bill at a higher rate for them and were able to start to generate revenue for the organization and stop operating it from a deficit. They also created a new revenue stream for the community college. People who work in substance abuse facilities can now take their courses there."

Theme Seven: Educators Adapt Curricula and Requirements to Address Learning Needs of Front-Line Workers

Jobs to Careers education partners expanded or supplemented traditional academic education and even continuing education programs. Especially important were adaptations made to accommodate the remedial needs of workers deficient in basic math and verbal skills. Examples of systems change within educational institutions include:

- Providing college credit for work-based learning, prior learning, and entry-level health care credentials
- Offering accelerated and part-time degree and certificate programs
- Contextualizing college preparatory math and English courses to health care concepts and job tasks
- Appointing professional staff from health care employers to be adjunct college faculty

In Kentucky, Owensboro Community & Technical College and Owensboro Medical Health System³⁹ developed a new nursing program, known as OCTC@OMHS, that helped front-line workers earn an Associate Degree in Nursing. To give workers the math competencies they needed, the community college and the health system developed Math Rx, a specialized math refresher course. Workers attended five group-learning sessions at the hospital and completed the balance of assignments online.

Math Rx is now one of several courses in Owensboro Community & Technical College's Mathematics Progression. Students can enter at any point, depending on their ability to fulfill math requirements for the nursing degree. Each of the courses is contextualized with material relevant to nursing.

The new nursing program faced several regulatory obstacles from the Kentucky Board of Nursing, including admission restrictions and faculty credential requirements. The root of

³⁹ Grant ID# 56302

the problem in both cases was that health care regulations in Kentucky, as in other states, were not established with work-based learning in mind.

The Kentucky Board of Nursing eventually agreed to allow alternative methods for delivering nursing degree curricula (e.g., video streaming, work-based learning, online). To meet the board's requirements for faculty credentials, Owensboro Community & Technical College harnessed the talent and experience of older nurses as adjunct instructors. As a result, it improved the quality of its educational program and the strength of its relationships with members of the local health care community.

In a case study of this project,⁴⁰ authors Danielle Head and Rebecca Starr noted that “Every student, employee, employer, educational institution, and regulatory body has a role to play in achieving the overall success of work-based learning programs. The achievements of OCTC@OMHS illustrate that even daunting regulatory hurdles can be overcome.”

Theme Eight: Employers Adjust Policies to Support Front-Line Workers

Many *Jobs to Careers* partnerships established policies that made benefits such as tuition reimbursement and release time for training available to all front-line workers.

To help nonclinical front-line staff complete a training program for unit clerk positions, the Central Mississippi Medical Center set aside one day a week for paid time off (i.e., educational release time). Workers spent time in different units of the hospital to get hands-on experience in the unit clerk role.

Medical center employee and recent *Jobs to Careers* graduate [Kelly Blackwell](#) benefited from her employer's support.⁴¹ Blackwell fully understood the importance of education, but family demands made it difficult to get started. “I knew I wanted to work in the medical field and I went to college right after high school, but once I had a child I just couldn't go back.”

Blackwell began work as a transporter, picking patients up and dropping them off. “Doing that work, I really didn't have a chance to interact with the patients at all and there was no opportunity to move up,” she said.

Thankful for the opportunity to make a change, Blackwell signed up for *Jobs to Careers'* daytime, work-based classes, allowing her to go home to her family at night. She's now doing so well as a unit secretary in the geriatric care unit that the medical center's director of education hopes to use her as an instructor and preceptor in future trainings.

⁴⁰ Head D and Starr R. *The Intersection of State Regulations and Work-Based Learning: A Case Study on Addressing Regulatory Barriers to an Innovative Strategy for Worker Advancement*. Jobs for the Future, August 2010. Available [online](#).

⁴¹ See RWJF website: [Graduate of Award-Winning Program Excels in Her New Role](#), May 17, 2010.

In McComb, Southwest Mississippi Regional Medical Center also made a number of systems changes that will be sustained. “For example, previously they would not use the tuition reimbursement line to pay for lower level, remedial courses and now they will,” *Jobs to Careers* Program Director Maria Flynn said. “That is an example of fundamental change by an employer that is going to have positive impact beyond the *Jobs to Careers* cohort.”

EVALUATION METHODOLOGY AND FINDINGS

Methodology

The University of North Carolina Institute on Aging (in collaboration with its Cecil G. Sheps Center for Health Services Research at the University of North Carolina, Chapel Hill) used the following methods to collect their data.

- *Virtual and in-person site visits* with each of the sites three times over the grant period. During these visits, the team conducted 467 interviews with key informants from employer partners, educational partners and workforce intermediaries. They also conducted focus groups with front-line workers and supervisors.
- *Organizational profile surveys* administered to all employer and educational organizations directly involved in either developing or implementing the work-based learning/training proposed by each grantee team.
- *Front-line worker surveys* administered to both participating front-line workers and a control group of nonparticipating front-line workers where feasible at 16 grantee sites shortly after each project began.⁴² The team processed 1,036 participant surveys and 574 control group surveys (over the two rounds of funding).
- *An online database* with information on the status of participants and their movement through the individual programs. As of April 2012, the team had collected data on 583 participants from 16 partnerships.

Findings

The evaluators presented their findings on *Jobs to Careers* in a synthesis report,⁴³ briefs,⁴⁴⁻⁴⁵ and some 12 articles published in peer-reviewed journals. See the [Bibliography](#) for details.

⁴² One site was dropped from the evaluation because it could not complete its grant obligations.

⁴³ Morgan JC, et al. *Final Synthesis Report Evaluation of the Jobs to Careers Program*. Chapel Hill, NC: UNC Institute on Aging, April 2012.

⁴⁴ *Jobs to Careers Evaluation Brief: Preliminary Results for Health Care Employers*. UNC Institute on Aging. Available [online](#).

Key findings include:

- **About half of front-line workers who participated in *Jobs to Careers* training programs received a wage increase during the course of the grant period.**⁴⁶ Among workers who completed a training program, a higher percentage (67%) received wage increases.
 - Many workers (65% of total; 71% of completers) acquired a certification that recognized their advanced skills and competencies.
- **Some 60 percent of front-line workers could articulate career and education plans by the end of the project period.** The solidification of career goals combined with knowledge on how to reach those goals represented an important building block to career advancement, according to the evaluators.
- **The large majority of front-line workers (93%) reported improved self-confidence, with the majority calling that the greatest benefit from participating in the project.** Workers were confident they could perform their current job well and obtain the skills and credentials they needed to advance to a better job.
- **Although investing in front-line worker training was new, employers and educational institutions found that it created valuable returns.**
 - Benefits for employers included:
 - Improved front-line worker skills and higher quality of care
 - Revenue generation. Front-line workers who earned credentials (such as certified addiction counselor) were able to bill for their hours.
 - Reductions in vacancies and decreased turnover in front-line positions
 - Benefits for educational partners included:
 - Better alignment of educational offerings with local workforce needs
 - Increased enrollment which translates into increased tuition revenue
 - Better integration of divisions/departments (such as credit and noncredit) within the institution
 - Higher course completion rates

⁴⁵ *Jobs to Careers Evaluation Brief: Preliminary Results for Educational Institutions*. UNC Institute on Aging. Available [online](#).

⁴⁶ Some of the increases were cost of living adjustments.

- **Supervisor support and team-based work, in combination with other “high performance work practices,”⁴⁷ were associated with high job satisfaction and high quality of care.⁴⁸** To achieve both high satisfaction and high quality of care, performance-based incentives and flexible work were also necessary.
- **Work-based learning programs for community health workers are “a promising solution to multiple and persistent community health workforce challenges.”** Community health workers provide culturally and linguistically appropriate and cost-effective care and basic preventive services to vulnerable community members.⁴⁹ The evaluator found that:
 - The majority (67%) of workers received raises and 21 percent were promoted. Psychological rewards included increased confidence related to job performance.
 - For community health centers, higher employee engagement and increased efforts on the job were among the most valuable outcomes of participation in *Jobs to Careers*.

COMMUNICATIONS

Jobs for the Future, the national program office for *Jobs to Careers*, in concert with the evaluation team, funders and grantees, produced a wide array of communications products and events over the project period to disseminate program results and lessons learned. These included practice briefs, case studies, and tools as well as presentations at numerous conferences and virtual convenings of the workforce and health care fields.

Products

Key products include:

- ***Work-based Learning Toolkit: Resources from Jobs to Careers.*⁵⁰** The toolkit is a step-by-step guide for human resources managers, staff developers, and others responsible for employee learning through union-based programs, community colleges, technical schools, and community-based organizations. It incorporates

⁴⁷ High performance work practices seek to increase worker satisfaction and improve organizational performance through investment in human capital. They are typically implemented as synergistic bundles of policies and practices that emphasize worker training, socialization, and rewards such as team-building, performance-based incentives, job rotation, and participative decision making.

⁴⁸ Chuang E, Dill J, Morgan JC and Konrad TR. “A Configurational Approach to the Relationship Between High-Performance Work Practices and Frontline Health Care Worker Outcomes.” *Health Services Research*, 47(4): 1460–1481, 2012. Abstract available [online](#).

⁴⁹ Farrar B, Morgan J, Chuang E and Konrad T. “Growing Your Own: Community Health Workers and Jobs to Careers.” *Journal of Ambulatory Care Management*, 34(3): 234–246, 2011. Abstract available [online](#).

⁵⁰ *Work-based Learning Toolkit: Resources from Jobs to Careers*. Boston: Jobs for the Future, October 2011. Available [online](#).

practice briefs, tools, and research on work-based learning as well as products developed by the partnerships. Four interactive online tools are included:

- *The Milestone Tool*⁵¹ is a project-management tool to plan and document the key activities and major milestones for each element of a work-based learning project. The tool specifies program elements for each partner and the timeframes for completing each element.
- *Two Self-Assessment Tools*⁵²⁻⁵³ help employers and partner organizations assess their readiness for implementing work-based learning and career pathway initiatives. The goal is to assess strengths and limitations related to policies, practices, and processes that contribute to the success of such initiatives.
- *The Sustainability Planning Tool*⁵⁴ is a set of worksheets that educators and employers can use to begin creating a long-term plan to maintain and expand upon work-based learning initiatives.
- **Media Coverage.** From 2007 to 2009, the national program and individual projects were covered by the Department of Labor, a Sirius Satellite radio program, local newspapers, and a Fox News affiliate.

Convenings

In addition to a kickoff meeting in Washington, the national program office held:⁵⁵

- **Peer-to-peer learning meetings.** These regular initiative-wide national meetings offered a wide variety of webinars to provide opportunities for project leaders to network with one another and share best practices and challenges in conducting work-based learning and achieving sustainable systems changes. These activities produced substantial learning and information exchange, leading to advancements in the field of work-based learning.
- **Field-specific convenings for several sectors (e.g., mental health, acute care and community health)**
- **Dual convenings on health workforce practice and policy.**⁵⁶ These meetings, held in Washington, from March 1–4, 2010, shortly before passage of the Affordable Care Act, underscored the need for more qualified front-line workers to care for the newly insured, the elderly, and an increasingly diverse population.

⁵¹ *The Jobs to Careers Milestone Tool*. Boston: Jobs for the Future. Available [online](#).

⁵² *The Jobs to Careers Educational Institution and Workforce Intermediary Self-Assessment*. Boston: Jobs for the Future. Available [online](#).

⁵³ *The Jobs to Careers Employer Self-Assessment*. Boston: Jobs for the Future. Available [online](#).

⁵⁴ *The Jobs to Careers Sustainability Planning Tool*. Boston: Jobs for the Future. Available [online](#).

⁵⁵ Grant ID# 55404 funded convening activities of the national program office.

⁵⁶ Altstadt D. *Bringing the Front Lines to the Forefront: A Conversation on the Critical Need to Invest in Workers on the Front Lines of Health Care*, Jobs for the Future, July 2010. Available [online](#).

- *RX for a New Health Care Workforce*. This cross-sector public policy discussion brought together leaders from health care, workforce, education, labor, and philanthropy to discuss promising practices for improving the jobs and advancing the careers of the front-line health care workforce.⁵⁷
- *Engaging Community Colleges in the Advancement of Front-Line Health Care Workers and Jobseekers*. This peer-learning conference brought together project teams from *Jobs to Careers* and the National Fund for Workforce Solutions, another Jobs for the Future initiative. Conference participants examined the successes and challenges of building partnerships with employers and colleges, customizing college curricula, and other workforce development issues.

The discussions identified three overarching principles for guiding federal and state public policies and investments:

- *Industry Driven*: Align training to industry needs for improving the quality and reducing the cost of patient care and other health services.
- *Worker Supported*: Tailor training and career advancement strategies to address the financial and educational needs of front-line workers.
- *Toward System Change*: Create lasting improvements across health care workplaces and education and training systems.
- **A wrap-up conference for *Jobs to Careers* partnerships**. This meeting, held December 8–9, 2010, at RWJF headquarters in Princeton, N.J., focused on results and lessons learned from the experience of partnerships in rounds one and two.
- ***Building Ladders and Raising the Floor: A National Convening on the Direct-Care Workforce in the Eldercare/Disabilities Services Sector***. This meeting, held May 26, 2011, in Washington, convened stakeholders in direct care to address innovations in both practice and policy for identifying career advancement opportunities (building the ladder) while improving the quality of direct-care jobs (raising the floor).⁵⁸

Capturing Accomplishments

In 2009, RWJF hired the Washington-based communications firm McKinney & Associates to craft a multipronged communications strategy that would maximize *Jobs to Careers*' impact on the front-line workforce in the final years of the program and beyond. "The idea," said RWJF Senior Communications Officer Linda Wright Moore, "was to capture the accomplishments of the program and make it accessible to others who might be interested in the model." Key products included:

⁵⁷ The conference was organized around a paper by the same title, laying out a policy agenda for the health care workforce. Wilson R. *Rx for a New Health Care Workforce: Promising Practices and Their Policy Implications*, Jobs for the Future, April 2010. Available [online](#).

⁵⁸ *Building Ladders and Raising the Floor: A National Convening on the Direct-Care Workforce in the Eldercare/Disabilities Services Sector*. Meeting agenda available at *Jobs to Careers* [website](#).

- **A new tagline and messaging.** The new tagline, *Jobs to Careers: Transforming the Front Lines of Health Care*, and messaging about the impact of the program were incorporated in all printed materials after 2009, including practice briefs, press releases, op-eds, site profiles and fact sheets.
- **A comprehensive and robust website.** The new site (www.jobs2careers.org), which was developed jointly with the national program office, includes activities from each grantee partnership (i.e., contact information, work-based learning approach, interviews and testimonials from participants, videos and photos); and general information about the initiative with links to resources.
- **A communications and media outreach toolkit.**⁵⁹ The toolkit was designed to help each partnership communicate its program’s activities and accomplishments and garner resources to sustain the program. The toolkit features:
 - Highlights of six-month targeted communications efforts with two partnerships—SSTAR and District 1199C Training & Upgrading Fund. Both sites used traditional and social media to spotlight program activities and tell their stories.
 - Templates and tips to help partnerships design their own communications and outreach programs for single events or a campaign. The toolkit provides step-by-step instructions for reaching out to the media, writing press releases and articles, and delving into social media outreach with such tools as Facebook and Twitter.

SIGNIFICANCE OF THE PROGRAM

A 2012 report concluded that *Jobs to Careers* proved that “work-based learning can produce good results in a variety of health care settings and partnership arrangements.... and merits expansion to front-line health care workers across the nation.”⁶⁰

RWJF program staff agrees. “The groundwork has now been laid to work with this part of the workforce,” said RWJF Program Officer Sallie Anne George, who is confident that the partnerships between employers and educational institutions created by *Jobs to Careers* grantees will be sustained. “*Jobs to Careers* showcased the kinds of systems changes that can elevate the skills and status of front-line workers.”

As an example, George points to basic changes in reimbursement policy. “Previously, education benefits were not available to front-line workers, beyond taking a class and getting reimbursed later. This program has established policies where money is fronted out by an employer and not by an employee.”

⁵⁹ *Communications and Media Outreach Toolkit*. Washington: McKinney & Associates, 2011. Available [online](#).

⁶⁰ Altstadt D, Flynn M and Wilson R. *Better Care, Better Careers: The Jobs to Careers Strategy for Growing a Skilled Health Care Workforce*. Boston: Jobs for the Future, April 2012. Available [online](#).

In April 2010, the Council on Foundations conferred its annual Critical Impact Award on RWJF and the Hitachi Foundation for providing an example of how philanthropy seeks to enhance the common good. As Hitachi Foundation President and CEO Barbara Dyer noted, the award recognized *Jobs to Careers*' impact "in developing work-based learning approaches applicable to the millions of men and women working on the front lines; providing them not merely jobs, but meaningful careers."

CHALLENGES AND LESSONS LEARNED

Challenges

The program faced two challenges.

- **Deficits in basic skills of front-line workers.** The basic skill level of workers in math, literacy, English fluency, and other areas was lower than expected, necessitating remedial courses before *Jobs to Careers* programs could begin and creating barriers to completion of both the worksite and classroom-based components.
- **The economic downturn.** Due to the financial crisis in the fall of 2008, some *Jobs to Careers* employers were unable to sustain established training programs or promote the workers who had been trained and they were also unable to fund future training programs.

Lessons Learned

Program Director Flynn, Senior Project Director Wilson, and consultant Altstadt identified the following key lessons:

1. **Gain leadership buy-in.** The *Jobs to Careers* partnerships that accomplished the most had support from hands-on leaders invested in the project and in front-line workers. Chief executive officers, academic deans and directors, and nurse supervisors were able to shepherd change in an institution more easily than project administration staff. Their buy-in is critical in starting and sustaining a project.
2. **Cultivate partnerships with educational institutions.** Employers cannot provide a work-based learning education on their own. Managing and strengthening partnerships with a broad array of educational institutions (community colleges, technical schools, and workforce intermediaries) is vital to the success of work-based learning programs.
3. **Transform the workplace, not just the workers.** Fundamental changes to workplace practices and culture were necessary to engage front-line workers in work-based learning. Changes to human resource policies included tuition reimbursement and paid release time, incentives for skill building, and incremental wage increases. Supervisors were also key. They became mentors and coaches to front-line employees

and shifted their own schedules to accommodate their needs. In some cases, they also became adjunct faculty at participating community colleges.

4. **Improve basic skills of front-line workers.** To address skill deficits, partnerships had to adjust their originally planned curricula, incorporating assessments and remediation strategies into their programs.
5. **Accommodate nontraditional learning and learners.** At every site, educational and employer institutions worked together to accommodate the different teaching and learning styles necessary in work-based learning. Accommodations included granting credit for work activities and moving traditional classroom curricula to the workplace or online.
6. **Target a wide array of audiences with messages about the human and economic value of work-based learning.** Communications consultants at McKinney & Associates noted that “not only are stakeholders, potential new stakeholders and the media interested in the human interest aspect of *Jobs to Careers*, they are just as interested in the value added benefits from this innovative demonstration.”

Making the case for a work-based learning approach as a layoff aversion strategy had a particular resonance for front-line workers and their employers during the economic crisis starting in 2008. According to the national program office, while several employers had to lay off employees during the grant period, most (if not all) of the employees participating in the *Jobs to Careers* program were retained during layoff periods.

The University of North Carolina evaluators did not limit themselves to traditional academic audiences. They presented their research findings to health care and nursing executives, human resources leaders, workforce investment boards, community colleges, health sector-based audiences, and policy-makers. Presentations made in intimate settings of 10–50 people maximized networking and communication efforts, according to the evaluators.

AFTERWARD

Findings from *Jobs to Careers* were incorporated into CareerSTAT, an initiative of Jobs for the Future and the National Fund for Workforce Solutions, a collaborative of 30 regional workforce partnerships. *Jobs to Careers* co-sponsor, the Hitachi Foundation, is one of 15 national philanthropies supporting the National Fund for Workforce Solutions.

CareerSTAT builds on *Jobs to Careers*' insights about employer needs. It establishes an employer-led advocacy council to promote investments in career development for low-wage, front-line hospital workers. According to Jobs for the Future, the CareerSTAT approach may be extended to other sectors within health care, such as community health centers or long-term care.

Accelerating Opportunity is another Jobs for the Future program that builds on *Jobs to Careers* by targeting adults in need of basic education skills to succeed on the job. The four-year (2011–2015) initiative aims to drive economic recovery for individuals and communities by substantially increasing the number of adults who earn the credentials and skills they need to get and succeed in family-sustaining jobs.

Eleven states received one-year grants to design a plan to engage community colleges, employers, and other partners in promoting educational opportunities for adult learners. Five of the 11 states (Illinois, Kansas, Kentucky, Louisiana, and North Carolina) each received three-year grants of \$1.6 million to implement their plans.⁶¹ The goal is to enable 18,000 individuals across the five states to attain marketable credentials, earn 12 or more college credits, and gain the skills they need for successful employment in health and health care.

For more information on CareerSTAT and Accelerating Opportunity, see the Jobs for the Future [website](#) and the Accelerating Opportunity [website](#).

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⁶¹ See the Accelerating Opportunity [website](#) for more information.

APPENDIX 1

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Other Funders

- **The Hitachi Foundation**, \$1 million
- **U.S. Department of Labor, Employment & Training Administration**, \$500,000

APPENDIX 2

Project List

Alaska

University of Alaska, Fairbanks (Fairbanks)

Jobs to Careers: Promoting Work-Based Learning for Quality Care

ID# 56873 (January 2008–January 2011) \$417,806

Project Director

Larry N. Roberts, MEd

(907) 455-2056

fflhr@uaf.edu

Arizona

Northern Arizona University (Flagstaff)

Jobs to Careers: Promoting Work-Based Learning for Quality Care

ID# 56297 (October 2006–September 2009) \$435,848

Project Director

Nancy J. Williams, PhD, MPH, RN

(928) 380-3343

talkwithnancy2@yahoo.com

California

City College of San Francisco (San Francisco)

ID# 68147 (September 2010–April 2011) \$114,707

Project Director

Darouny Somsanith, MPH

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Project Director

Tim Berthold, MSPH
(415) 452-5266
tberthol@ccsf.edu

Tenderloin Health (San Francisco)

ID# 56871 (January 2008–May 2010) \$363,335

Project Director

David L. Fernandez
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david.fernandez@tlhealth.org

Connecticut

Capital Workforce Partners (Hartford)

ID# 56490 (January 2008–June 2011) \$425,000

Project Director

Alex B. Johnson, MPA
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ajohnson@capitalworkforce.org

Hawaii

Waianae District Comprehensive Health and Hospital Board, Inc. (Waianae)

ID# 56305 (October 2006–September 2009) \$436,527

Project Director

Stephanie Bell, MSW, LCSW, DCSW
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sbell@wcchc.com

Kentucky

Owensboro Community and Technical College (Owensboro)

ID# 56302 (October 2006–September 2009) \$430,723

Project Director

Vicki H. Boyd, MS, BS

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vicki.boyd@kctcs.edu

Maryland

Baltimore Alliance for Careers in Healthcare Inc. (BACH), (Baltimore)

ID# 56291 (October 2006–September 2009) \$434,208

Project Director

Ronald M. Hearn

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Massachusetts

East Boston Neighborhood Health Center Corporation (East Boston)

ID# 56496 (January 2008–January 2011) \$436,996

Project Director

Liliana Silva

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Stanley Street Treatment and Resources (Fall River)

ID# 56304 (October 2006–September 2009) \$435,384

Project Director

Patricia N. Emsellem, MS, LADCI

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pemsellem@sstar.org

Mississippi

Mississippi Health Association Health, Research and Educational Foundation, Inc. (Madison)

ID# 56499 (January 2008–May 2011) \$437,750

Project Director

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New York

Charles B. Wang Community Health Center Inc. (New York)

ID# 56495 (January 2008–January 2011) \$437,694

Project Director

Arthur Cusack, PhD

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Ohio

Humility of Mary Health Partners Development Foundation (Youngstown)

ID# 56498 (January 2008–April 2011) \$437,750

Project Director

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Oregon

Asante Health System (Medford)

ID# 56289 (October 2006–September 2009) \$432,785

Project Director

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Portland Community College (Portland)

ID# 59375 (October 2006–September 2009) \$428,831

Project Director

Pamela K. Murray, MPA

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Philadelphia

Philadelphia Hospital and Health Care District–District 1199C Training and Upgrading Fund (Philadelphia)

ID# 56292 (October 2006–September 2009) \$436,328

Project Director

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Texas

WorkSource - Greater Austin Area Workforce Board (Austin)

ID# 56307 (October 2006–September 2009) \$428,240

Project Director

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Washington

Virginia Mason Medical Center (Seattle)

ID# 56878 (January 2008–January 2011) \$437,750

Project Director

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Project Director

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APPENDIX 3

Eight Core Components of Work-Based Learning

<p>1. Curriculum is embedded in the work process</p> <ul style="list-style-type: none">• Learning objectives are extracted from the work process of the FLWs' jobs• Learning objectives and/or competencies are connected to positions	<p>2. Learning is embedded in the work process</p> <ul style="list-style-type: none">• Learning occurs onsite• Situations encountered at work are used to create learning• Learning experiences are developed in a way that is convenient for frontline workers' schedules	<p>3. Assessment is embedded in the work process</p> <ul style="list-style-type: none">• Work-related competencies are consistent with academic learning objectives• Competencies are assessed on the job during the work process	<p>4. Coworker/Instructor Involvement</p> <ul style="list-style-type: none">• Supervisors and/or experienced FLWs participate in developing the learning objectives• Supervisors and/or experienced FLWs deliver content
<p>5. Potential for career advancement</p> <ul style="list-style-type: none">• Career ladders are identified and communicated to FLWs• FLWs have individualized plans for gaining competencies• FLWs have individualized plans for education keyed to position progression	<p>6. Rewards for engaging in the program</p> <ul style="list-style-type: none">• Industry-recognized credential is associated with the learning process• Meeting competencies delivered through WBL results in college or continuing education credit• There is a wage increase or promotion associated with gaining competencies	<p>7. Organizational changes at the educational partner institution</p> <ul style="list-style-type: none">• Supervisors and/or other employees are recognized as faculty by the educational institution• Instructors are enlisted from college(s) to deliver learning at the work site• There are mechanisms by which credit for prior learning or competency assessment results in credit for FLWs	<p>8. Organizational changes at the employer worksite(s)</p> <ul style="list-style-type: none">• Tuition advancement is a benefit available to FLWs• Educational release time is a benefit available to FLWs• Performance assessments are structured to explicitly acknowledge competencies gained through WBL activities

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www.jobs2careers.org. The website of *Jobs to Careers* contains information about the 17 projects, tools, and resources.

GRANTEE STORIES

- Kelly Blackwell, a Jobs to Careers graduate