

## **A Novel Approach to Building Healthcare Career Pathways**

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### **Abstract**

After observing the chronic difficulty health providers were experiencing in hiring staff — and the impact on quality care — Ombudsman Services of Contra Costa and Solano (since renamed as Empowered Aging) approached the John Muir Community Health Fund in Contra Costa (CHF) in 2018 for support in pursuing a novel solution to a building crisis. That first step ultimately led to the launch of an innovative public-private model for launching community residents into healthcare careers.

As a primary advocate for 13,000 residents of long-term care in two California counties, Empowered Aging leadership was fully aware of the challenges in hiring person-centered staff and was eager to find a solution, knowing it would need to be innovative and multi-pronged. With CHF support, Empowered Aging engaged with La Piana Consulting, Opportunity Junction (a nonprofit workforce development organization), Mt. Diablo Adult Education (a public education organization), and a local Skilled Nursing Facility (SNF) owner to create Healthcare Career Pathway (HCP). The collaborators designed HCP as a joint endeavor with the multiple purposes of alleviating staffing shortages, increasing the quality of care, and elevating community residents who often lacked access to high-paying jobs with a solid career trajectory.

Over more than five years, including the Covid pandemic, which itself involved enormous pressures on staffing health facilities, the collaboration has helped 233 students graduate with a Certified Nursing Assistant degree, a third of whom have gone on to a Career Advancement Program and a quarter of those have enrolled in a Registered Nurse or Licensed Practical Nurse program. Demand has increased since the inception of this collaboration, and participants are seeing a 40% increase in hourly salary rates as the demand for trained CNAs and other healthcare professionals has only increased.

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HCP was featured in California Governor Newsom's Master Plan for Aging and, led by Empowered Aging, is now being replicated in Alameda, Sonoma, and other counties statewide and is being funded by the California Department of Health Care Access and Information.

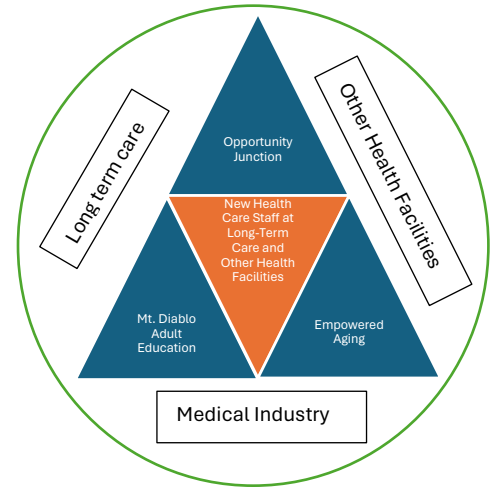
### **Solution:**

HCP is built on three foundational principles: (1) restorative justice, (2) a growth mindset for those served and for the staff who support them, and (3) person-centered care. Having an educational institution, older adult advocate, and industry representative with either individual or collective expertise in healthcare training, workforce development, and case management was also key to success.



In this collaboration, each organization is able to leverage its respective strengths and experiences through the lens of the three principles. The collective vision embraced by the three partners required each to make slight adjustments to be a unified change agent for those served and to set individual goals around employment, training, and quality of care.

Opportunity Junction (OJ) had experience fighting poverty by helping Contra Costa residents gain skills and expertise, infusing life skills and 1:1 case management into their programs. But OJ had never worked in healthcare. They brought to the collaborative a strong belief in the value of wrap-around support, no-cost programs, and providing significant material and emotional support to program participants. They understood that by meeting the psycho-social needs of the future healthcare providers, they would be modeling the type of care their students would provide as future employees to residents accessing healthcare.



Mt. Diablo Adult Education (MDAE) has a proven track record of providing high-quality and accessible allied health classes and programs to help community members reach personal, educational, and career goals by meeting students where they were and providing the support needed to be successful. It served the same population that Empowered Aging wanted to target and that Opportunity Junction also served. Access to high school equivalence and English as a second language credentials meant students could access these services simultaneously during the application process or while in the CNA Training, providing yet another incentive.

MDAE had operated a CNA training program that had been discontinued due to staff retirement and were already looking to bring the program back. Through the impetus of the HCP planning process, MDAE was able to overcome staffing challenges to reinstate the course, incorporate access to OJ wrap around services for students, and integrate on-site training at local SNFs into the program.

### **Distinctions:**

By working together on a shared goal, HCP was able to create a higher quality program for CNAs that served the needs of local employers, local residents in need of employment, and residents needing high-quality healthcare. The program sparked a flywheel effect where momentum was self-reinforcing. HCP almost doubled the required number of hours for CNA training, from 160 hours to 303 hours, which resulted in participants being better-prepared job applicants, which to some extent addressed employer concerns around retention. The industry has been a good partner to HCP, engaged from the beginning with conceptualizing the program and then participating actively by serving as hosts for on-site learning. For-profit owners of long-term care facilities now compete to hire HCP graduates, even to the point of attending graduation ceremonies with gift bags to entice the students to consider open positions. The influx of HCP students and graduates has even sparked facilities to improve their policies and practices when encouraged by student experiences shared by the HCP partners.

The HCP model requires more resources than traditional training programs, which have over two times as many staff members. But the investment has been returned. HCP was able to get start-up funding from the CHF for the first five years, which provided the runway for the program to

demonstrate program success, leveraging available public resources from the adult education system, obtain new, more sustainable funding based on its demonstrated success — including from the Employer Training Panel and Fresh Success. The statewide expansion sites have had more direct involvement with local workforce development agencies to hopefully improve access to WIOA and other already available workforce initiatives and funding.

HCP held firm in its belief that students should not have to pay for the program and, in fact, need additional support such as transportation (gas card, BART tickets), lunch while on campus, and direct access to food pantry items to be successful. MDEA agreed to continue providing tuition waivers for students when adult education funds are available, and OJ covers the cost of the professional development staff and wraparound supports for both Contra Costa HCP sites. Case management with 1:1 support is integral to student success and has ranged from direct referrals to housing, domestic violence services, or childcare to creating a personal success plan or working on time management or boundary setting with family.

### **Discussion:**

HCP, like any active collaboration, is constantly evolving. It grapples with issues around sustaining and managing the partnership. Each organization has a distinct structure, and the collaboration must operate within what is possible within each. HCP has to lean on the strength of each, sometimes pushing to be more nimble, such as in the ability to hire quickly, and sometimes to have consistency in program components, such as long-term access to classrooms. Building consensus and buy-in can be challenging and sometimes requires external pressure. HCP must also negotiate ever-changing standards regarding what supports are needed for student success and how to provide those within a collaborative model.

The collaboration strives to be open to ongoing learning and modifications. Being able and willing to take advice has been key to its success. It has been found that staying flexible and open to feedback reduces conflict and allows adaptation as needed. HCP also engaged an evaluation firm to document lessons learned and to track success metrics for the program to learn from its experience.

### **Recommendations and Conclusion:**

Based on its five years of experience, including the challenges of the pandemic, HCP recommends that others consider the following in their collaborations:

- Building and maintaining buy-in. This is often strong at the outset, but hard to withstand with staff changes, shifts in organizational priorities, and unexpected financial challenges. Focusing on specific shared goals and target populations helps, as well as revisiting why each organization is still engaged (or should be engaged). Trust and adaptability can be built through pre-planning and preparing the partners to change the plan when circumstances change.

- Leveraging organizational advantages. Acknowledge that in a collaboration, each partner comes to the table with certain strengths and weaknesses. Think through the practical aspects of what needs to be accomplished and then design your program to take advantage of exactly what each has to offer. Don't expect organizations to change to meet the needs of your collaboration.
- Build toolkits and document success. When collaborations work, others want to replicate your work, and the sooner you have specifics on how you assembled your program, the easier it will be to encapsulate that in materials for others to use. Create a community of practice so that others can learn from your model without being a significant burden to your staff.

In conclusion, recognize when things are good enough. Perfection is rare in collaboration. Constant adjustment and resilience are needed. Plan for bumps in the road and, in the planning process, describe how you will work through bumps. Persistence prevails in the end.