



California's Health Care Solution

The California Endowment's
21st Century Pathways to Health Careers

AT A GLANCE

This brief presents examples of successful practices that develop equitable student-centered pathways to health careers at several of the 14 sites of the Building Healthy Communities initiative. These examples may help other educational institutions, employers, and communities in California and across the country develop similar career pathways initiatives.

AUTHORS

Matthew A. Poland

Senior Program Manager

JFF

Tom Hooper

Associate Vice President

JFF

Patricia Maguire

Associate Director

JFF

Erica Acevedo

Senior Program Manager

JFF



NOVEMBER 2019

ACKNOWLEDGMENTS

JFF would like to acknowledge The California Endowment (TCE) for their generous support of both the Building Healthy Communities initiative and JFF's role as a provider of technical assistance to the project. We would also like to recognize the 14 sites that carried out the hard and critical work on the ground in communities throughout California. We offer special thanks to Beatriz Solis, Tara Westman, and Sarah Reyes of TCE and Joel Vargas of JFF for their input throughout the development of this brief.



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Introduction

There is a looming existential threat to California’s health care system and health workforce. Seven million Californians—most of them Latinx, African American, and Native American—live in areas that lack critical medical services. This is due to a shortage of a wide variety of positions in the health field, a problem that is expected to get worse for multiple reasons. For example, the state is projected to face a shortfall of more than 4,100 primary care clinicians and 600,000 home care workers in 10 years.¹ Filling the gap will be difficult, because the shortage is compounded by another critical challenge: Youth and adults in underserved populations often don’t have access to comprehensive career pathways that lead to opportunities in the health workforce.

The California Endowment (TCE) has been working to improve health care career opportunities in underserved communities since 2015 through its 21st Century Pathways to Health Careers initiative. The overarching vision of the initiative is to develop *equitable* student-centered pathways to health careers in the [14 sites](#) of the [Building Healthy Communities](#) (BHC) initiative.

Meeting the health care needs of an increasingly diverse populace will require an effort to diversify and build the frontline health workforce. TCE’s BHC initiative seeks to transform California communities challenged by health inequities into places where all people and neighborhoods thrive. The “career pathways” aspect of the BHC initiative connects health-related classroom learning with exposure to work experiences that can set a solid foundation for developing the talent needed in the health workforce. It also helps people acquire the education and training they need to advance in both public and private health systems.

Career pathways require educational institutions, employers, and communities to embrace fundamentally new ways of working. Schools, for example, are often not designed to incorporate work experiences into their curricula, and employers typically are not equipped to supervise or otherwise work with high school students. Designing and implementing career pathways requires organizations to set new priorities, enter into new partnerships, and allocate the funds and other resources necessary to support the initiatives. Thus, much of the work in BHC communities involved establishing relationships, building knowledge, forging partnerships, and raising awareness to lay the foundation for building and expanding career pathways.

JFF supported those BHC efforts by working with stakeholders in each locale to strengthen their partnerships, help them learn from best practices for career-related education and training, and support their efforts to meet their goals at the program level. JFF also built a statewide learning community that served as a source of relevant information and fostered collaboration and peer-to-peer knowledge-sharing through in-person meetings.

Across the network of sites, we identified the following four elements of practice as clear signs of success in efforts to develop equitable health career pathways:

- Connecting a shared vision to tangible goals and action
- Prioritizing equity
- Developing employer champions
- Strengthening work-based learning systems and programming

When those elements were present, sites made progress toward the goal by developing strong partnerships, activating local networks to support students, building new cross-organizational programs, and building sustainability into their programs.

This brief presents examples of successful practices at several of the 14 sites that may help other educational institutions, employers, and communities in California and across the country develop similar career pathways initiatives.

The 14 Health Careers Pathways Sites






Elements of Success

When any of the four elements were present in the regional health pathways efforts, there were clear signs of progress, making the whole greater than the sum of its parts. That is to say that, in addition to improving individual programs and serving more students, every stride toward the ultimate goal also strengthened leadership, activated new networks, and advanced partnerships.

Outcomes such as the ones we highlight in each of the following discussions of the four elements of success will facilitate scaling of health career pathways programs. They'll also speed up innovation and improve equity in those pathways. However, while several of the BHC sites made significant progress, more needs to be done to address the gaps in California's health workforce. Therefore, at the end of each discussion, we recommend next steps to take in order to continue moving forward.

- 1. | Connecting a Shared Vision to Tangible Goals and Action**
- 2. | Prioritizing Equity**
- 3. | Developing Employer Champions**
- 4. | Strengthening Work-Based Learning Systems and Programming**



Connecting a Shared Vision to Tangible Goals and Action

One of the cornerstones for success in any partnership involving multiple organizations is to set a north star, or identify a shared vision for the work. Research on this subject has shown that when partners explicitly discuss and articulate a shared vision, and then revisit that vision on a regular basis, the partnership is more likely to reach its goals.² Once partners identify and agree upon a shared vision, they need to set tangible goals and develop a plan of action.

All of those steps are equally important. Setting goals without agreeing on a shared vision, and agreeing on a shared vision but not following through with action, are both ineffective approaches.

The BHC sites where the stakeholders agreed on a shared vision, set specific goals, and used metrics to measure success made more progress toward developing comprehensive, lasting career pathways than sites that did not do those things.

The BHC programs in Richmond and Eastern Coachella Valley offer two specific examples of effective approaches to connecting a shared vision to tangible goals and action. In Richmond, partners documented a shared vision and committed to it. And in Eastern Coachella Valley, which is part of California's Inland Empire, partners codeveloped a work-based learning (WBL) strategy road map (see page 18 for a more in-depth discussion of work-based learning).



Richmond

In Richmond, a group made up of educational institutions, community-based organizations, and employers agreed that their common mission was to expand equitable access to health care careers for West County youth and established the [West County Health Pathway Partnership](#) (WCHPP). The [East Bay Health Workforce Partnership](#) (EBHWP) staffs the WCHPP and functions as the backbone intermediary. Backbone intermediaries typically staff the work of partnerships—ensuring that meetings happen and goals are set, and that the partners hold one another accountable for outcomes toward a shared vision.

The members of WCHPP began their work by developing an “identity statement,” which contained a shared vision for the group. They then used that statement to develop specific goals and plans of action for each of three work groups involved in the initiative. The goals included engaging new employers in the WCHPP’s work, evaluating and disseminating information on the current landscape of programs for the target population, and providing WBL experiences not only during the summer but also throughout the school year. WCHPP members recently reconfirmed their commitment to the partnership and are currently identifying sustainability options.

Eastern Coachella Valley

In the Inland Empire, the [Inland Health Professions Coalition](#) (IHPC), which is a division of [Reach Out](#), had an established vision to address the need for a highly skilled and culturally competent health care workforce. When it came to identifying specific goals and plans of action, the IHPC focused on developing a foundational WBL strategy road map that incorporated labor market information and IHPC outcomes data to provide a strong, cohesive representation of its wide-ranging WBL portfolio.

IHPC members reviewed the draft road map with key partners, including employers, as part of an effort to develop and leverage health employer champions, create buy-in, and strengthen the WBL strategy. Pairing this valuable tool with its role as a trusted convener and intermediary in the Inland Empire, the IHPC was able to set and begin implementing a sustainability plan and a new funding strategy that includes piloting a fee-based membership service and exploring the possibility of becoming an apprenticeship sponsor.





The Next Steps

Stakeholders in some sites made notable progress toward setting a shared vision connected to tangible goals and action plans. However, we also identified opportunities for further action in this area.

For example, if partners *align with local, regional, and statewide initiatives*, they could tap additional resources and thereby maximize the impact of their career pathways and ultimately improve the sustainability of their work. Working with local, regional and state governments in more depth, they could advocate for and implement significant enhancements to the practices and policies of the education and workforce systems. Collaborating with organizations at both the regional and state level is essential because education and workforce policy enhancements ultimately occur at both of those levels.

Partnerships can also continue to *pursue a range of policy enhancements* and other strategies that support health career pathways. Possibilities include incorporating funding for health career programming into local control accountability plans (LCAP), strengthening health-focused pathways through community colleges' Strong Workforce plans, and ensuring that support for health career pathways partnerships appears in state and local Workforce Innovation and Opportunity Act (WIOA) plans written by local and state Workforce Development Boards.^{3,4}

A new opportunity, specifically for organizations in California, is to work with the state's Future of Work Commission to develop equitable health career pathways in accordance with the commission's mission to, among other things, "Propose workforce development, training, education and apprenticeship programs for the jobs of the future."⁵

Prioritizing Equity

Programs can be designed with the best of intentions but still lead to inequities because they inadvertently include requirements, supports, or instructional styles that favor particular groups over others.

When designing learning supports, for instance, it's important to acknowledge that different students have different learning styles and then address that issue by incorporating cultural competency into teaching strategies.⁶ It's also important to recognize that students are likely to need various types of supports—for themselves and their families—in order to successfully navigate the school environment.

A number of BHC sites, including those in Central Santa Ana and East Salinas, implemented critical strategies designed to improve their ability to both understand and address underlying issues that can lead to equity challenges. In Central Santa Ana, the partners turned research into actionable strategies to achieve equity. And in Salinas, educational equity was codified into the district's priorities.



Central Santa Ana

Research conducted by an Orange County Organization called [OC STEM](#) benefited the Building Healthy Communities project in the Central Santa Ana region. OC STEM spent two years analyzing labor market data, convening meetings of health care employers, and working with other stakeholders to identify opportunities and challenges in the health care workforce and then presented its findings in a September 2018 report titled [Health Careers in Orange County: New Insights and Recommendations to Prepare for the Jobs of Tomorrow](#).

The research led OC STEM to conclude that improving equity was an economic imperative in the region. The organization included equity recommendations in its report and has been working with the Anaheim Unified High School District on a pilot of a work-based learning project to translate those recommendations into action. The goal is to use high school WBL programs to create opportunities for students from underrepresented populations to enter health career pathways earlier in their lives. Ideally, as students who take part in high school WBL programs advance in their educations, they will be better prepared for college and for careers in health-related fields.

East Salinas

The East Salinas Building Healthy Communities site has been leading an initiative called Healing-Informed Governing for Racial Equity for more than six years. Their approach was detailed in a report titled [Building the We: Healing-Informed Governing for Racial Equity in Salinas](#).

In another undertaking, the Salinas Valley Health Professions Pathway Partnership (SVHPPP) has worked closely with the BHC Education Equity Committee to promote equity throughout the [Alisal Union School District](#). Recognizing that many researchers and education leaders, including the [Global Family Research Project](#) and the [U.S. Department of Education](#), are promoting educational equity through family-school partnerships, the SVHPPP leveraged the district's local control accountability plan to hire a parent engagement organizer in the fall of 2017. The organizer focuses on career pathways education policy, advocacy, and mobilization and is also creating a train-the-trainer program that will develop a strong cohort of parent and student leaders.

The Next Steps

Achieving equity in large systems is an iterative process, and there's still more that can be done.

First, health career pathway programs should adopt *data-driven approaches to prioritizing equity*. They can collect data on the outcomes of students and other program participants according to race, ethnicity, gender, and other characteristics, such as disability status and whether individuals speak English as a second language. They could then review the data on a regular basis to look for trends in program outcomes that may highlight equity issues that need to be addressed. A resource for building career pathways with a focus on equity is a 2016 brief by Stanford University's Gardner Center titled [*Equitable Access by Design: A Conceptual Framework for Integrated Student Supports Within Linked Learning Pathways*](#).

Second, health career pathway programs can work toward equity by *constructing comprehensive career pathways* that serve a wide range of populations and span the full education and training continuum—from as early as middle school through lifelong learning in adulthood. Such steps are important because most health careers require some type of postsecondary credential but a disproportionate number of low-income and minority students are

less likely than their peers to graduate from college.⁷

An effective way to build broader career pathways is to *adopt a dual-enrollment model* and set up programs through which high school students can take college or university classes and apply the credits to postsecondary career and technical education health care courses. Multiple research studies have found that dual enrollment is associated with increases in high school graduation, college enrollment, and degree completion rates. And the impact is particularly strong for students of color, low-income students, males, and students with lower GPAs.⁸

By connecting secondary education to postsecondary options in a seamless career pathway with flexible entry and exit points, we can work toward reducing inequities in education and diversify the cohort of individuals preparing for the health workforce.



Developing Employer Champions

A key strategy used by a number of BHC sites was to go beyond simply engaging with employer partners and to identify and develop businesses and other employers that could be employer champions and play leading roles in the effort to develop health career pathways.

A U.S. Department of Labor Employment and Training Administration Sector Strategies brief titled *Moving from Business Engagement to Developing Industry Champions* (download [PDF](#)) identifies some common characteristics of businesses that are well suited to the role of industry or employer champion. Among other things, they are likely to take the lead in strategic planning and decision-making efforts. They also are typically willing to reach out to peers, offer work-based learning programs, and provide subject matter expertise for training sessions and workshops.

BHC sites that successfully developed health employer champions typically started by identifying leaders in the local business community who not only could commit time, personnel, and other resources to the pathways initiative, but also—and most importantly—were passionate about their health career pathways work and their local communities.

Eastern Coachella Valley and Central Santa Ana are notable examples of BHC sites that successfully developed health employer champions and tapped their expertise to advance their health career pathways work.

Eastern Coachella Valley

In Eastern Coachella Valley, the IHPC used an innovative tool to successfully engage health employer champions, including American Medical Response and the San Bernardino County Medical Society. As described earlier, the IHPC developed a work-based learning strategy road map to capture the full scope of its diverse WBL portfolio. That road map incorporated labor market information and IHPC outcomes data to provide a strong impact story that conveyed the value of the IHPC's initiatives, and the group shared it with all of its partners—health care employers in particular. The road map has proved to be instrumental in enabling the IHPC to develop employer champions because it's a concrete document that provides cogent talking points tailored to a specific audience.

Central Santa Ana

In the Central Santa Ana region, [Hope Builders](#), an organization that provides disconnected youth with vocational and life skills training, develops employer champions through a coalition of local business executives called [Hope Builders' 100](#). The members of Hope Builders' 100 work to address Orange County's skills gaps by developing and scaling innovative solutions to providing vocational training to disadvantaged young people so they can fill high-demand jobs. One of their goals is to shift the mindset within the business community to help employers see that the training provided by Hope Builders is a solution to a social problem that impacts the Orange County community and economy.

Key health care members of Hope Builders' 100 include Providence St. Joseph Health, Staff Rehab, St. Joseph Heritage Healthcare, St. Joseph Hospital, and Supplemental Health Care. Through conversations with those employer partners and with the support of labor market information, Hope Builders identified a need for certified nursing assistants (CNA), and the organization is now exploring a partnership with Santa Ana College to launch a CNA training program.

The Next Steps

There were some examples of health employer partners going above and beyond to develop health career pathways at BHC sites, but that type of deep involvement on the part of employers is not the norm in most communities. And it usually takes contributions from more than just a few employers to ensure that a pathways initiative succeeds.

Health employer partners play a crucial role in health career pathway initiatives because *it's necessary to have a strong feedback loop* between the employers and the programs that are preparing talent for them. If health employers only engage in limited ways, the feedback and the support they provide is minimal, making it difficult to develop training programs that equip students with the skills and competencies employers need. In such scenarios, health pathways initiatives fail to develop the talent the health field needs, and they also fail the students and the other trainees who were hoping to enter or advance in health careers.

The need for strong employer champions and deeper investments by employers in general will continue to grow.

Champions can be developed over time with thoughtful planning informed by an understanding of employers' needs as work-based learning activities are designed and employer engagement strategies are developed.⁹

The JFF report [*Developing Future Talent: How We Can Prepare for the Future of Work and Business*](#) offers recommendations for education and workforce development professionals based on information about employers' talent needs gathered directly from businesses. Among other things, the report notes that *businesses need to invest in both internal and external talent development* because of their ongoing need to not only recruit entry-level employees but also provide current employees with opportunities to advance—two imperatives that both require close partnerships with educational institutions and training providers.

Strengthening Work-Based Learning Systems and Programming

Work-based learning is essential to the success of any career pathway program because it provides learners with real-world experience through activities such as job shadows and internships. However, developing a high-quality WBL model is an iterative process. It requires systemic support from all employer partners, and from all of the people who work at those organizations—from the frontline staff up through leadership.

At BHC sites, efforts to strengthen and scale WBL programs clearly contributed to the success of the pathways projects. The WBL offerings we observed ranged from opportunities for learners to participate in rotations at large hospitals to programs in which learners pursued internships in small community clinics or got involved in projects related to public health and efforts to build support systems for students.

To illustrate the importance of effective WBL offerings, we look to Fresno, where BHC partners carried out a focused assessment of their WBL offerings, and City Heights in San Diego, where partners developed a strategy to reach other health providers in the area.

Fresno

In Fresno, employees of the [College and Career Readiness department](#) of the Fresno Unified School District used JFF's [Work-Based Learning System Development Guide](#) to analyze their work-based learning program. Employees conducting the analysis used questions from the guide to gather feedback from staff at multiple levels, including teachers, coordinators, and leaders. They identified strengths, such as a partnership with the Hospital Council of Northern and Central California, which has helped develop WBL experiences for students, and weaknesses, such as the need to build capacity at the school level to deliver work-based learning more independently. They plan to involve their board in a working session dedicated to improving the district's WBL system in the next school year.

City Heights (San Diego)

In San Diego, the team that runs the [FACES for the Future](#) high school WBL program at Rady Children's Hospital is engaged in an effort to expand the scale of work-based learning opportunities at health care providers throughout the city.

The [FACES for the Future Coalition](#) is a national organization, and the FACES program at Rady offers health-care-related work-based learning for students attending San Diego's Hoover and Crawford high schools. Hoping to expand the offerings, the FACES team worked with JFF to develop a survey to gauge whether other local health employers were interested in offering WBL opportunities for students, and to assess their capacity to support such programs. The team used the data from the survey to inform strategic planning efforts, which included discussions to ascertain the details of new WBL opportunities at other organizations, such as the type of program that could be set up, who the coordinator would be, and whether the organization had a department that could help manage an on-site training program, such as a community engagement or volunteer services department. The FACES team plans to pursue new partnerships with other health care providers and expand the number of WBL experiences offered to students.

The Next Steps

Individual programs and even large school districts often don't have the capacity to offer high-quality WBL experiences at scale.¹⁰

In many cases, the challenge is that work-based learning was not part of the original design of the program or curriculum, so trying to add it can be a significant hurdle. In addition, many organizations do not have employees with the expertise needed to engage with employers, or

they simply may not have enough time or other resources to handle all of the work involved in developing and managing a WBL program. As a result, without an underlying system that can build equity, quality, and scale, WBL opportunities are often offered sporadically or inconsistently and may be available only to some students.

That's a serious issue that regional leaders must continue to address. The future of work—and the future of health care—will require an adaptable and knowledgeable

workforce, and work-based learning will play an important role in developing the talent employers need. To address the problem, regional career pathway partners can *work with strong WBL intermediaries* that have the capacity and the ability to broker engagements between schools and employers and set up WBL systems.

A WBL intermediary plays the role of convener and honest broker, supporting the development, management, and growth of work-based learning across multiple local or regional programs. Intermediaries have the ability to manage complex relationships and balance the various agendas of all of the partners.¹¹ To ensure that they do all of that work successfully, intermediary staff members

devote a substantial amount of time and energy to each of the multiple steps involved in launching a work-based learning system, from coordinating the logistics with the employer to preparing the students or trainees for the experience. To be effective, the intermediary needs to be an organization that is valued and trusted by all of the partners.

A tool that may be useful to WBL intermediaries is JFF's [*Work-Based Learning System Development Guide*](#), which offers a systems assessment tool, as well as additional tools and guidance for improving WBL systems and programming.





Conclusion

Solving the crisis in California's health care system that is leaving millions without access to quality medical care will require a multipronged approach. Developing equitable health career pathways that start early in students' educations and extend through adulthood is a core part of the solution, and it's an approach that will create career opportunities for young people from underrepresented populations. This should be a goal for communities across California and across the country.

The 21st Century Pathways to Health Careers initiative addressed the inequities in the health workforce through efforts to develop equitable student-centered health career pathways. It also highlighted four elements that are essential to the success of career pathways initiatives: connecting a shared vision to tangible goals and actions, prioritizing equity, developing employer champions, and strengthening work-based learning systems and programming.

Many of the 14 Building Healthy Communities sites made strong advances, and we need to push further in order to scale each of the four elements of success and accelerate the impact described in the examples presented in this report.

The lessons learned in this initiative are applicable to health career pathways programs throughout California and across the country, and they can help address the nation's critical need for equitable health career pathways that develop the diverse talent needed for the future of health care.

Endnotes

1. California Future Health Workforce Commission, *Meeting the Demand for Health*, February 2019, <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>.
2. Shared visions are often called “common agendas” in collective impact research and the collective impact model. See: John Kania and Mark Kramer, “Collective Impact,” *Stanford Social Innovation Review* 9, no. 1 (Winter 2011), https://ssir.org/articles/entry/collective_impact.
3. In California, local control accountability plans (LCAP) identify school district priorities and are used to determine how funds are allocated. For more information about LCAPs, and to find a specific California school district’s local control accountability plan, visit the LCAP Watch website: <http://lcapwatch.org/about-lcap-watch/>.
4. The Strong Workforce program of the California Community Colleges Chancellor’s Office (CCCCO) provides funding and technical assistance to community colleges throughout the state for career and technical education programs for specific industries. For more information, visit the Strong Workforce Program page on the CCCCCO website: <https://www.cccco.edu/About-Us/Chancellors-Office/Divisions/Workforce-and-Economic-Development/Strong-Workforce-Program>.
5. The California Future of Work Commission’s mission was outlined in Governor Gavin Newsom’s executive order establishing the commission. The order, N-11-19, can be found here: <https://www.gov.ca.gov/wp-content/uploads/2019/05/5.01.19-EO-N-11-19-Future-of-Work.pdf>.
6. Hanover Research, *Closing the Gap: Creating Equity in the Classroom*, 2017, https://www.hanoverresearch.com/wp-content/uploads/2017/06/Equity-in-Education_Research-Brief_FINAL.pdf.
7. Andrea Berger et al., *Early College, Early Success: Early College High School Initiative Impact Study* (Washington, DC: American Institutes for Research, September 2013), https://www.air.org/sites/default/files/downloads/report/ECHSI_Impact_Study_Report_Final1_0.pdf.
8. Institute of Education Sciences, *What Works Clearinghouse Intervention Report: Dual Enrollment Programs* (Washington, DC: U.S. Department of Education, February 2017), https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/wwc_dual_enrollment_022817.pdf; Melinda

Mechur Karp et al., *The Postsecondary Achievement of Participants in Dual Enrollment: An Analysis of Student Outcomes in Two States* (Atlanta, GA: National Research Center for Career and Technical Education, October 2007), <https://ccrc.tc.columbia.edu/media/k2/attachments/dual-enrollment-student-outcomes.pdf>; Berger et al., *Early College, Early Success*.

9. JFF’s “A Resource Guide for Engaging Employers” provides a comprehensive overview of the different roles that employers can play in both engaging and leading workforce and education partnerships. You can access the guide here: <https://www.jff.org/resources/resource-guide-engaging-employers/>.
10. JFF’s “[7 Principles for Effective Work-Based Learning](#)” lists seven critical guidelines for developing high-quality work-based learning opportunities.
11. For more information on the role of intermediaries and workforce partnerships, see: Patricia Maguire, *Workforce Boards as Sector Intermediaries*, Sector Strategies Brief (Washington, DC: U.S. Department of Labor, Employment and Training Administration), https://businessengagement.workforcegps.org/-/media/Communities/ion/Files/New-Sector-Strategies/SS_Skill_Building_WDBs_as_Intermediaries_20160603FINAL.ashx (link downloads a PDF).