



SkillWorksSM
PARTNERS FOR A PRODUCTIVE WORKFORCE

Health Care and Research Training Institute (HCRTI) / Healthcare Training Institute (HTI)

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Partnership Structure, Services, and Participants Served

Partnership Mission and Structure

The Health Care and Research Training Institute (HCRTI) represented a partnership involving six health care-related employers and three community organizations. The initiative was led by the Jamaica Plain Neighborhood Development Corporation (JPNDC) and the Fenway Community Development Corporation (FCDC), in collaboration with MissionWorks, a nonprofit serving the Mission Hill and Roxbury neighborhoods. The HCRTI partnership sought to institutionalize a sector-based, career pathways initiative that prepares participants for healthcare employment in the Longwood Medical and Academic Area (LMA). Through the creation of a streamlined recruiting and hiring process that focused on community residents, the goal was for partner employers to be able to access well-qualified and trained candidates for entry-level positions. Additionally, HCRTI intended to establish itself as a permanent healthcare training center to promote career advancement opportunities for LMA's incumbent entry-level workers.

HCRTI was initially successful at implementing both a pre-employment program and an incumbent employer program. Employers did hire members of the community into entry-level positions and send their current employees to HCRTI-sponsored classes. Over time though, issues began to emerge that suggested a misalignment between changing employer needs and HCRTI services.

By the beginning of 2007, the healthcare business climate and, in turn, employer

demand for services offered by the Institute had considerably diminished. The business climate led to a clear reduction in demand for entry-level workers from the pre-employment program and a change in hospitals' thinking about incumbent services. While most employer partners continued to participate in the Institute at some level, they were increasingly convinced that there were more cost-efficient options available for providing the incumbent training and coaching services, through either internal HR resources or partnering directly with educational providers. In addition to the business climate changes, employers were also concerned about the "shortcomings in the quality of services" and a "diminished need for the political advantages of partnership with the Institute."^{1,2}

In addition to these changes in employer demand, HCRTI's lead organizations, JPNDC and the FCDC, decided that they would no longer serve as institutional sponsors of HCRTI beyond 2007. The breadth and scope of HCRTI was ultimately larger than the neighborhood emphasis of each organization, given

¹ At the time of HCRTI's development, many of the hospitals in the LMA were expanding their facilities. Some of the development plans' approvals were contingent upon community investment, for which HCRTI qualified. Other hospitals were seeking to invest in the surrounding neighborhoods, not as a requirement, but as a good-faith effort to ensure that the hospitals were a benefit to the community. Either way, this incentive diminished as facility expansions were completed.

² HCRTI/JVS Application for Continuation Funding, 2007.

HCRTI's substantial focus on training incumbent workers, many of whom were from the greater Boston area.³

Ultimately, in 2008, HCRTI transitioned into a new partnership structure, retitled the Healthcare Training Institute (HTI). The restructured HTI partnership is led by Jewish Vocational Services (JVS) and includes four LMA employers, all of which had been active partners in HCRTI. The HTI governance structure is similar to HCRTI's, with periodic working sessions that included employer partner representatives and JVS staff. In terms of operations, both HCRTI and HTI focused on providing high quality services that met participant and employers needs. However, HTI is more focused than HCRTI on employer needs. According to employer feedback, HTI has been more successful at listening to employers' goals for their employees (e.g., improved performance) and delivering high quality services to meet these goals.

In 2008, HTI focused primarily on improving incumbent workers' English language skills so that they could advance in their careers and communicate more effectively in their professional and personal lives. This goal was driven by employer input and was equally supported by employee participants.

Services Planned and Delivered

During the first four years of implementation, HCRTI provided a wide range of educational instruction to participants. The pre-employment program focused on general healthcare job placement for community residents and included job readiness skills and hospital internships. In total, HCRTI trained approximately 240 community residents in the pre-employment program.⁴ This program ended halfway through Year 4 and was not restarted when JVS took over program leadership in Year 5. The discontinuance was responsive to decreased employer demand for entry-level workers and a desire to focus program services on the areas of greatest employer interest.

Incumbent services over the five years of implementation also evolved. During the first three years, HCRTI provided ESOL and GED classes, as well as preparatory math and English classes, pre-college reading, writing, math classes, and courses for improving computer skills. HCRTI also offered classes in patient care, administrative skills, and science. Finally, HCRTI helped to establish on-site classes for nursing and surgical technician students offered by Mass Bay Community College (though only one cycle of classes was offered, and students have now graduated from the programs).

³ Even with the decrease in incumbent course offerings, the number of incumbent participants still outweighed pre-employment participants three to one throughout implementation.

⁴ This number is an unverified count of program participants. It is provided here as a general estimate to demonstrate program scale.

	Years 1-4	Year 5
ESOL	✓	✓
GED and Pre-College Classes	✓	
College Courses	✓	

In Year 4, HCRTI’s incumbent course offerings were streamlined and simplified, focusing primarily on ESOL, pre-college math and English, and computers. In addition, the surgical technician and nursing students continued to take classes offered by the community college. During the first four years of HCRTI operation, about 900 incumbent workers received training or coaching assistance from HCRTI.⁵

The courses offered in Year 5 by HTI were solely focused on ESOL, which was an important employer priority and point of continuity as HCRTI evolved to the new organizational structure. In addition to traditional language classes, HTI staff also provided students with limited case management assistance.

In terms of career coaching, during the first three years of implementation, coaching services were provided to all individuals who enrolled in HCRTI’s incumbent worker component. The intensity of coaching received depended on participants’ interest; participants were not required to participate in intensive career coaching.

Career coaching narrowed in Year 4 as more employers brought this service in-house. Specifically, HCRTI coaches were only coaching 18 percent of enrolled participants in Year 4.

⁵ This number is an unverified count of program participants. It is provided here as a general estimate to demonstrate program scale.

In Year 5, HTI provided intensive career coaching services to six employees of one employer partner. The career coaching process included dialogue about the employee’s career options, current goals/objectives, and relevant certification and post-secondary programs, as well as internal promotion options available to them.

Participant Characteristics

All participant data in this report pertains only to those who were active in 2007 or 2008 (Year 4 and 5). Approximately 900 additional participants received services during the first three years of HCRTI. Because of inconsistencies in the data, such as missing enrollment years, a few instances of duplicate records, and some inconsistent data, the decision was made to exclude this data from the evaluation. It would have been very costly, in terms of program staff time and resources, to work through the issues and validate the available data.⁶

⁶ In previous years, SkillWorks funders decided that partnerships would report program activities and outcomes in the aggregate. While placing less of a burden on the partnerships, this left no way for the evaluation team to verify the accuracy of data. At the end of 2007, the evaluation team reviewed the HCRTI database and found numerous problems (such as duplicate records or inconsistent data (e.g., a participant may have a termination date but then updated employment information for the same employer)). In order to balance the burden of data cleaning on staff and the need for accurate evaluation data, a compromise was reached—HCRTI staff verified/updated data for all participants active in 2007; and participant data for inactive Year 1, 2, and 3 enrollees was not validated and is not presented in the evaluation. Therefore, participant data for Year 1-3 cohorts represents a fraction of those who actually enrolled because only those active in Year 4 are included.

In Year 4, 23 pre-employment and 200 incumbent participants received services from HCRTI. Thirty-two of the incumbent participants remained active in Year 5, taking ESOL courses through HTI. An additional 47 incumbent workers enrolled in Year 5 with HTI. Combined there were 270 unduplicated participants active in Year 4 and/or Year 5 (223 from Year 4 and the additional 47 new enrollees in Year 5).

HCRTI and HTI were moderately successful in serving the SkillWorks target population—low-skilled, low-income Boston residents. In Years 4 and 5, 100 percent of pre-employment participants and 60 percent of incumbent participants were Boston residents.

About 60 percent of all Year 4 and 5 participants have a high school diploma or less, indicating that HTI is indeed serving a low-skilled population. Additionally, 59 percent of Year 4 pre-employment participants and 71 percent of Year 4 incumbent participants spoke a primary language other than English.

This percentage increased to 92 percent in Year 5 as HTI focused exclusively on ESOL courses.

Eighty-five percent of pre-employment participants earned less than \$25,000 at enrollment, despite the fact that more than 60 percent were employed. Incumbent participants earned slightly more at enrollment, which is to be expected since they were all employed in the healthcare sector. Specifically, about 67 percent earned less than \$39,999.

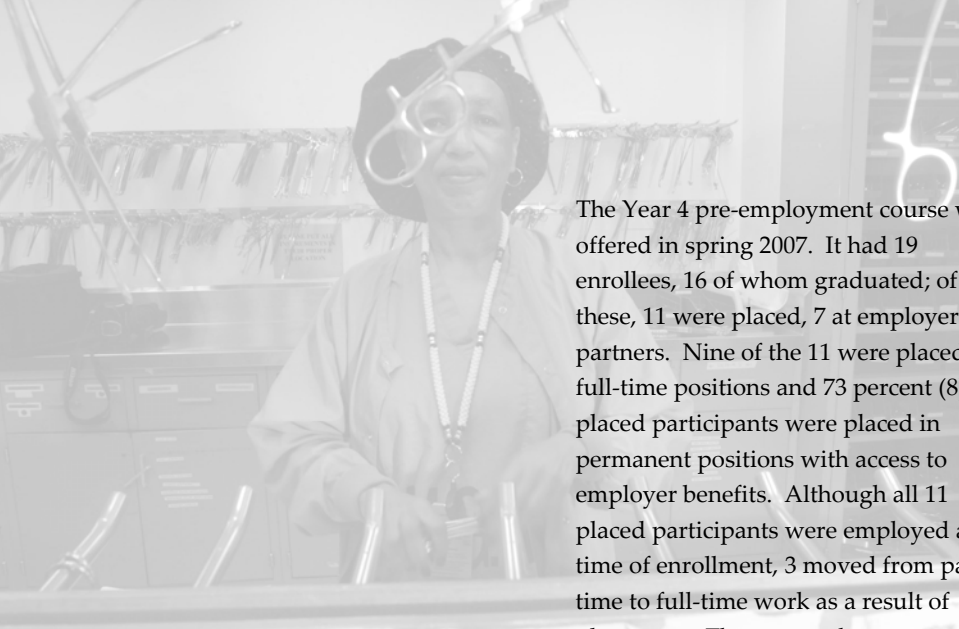
Service Outcomes

As a result of HCRTI and HTI, participants and partner employers experienced positive outcomes. The following sections will describe these outcomes in greater detail.

Pre-Employment Participant Outcomes

While no pre-employment services were delivered in 2008, there were some outcomes from Year 4 that are noteworthy.

	Year 1 Cohort	Year 2 Cohort	Year 3 Cohort	Year 4 Cohort	Year 5 Cohort	TOTALS
Pre-employment – Active in Year 4	1	2	3	17	n/a	23
Pre-employment Active in Year 4 and 5	0	0	0	0	0	0
Incumbent – Active in Year 4	29	32	47	92	n/a	200
Incumbent – Active in Year 4 and 5	5	5	10	12	47	79



The Year 4 pre-employment course was offered in spring 2007. It had 19 enrollees, 16 of whom graduated; of these, 11 were placed, 7 at employer partners. Nine of the 11 were placed in full-time positions and 73 percent (8) of placed participants were placed in permanent positions with access to employer benefits. Although all 11 placed participants were employed at the time of enrollment, 3 moved from part-time to full-time work as a result of placement. *The average placement wage for pre-employment participants was \$13.19. As a group, these graduates experienced an average wage increase of \$3.42/hour, which is an average increase of 42 percent above their wages at enrollment.*

In addition to the courses listed, *four participants also passed their initial Central Processing Examination.*

Participants achieved these educational outcomes by Year 4 and were not active in Year 5.

Incumbent Participant Outcomes

There were 79 unique participants who were active (i.e., taking ESOL classes) in Year 5; again, 47 (60 percent) of these were new enrollees. For purposes of this analysis only the data on those participants who were active at some point during Years 4 or 5 can be confidently reported. In terms of job retention, 82 percent of active participants were still employed at a partner employer at the end of Year 5. (See table 4.)

About 60 percent of this cohort of participants received a wage increase at some point after they enrolled in HCRTI or HTI. Eighteen percent of these increases were confirmed by employer partners as merit-based and were above and beyond cost-of-living or union-negotiated raises. Eleven percent of this cohort of active participants (27 participants) also received a promotion since enrolling.

	# Enrolled	# Graduated
ESOL	7	5
Reading/Writing Non-Native Speakers	1	1
English 090-107	2	2
Pre College Math 090	1	0
Fundamentals of Math 207	1	1
Computer II/III	2	2

A number of pre-employment participants active in Year 4 (who may have enrolled in HCRTI in Years 1-4) did take steps to advance their educational standing. Both enrollment and graduation levels are summarized in Table 3.

	Year 1 Cohort	Year 2 Cohort	Year 3 Cohort	Year 4 Cohort	Year 5 Cohort	TOTALS
Total Participants Active in Year 4 or 5	29	32	47	92	47	247
Total Number Taking ESOL Classes in Year 5	5	5	10	12	47	79
Participants still employed at initial employer*	25	21	30	75	39	202*
% of Participants Still Employed at Initial Employer	86%	66%	64%	82%	83%	82%

*Employment data received from one employer partner was aggregated so it could not be broken out by cohort (14 participants, 12 are still employed). These participants are included in enrollment counts.

Table 5: Incumbent Skill Enhancement Outcomes (Only Participants Active in Year 4 or Year 5)					
	Number of Participants Who Realized Skill Enhancement Outcomes				
	Year 1 Cohort	Year 2 Cohort	Year 3 Cohort	Year 4 Cohort	Year 5 Cohort
Enrollment	29	32	47	92	47
Entered College	2	8	14	5	0
Enrolled in Sector-Specific Training	0	0	2	0	0
Completion					
Graduated from College	0	5	7	0	0
Completed Sector-Specific Training	0	0	0	0	0

Participants' pursuit of additional education was somewhat limited for HCRTI/HTI participants but there were some meaningful achievements.⁷ Twenty-nine participants enrolled in college and two enrolled in two different sector trainings. Twelve of the college enrollees graduated, four with nursing degrees and eight with degrees as surgical technicians.

Employer Outcomes

Through an employer focus group and key employer interviews, HCRTI and HTI partner employers described a number of outcomes that helped to improve their employees' performance and affected their own bottom line.

Overall Increases in Incumbent Skills

Most of the employers acknowledged that HCRTI/HTI was successful in employee skill building, particularly in terms of English proficiency, though

⁷ Given the fact that HCRTI/HTI decreased the intensity of career coaching and participant tracking tapered in Years 4 and 5, it is likely that additional education outcomes were achieved by HCRTI participants that have not been documented. While these unreported outcomes were not the direct result of HCRTI services, they may have been the result of groundwork laid by previous HCRTI courses.

there were also gains in math and computer skills. Employers did wish the number of employees that gained additional skills had been larger but also were satisfied with the visible improvement they saw in trained employees.

Improvements in Performance or Productivity

Anecdotally, a few employers interpreted the fact that supervisors consistently encouraged their staff to take classes through HCRTI as evidence that the curriculum was valuable in improving performance; supervisors would not have approved participation otherwise. Supervisors at one employer also provided feedback to management that participants gained confidence in their interactions with their colleagues and management as a result of HCRTI participation, which resulted in performance improvements.

Other employers felt uncomfortable saying that participation in HCRTI courses and coaching resulted in improved employee performance and productivity. The employers discussed the fact that many employees taking ESOL courses continued to make slow progress in increasing their language skills. These employer representatives were unable to point to performance and/or productivity increases for

participating employees with limited English capabilities at enrollment.

Improved Ability to Promote from Within

Employers have seen a small but real increase in their ability to promote from within. Some specific examples from the 16 promotions seen in 2007 were from a nursing assistant to an in-patient clinical assistant and from a data transactor to a revenue control representative. Some of these individuals were on specific career paths and were able to build upon skills gained through HCRTI courses to advance in their careers.

Improved Community Relations

Employers agree that they have built new and sustainable relationships with learning partners and CBOs as a result of their HCRTI participation. One employer explained that were it not for HTI, they would not have understood the mission and capacity of a Community Development Corporation (CDC) and its potential to support their business in an ongoing or expanded way. As a result this employer is now using the CDCs as a resource to help expand its ongoing recruiting capacity for entry-level positions. For another employer, the HCRTI partnership connected the employer with a local community college that is now helping to provide industry-specific instruction; this collaboration did not exist prior to HCRTI.

Systemic Changes

HCRTI was designed to bring about systemic changes in the way partnering employers support their low-skilled employees and interact with fellow LMA employers. It was also designed to alter the way that JPND, FCDC and JVS provided workforce development services. Changes were seen in both of these settings.

Changes to Employer Culture and Operations

HCRTI has touched most major hospitals in Boston. While participant outcomes have not been as robust as was originally hoped, hospitals appear to have made substantial changes in the way they approach the implementation and delivery of core workforce development services, particularly as they support the hiring and development of low-skilled individuals. The following table summarizes the results of an employer survey completed by three of the HCRTI/HTI employers. It clearly demonstrates that employers perceive SkillWorks to have been a vital catalyst in the evolution of their workforce training efforts.

Table 6: Changes in Employer Culture

<i>Has your participation in the SkillWorks partnership had any of the following impacts on your firm?</i>	Limited/ No Impact	Positive Impact	Significant Positive Impact
Level of investment in workforce development services for employees	0	2	1
Development of new workforce development services	0	2	1
Relationships with other employers in your industry	0	1	2
Understanding of the workforce needs of low-income, low-skilled individuals	1	1	1
Partnerships with workforce development service providers	1	1	1
Development of new recruitment pipelines for entry-level workers	2	1	0
Commitment to advancing existing employees	2	0	1

The following discussion provides additional detail for those areas where there was evidence of significant or strong positive impact.

Investment in workforce development services

When the Institute began, most of the hospitals were not providing workforce development services to their entry-level staff. The HCRTI services helped to fill a gap in service for a population that was not being served by the existing training and/or workforce services provided by employers. Since that time, most of the employer partners have increased their internal workforce development staffing to such a degree that they are now providing in house many of the services previously only provided by the Institute.

Employer partners also generally agreed that they learned a lot from observing the work of the Institute. Based on this observation, each partner has decided:

- ❖ Which HCRTI program elements to incorporate into its own existing training and workforce development services,
- ❖ Which services to provide through subcontractors, such as JVS, and
- ❖ How to revise its workforce development offerings to integrate some level of coaching and pre-college coursework.

For example, one hospital hired its first director of workforce development. Another employer launched a new pipeline program to train employees to become medical laboratory technicians and launched a program to help employees develop career goals, assess their current academic skills, and take pre-college/prerequisite courses on site.

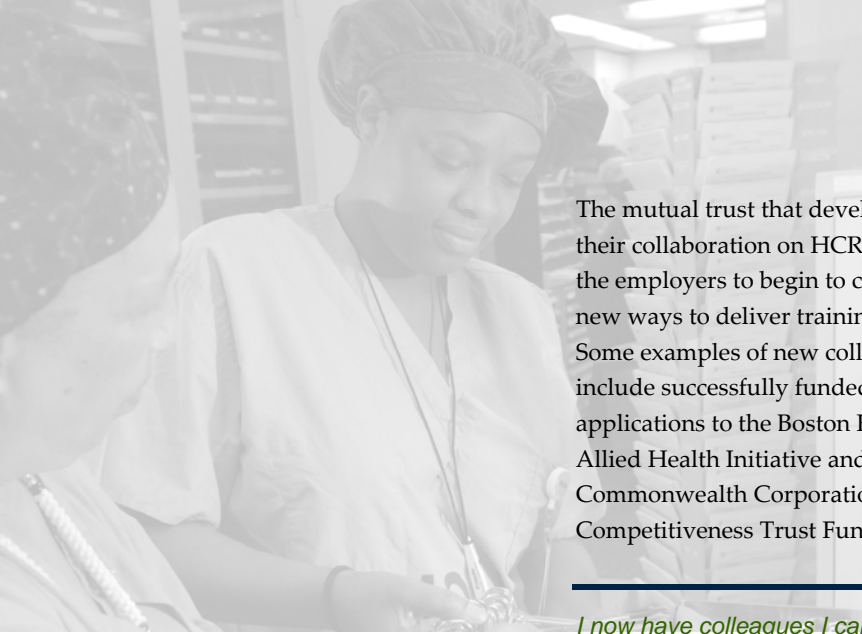
Changes in Human Resource policies have been more limited, though some have occurred. One partner revised the amount of tuition reimbursement available to employees and the timing of payment; this partner now makes it possible to prepay the college or institution directly.

Our organization's investment has increased since HCRTI began. The additional resources now available provide employees more access to training and provide more dedicated staff time for workforce development.

– Employer Partner

Enhanced relationships with other employers in the healthcare industry

The SkillWorks initiative introduced the concept of having LMA employers work together to address their workforce development needs. In an environment where these institutions often treat each other as competitors, HCRTI provided the platform for sharing resources, best practices and lessons learned, and as a result provided entry-level employees with an array of services designed to increase skill development and encourage career advancement.



The mutual trust that developed through their collaboration on HCRTI has allowed the employers to begin to collaborate in new ways to deliver training services. Some examples of new collaborations include successfully funded joint applications to the Boston Foundation's Allied Health Initiative and the Commonwealth Corporation's Workforce Competitiveness Trust Fund.

I now have colleagues I can ask for advice or input on new programs and services I'm designing.

– Employer Partner

Understanding workforce needs of low-income, low-skilled individuals

As a result of HCRTI, employers are more aware of the need for providing meaningful career advancement opportunities for their employees, while simultaneously acknowledging the barriers many employees face in seeking additional education and skills training. Some of the lessons employers learned include realistically acknowledging the time and commitment involved in helping a low-skilled worker move to a higher paying position; understanding the barriers faced by low-skilled workers; the need for concrete and transparent career paths; and the critical role of career coaching in ongoing participant engagement.

One employer is developing career pipelines focused on connecting individuals with two-year degrees to four-year colleges based on best practices learned at HCRTI/HTI meetings. That employer is now seeking to expand its training programs beyond academic concerns to provide wraparound workshops that discuss topics like

financial planning, child care, elder care, etc.

"We need to set realistic expectations...we have learned that many of the individuals that we are trying to support need academic foundations and that balancing school and work is incredibly important."

– Employer Partner

Changes in Workforce Development Provider Practices

Over the life of HCRTI and HTI, three nonprofit organizations directed or co-directed service delivery and partnership development. Through these roles, each organization enhanced its overall capacity for workforce development. This work resulted in the enhanced ability to cultivate and sustain partnerships, increased awareness and comfort dealing with employers and their service needs, and expanded service delivery.

Partnership formation

As a result of the HCRTI partnership, the community organizations have a better sense of how to structure the partnerships, particularly the importance of a single designated lead organization, and how to interact as partners. This is particularly important as securing funding becomes more competitive, and strategic alliances become more attractive and necessary.

Employer engagement

All of the nonprofits involved engaged in deeper levels of employer relationship within HCRTI and HTI than they had done previously. Ultimately, program

staff feel more confident about building future employer relationships, knowing what responsibilities can be required of both parties. In fact, one organization expressed a greater understanding of priorities of direct supervisors, including such subtleties as developing more safety-conscious employees and promoting job satisfaction through increased co-worker communication (achieved through improved language skills). This awareness has led to revisions in curriculum to better serve managers' needs.

Expanded services

Community-based organizations have also expanded their mix of service offerings as a result of their participation in HCRTI and HTI. Two of the organizations said that they improved their process for screening pre-employment participants, and all three organizations said that HCRTI/HTI has positively shaped their use of pre and post training assessment tools for participants as well as their deployment of career coaches.

Additionally, one organization has developed a new curriculum that allows it to train workers from many different employers within a single class. This required staff to identify similar skill needs across diverse jobs and institutions and then develop a common lesson plan. This step is critical for future expansion of cross-employer training initiatives.

Conclusion

HCRTI and HTI's services helped pre-employment participants attain substantial wage gains and helped incumbent workers earn wage advancements and promotions. In addition to these participant outcomes, key partner employers have implemented meaningful and substantial changes in their workforce development programs and procedures. While the actual scale of participant outcomes was smaller than initially hoped, the sustainable system changes at employers and service providers will allow the effects of the Institute, in both its iterations, to continue for the foreseeable future.

Sustainability

Going forward, JVS will continue HTI's services through a range of funding sources, including employers payment of fee for services and SkillWorks Phase 2 funding. Specifically, Phase 2 funding will provide seed money to further explore how low-skilled pre-college students can move more successfully from ABE and ESOL to GED to pre-college classes.

Key Lessons for Workforce Partnerships

- ❖ Business competitors can find common ground in pooling training services and sharing best practices. Through HTI, employers pooled services where there were economies to be gained. For example, economies of scale were possible for ESOL and GED courses, due to the general and widely applicable nature of the skills, and these were successfully offered jointly. However, employers did not support more technical courses being taught in a joint manner because they wanted higher levels of control and the ability to address specific internal needs. Additionally, highly specialized classes are challenging for workforce partnership to offer due to small course sizes and more intensive start-up costs.
- ❖ Consistent and replicable data entry is critical to a partnership's ability to understand participant outcomes, implement program improvements based on these outcomes, and provide timely feedback to employer partners/customers. Database challenges and intermittent quality control created a situation where HCRTI was unable to provide employers with timely data that might have increased their engagement in the wider range of HCRTI services. Additionally, HCRTI was unable to make needed program adjustments as the partnership evolved because it could not discern the needed changes given the data available. Better policies and procedures around data management, as well as dedicated staff responsible for data entry and cleaning, might have prevented the majority of HCRTI's data quality issues.
- ❖ Participant barriers can overwhelm industry advancement opportunities. Despite the career advancement potential in healthcare, individuals' personal barriers, such as low academic attainment, limited English, and childcare obligations, can severely limit their ability to advance. Participating employers continue to grapple with these issues and refine their strategies to better accommodate the highly diverse and challenging needs of entry-level workers. If career advancement is the true goal of the initiative, more effective screening of participants is necessary. If on the other hand the goal is to serve all workers, regardless of the barriers they might face, more comprehensive supportive services are needed to ensure that participants have an increased likelihood of engaging in and completing their course of study.

SEEING OPPORTUNITIES. CREATING SOLUTIONS.

SkillWorks, a public-private partnership, is addressing the needs of employers for more skilled workers and of workers for more and better access to jobs that pay a family-supporting wage.

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