

The Workforce Boards Of Metropolitan Chicago Health Care Sector Strategies

Organizational Background

The Workforce Boards of Metropolitan Chicago (Workforce Boards) are a consortium of nine Workforce Investment Boards serving the Northeast Economic Development Region of Illinois, including: the City of Chicago, Northern Cook County, South and West Suburban Cook County, DuPage County, Grundy/Livingston/Kankakee counties, Kane/Kendall/DeKalb counties, Lake County, McHenry County and Will County.

Distinguishing features

- Multi-Workforce Investment Board regional sector collaboration
- Sector approach supported by state policy that supports sectoral work
- Strong stakeholder partnerships
- Use of participatory and data-driven sector research to inform decisions
- Range of non-training activities to support sector work

Industry

- Health care

As part of the Workforce Boards' regional agenda, in 2002 the group adopted a sector-based approach to workforce development that was later supported by Governor Rod R. Blagojevich's Illinois Critical Skill Shortages Initiative. The work began with a region-wide community audit that provided an analysis of the overall region's present and forecasted economic status and labor market standings. Based on a review of the community audit information, the Workforce Boards identified several industry sectors that are experiencing critical skills shortages that might be addressed effectively through public investment in regional collaboration. The targeted industries are: health care; manufacturing; warehousing, transportation and logistics; finance and insurance; technology; and hospitality and tourism.

Health care was the first industry in which a sectoral approach was rolled out. To begin, the Workforce Boards reached out to the American Hospital Association, the Illinois Hospital Association, and the Metropolitan Chicago Healthcare Council to outline a strategic vision for addressing the industry's core workforce issues in the region. The timing coincided with the trade association's growing concern regarding labor shortages.

In December 2002, the Workforce Boards convened the Healthcare Workforce Summit as a forum for regional representatives from the private sector, educational entities and public policy agencies to discuss and recommend practical solutions to workforce challenges in the sector. The summit also provided an opportunity for workforce entities to deepen working relations with industry associations and economic development groups.

Following the summit, various steps were taken to provide the Workforce Boards with greater understanding of the context and issues faced by the health care industry and workers. The Workforce Boards conducted surveys and focus groups of: 1) health care employers to determine need; 2) current health care workers to learn about job requirements and quality; and 3) City of Chicago public high school students to assess awareness and perceptions of health care occupations. Additional research included a review of industry career paths, an inventory of relevant training and education programs available in the region, and review of related policies and procedures that might enable or hinder solutions. This input was used to identify "critical skill shortage" occupations and develop a multifaceted approach for utilizing the workforce development system to address industry challenges.

The Workforce Boards agreed upon a definition of high-demand occupations that included these characteristics:¹

- Projected demand for skilled employees in this occupation exceeds the projected supply;
- The occupation provides adequate wage and benefit levels (at least \$9 per hour);
- Addressing the skills gap for this occupation is critical to the industry's competitiveness; and
- There is an appropriate role for the workforce development system to play in addressing the occupational skills gap. (The Workforce Boards state that all targeted occupations must have entry-level education requirements that can be attained in two years or less of full-time study.)

Strategy and Services

In 2005-2006, the Workforce Boards funded 16 demonstration projects housed throughout the region at community and technical colleges, nonprofit organizations, private health care employers and public workforce entities. These initiatives were designed to build new models of collaboration and test a range of strategies for providing training, retention and supportive services to new entrants and incumbent workers.

The programs target high-demand occupations in the areas of nursing, diagnostic technology, medical records, billing and clerical occupations, and therapy assistants. Each of the approaches taken by the demonstration sites works to address one or more strategic goals adopted by the Workforce Boards. These goals are: to increase awareness and access to information about health care careers; to create new programs that help workers obtain the basic education and skills they need (particularly in math and science) to get started in a health care career; to expand the number of training slots available to prepare certified and degreed health care workers; to offer supportive services that help workers complete training; to build improved advancement opportunities for incumbent workers; and to improve the work environment such that employees are better recognized and valued.

In working toward these goals, the demonstration projects have created strategies that involve new-entrant training, bi-lingual training, bridge programming, refresher courses, retention, skills upgrading, test preparation, counseling and other support services. Elgin Community College, for example, created a Retention Specialist position to act as a liaison with the Workforce Investment Act one-stop staff and began offering counseling, tutoring, organized study groups and other supportive services to help "at-risk" students complete the Licensed Practical Nurse and Registered Nurse programs. As part of the request for proposals for the regional demonstration projects, the Workforce Boards specifically allowed and supported the use of funds for bridge programs that help disadvantaged individuals improve basic skills in preparation for postsecondary education programs, and co-sponsored training for the system on development of such programs. Supported by this initiative, a partnership among Instituto del Progreso Latino, Wright College and Humboldt Park Vocational Center worked to establish a bridge program to help individuals with limited English skills enter the industry as Licensed Practical Nurses and fill high-demand bilingual nursing positions. Another bridge program established at Joliet Junior College in partnership with Silver Cross Hospital and Morris Hospital provided career guidance,

¹ Workforce Boards of Metropolitan Chicago, *Healthcare Workforce: Turning Crisis into Opportunity*, January 2007.

counseling, tutoring and follow-up services to assist incumbent workers to advance into medical billing and cardiovascular technician positions. The Joliet Junior College training also helped incumbent workers by offering courses at times that accommodated various work shifts.

Other Important Activities Related to the Industry

In addition to supporting these pilot training programs, the Workforce Boards have taken steps to begin to attract more jobseekers to the health care industry. They have developed and disseminated an on-line curriculum designed to help workforce development providers learn about industry workforce needs and to improve the services that the workforce system generally offers to jobseekers and employers. The Workforce Boards also launched an awareness campaign – “The Other Side of the Stethoscope” – designed to provide information to school children about careers in health care. Originally developed and piloted by the Chicago Workforce Board in partnership with the Chicago Tribune News in Education, Illinois Hospital Association, Metropolitan Chicago Healthcare Council, and the American Society for Healthcare Human Resources Administration, this career awareness program was replicated in the balance of the metropolitan Chicago region. Seventh graders were targeted in an effort to generate interest before they make choices about which high school they want to attend and the classes they want to take, so they have the opportunity to satisfy prerequisites. A total of 71,475 middle school students in the region participated in the program.

Beyond direct service and technical assistance to both business and educational training providers, the Workforce Boards of Metropolitan Chicago have used their role as convener to help sector stakeholders discuss some of the pressing issues confronting the health care industry. For example, in 2004, the Workforce Boards sponsored an employer-oriented conference, “*Retaining Your Healthcare Workforce: Creating Career Development Programs for Valued Employees,*” showcasing models of career development and retention strategies for the industry. The Chicago Workforce Board also has worked with the five City Colleges of Chicago, each of which has its own unique and non-transferable nursing curricula, to begin a process of streamlining the curricula and the prerequisites so students have more flexibility in taking classes and transferring credits.

As a more recent outgrowth of the work of the Workforce Boards to identify health care sector need and goals, the colleges of nursing have formed their own working group and have created three pilot efforts. The colleges in the south and southwest portion of the city and suburbs have drafted a common clinical rotation agreement for use with hospitals. Previously, there were 40 to 50 different agreements in force. The common agreement is currently being piloted. Second, the educational institutions in the western suburbs have created a clinical coordination tool and hope to hire one coordinator to take over scheduling for all the clinical rotations in that area. The idea is that the centralized process and the addition of one full-time employee responsible for scheduling will decrease the faculty and nursing time spent on these tasks. In addition, the on-line tool will assist in identifying clinical rotation slots that are going unfilled because of scheduling glitches and will assist in spreading students over various shifts on multiple days. After the program is piloted in the western suburbs in spring 2007 there are plans for regional roll out in fall 2007. Finally, in the northwest city and suburbs, the colleges are developing an on-line clinical orientation tool to cover common material taught to students from rotation to rotation. The idea behind the tool is to free up clinical instruction time for hands-on learning opportunities. Eventually, project participants plan to consolidate all three of these projects onto

one Web portal and create an on-line resource center for clinical rotations. Moving forward, because each clinical participant will have used a central system, school and hospitals also would like to use this Web-based portal to track progress and retention.

Currently, the Workforce Boards-led health care initiative is working to change industry practice regarding tuition reimbursement, having found that it is cumbersome for many employees to use, and favors moving toward a payment model whereby employers cover tuition costs up-front rather than on a reimbursement basis. For employers who have difficulty implementing such a policy in-house, the initiative hopes to create a tuition pool to facilitate the process. However, funding has been scarce to date. The Workforce Boards also are grappling with job quality concerns related to entry-level employment and Certified Nursing Assistants, in particular. One manner of addressing this concern is ensuring that there are career ladder opportunities for individuals that want to advance in the industry. Finally, capacity and the availability of nursing slots at educational institutions remain important barriers to addressing the nursing shortage. Moreover, the strain on the training and credentialing systems means that without a strong commitment to diversity on the part of all stakeholders, students from disadvantaged backgrounds find opportunities to enter health care careers especially scarce. To help address these concerns, the sector initiative is attempting to improve the relationships between educational providers and hospitals, in hopes of encouraging innovative approaches to the problem, such as the provision of adjunct faculty and increased clinical space.

Critical Partners

To build and execute these strategies, the Workforce Boards collaborate with a wide range of regional stakeholders including: professional and trade associations, labor unions, secondary and post-secondary educational institutions, training providers, employment programs and staffing firms, community organizations and interest groups, local and state government, economic development professionals, and workforce professionals.

The Metropolitan Chicago Healthcare Council, a membership and service association made up of more than 140 hospitals and health care organizations, has been a particularly critical partner. The council has marshaled participation among businesses. Moving forward, the council reports that it would like to see industry increase support for and take ownership of the sector initiative. To that end, the council has formed and staffed a health care advisory board that serves as a forum for business, post-secondary education providers, public officials, and representatives of the public workforce system. This committee is struggling with two broader issues: capacity in the schools and career awareness.

Outcomes

Training under the health care sector initiative has been underway for just over a year, making outcomes data limited. Outcomes data tracked vary according to the goals and strategies of each demonstration project, and indicators include measures such as an increase in the number of educational slots available, a decrease in the attrition rate, an increase in the number of nursing graduates, advancement along a career pathway (e.g., from Licensed Practical Nurse to Registered Nurse), and increased retention rates upon placement, to name a few.

Some examples of outcomes after one year of implementation include:

- At Elgin Community College, the new program resulted in a 95 percent retention rate for participating students, as compared to a 66 percent retention rate during the prior year.
- Among City Colleges of Chicago, among second-year registered nursing students there was an improved completion rate of 85 percent, compared to an average completion rate of 62% for the three years prior.
- Through the Instituto del Progreso Latino, 50 limited English speakers have received remedial education and have been accepted into licensed practical nursing programs.
- Harper College was able to increase enrollment in its nursing program by 33 percent (40 additional slots were opened for incumbent workers employed by Northwest Community Hospital and St. Alexius Medical Center).

Financing

To a large extent, the work described here has been supported through the Illinois Critical Skills Shortages Initiative, a statewide initiative that uses Workforce Investment Act funds to support regional approaches to labor market shortages in key industries. The demonstration projects have been supported by more than \$2 million in Critical Skills Shortages Initiative funds, matched by another \$2 million in financial support and in-kind support from public and private sources, including the major hospital systems in the region. Several of the projects received additional funding to continue their work for another 12–18 months. The health care initiative builds on \$100,000 in grants that were awarded to the Metropolitan Chicago Healthcare Council in 2003 by the “Promise of Nursing Illinois Program” of Johnson & Johnson, which enabled seven area undergraduate nursing programs to establish 100 nursing student slots by 2006.

The Metropolitan Chicago Healthcare Council currently is developing a survey designed to assess the type and amount of support provided to educational initiatives by member organizations. Once the data from this survey is available, it will be used to pinpoint holes in funding that the advisory board will actively work to augment through private sector fundraising. Moving forward, the council itself expects to fund the Web portal and coordinator position currently being designed to facilitate the clinical rotation process.