

Vision Statement & Map of Career Pathway

1. **Our Vision:** *Healthcare Career Pathways* is a comprehensive initiative that integrates education and support resources into a new career structure enabling low-income wage earners to advance to higher paying jobs. It is a partnership between Northeast Ohio area educators, employers, workforce development systems, economic development organizations, social service providers and government agencies. The two primary partners in this initiative - *Lakeland Community College (LCC)* and *Auburn Career Center (ACC)* - share a common vision for helping low-income Ohioans obtain postsecondary credentials and support services enabling them to advance to higher income employment. This vision is aligned with the mission of both partners: ACC's mission is to empower learners to develop their potential through education and to create a trained and skilled workforce that will enrich Northeast Ohio's economic development. LCC's mission is to provide quality learning opportunities to meet the social and economic needs of the community.

The partners' vision is to establish comprehensive and coordinated academic and social support services aimed at supporting low-income wage earners to move up a healthcare career ladder. These career ladders will enable the partners to achieve their mission of advancing low-income wage earners to higher paying positions. The map of services for this initiative, on page 9, includes targeted recruitment, assessment and remediation services, intensive work readiness and follow-up support, training and education, and employment and advancement in one of three healthcare careers: patient care, medical administration, and allied health.

LCC and ACC are collaborating with two key area employers – Lake Hospital Systems (LHS) and UHHS Richmond Heights Hospital (RHH) – to implement this career ladder. The partners anticipate that 50 individuals will participate in this program annually, for a combined three year total of 150 program participants. After the third year of the program, the partners

further estimate that program participation will increase exponentially by 7% per year as the program develops and is permanently funded. When determining the size and growth of this program, partners researched successful pathway models nationwide and interviewed key staff at those programs. A number of staff indicated that a key to their success was beginning with a smaller number of program participants and growing slowly. This enabled them to build a solid, innovative pathway program and to respond quickly to program issues. We decided that this approach would work best for our pathway model.¹ A detailed description of these partners is included as Attachment 1.

The planning year was an opportunity for the partners to structure an employer and student driven healthcare pathway model. The development of this model resulted in positive cultural and institutional changes within each partner's organization. A 2004 timeline of the activities achieved is included as Attachment 2.

a. *The Problem.* This project is designed to address two key problems in our region. First, employers lack qualified workers to fill the growing vacancies in the healthcare field. As employers in Greater Cleveland struggle to address this issue, the Department of Labor (DOL) projects that there will be rapid and significant increase in the need for healthcare workers over the next ten years. It is critical that we take steps now to begin to remedy this problem. This project will benefit employers by providing them a well-trained and highly qualified workforce, which is key to regional economic development and the provision of quality healthcare.

Second, incumbent workers struggle to advance in their careers and to obtain jobs that provide a good living wage. Too often, they face barriers and do not have a cohesive employment pathway to help them move forward in their careers. This project will address this

¹ To be considered a pathway participant, an individual must be enrolled in a program at Willoughby Eastlake, ACC, or LCC and be actively working to advance in one of the pathways. Our estimates do not reflect the many individuals who are not enrolled but are taking an employment readiness course or a healthcare class such as medical terminology.

problem and benefit workers who can participate in a comprehensive program that enables them to optimize their income and professional potential.

b. *The Obstacles.* In order to create a successful career pathway, the partners recognized that it is critical to first identify the obstacles that currently prevent people from advancing in their careers. Doing this enabled us to begin to develop solutions to remove these barriers and create a pathway model that has a higher likelihood of success for participants and employers. During the 2004 planning year, partners undertook four important steps to identify these barriers. First, LCC and ACC met with key staff from both hospital partners to identify the barriers employers faced in obtaining qualified healthcare employees to fill current and projected vacancies. These meetings involved staff from all levels of the educator and hospital organization. LCC President Morris W. Beverage met with the Presidents of both LHS and RHH to discuss the development of an employer-driven healthcare pathway, LCC and ACC senior management staff met with their peers at both hospitals, and front line staff from LCC, ACC, LHS and RHH met throughout the planning year. As a result, this proposal is employer-driven and addresses the barriers identified by hospital leadership and front line staff.

Second, LCC and ACC organized a series of focus groups and interviews at both partnering employers - Lake Hospital Systems and UHHS Richmond Heights Hospital. During this process, managers and line staff discussed their perception of barriers (the focus group results are included as Attachment 3).

Third, partners invited Sarah Griffen, Project Director of *Bridges to the Future*, to a day-long meeting to share her experiences on building career pathways, including the obstacles – and solutions – that program participants face. *Bridges to the Future* was developed in 2000 and is a highly successful healthcare pathway model located in Boston, Massachusetts. In addition,

during the planning year partners attended the conferences sponsored by the KnowledgeWorks Foundation and gained insight from many presenters who are experienced in this subject.

Fourth, partners interviewed regional stakeholders to gather information based on their experiences. Stakeholders included employers, social service providers, faculty, and workforce development organizations. The interviews offered varied perspectives on the obstacles that potential program participants may encounter.

As a result of this process, the partners identified four primary barriers that prevent workers from advancing in their careers. During the planning year, partners also worked toward developing solutions to remove these barriers. Each solution listed below is a result of the planning that took place to create a healthcare career pathway and did not exist prior to this project. The solutions create systemic and cultural changes within the partner organizations, which are necessary to implement a successful career pathway model (please see page 22-26 for a description of the reorganization and systemic changes). Barriers, and their accompanying solutions, include:

1. Shortage of qualified healthcare workers to fill current and anticipated vacancies.

Employers currently face a dearth of individuals qualified to fill vacancies. Employment data indicates that jobs in healthcare will increase significantly in the next decade; without an accompanying increase in skilled workers, hospital managers will face a shortage that will impact their delivery of healthcare services.

Solutions:

- Development of a career pathway model that increases the number of new people entering the healthcare field as Tier 1 employees.
- Creation of a career pathway program that increases the number of incumbent workers available to fill current and projected vacancies in Tier 2, 3, and 4 positions.

2. Inaccessible education and training. Workers struggle to manage competing priorities in their work and family lives and often, do not have the time necessary to take classes to advance their careers.

Solutions:

- Classes that are delivered on-site at their workplace.
- Flexible work schedules.
- Evening/Weekend nursing program
- Release time to take classes.

3. **Cost of education.** For many workers, particularly those in Tier 1 and 2 positions, the cost of education is prohibitive. Many people earn a fraction above minimum wage and although they recognize the value that education will have on future earnings, their present financial circumstances present a significant barrier in this pursuit.

Solutions:

- A tuition reimbursement program for program participants.
- Scholarships to defray the cost of education.*

4. **Lack of coordinated support services.** Many people site extreme difficulty maneuvering in the complex world of support services. Critical support services include child care, transportation, financial aid, mentoring, and counseling. While most of these services are currently available, coordinating and accessing this information can prevent a worker from advancing in their career.

Solutions:

- A coordinated academic and skills assessment tool – *Skills Max* – to match candidates with jobs and coordinate career advancement.
- A “Job Coach” to coordinate academic and support services for participants.
- College counselors at work sites to provide information about academic programs and support services.
- A career portfolio - *Foliotec* - that tracks the participants academic and career services.

* Although student healthcare scholarships existed prior to the creation of this pathway model, partners worked during the planning year to coordinate and increase the number of scholarships available.

2. **The Target Sector.** Partners targeted healthcare as the sector in which they would build a comprehensive career pathway. During the planning process, a significant amount of national, regional, and local data influenced the partners in developing a healthcare pathway. The need to create this career pathway is expressed in three ways: 1) the growth rate in healthcare jobs is rapid and outpacing the number of skilled workers available; 2) the number of individuals with post-secondary education is inadequate to meet the employment need for positions beyond the entry-level; and 3) the lack of skilled healthcare workers threatens the economic infrastructure and social stability of our community.

First, healthcare is one of the fastest growing employment sectors both nationally and locally and this trend is expected to continue. There is, consequently, a parallel need to create an

educated workforce to fill these positions. The Department of Labor (DOL) predicts that the health care industry will grow at a rate of 25.5% between 2000 and 2010, adding a significant 1.3 million new jobs (Emily Stover DeRocco, speech to American Society for Healthcare Human Resources Administration, August 18, 2003). Furthermore, they estimate that employment in healthcare will continue to increase as consumption of health care services rises. In 2001, the Gross Domestic Product (GDP) for health services had already climbed to \$589.8 billion, a 5.8% share of the national total (U.S. Bureau of Economic Analysis, October 28, 2002).

Between 2000 and 2010, nine out of the twenty fastest growing occupations nationally will be concentrated in health services. These positions include: personal and homecare aides (62% growth), medical assistants (57% growth), physicians assistants (53% growth), and medical records and health information technicians (49% growth). Nursing will also see a significant growth rate in employment during this period: registered nurse (26% growth), licensed practical and vocational nurse (18.8% growth) (U.S. Department of Labor, Bureau of Labor Statistics, November, 2001).

These growth rates are reflected statewide and in Northeast Ohio. In "Ohio Job Outlook to 2010", the Ohio Department of Job and Family Services (ODJFS) states that "health occupations will account for approximately one in seven new jobs for Ohioans in large part because of the need to care for an aging population with a longer life expectancy." (ODJFS, December, 2002). The Department of Labor further projects that "Over the 2000-2010 period, the Ohio economy is projected to create more than 660,000 new jobs... the services sector itself, led by health and business services, will account for over half of all job growth." (ODJFS, December, 2002). Below is a chart that outlines the projected increase in jobs for positions included in this initiative. Please see page 9 for a more detailed description on position levels.

Cleveland Area: Increase in Healthcare Jobs 2000 – 2008		
Position level	% Increase	Job Title
Tier 1	56 % 19 % 40 %	Home Health Aide Nurse Aide Medical Records Clerk
Tier 2	15 % 18 % 38 % 36 % 50 % 20%	Radiologic Technician Licensed Practical Nursing Respiratory Therapist Surgical Tech Medical Assist EMT/Paramedic
Tier 3	18 % 94 % 15 %	Registered Nurse Systems Analyst Radiologic Tech –MRI, CT
Tier 4	18 % 29 % 8 %	Registered Nurse, BSN Medical and Health Services Manager Nuclear Medicine Technician

Source: Ohio Department of Job and Family Services, June 2001

The Greater Cleveland Partnership is the chamber of commerce for Northeast Ohio. Their mission statement further underscores the need to increase the number of qualified healthcare workers in our region. It states that there is “an acute need for health care workers in Cleveland” and Northeast Ohio. Additionally, the Ohio Department of Health created a Workforce Shortage Task Force to identify solutions to the growing problem of a shortage of healthcare workers in Ohio.

The second need for this initiative is expressed by the lack of qualified individuals available to work in healthcare positions. While the growth rate in healthcare jobs is rapidly rising, the availability of educated workers in Northeast Ohio is severely limited. In Northeast Ohio, only 28.7% of the population holds a postsecondary degree yet the majority of healthcare positions beyond entry level require this type of education (Greater Cleveland Partnership, 1998). For employers, the lack of educated workers presents a current problem and future crisis. For workers, this indicates a barrier to career advancement and salary optimization. ODJFS states that while the Ohio economy will provide jobs for workers at all educational levels,

individuals with more education and training will enjoy better job opportunities (ODJFS, December, 2002). Additionally, job categories that require at least post-secondary training are expected to grow faster than the 11% average for all occupations (ODJFS, December, 2002). Low-wage workers in entry level positions often encounter barriers and lack access to education that would enable them to advance to higher skilled, post entry-level positions. Creating a program that offers accessible education, accompanied by supportive services, is a key to addressing the lack of qualified and educated healthcare workers.

The third factor demonstrating the need for this initiative is the impact that the healthcare sector has on our regions' economic infrastructure and social stability. Without qualified workers, the availability of quality healthcare will significantly diminish and impact our regions' quality of life and social stability. Additionally, a lack of qualified worker will negatively impact the healthcare sector and directly compromise our economic infrastructure. The rapidly increasing need for healthcare workers is on a direct collision course with our region's short supply of skilled workers. In a recent study, the Council for Adult & Experiential Learning (CAEL) noted that "there is a critical current and projected shortage of nursing and affiliated healthcare workers. If unaddressed, this worker shortage will have severe and damaging impacts upon the availability and quality of healthcare services in the United States (National Center on Education and the Economy, June 30, 2003)." A recent study conducted by the Center for Health Workforce Studies states "Health workers are the most critical resource in any healthcare system. Currently, health worker shortages across the nation are restricting access to needed health services and may potentially reduce the quality of care" (Center for Health Workforce Studies, January, 2002). Filling these jobs is vital to the economic infrastructure and social stability of our region.

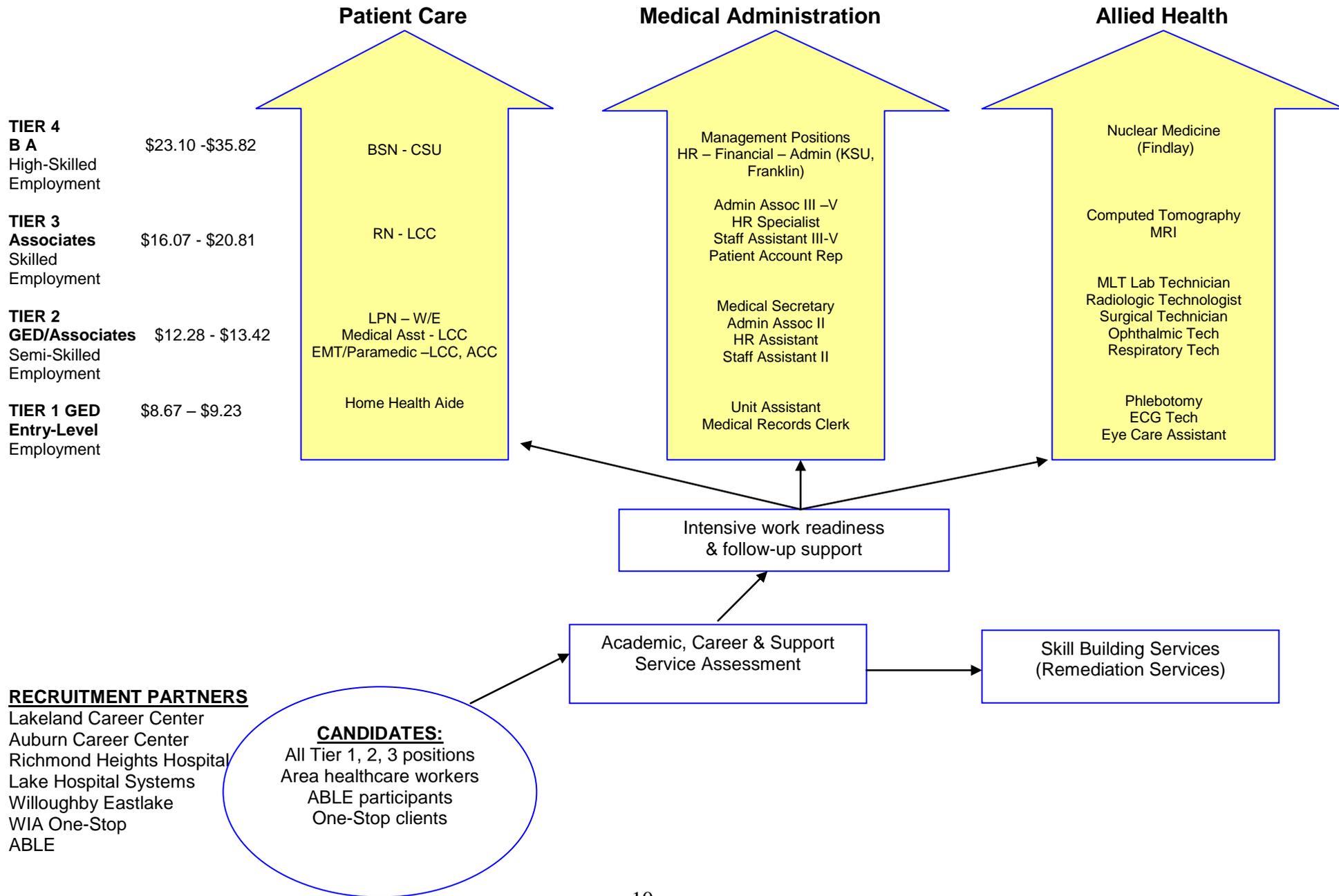
The Bush Administration's *High Growth Job Training Initiative* further underscores the critical need to respond to the healthcare worker shortage. The administration launched this initiative in an effort to drive workforce development to meet the needs in high-growth employment sectors. The DOL identified healthcare among the several expanding industries that are key to our national economic and social infrastructure. In a recent speech to human resource professionals, Emily Stover DeRocco, Assistant Secretary of Labor for Employment and Training, said that our immediate workforce crisis must be addressed if Americans are to continue receiving the world class healthcare services they have come to expect. She further stated that we require an immediate pool of qualified, skilled workers to fill these vacancies and a steady stream of workers to fill the expected job growth (speech to American Society for Healthcare Human Resources Administration, August 18, 2003).

Clearly, this data and the projected trends emphasize the need to create a healthcare career pathway. Area partners must work in collaboration to build a comprehensive program that encourages incumbent workers and the unemployed to advance on a healthcare pathway. Employers must have access to a skilled healthcare workforce to fill the growing shortage of workers in this sector. Workers, in turn, must have access to a comprehensive program of education and support services to enable them to move forward in their careers and to optimize their financial and personal potential. Additionally, our region's stability and economic growth depends on the continued delivery of highly skilled healthcare services.

3. Career Pathway Map

a. *The Map.* The partners developed a healthcare career pathway map that outlines the project partners, target audience, the flow of academic, career and support service assessment, the remediation services and the progressive tiers of employment, job titles, and relevant salaries. Additionally, page 10 outlines the specific services offered in the bottom portion of the map.

Healthcare Career Pathways



HEALTHCARE PATHWAY

Curriculum

- ACC-Employability Skills (Level 1)
- CSU-Health and Wellness* (Level 2, 3)
- ACC-Employment Readiness for Health Care Workers (Level 2, 3)
- LCC-Intro to Health Care (Level 2, 3)
- CSU-History of Nursing* (Level 2, 3)
- CSU-Introduction to Nursing*(Level 2, 3)
- ACC-Microsoft Office XP (Level 1, 2, 3)
- ACC/LCC- Medical Terminology (4 modules) (Level 1, 2)
- ACC-Medical Transcription (Level 1, 2)
- ACC-STNA (Level 1, 2)
- ACC/LCC-Phlebotomy; ECG (Level 1, 2)
- ACC-LPN (Level 2)

* Awaiting approval from CSU

**PRE-ENTRY
Intensive work readiness
& follow-up support**

- ACC /WIA work readiness programs
- Job Coach
- Mentoring
- LCC Job Shop
- LCC Women's Center

**PRE-ENTRY/ENTRY
Skill Building Services
(Remediation Services)**

- English 0110 – Fundamentals of College Literacy
- English 0220– Reading Across the College Curriculum
- Math 0740 – Essentials for Algebra
- Math 0800 – Elementary Algebra
- COUN 1300 – Skills for College Success
- COUN 1100 Career Exploration
- COUN 1200 – Employment Strategies
- PSYC 1050 – Psychology of Effective Study
- Fundamental of Grammar
- Principles of Grammar and Style
- Beginning ESL
- Intermediate ESL
- Advanced ESL: Communicating Across the Campus
- Advanced ESL: Academic Writing

**ENTRY
Academic Assessment**

- Skills Max
- COMPASS
- Test of Adult Basic Education

**ENTRY
Career Assessment**

- Strong Interest Inventory
- Self-Directed Search
- Myers-Briggs Type Indicator
- Career Ability Placement Survey (CAPS)
- COPS
- VALPAR
- 6PF

b. Occupational Cluster. The following chart outlines the local demand, wages, and qualifications needed for jobs at each level at Lake Hospital System and UHHS Richmond Heights hospital. This includes the job level, position title, wage, and minimum education or training required for each position.

Healthcare Career Pathways				
Occupational Cluster: Health Care Careers		Geographic Region: Northeast Ohio – Lake Hospital System and UHHS Richmond Heights Hospital		
Job Levels		Stepping Stone Education/Training Program		
Characteristics	Qualifications	Content	Entry	Transition/Bridge Crs
Job Level: Tier 4 High Skilled Associate/BS Employment Wages: 18.74-35.48 Demand: 10 annually	<i>National and State licensure, Bachelor's degree preferred, Minimum requirement Associate Degree; Strong math and science skills. Advanced certification and 1+ experience required for MRI, CT</i>	Accredited BS and AAS Degrees (e.g., Nursing, Radiologic Tech, Respiratory, Medical Laboratory, Surg Tech, Ophthalmic) Duration: 2-4 years	BIOL 2210 Anatomy & Physiology I HLTH 1210 Medical Terminology 1 Math Requirement: 1500 or pass MATH 0800 Pass HOBET/NET Bachelor Degree requirements may vary	Must possess National and/or State credential
Job Level: Tier 3 Licensed/Certificate Skilled Employment Wages: 8.75-17.29 Demand: 9 annually	<i>National and State licensure required for LPN, EMT/Paramedic in a 1-2 year educational training. High school diploma or GED; Strong problem-solver and organizational skills</i>	Approved, accredited, 1 year certification program (e.g., Paramedic, LPN, Medical Assistant) Duration: 1 year	BIOL 2210 Anatomy & Physiology I HLTH 1210 Medical Terminology 1 Math Requirement: 1500 or pass MATH 0800 Pass HOBET/NET Bachelor Degree requirements may vary	NURS: Nursing Transition course LPN-RN PARA: Must have EMT-B certification
Job Level: Tier 2 GED/HS Associate, Semi-Skilled Employment Wages: 8.00-14.11 Demand: 7 annually	<i>Strong work habits, organized and good communicator</i>	State licensure required for Home Health Aide, State licensure required for STNA, EMT Duration: 8-16 week modules	None	Intensive Work Readiness courses, Skills for College Success Remediation where needed
Job Level: Tier 1 Non-skilled/Non-GED, Entry Level Employment Wages: 7.50-10.61 Demand: average 6 annually	<i>Attendance, strong work habits, organized and attention to details.</i>	Employability Skills Microsoft Office XP Employment Readiness SKILLS MAX (e.g., Environmental Services, Dietary, Facilities) Duration: 8-16 weeks	None	None
Pre-Entry Education/Assessment	Attendance, strong work habits, organized, and attention to details		SKILLSMAX, Employability Skills, Employment Readiness	

* Source: Lake Hospital System and Richmond Heights Hospital, October, 2004.

B. Target Audience

1. Specific Description of Target Audience. Partners will target low-income wage earners and incumbent workers as our primary audience. Specifically, we will engage those currently employed in entry level healthcare positions (Tier 1), unemployed persons, One-Stop clients, Adult Basic Literacy (ABLE) candidates, social service consumers, and current students. Candidates will also include employees in Tier 2 and 3 positions in an effort to support their movement to the next tier of employment.

During the planning year, LCC and ACC worked with their partnering employers – *Lake Hospital Systems and UHHS- Richmond Heights Hospital* – to develop a program that targets incumbent workers within those hospitals. During 2004, the partners also worked with other key area organizations to create a program that targets consumers of their programs. This includes: Lake County Job and Family Services, Employment and Training Division, Lake Hospital Systems, UHHS Richmond Heights Hospital, Auburn Career Center, Lakeland Career Center, Lakeland’s Men’s Resource Center and Women’s Center, nursing homes, home healthcare providers, community and social service organizations, career fairs, and unions. Support services for candidates are outlined on 15 and 16.

2. *Recruitment and Retainment Plan*

During the 2004 planning year, the project partners created a comprehensive recruitment strategy to ensure broad-based participation in the program. This strategy was developed by LCC and ACC in collaboration with area employers, social service organizations, and the WIA one-stop. The recruitment plan is specifically designed to reach those targeted for program participation, as described in the section above. The partners will regularly assess the number of referrals generated from each recruitment tool and build on those strategies that are most successful. The recruitment strategy includes the following key components:

- LCC will distribute marketing brochures and information to incumbent workers at Lake Hospital System and UHHS - Richmond Heights Hospital, Lake County WIA and One Stop, community organizations, area employers, advisory council member organizations, and other stakeholders;
- Partners will attend area career center forums and provide healthcare career program information;
- Partners will provide media with program success stories;
- Partnering hospitals will attach program information to employee paychecks;
- LCC and ACC will station counselors at WIA One Stop agency and at partnering hospitals;
- LCC will conduct information sessions at Lake County One Stop agency and at partnering hospitals;
- LCC will air a recently created nursing video on local cable access channels, at WIA One Stops agencies, and at partnering hospitals;
- LCC will develop a web site and distribute electronic documents with stakeholders to distribute program information.

A retainment plan to maintain candidates in the pathway program is key to program success. During the planning year, partners developed a plan that will maximize the number of candidates who complete their education and training and advance in their career. This plan includes the following elements:

- The Job Coach will organize monthly support groups with pathway participants to review progress, issues, concerns, et cetera;
- Participants will each be assigned a mentor (mentors will be hospital employees working at the tier level the participant wants to advance into);
- The Job Coach will email monthly updates and reports to participants. These emails will include success stories, referrals to program on relevant topics such as stress management, dress for success, and resource management;
- Evaluation on the pathway project includes an annual survey on current participants. The Advisory Council will work with the Job Coach to identify and address any concerns that will improve retainment of participants.

A key element of the retainment plan is offering and coordinating support services for program participants. LCC will hire a “Job Coach” to coordinate program activities and make participants aware of support services available. The concept of a coaching is based upon the understanding that career advancement is a process. The coach will work closely with the employers and pathway candidates to identify and assess their needs outline a plan for attaining their goals. The Coach will maintain relations with employers and advisory council members and ensure that program activities are coordinated. The Job Coach will report to the LCC Assistant Vice President for Student Access and Services. This arrangement is essential to providing access to college admissions, financial aid, counseling, and other support services. This arrangement will also enable the Assistant Vice President to offer the Job Coach additional staff support, such as LCC career counselors, if needed. A position description for the Job Coach is included as Attachment 4.

Support services are critical for program participants to successfully advance in a healthcare career, particularly for those just entering the field or in a Tier 1 position. During the planning year, partners identified the support services that are important to current and potential students by interviewing staff at WIA One-Stop centers, gathering feedback from career counselors, and conducting a series of focus groups at both partnering hospitals. Partners then identified those support services that are currently available and collaborated to develop ways to provide those services that were not previously offered. The chart below outlines the services that will be offered to program participants (also see pages 24 – 26).

SUPPORT SERVICE	PROVIDER
Day Care for students attending class	LCC/ACC
Transportation to class and work	Laketrans
Financial Assistance Tuition for classes to enter Tier 1 employment* Scholarship	WIA LCC

Tuition Reimbursement (WIA and hospitals are working to identify a way to offer reimbursement when tuition is due, rather than at the end of a course).* Textbook Purchase*	LHS, UHHS/Richmond Hts UHHS/Richmond Hts
Dress for Success, Resume writing, career coaching, time management	LCC Women's Center LCC Men's Center ACC WIA One-Stop
Affordable Housing	HUD Section 8 New Directions for Living Project HOPE
Public Assistance	Lake County & ODJFS
Counseling	LCC LHS, UHHS/Richmond Hts Employee Assistance Programs

*New service developed or coordinated during the planning year.

C. Building Regional Partnerships

Collaboration among a wide-range of community organizations is essential for the success of this project. The following is a list of organizations that will collaborate to create a regional partnership:

- **Educators:** Lakeland Community College, Auburn Career Center, Willoughby Eastlake High School
- **Employers:** Lake Hospital Systems, UHHS Richmond Heights Hospital, Lake Hospital Systems, area nursing homes
- **Workforce Development Systems:** WIA Board, Lake1Stop
- **Economic Development Organizations:** Greater Cleveland Growth Association, Lake County Economic Development Center, Chambers of Commerce, unions
- **Social Service Providers:** Lake Job and Family Services, Neighboring Employment Services, New Directions for Living, Project Hope, Salvation Army
- **Government Agencies:** Lake County Department of Job and Family Services, County Commissioners

Roles and Expectations. The partnership consists of well-defined roles and expectations that support participants career advancement. While Northeast Ohioans enjoy a wealth of educational programs and supportive services dedicated toward assisting individuals with job preparation in a healthcare career, program success will depend on coordinating these services and identifying service gaps that could prevent career advancement. During the planning year, partners identified all of the components necessary for program success, surveyed what is currently available, developed a plan to coordinate services, and identified gaps in service. The programs and services included academic and social service assessment, academic instruction, career counseling, social services, and job readiness skills. As described previously, a key feature of this project is a Job Coach, who will coordinate the services outlined below. Focus groups discussions, interviews with stakeholders, and research of best practices all indicate that a designated person must be responsible for coordinating academic, career, and support services. If services are available locally, yet a student does not know how to access that service, the service is not accessible and a barrier to success. A Job Coach will remove this obstacle and ensure service coordination.

The grid below outlines the role of each insitution; a more detailed explanation follows.

	Assessment & Remediation	Train & Educate	Advisory Council	Support Services	Provide Jobs	Program Evaluation
Educators	◆	◆	◆	◆		◆
Employers			◆	◆	◆	◆
Workforce Development	◆	◆	◆	◆		◆
Economic Development			◆			◆
Social Service	◆		◆	◆		◆
Government			◆			◆

Assessment and remediation services are an important step in career advancement. Career assessment tools are a valuable feature enabling candidates to select the best opportunity in the

Healthcare Career Pathway. Partners will use Skills Max to assess pathway participants' ability to enter the program. Skills Max assesses an individual's aptitude and ability to succeed in a particular career. Each pathway candidate will undertake an assessment of their skills and personality traits and this will then be matched with those positions in the pathway that best meet the individual's strengths and abilities. This will support students in choosing a career where they are most likely to succeed. Skills Max also includes a career coach component that will support workers as they advance in their careers.

Academic assessment tools are also critical to ensure that participants in the career pathway are prepared to undertake appropriate academic programs. While Skills Max will assess aptitude, educators will administer the following tests to assess whether participants have adequate academic preparation to enter, or advance, in the healthcare field: COMPASS, Test of Adult Basic Education, and HOBET/NET. These academic tests must be administered in addition to Skills Max. During the initial intake process, a Job Coach will assess the pathway participant's needs and make a referral to the appropriate educational partner for testing to insure coordination of services.

When assessment indicates that a pathway participant is not prepared to advance academically, they will be directed to a remediation program to build the necessary skills that will prepare them for their career. The following remediation programs are currently in place and will support these activities: English 0110 – Fundamentals of College Literacy, English 0220 – Reading Across the College Curriculum, Math 0740 – Essentials for Algebra, Math 0800 – Elementary Algebra, COUN 1300 – Skills for College Success, COUN 1100 Career Exploration, COUN 1200 – Employment Strategies, PSYC 1050 – Psychology of Effective Study and newly developed course include; Fundamental of Grammar, Principles of Grammar and Style, Beginning ESL, Intermediate ESL, Advanced ESL: Communicating Across the

Campus, and Advanced ESL: Academic Writing (ESL = English as a Second Language). Basic remedial services are provided at Auburn Career Center through the ABEL/GED program. In addition to these courses, partners developed a series of new noncredit courses tailored to prepare individuals for a career in healthcare. These courses will be offered to those who are currently not working in the healthcare field as well as those who are currently working in this field (please see page 23 for a more detailed discussion).

Information on pages 11 - 12 indicate the institution that will be responsible for providing the education necessary to advance in each of the three career ladders. Lakeland Community College currently offers the majority of classes necessary for career advancement to Tier 2, 3, and 4 jobs. Additionally, Auburn Career Center offers EMT/Paramedic classes and Willoughby Eastlake high school offers LPN classes (Tier 2). All Tier 4 positions require four year degrees. LCC already has articulation agreements in place with the following universities to advance candidates to careers in Tier 4: Cleveland State University (CSU) for a BSN (Tier 4, Patient Care), Kent State University (KSU) and Franklin University for BA (Tier 4, Medical Administration), and the University of Findlay for BS (Tier 4, Allied Health). In addition to these articulation agreements, partners created a new articulation agreement between ACC and LCC for medical terminology students to strengthen advancement of candidates between Tier 1 and 2. ACC is also waiting for approval from CSU for students to receive credit for three courses taken at ACC – History of Nursing, Introduction to Nursing, and Health and Wellness.

The role of employers is to target candidates in Tier 1, 2, and 3 positions and to provide an environment that supports their advancement including release from work to attend class, a flexible work schedule, financial resources, and job opportunity.

Workforce Development agencies are well positioned to identify candidates that are unemployed and eligible for entrance into the career ladder at the appropriate level. WIA and

One Stop agencies also provide a wide range of workforce preparation skills which are important to participant success. The agencies also match employer needs to job seekers' skills. They provide interview skills, resume making, and additional assistance that include career planning, individual counseling for individuals not ready for employment, job search workshop, computer literacy workshops, and career assessment.

Supportive services are crucial to a candidate's success in this program. These services include transportation, child care, counseling, employment preparation skills, affordable housing, and public assistance. Organizations that currently offer these programs include Lake County Department of Job and Family Services, Neighboring Employment Services, New Directions for Living, Project Hope, Salvation Army.

Government agencies provide an important role in advising and coordinating public policy to support the development and implementation of healthcare career pathways. Agencies such as the Lake County Department of Job and Family Services have access to funding that is key to on-going implementation of this initiative. The role of these entities will be to serve on an Advisory Council, review and coordinate public policy, and to provide financial support for the program.

LCC and ACC will oversee program evaluation, with the assistance of the Job Coach. All partners, in their role as Advisory Council members, will evaluate the results, make recommendations for program changes, and strategize next steps as the program evolves.

2. Partners Working Together.

Partners have undertaken a wide range of activities to ensure that our organizations work closely together to create healthcare pathways that will serve individuals, employers, and our community. LCC, ACC, and the Lake County Development Center are members in *the Higher Skill Partnership* (locally known as the Lake County Partnership for Workforce Development).

This partnership has already fostered a close and productive working relationship between members, which will certainly benefit this initiative.

During the planning year, partners also developed an Advisory Council that facilitated on-going communication and working strategies. In 2004, LCC and ACC hosted semi-annual Advisory Council meetings to gather input about the project, to ensure services would be coordinated, and to obtain “buy-in” on this project. The meetings were well-attended and successful in insuring that all partners worked together in developing a healthcare pathway. This Advisory Council will continue to meet during the implementation of this program. Please see Attachment 5 for a list of Advisory Council members and the 2004 meeting agendas.

In 2004, LCC and ACC developed a core group comprised of educators and employers that met monthly to develop the healthcare pathway model. This group collaborated on a creating a pathway structure that was driven by the needs of both the employers and the students. Issues discussed included employer vacancy rates, employee turnover, job skills needed in each tier of employment, a curriculum that is responsive to job skills, the possibility of modular classes, the need for flexible scheduling and work-release, scheduling on-site classes, and participant recruitment. These meetings were highly successful in building a collaboration and partnership among key stakeholders. The core “employer/educator” core group will continue to meet monthly throughout the implementation of this project. Core group members are listed in Attachment 6.

The two lead partners in this grant – *LCC and ACC* – also created a core group to develop the pathway project. This group met every other week to discuss project issues and solutions, review best practices, and coordinate project development. This group will continue to meet on throughout the implementation of this project.

As indicated in the first paragraph of this proposal, LCC and ACC share a common mission and vision of helping low-income Ohioans obtain postsecondary credentials and support services enabling them to advance to higher income employment. While our missions are aligned, this year of collaboration enabled the partners to also align our academic programs and remediation activities insuring the success of this initiative (described in Section D). Partners also worked to coordinate and sequence students to ACC and LCC programs and social support services. This will enable students to access healthcare career pathways and gain any additional remediation or training necessary to enroll in a competency-based academic program that can lead to an associate or bachelor degree and further career advancement.

3. **Letters of Support.** All of the organizations partnering in this project have agreed to submit letters of support by December, 2004.

D. Reorganizing Programs and Services to Support Student Advancement

During planning year, partners identified barriers to student advancement and reorganized programs and services to meet the needs of employers and students. The analysis of needs and barriers led us to create solutions that resulted in fundamental changes in the way that partners view advancement of low way earners and institutional changes in policies and procedures that support advancement. A key provision of this model is that its structure is driven by the needs of employers and consumers; creating this type of pathway ensures a higher likelihood of success. A chart outlining the barriers, solutions, and deliverables is included as Attachment 7.

“Job Coach” Approach and Electronic Career Portfolios. Coordination of services is essential for a candidate’s success. Too frequently, students end or interrupt their studies due to a lack of supportive services. While many services exist, students encounter barriers to accessing these supports. As described previously, a Job Coach will be hired as the program

coordinator. The role of the Job Coach is to meet with potential candidates and refer them to any academic, career, or support services that they may need. The Job Coach will also assist candidates as they move through the career pathway and ensure that they continue to access any relevant services, limiting barriers to program completion and success.

Partners will also use *Foliotec*, an on-line career portfolio that enables students to document their academic, career, and personal history. Tracking this data is critical to monitor student progress and development. Creating an electronic portfolio will not only help track a candidates movement in this pathway, but also ensure that their plans accompany them as they move forward. The content of the portfolio will be clearly defined and include certifications, transcripts of course work, internships, job experiences, job performances and evaluations, letters of references and annual updates of career goals and documentation of steps towards implementation.

Additionally, career planning will play an integral role in this model. As candidates move upward in their careers and education, it is critical that they carry their career plans with them and that those plans are adapted to meet their current needs. All pathway students will be required to maintain their portfolio and enter data regularly. Foliotec will be the primary instrument to collect program data. LCC will analyze this data and use it to conduct program evaluation for this project. The data that will be collected includes demographics, assessment (pre- and post- program testing), coursework, personal reflections, and career advancement (increases in salary after completion of education and promotions). Partners will assess the feasibility and success of using Foliotec after six months of program implementation and again, after twelve months. While the partners currently feel confident that Foliotec will be a feasible tool, if this assessment proves that it is not then the partners, the Advisory Council, and the Job Coach will immediately identify and implement another tool to track this data.

The following is a description of the reorganization in student services, academic delivery, and organizational practices to support student advancement:

- **Academic Reorganization**: This pathway model creates accessible education and training opportunities including on-site classes offered at hospitals, classes offered between work shifts, course curriculum will align with job skills, and an evening/ weekend nursing program offered;
- **Student Assessment**: The pathway model will use *Skills Max* to assess candidates skills and aptitude and match with positions that require those skills and aptitudes;
- **Employment Readiness Classes**: In addition to the remediation courses outlined on page 18, partners developed a series of new noncredit courses to better prepare people who are not working in healthcare for a career in this field. These courses will also be offered to existing healthcare workers so that they may refine their skills and advance in the healthcare field. ACC will offer these courses at the WIA One-Stops and also at each hospital site as requested by hospital employees and administrators. They include the following: The Healthcare Work Environment, Career Planning, Healthcare Economics, Becoming Employed in the Healthcare Field, Making a Commitment to your Job, Working with Others, Communication Skills and the Health Professional, Personal Traits of the Healthcare Professional, Personal Skills and the Healthcare Professional, and Management Decisions. These courses were submitted to the WIA One Stop for approval. Please see Attachment 8 for a description of the courses.
- **Employment Environment**: This model supports student advancement by enabling participants to take obtain work-release time to attend class and to schedule work hours flexibly. Additionally, LCC is working with employers to offer classes and career counseling on-site to make it easier for employees to obtain higher education.

- **Career Planning:** The pathway model will support career planning needed for advancement by offering mentoring programs, a Job Coach to coordinate services, and an electronic career portfolio – *Foliotec*;
- **Collaboration:** This pathway model clearly defines roles and responsibilities and formalizes a partnership among all stakeholders by creating an Advisory Council and two workgroups;
- **Coordination of Services:** the pathway model creates a new position – the Job Coach – to coordinate academic, career, and support services for pathway candidates. This will maximize access to services, increase program participation, and reduce drop-out rates;
- **Financial Support:** the pathway model support student advancement by developing and coordinating a scholarship and tuition reimbursement program. The Lakeland Foundation will coordinate scholarship opportunities and the hospital employers will also offer tuition reimbursement to employees. A major obstacle for pathway candidates is that tuition reimbursement takes place after the student completes the course. For many, particularly low-wage earners, the cost is prohibitive. Partners are also working with Lake County WIA to explore the possibility of having the WIA pay for the class in advance, and later receive reimbursement from the employer. UHHS Richmond Heights Hospital identified an obstacle for pathway candidates – particularly Tier 1 employees – was the cost of textbooks. Consequently, hospital leadership developed a program to purchase text books in advance for students and enable them to pay back the loan over a long period of time. Partners also worked to identify financial assistance for participants who are not currently employed by a hospital. The Lake County WIB will pay the cost of educating all participants who qualify for services.

- **Funding:** the pathway model will become a permanent, self-sustaining model. The partners will use Skills Max to collect evaluation data and use a Return on Investment formula to illustrate cost savings to employers. Partners will work with employers to increase cash contributions to sustain the project and reduce reliance on foundation funding. Partners will continue to work with the Lake County WIB to maximize the funding available to fund tuition for program candidates. Additionally, partners will continue to work with area and national foundations to secure funds for equipment and program expansion.

E. Project Objectives & Outcomes

The overarching goal of this program is to increase the supply of skilled healthcare workers in the Greater Cleveland area and to create a pathway that enables workers to optimize their career and personal objectives. To achieve this, partners identified six goals during each year of operation. These goals, their objectives, and the evaluation methods are described in the charts below.

YEAR 1, 2, 3: 2005 - 2007

Goal 1: Enroll 50 participants annually into the healthcare career pathway at Lake Hospital Systems and UHHS-Richmond Heights hospital.

Objectives	Outcomes	Evaluation Method
<p>1. Distribute marketing brochures and information to incumbent workers at Lake Hospital System and UH / Richmond Heights hospital.</p> <p>2. Distribute marketing brochures and information to Lake County WIA and One Stop.</p> <p>3. Distribute marketing brochures and information to community organizations, employers, partners, and other stakeholders.</p> <p>4. Station LCC and ACC counselors at WIA One Stop agency and hospital partners.</p> <p>5. Conduct information sessions at Lake County One Stop agency and hospital partners.</p> <p>6. Demonstrate nursing video to Lake County One Stop agency consumers and hospital partner employees.</p>	<p>Outcomes apply to all objectives:</p> <ul style="list-style-type: none"> • Fifty additional individuals trained annually as skilled healthcare practitioners and a reduction in the shortage of workers. • Reduction in cost of recruiting and retaining workers in entry-level positions. • Increase in number of promotions for incumbent workers at Lake Hospital System and UH – Richmond Heights hospital. • Increase in wages of incumbent workers participating in program. • Increase in skills level of program participants. • Increase in number of people who are able to optimize their personal goals. 	<p>The number of individuals enrolled in the pathway program in 2005, 2006, and 2007.</p> <p>The number of individuals enrolled in the program who receive a promotion at partnering hospitals.</p> <p>The increase in wages of individuals enrolled in the program after completion of their education and / or training.</p> <p>The number of individuals from adult basic education who enroll in the pathway program annually.</p> <p>The rate at which low-income students advance from remedial programs to college-level career pathway programs.</p>

Goal 2: Develop a healthcare career pathway that offers participants accessible education and training opportunities.

Objectives	Outcomes	Evaluation Method
<ol style="list-style-type: none"> 1. Deliver classes at workplace. 2. Offer flexible work schedules. 3. Offer release time for workers to take classes. 4. Provide classes between work shifts. 5. Develop an Evening / Weekend nursing program. 	<p>Outcomes apply to all objectives:</p> <ul style="list-style-type: none"> • Increased program participation. • Improved program retention rate. • Increase in employees completing – and continuing - education or training. • Improvement in job-related skills. • Increase in job promotions. • Increase in employee salary. • Increase in number of skilled healthcare practitioners. 	<p>The number of classes delivered at workplace, relative to demand for on-site classes.</p> <p>The percentage of workers who are offered flexible work schedules and release time for class.</p> <p>The number of classes offered between work shifts.</p> <p>The availability of an evening weekend nursing program.</p> <p>An annual survey of program participants gauging their satisfaction with accessibility of education and training.</p> <p>The number of low-income adults who eventually earn a bachelor’s degree.</p>

Goal 3: Develop a healthcare career pathway that coordinates academic and social support services.

Objectives	Outcomes	Evaluation Method
<ol style="list-style-type: none"> 1. Create a Job Coach position to coordinate pre-admission testing, counseling, academic remediation, mentoring, and support service referrals. 2. Provide on-site college counseling and intake. 3. Develop a career portfolio for participants. 	<p>Outcomes apply to all objectives:</p> <ul style="list-style-type: none"> • Reduction in time participant is required to enter education and training program. • Increased access to academic and social support services. • Improved communication between partners. 	<p>Hiring of Job Coach position at inception of the pathway program.</p> <p>The number of program participants who access - and receive – academic and support services.</p> <p>The number of participants who enroll in the pathway project as a result of Job Coaching and on-site counseling.</p>

	<ul style="list-style-type: none"> • Increased program satisfaction. • Increased program participation. • Improved program retention rate. • Increases in number of employees completing – and continuing – education and training. 	<p>The amount of time for a program participant to access academic and support services.</p> <p>A satisfaction survey of program participants and partnering organizations at the end of one year.</p>
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Goal 4: Develop a healthcare career pathway that provides affordable education.

Objectives	Outcomes	Evaluation Method
<p>1. Offer tuition reimbursement to program participants.</p> <p>2. Provide scholarships to program participants.</p>	<p>Outcomes apply to all objectives:</p> <ul style="list-style-type: none"> • Increased number of low-income individuals participating in the pathway program. • Improved program retention rate of low-income individuals. • Increase in number of low-income individuals completing – and continuing - education or training. 	<p>The number of participants who qualify for – and receive - tuition reimbursement.</p> <p>The number of scholarships offered – and given – to participants.</p> <p>Annual survey of program participants gauging satisfaction with tuition reimbursement and scholarship program.</p>

Goal 5: Develop a healthcare pathway that encourages collaboration among partners.		
Objectives	Outcomes	Evaluation Method
1. Create a permanent healthcare pathway Advisory Council. 2. Create a permanent employer/educator workgroup. 3. Create a permanent educator workgroup.	Outcomes apply to all objectives <ul style="list-style-type: none"> • Improved input in developing pathway program. • Improved ownership in program success. • Improved response to issues and concerns. • Increased contribution of cash and in-kind services. 	The number of people serving as Advisory Council members, in the employer / educator work group, and in the educator work group. The number of meetings of the Advisory Council, the employer / educator work group, and the educator work group Annual survey gauging satisfaction in collaboration of Advisory Council members, the employer / educator work group, and the educator work group

Goal 6: Create a financially self-sustaining healthcare career pathway program.

Objectives	Outcomes	Evaluation Method
1. Create a Return On Investment formula to demonstrate to employer partners their cash savings due to reduced employee turnover and reduced vacancy rate. 2. Annually reduce the financial support from foundations for the Job Coach position. 3. Eliminate the need for a cash contribution from the KnowledgeWorks Foundation by the end of year 3. 4. Annually increase cash contribution from employer partners. 5. Obtain foundation and government funding for necessary program space and equipment. 6. Examine possibility of duplicating healthcare pathway model to additional hospitals.	Outcomes apply to all objectives: <ul style="list-style-type: none"> • Increased cash contribution from employer partners. • The creation of a permanent healthcare career pathway program. • The development of a career pathway program that is adequately funded and equipped to accomplish its goals. 	The annual increase in employer partner cash contribution. The annual reduction of foundation cash contribution to Job Coach position. The annual amount obtained from foundation and government grants to support program space and equipment.. The number of additional employer partners that duplicate the healthcare career pathway model at the end of three years.

F. Implementation Process

This project will engage all partners in activities that enable them to achieve the program goals and objectives. The activities, as well as the timeline and the organizations responsible for undertaking those tasks, are outlined in the chart below. The partners used the planning year to begin implementing several of the objectives. This provides a strong foundation to launch the pathway project and also demonstrates our commitment to this project. The following is a list of program accomplishments achieved in 2004; these activities correspond to the Goals and Objectives outlined below:

Goal 1

- LCC developed a video describing Lakeland's partnership with Lake Hospital System nursing program. The video was funded by LCC and will be aired on local cable access channel, at our partnering hospitals, and at the WIA One Stop agencies (Objective 6).
- In June and July, 2004, Lakeland counselors scheduled two outreach sessions at LHS to meet with potential pathway participants. Incumbent workers at LHS were encouraged to either schedule an appointment with a counselor or drop in and ask questions. Eight of the individuals who met with counselors enrolled in the pathway program (Objective 4).

Goal 2

- UHHS-Richmond Heights Hospital has already identified the need for an on-site class in medical terminology. UHHS-Richmond Heights Hospital has secured classroom space and LCC has agreed to provide faculty to teach this course. The target for this class is all Tier 1 employees (Objective 1). LHS has already committed to offer flexible work schedules and release time for workers to take classes (Objectives 2).
- In 2004, Lakeland collaborated with LHS to create an Evening/Weekend Nursing program. Partners proudly launched the first class in fall semester 2004. Seventeen nursing students are currently enrolled in this program; *five of them are LHS incumbent workers*. Next year, partners

plan to expand this program to twenty-eight new nursing students; RHH and LHS will enroll incumbent workers in this program.

- Based on the focus group data, Lakeland is exploring the possibility of offering a variety of classes that would address gaps in skills of incumbent workers. Tier 1, Tier 2 employees and supervisors stressed the need for on-site classes in Mathematics, Supervisory / Management training, and Computer courses. These classes will be offered on-site and scheduled to coordinate with the beginning and end of work shifts to provide better access to incumbent workers.

Goal 4

- The Lakeland Foundation has already set up 50 scholarship programs for students in the healthcare field. Additionally, Lake Hospital Systems offers two scholarships for nursing students at Lakeland every year (Objective 2).

Goal 5

- Members of both the educator and employer/educator workgroups have already committed to participate in this partnership and will continue to meet regularly to provide valuable input (Objective 2 and 3). See Attachment 9, an LHS magazine article describing their support for this model.

Goal 6

- LCC submitted five grants to private and community foundations to request equipment and capital to support the healthcare pathway project. In 2004, Lakeland also submitted a request for a \$1 million federal appropriation for expansion of the Health and Science building to support incumbent worker training and the pathway project (Objective 5).

The planning year enabled the partners to begin creating a model healthcare pathway program that will become a permanent collaboration in the Greater Cleveland area.

Goal 1: Enroll 50 participants annually in the healthcare career pathway at Lake Hospital Systems and UHHS-Richmond Heights hospital.

Objectives	Activities	Timeline	Responsible Party
<p>1. Distribute marketing brochures and information to incumbent workers at Lake Hospital System and UH / Richmond Heights hospital.</p> <p>2. Distribute marketing brochures and information to Lake County WIA and One Stop.</p> <p>3. Distribute marketing brochures and information to community organizations, employers, partners, and other stakeholders.</p> <p>4. Station LCC and ACC counselors at WIA One Stop agency and hospital partners.</p> <p>5. Conduct information and outreach sessions at Lake County One Stop agency and hospital partners.</p> <p>6. Demonstrate nursing video to Lake County One Stop agency consumers and hospital partner employees.</p>	<p>Create marketing brochures and information. Update marketing brochures and information Update marketing brochures and information</p> <p>Contact Lake County WIA and One-Stops, hospital partner offices of Human Resources, community organizations, and other stakeholders to identify placement of marketing brochures and information.</p> <p>Contact hospital partners to attach marketing information to all employee paychecks.</p> <p>Schedule dates for LCC and ACC counselors to be stationed at WIA One Stop and hospital partners.</p> <p>Schedule information and outreach sessions at WIA One Stop and hospital partners.</p> <p>Schedule demonstration for individuals interested in a career in nursing at WIA One Stop and hospital partners.</p>	<p>January, 2005 January, 2006 January, 2007</p> <p>Beginning March, 2006 and on-going</p> <p>March, 2005 and semi annually through 2006, 2007.</p> <p>Quarterly, 2005 - 2006</p> <p>Quarterly, 2005 - 2006</p> <p>Quarterly, 2005 - 2006</p>	<p>LCC (in collaboration with partners)</p> <p>LCC Job Coach</p> <p>LCC Job Coach</p> <p>LCC and ACC</p> <p>LCC and ACC</p> <p>LCC</p>

Goal 2: Develop a healthcare career pathway that offers participants accessible education and training opportunities.

Objectives	Activities	Timeline	Responsible Party
1. Deliver classes at workplace.	LCC and ACC work with hospital partners to identify which classes are needed on-site; Employers organize classroom space on-site; Educators coordinate faculty to teach classes on site;	Beginning in January, 2005 January, 2006 January, 2007	LCC and ACC LHS and UHHS-RH
2. Offer flexible work schedules.	LHS and RHH annually survey employees needs for flexible work schedules; Employers support and coordinate flexible scheduling with hospital supervisors	Annually 2005 - 2006 On-going	LHS and UHHS-RH
3. Offer release time for workers to take classes.	LHS and RHH annually survey employees needs for release time; Employers support and coordinate release time with hospital supervisors	Annually 2005 - 2006 On-going	LHS and UHHS-RH
4. Provide classes between work shifts.	LHS and RHH annually survey employees needs for classes between shifts; Educators coordinate faculty to teach classes on site. Employers support and coordinate flexible scheduling with hospital supervisors.	Annually 2005 - 2006 On-going On-going	LHS and UHHS-RH LCC and ACC
5. Implement an Evening / Weekend nursing program at LHS and UHHS-Richmond Heights hospital	Educator/Employer work group meets monthly to implement goals and objectives. Work group gathers data to conduct program outcome evaluation.	Monthly On-going	LHS, UHHS-RH, LCC LHS, UHHS-RH, LCC
6. Explore possibility of increasing admission into Allied Health programs	Work group will conduct research into the feasibility of increasing admission.	On-going	LHS, UHHS-RH, LCC

Goal 3: Develop a healthcare career pathway that coordinates academic and social support services.

Objectives	Activities	Timeline	Responsible Party
1. Create a Job Coach position to coordinate pre-admission testing, counseling, academic remediation, mentoring, and support service referrals.	Prepare job description. Advertise position. Interview for position. Hire Job Coach.	February – March, 2005	LCC (in collaboration with partners) LCC Job Coach
2. Coordinate program activities at employer sites and LCC.	Coordinate academic and career activities Meet with pathway candidates, employers, and educators. Conduct program intake, make referrals, conduct follow-up activities. Gather data, make reports, conduct program evaluation.	On-going	LCC
3. Implement Foliotec, a career portfolio for participants.	Purchase, train and assist participants in using the Foliotec portfolio Students update their assessment, academic, and career data.	February, 2005 On-going	LCC
4. Implement Skills Max as a student assessment tool.	Conduct assessment	On-going	LCC
5. Administer the Institutional Self-Assessment Survey (ISAS) and Adult Learner Inventory	Conduct assessment	On-going	LCC

Goal 4: Develop a healthcare career pathway that provides affordable education.

Objectives	Activities	Timeline	Responsible Party
1. Offer tuition reimbursement to program	LHS and UHRH will continue to offer these	Beginning in January, 2005	LHS, UHHS-RH

participants.	programs; Job Coach will assist in coordinating program.	On-going	
2. Provide scholarships to program participants.	LCC Foundation will offer existing scholarship opportunities to program participants; Job Coach will assist in coordination of program; LCC Foundation will explore expansion of scholarship opportunities.	Beginning in January, 2005 On-going	LCC Foundation

Goal 5: Develop a healthcare pathway that encourages collaboration among partners.

Objectives	Activities	Timeline	Responsible Party
1. Create a permanent healthcare pathway Advisory Council.	Invite current members to continue to serve on Advisory Council. Schedule meetings.	January, 2005 Quarterly	LCC LCC
2. Create a permanent employer/educator workgroup.	Invite current members to continue to serve on workgroup. Schedule meetings.	January, 2005 Monthly	LCC, LHS, UHHS-RH LCC, LHS, UHHS-RH
3. Create a permanent educator workgroup.	Invite current members to continue to serve on workgroup. Schedule meetings.	January, 2005 Monthly	LCC, ACC LCC, ACC

Goal 6: Create a financially self-sustaining healthcare career pathway program.

Objectives	Activities	Timeline	Responsible Party
1. Create a Return On Investment (ROI) formula to demonstrate to employer partners their cash savings due to reduced employee turnover and reduced vacancy rate.	Gather data from LHS and UHRH on program participation, reduction in employee vacancy rates and reduction in turnover. Calculate cost savings for employee partners.	December, 2005 December, 2006 December, 2007	LCC Job Coach
2. Annually reduce the financial support from foundations for the Job Coach position.	Obtain alternative funding by increasing employee partner contribution.	Annually	LHS and UHHS-RH

<p>3. Eliminate the need for a cash contribution from the KnowledgeWorks foundation for the Job Coach position by the end of 2007.</p> <p>4. Annually increase cash contribution from employer partners to fund the Job Coach position.</p> <p>5. Obtain foundation and government funding for necessary program space and equipment.</p> <p>6. Examine possibility of duplicating healthcare pathway model to additional hospitals.</p> <p>7. Implement Skills Max to gather program data and evaluation information.</p>	<p>Obtain alternative funding by increasing employee partner contribution.</p> <p>Present ROI information to hospital leadership; request cash contribution that increases annually.</p> <p>Research potential funding opportunities available at foundations and government agencies.</p> <p>Present pathway program and success rate (ROI) to regional hospital management.</p> <p>Input data Gather and analyze data Report achievement to funding agencies and potential funder.</p>	<p>Annually</p> <p>January, 2005 January, 2006 January, 2007</p> <p>Annually and on-going</p> <p>December, 2006 December, 2007</p> <p>January, 2005 – 2007 On-going</p>	<p>LHS and UHHS-RH</p> <p>LCC and ACC</p> <p>LCC Foundation and LCC Grants Office, Advisory Council members</p> <p>LCC (in collaboration with partners)</p> <p>LCC</p>
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G. Operational Funding

The budget and budget narrative are included as Appendix A.

H. Community Engagement

Engagement Process. Partners will use formal and informal processes to engage employers, students, community and social service organizations, local officials, workforce and economic development agencies, and other stakeholders to support the initiative and move toward implementation. During the first year of planning, the partners created a formal Advisory Council comprised of stakeholders to advise and assist in developing and later implementing the model. Additionally, the partners structured two core groups to facilitate input into the planning process. The two groups consisted of an “employer/educator” work group and a “LCC – ACC” workgroup. Both of these workgroups will continue to operate throughout the implementation of the project. LCC and ACC also met frequently with WIA One-Stop staff to identify

Partners made significant efforts to engage current and potential students in the planning and implementation of this model. Recognizing the important of involving potential students, partners conducted a series of focus groups at both Lake Hospital Systems and UHHS – Richmond Heights hospital. The partners’ intent was to gather input from existing employees and future students on the type of pathway program that would best suit their needs and encourage them to advance in their education, training, and careers. The results of the focus group guided partners in the creation of this pathway model. Additionally, partners met frequently with WIA One-Stop staff to gather input about the needs and barriers of potential students not already working in the healthcare field. As a result, partners incorporated the information and feedback gathered from both the focus group discussions and the meetings with WIA One-Stop staff into the pathway model design. For example, WIA One-Stop staff indicated that their clients would benefit from on-site employment readiness classes and partners responded by developing those courses and will teach them at the WIA One-Stop (see pages 23-24). Another example is that focus group respondents at both hospitals indicated that they would be more

likely to take classes and advance in their career if they had financial support, on-site classes, and flexible scheduling. All of those elements were included in the pathway model.

Partners also engaged current students in the planning and implementation of the pathway model. In 2003, LCC surveyed 125 students in medical terminology (the gateway course to careers in allied health and patient care) and 36 potential healthcare students (as identified by LCC's counseling department). In addition to gathering general demographic information, the survey gathered students' preferences to program preferences and class format (distance learning, accelerated, and evening/weekend). Students indicated a strong desire for an evening/weekend program; LCC began this program in the fall of 2004 with 21 students and under this model will expand the evening/weekend program in 2006 to 28 students and in 2007 to 35 students.

Partners will continue to formally engage existing and potential students in the implementation of this project through satisfaction surveys and program evaluations (identified in the charts of pages 33 - 37 and by a student representative on the Advisory Council. Informal engagement will continue through input in classes, feedback from on-site counseling sessions, and meetings with employers and WIA One-Stop staff. Partners will make significant effort to include this feedback into the pathway model.

Response System. A formal response system is important to ensure that data gathered during the community engagement process continues to be incorporated into the formal design of the pathway model. The Advisory Council will be critical in reviewing the data collected via assessment, program surveys, and program evaluations. Partners will use the data to modify the plan for continuous improvement. The partners will work collaboratively to embed changes and to create a model that is responsive to advisory council, participants, and employer needs.

Appendix 5

Healthcare Career Pathways Advisory Council

Deborah Hardy
Dean, Science and Health Technologies
Lakeland Community College
Kirtland, Ohio 44094-7546

Suzanne Gucciardo
Director, Auburn Career Center
Auburn Career Center
8140 Auburn Road
Concord Township, Ohio 44077

Cathy Hayworth
Executive Director, Lake County Economic Development Center
391 W. Washington Street
Painesville, Ohio 44077

Robert Dawson
Lake County One-Stop
177 Main St.
Painesville, Ohio 44077

Eric Barbe
Chair, Lake County Workforce Investment Board
177 Main St.
Painesville, Ohio 44077

George Coulter
Greater Cleveland Growth Association
Tower City Center
50 Public Square, Suite 200
Cleveland, Ohio 44113-2291

Patricia Ruffin
President & CEO
Lake Hospital Systems,

Richmond Heights (UH) hospital
7007 Powers Boulevard
Parma, Ohio 44129-5495

Mary Ogrinc
Sr. Vice President, Patient Care Services/Chief Nursing Officer
Lake Hospital Systems
36100 Euclid Avenue, Suite 120
Willoughby, Ohio 44094

Student Representative

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**HEALTHCARE CAREER PATHWAY
STATUS REPORT: JANUARY – DECEMBER, 2004
October 7, 2004**

Month	Activities/Accomplished
<u>March</u>	<ul style="list-style-type: none"> • Received official notification of funding • Elaine Byrd met with Bob Dawson (Lake County One-Stop) to inform him of grant goals
April	<ul style="list-style-type: none"> • Established Advisory Council • Identified Areas for Technical Assistance • Reviewed Kuder portfolio platform at Auburn Career Center • Elaine Byrd met with Terri Richard, supervisor, Lake County One-Stop • Elaine Byrd contacted Tom McGuinness from Geauga County One-Stop and MaryAnn Kerwood, Auburn's ABLE/GED coord to network/fact find • Reviewed Articulation Agreements – Intro Healthcare • Began reviewing portfolio tools • Weekly meeting held with Healthcare Career Pathway Committee • Attended KnowledgeWorks Conference-Columbus • Began development of Contract/Agreement between Lakeland and Lake Hospital • Added UHHS Richmond Heights as Business Partner • Met with UHHS to provide an overview of KnowledgeWorks Grant
May	<ul style="list-style-type: none"> • Advisory Council Meeting – #1 • Conducted regular meeting with Lake Hospital and Lakeland to Coordinate Weekend/Evening Nursing Program and strengthen partnership - monthly. • Attended KnowledgeWorks Conference-Cincinnati • Conference Call with Coach to discuss model site visit (Future Neighboring Development Corporation) • Subcommittee identified to work on tools/surveys; portfolio management; and social services • Review information about OneStop
June	<ul style="list-style-type: none"> • Completed two sessions, June 16, 23, to recruit pathway students • Maggie Lynch met with George Coulter from Greater Cleveland Growth Assn. • Completed interviews with OSU – Bridges staff. • Team attended KnowledgeWorks Conference –

	Cleveland
July	<ul style="list-style-type: none"> • Committee attended a consultative session with Sarah Griffen related to the Boston Health Care Career Pathway • Developed tools for employee/employers survey/focus groups based on consultation with Sarah Griffen. • Started data collection of partner hospital career pathway/meeting with HR and VP at Lake Hospital • Started coordination with Research and Planning Department for data collection of focus group research • Deborah Hardy met with Marilyn J., Michele R. Corrie B. to discuss FOLIOTEK portfolio platform.
August	<ul style="list-style-type: none"> • Committee attended a session on Workkeys presentation • Michele Miller met with Barbara Ropag of SkillsMax to view possible skills testing for applicants. • Subcommittee continuing to work on articulation agreements between Lakeland and Auburn (Michele and Maggie) • Started focus group with Lake Hospital • Started data collection with Lake Hospital career pathway • Started data collection with Richmond Heights career pathway • Distributed initial employee data collection with Richmond Heights • Enrolled in FOLIOTEK to test as a platform for students. • Identified participation in the CAEL project • Evening Weekend Nursing Program started Fall 2004, 21 student accepted (5 LHS employees)
September	<ul style="list-style-type: none"> • Core Committee attended KnowledgeWorks Regional Technical Assistance Mtg in Columbus, OH • Maggie Lynch met with Catherine Haworth, Executive Director, Lake County Economic Development Center • Doner, Hardy, Lynch met with Joshua Hawley, of The Ohio State University Bridges Program • Lake Hospital Systems and Lakeland Community College held the Kick-off Celebration for the Evening Weekend Nursing Program at Lake Hospital Systems West and East Campuses • Initial platform for program participants developed with Foliotek.

	<ul style="list-style-type: none">• Miller attended the CAEL session to explain process for survey implementation in Columbus, OH• Completed focus groups at Lake Hospital System
October	<ul style="list-style-type: none">• Agreement to offer Medical Terminology at UHHS-Richmond for Spring 2005