

**Orange County Workforce
Investment Board
Health Care Collaborative
Report**

**Orange County
Business Council**

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Regional Skills Alliances: Best Practices

INTRODUCTION

As the United States economy becomes increasingly knowledge-based and baby-boomers continue to retire from the workforce, improved and more focused worker training becomes increasingly vital. Workforce education and training programs must be more directed than ever toward growth occupations. Large segments of the country's population are struggling to support families while earning wages forcing them to hover near the poverty line. According to the United States Census, approximately 10% of the population in Orange County is below the poverty line and according to the California Association of Realtors, only 21% of households could afford a median priced home in 2003. Despite mixed economic indicators regarding job growth, the problem is not necessarily a lack of jobs, but rather a mismatch between worker skills and training and available jobs, leading to employer reliance on recruitment programs such as H-1B visas. A primary reason for this mismatch may be a lack of focused communications on growth opportunities, or a single, cluster specific, central point of contact. Regional Skills Alliances (RSA) and Regional Skill Partnerships (RSP) - partnerships between public agencies, businesses and industries, educational institutions and often trade associations and unions – present an opportunity to provide workers, students, and jobseekers with access to the skills and training they need to acquire high-demand, high-paying jobs in the new economy.

Despite the fact that many businesses cannot acquire the skilled employees they need, there are many barriers to training them “on the job.” Training programs tend to be expensive and offer no guarantees that employees, once trained, will stay with the company long enough for that company to recover their training costs. “Free-riding” problems arise with companies offering large incentives to lure trained workers away from their competitors, bidding up salaries and labor costs. Additionally, the rapid pace of technological advances makes it virtually impossible for cumbersome employer-based training programs to keep pace. Consequently, frustrating gaps and mismatches occur -- job openings remain persistently unfilled and jobseekers find it difficult to find both relevant specialized skills training and subsequent sustainable employment opportunities.

The RSA/ RSP Model:

RSA/RSP's (also known as Business Skills Alliances, Regional Partnerships and Industry Driven Regional Collaboratives) are collaborative public-private partnerships that pool the resources of public agencies, schools, industry, trade associations and labor unions to train workers for industry or region-wide job opportunities. Recognizing that there is a strong regional dimension to workforce and labor markets issues, RSA/RSP's are designed to prepare and maintain a region or industry's workforce for the specific jobs that will be plentiful and required in tomorrow's economy.

RSA/RSP's across the country are working with industry to address existing skills gaps by assisting existing workers in advancement in their careers and new jobseekers in entering the industry cluster by:

- Providing demand-driven, industry led training for relatively high-wage jobs;
- Designing training curriculum to support skill development and career advancement;
- Increasing worker access to education and increase awareness about industry changes, new jobs and opportunities;
- Providing industry-specific support services including counseling and mentoring;
- Developing industry skills standards and career ladders for entry level and incumbent workers¹.

The key to the RSA/RSP model is that they are industry and employer-led, but collaborative with education and training provider stakeholders. Industry is best prepared to identify current barriers to training and workforce development. Companies, HR professionals, and industry leaders are most advantageously positioned to identify and anticipate the jobs and requisite skills needed in the workforce of tomorrow. However, in the past they have often been unable to articulate these needs in a common language and in a timeframe in which education and training institutions can respond. RSA/RSP's, filling a much needed intermediary and boundary spanner role, have developed as a solution to this somewhat intractable problem. Historically, government-led workforce training programs have had less success than employer-based training. However, for the reasons already outlined, the leadership and funding needed to achieve a well-trained workforce must come primarily from the public sector. Government provided funding, institutions, facilities and guidance ease the financial burden of training for industries. RSA/RSP's allow for buy-in from a wide-array of entities – schools, companies, agencies, unions – all working toward a common goal: workforce improvement in a given industry or region. This cooperation improves not only the industry itself, but also the quality of life and financial welfare for all workers in that industry. Concurrently, the collaborative and capacity building nature of this model allays fears that companies will resort to stealing skilled workers from each other once they are trained.

The benefits to RSA/RSP's partners are widespread and far-reaching. Workers are given the opportunity to gain skills and advance in their field, which in turn offers these individuals the opportunity to become upwardly mobile in their careers and therefore to provide their families with improved standards of living. Businesses gain needed skilled labor at minimal additional costs and without the threat of losing key workers to “cherry-picking” by competitors. Local and state entities gain the economic payoffs associated with having a skilled labor force, including increased economic activity and increased

¹ From the National Governors Association Center for Best Practices Report: *Using Regional Skill Partnerships to Address Skill Shortages and Promote Job Retention and Career Advancement for Low-Income Workers*, August 2001

personal tax revenues, incentives that allow attraction of new companies to relocate to the area because of a highly skilled workforce, and justification for existing companies to expand their operations in the area resulting in increased tax revenues for the localities.

BEST PRACTICES

The following section outlines RSA/RSP best practices identified from researching representative RSA/RSP programs, in a variety of industry sectors, across the country.

Targeted Industry

The success of many RSA/RSP programs over the past decade lies in their initial industry focus. Many have later expanded their models to address workforce needs in multiple industries, but all successful programs begin with a narrow sector-specific focus. This allows for a single organization to develop the expertise needed to adequately address the workforce training needs within that industry.

Successful examples of targeted industry based models include:

- **Wisconsin Regional Training Program (WRTP) – Milwaukee, WI:** Initially driven by a labor association in the manufacturing sector, WRTP has become one of the most successful RSA/RSP's in the country, advancing workers' opportunities in the manufacturing cluster in the Milwaukee metropolitan area. The U.S. Department of Labor recently awarded WRTP a grant to create similar partnerships for the construction, health care, hospitality, technology, and transportation industries. Key components of the WRTP program include:
 - **Workshops** -- WRTP offers a two-day training program that introduces workers to essential manufacturing skills and opportunities;
 - **Standardized Curriculum** -- a 4-week standardized curriculum offered through Milwaukee Area Technical College offers instruction in applied manufacturing skills;
 - **Customized Training Programs** – WRTP offers customized training programs tailored to industry needs.

- **Project QUEST – San Antonio, TX:** Project QUEST arose in response to the closure of the Levi Strauss factory in San Antonio in 1990. With roots in both local businesses and community-based organizations, Project QUEST offers customized job training programs and assistance focused on three specific fields: healthcare, IT/business services and maintenance. They offer employer-driven, certified training programs to teach in-demand technical skills and are currently working to expand to other industries as the workforce needs of the region change and evolve. Key program components include:
 - **Certified training programs:** Employer-driven, certified training programs to teach technical skills.
 - **Job commitments:** from employers for placement of participants at the culmination of the training program.

- **Remedial education:** As many displaced workers lacked the basic math and writing skills necessary to advance in the workforce, Project Quest offers remedial classes in these subjects.
 - **Custom design:** Project QUEST counselors also serve as caseworkers to create custom training and support programs for participants to increase retention and advancement
- **Jobs With a Future (JWF) – University of Wisconsin, Madison:** Formed in Dane County, WI in 1995 in response to concern that workers were locked into low-wage, dead-end employment, JWF is a partnership between business, labor and the public sector dedicated to workforce development in South Central Wisconsin. JWF began with, and continues to run partnerships in three primary industries – health care, manufacturing and FIB (Finance, Insurance and Business Services). JWF has received grants from the Chicago Based Joyce foundation and the United States Department of Labor. Key components of JWF include:
 - **Curriculum Development:** JWF works with local educational institutions to develop specialized course curriculum in direct response to industry and employer needs.
 - **Entry-Level Workers:** JWF has increased retention in entry-level positions by showing a commitment to giving entry-level workers stepping-stone training to higher-wage jobs and long-term job advancement.
 - **Upward Mobility Program:** JWF partnered with the Dane County Job Center to offer the Upward Mobility Program aimed at helping low-wage workers find better jobs. The program produced the *Jobs with a Future Resource Book* that included a variety of job search resources for workers.
 - **Software Council Fellowship Program (SCFP) – Boston, MA:** While no longer in operation, during the high-tech boom of the 90's, SCFP addressed the need in the heavily technology dependant Boston metropolitan area to retrain mid-career professionals for careers in the Computer Software and IT industries. While the program had a limited life, SCFP was highly successful, boasting more than 600 participants, of which approximately 95% were hired into the industry. SCFP highlights the fact that RSA/RSP's can have a highly successful, limited life span to meet specific labor market transition needs, economic conditions, and labor shortages.

Industry led, Demand-driven training

Using demand-side approaches to workforce development allows RSA/RSP's to deliver "just-in-time" skills training to meet employer demands. Industry-led programs ensure that workers are trained with skills that fit the current or projected needs of employers in the region or industry.

Project QUEST exemplifies the success of demand-driven training, providing employer-driven, certified training to teach individuals the technical skills requisite in their industry. Widely regarded as one of the leading workforce development programs in the country, Project Quest continuously works closely with employers to identify the needs and

opportunities for skilled labor and to customize training programs to meet those industry needs.

Targeting Hard-to-Fill Positions within the Industry

Every industry will have an array of jobs representing different degrees of difficulty to fill. A successful RSA model focuses on those jobs that represent the largest critical mass challenge to employers. These positions often, but not always, represent the most highly skilled positions in the industry and those positions utilizing new and emerging technology. Training individuals in these positions results in highly trained individuals for the entire industry.

The 2002 Orange County Employers Survey cites Registered Nurses (RN), Licensed Vocational Nurses (LVN), Radiology Technologists and Occupational Therapists as the most difficult positions to fill in Orange County's Health Services cluster. A number of factors have converged to cause this persistent, structural shortage situation including:

- While Orange County has a current annual need of 1000 RN's, current training capacity allows only approximately 150 per year to be trained.
- In 2002, California implemented mandated minimum nursing-to-patient ratios greatly increasing the demand for RN's.
- As health care facilities increasingly utilize high-tech and digital technology, the skill base needed by employees and applicants expands, increasing the difficulty in finding qualified employees.

Targeted, customized training programs focusing on these positions and skills would benefit the entire health services industry.

Governance

RSA/RSP models have various governance arrangements ranging from informal alliances that meet on a regular basis to formal, stand-alone organizations. Since these partnerships are designed to address both short and long term industry concerns, most, either initially or through a natural process of evolution, employ a formal governance structure. Regardless of the governance structure, it is important that the balance of power in the decision-making body (the Board of Directors, Staff, Advisory Board, etc.) represent the goals and needs of the local partners. Programs such as the Eastern Washington Agriculture and Food Processing Partnership are structured such that both employers and labor unions have an equal say on major issues. In contrast, the Metro Phoenix Consortium is primarily governed by industry while educators and government officials playing a much smaller, secondary role. Other partnerships, such as WRTP, a not-for-profit organization led by a Board of Directors comprised of industry and labor representatives, operate as separate legal entities and employ their own staff.

Support Services

Most successful models offer complementary support services including career centers, job placement assistance, resume and interview skills, assessment tools, counseling in life-skills and job readiness, and post-employment job counseling and mentoring. These programs work to increase worker's knowledge about industry opportunities and the processes needed to obtain new jobs. Post-employment RSA support programs have been shown to reduce turnover and absenteeism among new workers. For example, WRTP offers on-site mentoring programs to assist new hires in their positions as difficulties arise. Project QUEST offers "life" support services including day care and stipends while workers are participating in the program.

Some programs offer support services to industry and education partners. The Jane Addams Resource Corporation in Chicago works with employers to reevaluate hiring and promotion strategies in an effort to create more job opportunities. Project QUEST pre-screens applicants for employers and helps fill teaching vacancies at the Community Colleges.

Communication and Responsiveness

Responsiveness to industry demand is imperative. Since businesses in the industry are the key customers for any skills training program, it is vital to be responsive to ongoing and changing industry needs. Establishing effective and efficient communication tools and procedures for industry to communicate their needs to the RSA/RSP and for the RSA/RSP to respond in a timely manner is essential. Effective communication of industry needs can be obtained by formal assessments and indicators of the industry (as produced by the Orange County Business Council), through consultation with individual businesses and organizations, and through active involvement by industry representatives serving on the Board and through regular meetings. At JWF, each industry partnership convenes for monthly meetings to exchange information, identify common industry problems and develop and implement solutions. This allows industry to quickly, easily and uniformly provide information about workforce training needs to education institutions, workforce investment boards and job centers and allows for a quick response and implementation process from these entities.

Accountability / Evaluation

A well-developed framework for accountability with clearly defined, articulated, and monitored performance-driven standards is crucial for sustaining and funding an RSA/RSP program. Partners will continue to participate only if they believe the program is successful and a valuable use of their time. Standards may include:

- Rates of job placements and retention;
- Worker's wage increases;
- Worker's skill attainments;
- Responsiveness to industry (customer satisfaction);
- Training completion rates;
- Time needed to fill positions;
- Amount of time participants spend in the program;
- Program costs as compared to the market;

- Cost savings to employers;
- Changes in job vacancies.

Funding

Funding is available from a variety of sources:

- **United States Department of Labor:** awards a variety of demonstration grants for creation and strengthening of workforce training partnerships.
- **Workforce Investment Act:** discretionary funds through state and local agencies.
- **TANF:** funding is available for training and support services aimed at low-income workers.
- **Community Colleges:** At the federal level, President Bush recently announced a new \$250 million initiative to enhance work force training programs at community colleges across the country. At the state level, some grants are available through the California Community College Economic and Workforce Development Program.
- **State and local Workforce Investment Boards / Development Boards.**
- **Nurse Workforce Initiative Money from the California Department of Health Services.**
- **Foundations:** Organizations such as The Enterprise Foundation and The J.P. Morgan Chase Foundation grant awards in workforce development. Potential local foundation support services include: The Health Care Foundation for Orange County, Irvine Health Foundation, and the Orange County Community Foundation.
- **Membership dues.**
- **In-kind contributions from partners.**
- **Industry funding.**

Lessons Learned: ²

In moving forward in forming an RSA/RSP, a few lessons based on the experience of leading industry consortia should be applied:

- ***Use sound labor market and economic analysis as the basis for identifying target industries and employers***

A careful analysis of the regional labor market and economy is a crucial first step in launching an industry-based partnership. Such an analysis identifies the industries or economic sectors that drive the region's economic growth both in the short and long term. It also can suggest those industries likely to experience recruitment, retention, skill upgrading and other human resource development challenges. A sound analysis will ensure that partnerships are built on a firm foundation.

- ***Avoid duplicating existing institutions in the community***

Regional skill partnerships can add value to existing institutions, such as local workforce boards, school-to-work partnerships and other business-education consortia. Yet, it is important to coordinate efforts to avoid duplication of training and other workforce

² Adapted from the National Governors Association Center for Best Practices Report: *Using Regional Skill Partnerships to Address Skill Shortages and Promote Job Retention and Career Advancement for Low-Income Workers, August 2001*

development services. One coordination strategy is to include representatives from industry-based partnerships as members of local workforce development boards.

- ***Support industry partnerships with strong staff capacity***

Leading regional skill partnerships, such as WRTP, owe some of their success to strong staff capacity. Some partnerships have independent staff. Others draw upon staff borrowed from industry associations, government offices or education and training institutions. Whatever the arrangement, staff play an important role in analyzing the industry, monitoring trends and new developments and facilitating the work of the partners.

- ***Build partnerships where there has been prior collaboration among firms***

Promoting collaboration among firms, especially within an industry or related industries, is a difficult challenge, given competitive economic pressures in the marketplace. The likelihood of success can be maximized by cultivating partnerships in regions and among firms that have prior experience with collaboration.

BEST PRACTICES SUMMARY

While RSA/RSP programs are still experimental at this point and there is a lack of sufficient data indicating how the model fares in various economic scenarios, especially downturns and recessions, the model presents a promising new approach to coordinated, collaborative, industry-specific workforce training. Through public-private partnerships, RSA/RSP's can address the skill shortages that impede a region's economic growth and development. By promoting collaboration within a region or industry, RSA/RSP's increase access and build worker skills within the natural boundaries of economic activity.

Health Services Industry Background

The hospital sector represents one of the largest industries in the U.S. economy at more than 5% of the GDP. Hospital spending is expected to grow at a compound annual growth rate of 6.1% over the next decade, increasing from the 4.8% rate sustained over the last decade. Demographics, particularly the aging of the population, as well as medical innovation, will drive this growth. The 65 and over segment of the population - which is expected to reach 14.5% of the population by 2015 compared to 12% today - consumes a disproportionate share of health care, roughly three times more per person than the under 65 segment. In addition, this age-based difference will be exacerbated over the coming years by the distinctive profile of the baby boomers, who will begin to reach age 65 in 2010. Their preference for a more active lifestyle and their higher net worth compared to prior generations should accelerate demand for orthopedic implants, cardiovascular procedures, and other hospital services. Concurrently, advances in medical technology are expected to increase the patient pool and incidence of available procedures.

By our analysis, there are at least 12 main factors that affect hospital operating performance, including secular and cyclical trends. They include the following:

Secular trends

- * Rising uninsured
- * Rising out-of-pocket healthcare costs
- * Increasing competition from new types of facilities
- * Skilled labor shortage
- * Rising medical supply costs
- * Increasing medical malpractice costs
- * Rising incidence of chronic disease
- * Aging and demographic growth
- * Continuing medical innovation

Cyclical trends

- * Medicare reimbursement
- * Macro-economic trends
- * Managed care pricing
- * Acquisitions

These factors act in different combinations at different points in time to affect both top-line growth and operating margins. For example, in 2000 and 2001 hospitals benefited from positive revisions to Medicare legislation and economic expansion, but fears of a debilitating shortage of skilled labor and rising medical malpractice costs emerged as the main concern. Following the economic downturn, rising unemployment and a weak flu season pressured volumes and increased bad debt levels in 2003. However, labor issues were partly alleviated, enabling most operators to reduce contract labor costs by

50%. Moreover, hospital companies have limited ability to offset these trends with operational changes, given the high fixed cost nature of the business.

There does appear to be a fairly consistent pattern when examining the relationship between economic cycles and hospital admissions, a key growth driver. Improving economic cycles, in particular increasing employment, appear to have boosted admissions growth after a lag of 2-3 years following each recession over the last two decades. Following the recessions in the early 1980s and 1990s, admissions growth increased 1-2% beginning 2-3 years after the trough in GDP quarterly change.

This pattern of increased admissions growth after a lag period following an economic rebound is consistent with what one would expect given dynamics of health care benefits. As more people enter the workforce following economic recovery, they tend to receive health coverage from employers, but tend not to schedule elective procedures soon after taking new employment. On the other hand, after becoming unemployed, people who choose COBRA coverage tend to use their benefits before they expire, delaying and mitigating to some extent the downturn in admissions by up to 18 months, the period of COBRA coverage.

Improving macro-economic trends, in particular rising employment, should boost hospital performance in 2005 and beyond, consistent with historical patterns over the last two decades. This cyclical rebound should increase admissions growth by about 1% and offset the continued impact of negative secular pressures in the industry.

The cyclical downturn in the economy has combined with rising health care costs to create a more difficult operating environment for hospitals over the last 18 months. Three principal secular trends have driven fundamental changes in the healthcare industry. First, employers and managed care companies have increasingly shifted escalating health care costs to consumers by raising co-payments, deductibles and co-insurance. Over the last two years, out-of-pocket costs have more than doubled, according to Hewitt data. Second, an increasing number of employees are without health care benefits, either because employers have refused to offer such benefits or because employees have declined to pay their share of mounting premiums. Third, new types of healthcare facilities, including specialty hospitals and ambulatory surgical centers (ASC), have increasingly competed with acute care hospitals for the best patients and most profitable services, especially given an increasing financial stake by physicians in such facilities.

Over the next twelve months, however, the improving labor environment should generate better hospital admission volumes and contribute to easing bad debt levels by offsetting the increasing number of uninsured. Our 1% forecast assumes the rate of growth will be attenuated versus prior years given the increasing number of employees who do not have coverage.

As healthcare costs continue to increase, it is expected that managed care companies and employers to continue to try to shift the costs to consumers through higher

premiums and out-of-pocket costs. Nevertheless, given the blistering rate of increases over the last two years we believe further increases in out-of-pocket are more likely to be muted over the next couple of years.

Even as employment recovers, some employers will likely refuse to offer benefits altogether and some employees will decline to pay for increasingly expensive benefits. Nevertheless, an improving labor market should increase healthcare insurance enrollment and at least slow the pace of growth in the uninsured. Since private payrolls finally began to increase in February, we expect to begin to see increased healthcare coverage over the rest of the year translate to about 1% volume growth. This is slightly below the post-recession pick-up in prior years due to increases in premiums. Given that about 60% of the 44 million uninsured are actually employed, it is unlikely that this number could rise significantly further without a fairly catastrophic impact on the healthcare system overall requiring some degree of legislative intervention.

On the competitive front, physician-owned facilities, including specialty hospitals and ASCs, will continue to compete for the most attractive patients and services in high growth markets. However, the moratorium on Specialty Hospitals included in the 2003 Medicare Modernization Act (MMA '03) will curtail further development at least over the next eighteen months, while increasing scrutiny of self-referrals, changes in reimbursement, and more proactive investments by the acute care operators should slow the pace of freestanding ASC growth.

Why is this cluster ideal to select for an RSA?

Health Services employment is large and growing as our population demographics are aging.

- Health Services is not only a service provider to the Orange County regional community, but it can also be a strong economic and employment engine.
- The Health Services industry is a large employer cluster in Orange County.
- Health Services employment is stable, relatively unaffected by economic recessions.

The expected job openings

- Between 2,000 and 4,000 new job openings are expected annually in the Health Services cluster.
- More than 70 percent of these openings are in low and mid-skilled occupations.

Potential Changes in Health Services Workplaces

Orange County's elderly population will continue to grow. Providing quality services to the elderly is challenging.

Healthcare training suffers from inefficiencies.

Formal training is necessary for career advancement in Health Services. Therefore, academic institutions are critical partners in the health services cluster. Three of the main challenges confronting these institutions are described below:

Bottlenecks: The capacity of training institutions to generate enough skilled healthcare workers is affected by bottlenecks in admissions and progress to graduation due to faculty shortages, admissions requirements and the curriculum design for certain programs. Training capacity and faculty shortages contribute to the wait list problem for certain Orange County healthcare education and training programs. Faculty shortages stem from lack of funding and lack of qualified instructors.

Because credits may not easily transfer between schools, due to differing curriculums and prerequisites, students may face delay or additional cost when seeking admission to certain healthcare programs.

Traditional academic degree programs (associates, bachelors, etc.) may not generate skilled healthcare workers in time to meet demand. Therefore, there is a need for innovative "fast track" training with the goal of certification or licensing rather than an academic degree. Healthcare workers would have the option to return to school for a degree, once employed and can be supported by employer tuition assistance. This will enhance their career advancement opportunities.

Coordinated funding: OCWIB training institutions, employers and community-based organizations (CBOs) have not been able to capture available funding for training commensurate with the expressed need for healthcare workers,

especially for mid-skilled occupations. This is mainly due to the lack of strong collaborative efforts among these groups, which need to focus on raising funds for building capacity and addressing infrastructure problems. Funding has generally been obtained in a fragmented fashion to support smaller projects, especially among community based organizations.

Better collaboration is needed among health service employers and training providers.

Health Service employers and training providers must improve their collaboration and communication around three main areas: meeting demand, redesigning curriculums and recruiting for entry-level positions.

Meeting Demand: There has been insufficient communication between health service employers and educational institutions on future demand needs. Therefore academic institutions have not been prepared for the demand. The ability of health service employers to forecast needs and training providers to adjust capacity accordingly will be the key to efficient flexibility in supply and demand.

Redesigning Curriculums: Health service employers and education institutions need to collaborate so that academic and training programs are designed to meet employer needs in the most effective and efficient manner. As stated previously, health service employers believe that there is value in creating innovative “fast tracks” in certain programs to better meet their needs. Additionally, standardizing curriculums and prerequisites would assist with student transfers and alleviate bottlenecks due to entry procedures.

Recruiting for Entry-level Positions: Health service employers are currently overwhelmed by the many training providers, community based organizations and workforce intermediaries that contact them about entry-level opportunities for their participants. Health service employers want this process to be streamlined by identifying an intermediary that can act as the clearinghouse. The intermediary would be responsible for ensuring job readiness, the minimum employment criteria is met (e.g., high school equivalency), and might also provide wrap around services (e.g., child care, transportation).

There is poor workforce retention.

The turnover rate for certain healthcare occupations, such as RN's and CNA's can be high. Based on an analysis of action team meetings, this turnover appears to be influenced by a poor work environment and lack of access to career opportunities:

Work Environment: Due to the very nature of healthcare, the work is physically challenging and stressful. Issues such as mandatory overtime, inflexible work schedules, flat salaries, poor benefits and lack of respect from doctors can contribute to high turnover in some healthcare sectors.

Career Ladders: Advancement in health services typically requires additional training, especially when advancing from entry-level jobs to mid-skilled or professional jobs. Incumbent workers often face limited access to career ladder opportunities due to lack of knowledge about available programs, lack of educational preparedness for degreed programs, lack of resources to finance an education and difficulties with balancing work/life commitments.

Awareness of and interest in Health Services careers are low among high school students.

There is value to introducing health service careers to the future workforce—students in school kindergarten through 12th grade—at an earlier stage. Counselors at high schools need to understand the full spectrum of health services jobs. Given that counselors do not have time to learn about every industry, healthcare professionals' organizations and industry groups can play a role in expanding awareness among student advisors.

Conclusions and Recommendations

Working partnerships should be established with key hospitals in the Southern California region with an emphasis on Orange County. Key hospital systems include St. Joseph Health Systems, Hoag Presbyterian Memorial Hospital, and UCI Medical Center. This will be achieved through collaboration with other large health service employers, and in partnership with educational providers to expand training capacity.

In addition, a team needs to be convened to encourage other large health service providers to pursue the attractive business opportunity of providing new healthcare and medical support services. They need to be informed about the market need and up and coming the characteristics of the future workforce in Orange County.

What are the action steps?

The primary action step is to establish a Healthcare Workforce Collaborative consisting of hospitals, academic institutions, training intermediaries and residents. The objectives of the Collaborative would be:

- Improve the collaboration and communication among health service employers and training providers.
- Improve the effectiveness and efficiency of training programs at post-secondary institutions.
- Increase funding (private and public) to support training, especially mid-skilled occupations.
- Improve the awareness of Health Services as a career for non-traditional work pools.

The Collaborative's first area of focus should be on identifying ways to expand the training capacity in Orange County for targeted mid-skilled occupations. As a training

intermediary, it would access funds from a combination of public and private sector sources, to develop programs targeting inner-city residents. This model would relieve health service employers from the challenges of delivering training to select employee groups.

Comprehensive training programs are a best practice model for retaining low to mid-skill level, minority healthcare workers. Organizations that have employed such programs have an average retention rate of 70% compared to the industry average of 40%. A successful training program has a rigorous selection model, provides support services, conducts job placements and performs ongoing evaluations. Funding for such training can come from a combination of public and private funds.

Orange County Health Care Collaborative

Key Issues and Recommendations

The term “Collaborative” has been chosen because it underscores the RSA’s emphasis on collaboration. The Collaborative represents a unique opportunity for Orange County to coordinate the broad spectrum of existing programs aimed at addressing healthcare workforce issues. Once established, the Collaborative partners will be collectively responsible for determining the most pressing workforce needs and the initial action plan. This document outlines recommended challenges to address and potential solutions the partners can undertake in initially formulating the Collaborative. Some of the following recommendations are already being implemented to varying degrees by prospective Collaborative partners. This is as it should be, as the goal of the Collaborative is to build upon and expand these existing programs to support and improve the health care industry in Orange County.

I. Emphasize the Wisdom of “Growing Our Own” Workforce

The high cost of living in Orange County is a significant barrier to attracting and retaining non-local health care employees. Recruiting from outside the area does not provide increased job opportunities to Orange County residents. Additionally, employers’ current reliance on H1-B visa employees comes with significant monetary and time costs. The Collaborative is in a unique position to assist the industry in “growing our own” health care workforce.

K-12 Programs:

Many K-12 students are either not interested in, or do not find their science and math classes relevant resulting in very few considering science/math related careers. Students who are interested in nursing or other health related careers must begin the process very early in their college careers if not before. It is imperative that they are exposed to health care career options before they graduate from high school. The Collaborative can:

- Spearhead outreach efforts to and recruit from local schools to promote student interest in careers in the health sciences. These promotions can take the form of presentations, workshops, volunteer days (to get the students into the hospitals and clinics), career fairs, etc. Efforts must be attention-grabbing, hands-on and highly visual to grab and hold the students’ attention. Ex. Allow students to try on scrubs, booties, gloves, etc.; give students the opportunity to test out stethoscopes, blood pressure gauges, etc.; utilize celebrities such as Noah Wylie (NBC’s *ER*) to promote the health care industry; and emphasize that not all jobs in the health care industry involve “blood, guts, and bedpans.”
- Emphasize and demonstrate to middle and high-school students the multitude of high-tech careers within the health industry. Many students turn away from health careers because they want to use technology and computers and feel that health care is behind the curve. Demonstrating that the health care field

will give them the opportunities to be at the cutting edge of technology may draw more youngsters in.

- Educate guidance counselors on health services careers and career ladders so they, in turn, can educate their students and guide students toward health related careers. In Sonoma, Napa, and Marin Counties, the North Bay section of the Hospital Council of Northern and Central California developed and distributed a book of information on all hospital and health care industry jobs and professions. The book was given to K-12 school counselors with a CD-Rom to assist them in educating students about health industry careers.
- Coordinate summer/after-school programs for students interested in health careers.
- Coordinate emergency enactments/demonstrations to give students a visual picture of what goes on in emergency situations and at hospitals. St. Josephs recruiters have staged simulations during which at each point in the scenario (paramedic, triage nurse, RN, MD, Radiologist, dietitian, physical therapist, coder, medical records, etc.), the health employee at each stage, steps out of the scenario to educate the students about his or her position and responsibilities in the scenario. This type of visual education gives students an accurate idea of the breadth of health careers available and an introduction into what each does.
- In the long-term, work toward a health careers magnet high school in Orange County.

College/University programs:

The fact that education programs have capacity limits and constraints on their students creates a significant education bottleneck. Currently, all the Community College programs in Orange County have waitlists that students remain on for anywhere from six months up to 2 years. The Collaborative can work to ease this bottleneck.

- Work with health care training programs to expand existing programs and expand capacity to allow for more students and graduates. Utilizing Nurse Workforce Initiative (NWI) grant money, the OCWIB has contracted with the four community college nursing programs in the county to graduate 10-11 more nursing students a year. Santa Ana College will likely graduate twice as many, on top of their usual graduates.
- Serve as a bridge between employers and education institutions to ensure graduates of local programs are getting the skills they need to be successful in their field by increasing the responsiveness of educational institutions to changing employer/workforce needs.
- Create flexible programs to allow for increased training opportunities including weekend, night, and on-line/distance learning, alternative and accelerated paths to certification/degree conferral. The Wisconsin Regional Training Partnership worked with the local colleges to create accelerated health care programs that allow students to take the courses requisite for certification while bypassing the general-ed requirements of the school.
- Work with existing programs to establish and/or improve training in: Leadership and Management, Communication, Interpersonal Skills/Ethics,

- Conflict Resolution/ Negotiations, Information Technology, Cultural Competency, Project Management, Advocacy, etc.
- Many students have not learned how to present themselves in a professional setting. The Collaborative can provide programs to teach students professional skills/tips/protocols – interview skills, ingoing and outgoing voicemail messages, how to dress, appropriate email addresses, etc.

Hospital/Health Center Training Programs

- Clinical Programs – While recruiters are concerned that not enough qualified applicants are graduating from academic programs to keep up with demand, there is also concern that the hospitals cannot accommodate more students in their clinical training programs. Nursing students have a required number of clinical hours they must attain in order to graduate; hospitals must be able to supply staff to support these students. In order to successfully grow the nursing programs, the Collaborative must find solutions to increase clinical training capacity at local hospitals. Saddleback College received a NWI Grant to implement a Preceptor Training Program which as successfully trained more than 300 preceptors in the past 1 ½ years. Programs such as this increase a hospital's clinical training capacity.
- In recent years many hospitals have increased their on the job training for new hires to fill the skills gap that exists between finishing a nursing program and “hitting the floor.” These skills include critical thinking, priority setting, time management, etc. Recruiters see a need for this “gap-training” primarily in RNs with AA degrees although occasionally BSN and MSN's also need this training. The Collaborative can work to infuse these skills into local training programs to minimize the levels of on-the-job training new hires need.

Mid-Career Professionals

While many mid-career professionals may consider nursing or other health industry professions as a new career, the prerequisites needed prior to applying to a program often prove to be a formidable hurdle. While there is ample financial aid for individuals enrolled in nursing programs, there is currently little assistance for prerequisite courses. The Sonoma County partnership has taken the lead on providing scholarships for prerequisite courses for aspiring nurses. Cal State Long Beach offers some similar aid. The Collaborative could develop a scholarship or loan program for mid-career professionals who need financial assistance in order to take prerequisite courses.

Training the Trainers

The Collaborative can take a lead role in supporting educational institutions in recruiting, training and retaining permanent and part-time faculty and for courses/training needs. Additionally, the Collaborative may be able to provide funding for additional faculty positions.

II. Attraction and Retention in Orange County – The High Cost of Living/Affordability

Bidding Wars

The high cost of living in Orange County and California presents one of the biggest challenges to recruiting and retaining employees, even those from the area. Hospitals in Orange County are not only competing for qualified applicants with other areas (Riverside Community Hospital has launched a huge ad campaign to lure Orange County nurses with down payments on a home) but also with themselves. Bidding wars are driving salaries to artificially high levels and signing bonuses have resulted in nurses jumping from hospital to hospital significantly decreasing staffing stability. Hospitals are having a hard time keeping up. As Merry Rogers, Director of Staffing and Retention at St. Josephs Medical System stated, “as soon as we raise salaries to market level we are behind the curve again.” The Collaborative can be used to open a dialogue between hospitals as to the best ways for Orange County hospitals to recruit and retain applicants as a whole (and not lose Orange County nurses to places like Riverside). This dialogue can work to minimize bidding wars between hospitals in the region.

Support Services

Building upon existing programs and partnerships, the Collaborative can use its strengths and representation to develop support services for the health care workforce in Orange County to improve the quality of life for health care workers and their families. For example, St. Josephs Health System is exploring partnership options with the Orange County Affordable Home Ownership Alliance (OCAHOA) to assist employees in home ownership. Other services may include (but are not limited to):

- Partnerships to offer student loan repayment with a work commitment (Florida’s *Nursing EdLoan* program partners the state of Florida with EdSouth, St. Joseph’s *Health Tracks* programs at their Texas facilities and Mission Hospital in Mission Viejo).
- Partnerships to offer affordable homeownership opportunities to eligible workers (Florida’s *The HealthCare Worker +* program partners the State of Florida with Sallie Mae).
- Standardization of benefits across health employers in Orange County.
- Other support services include: car loans, child care (or subsidies), transportation (or subsidies), life and other insurance, retirement, and discounts at health clubs, education and training, etc.

Continuing Education

- Increasing access to continuing training and career development improves retention of incumbent employees and attraction of new employees. Utilizing NWI grant money, Saddleback College is currently offering specialty certification programs (ER, ICU, Telemetry, and Pediatrics) to practicing nurses. The local hospitals have agreed to continue paying their nurses salaries while they attend the two-week certification seminars. Funding for the program is set to expire at the end of the year. However, due to the success of the program in retaining skilled nurses, the hospitals have agreed to continue funding the program.

- Nurses who come in with an AA degree are only qualified for general nursing, this creates deficiencies in the more advanced nursing positions such as ICU and ER as nurses with AA's gain training through on-the-job experience. Nurses with only AA degrees need more "gap training" from the hospitals to assist them in the transition from an academic environment to a clinical environment. Nurses with BSN, MSN, Post-Baccalaureate, Doctoral and Post-Doctoral Degrees are much better positioned to "hit the ground running." Encouraging and enabling nurses to obtain specialty training and higher levels of education is beneficial not only to the nurse in terms of job advancement and income, but eases the deficiency of nurses in the more skilled positions. The Collaborative can work with existing education institutions to expand their programs and offer increased training opportunities within their already existing programs.
- Work with existing programs to create accelerated licensing/certification programs around the occupational content (eliminating the general education/liberal arts content) and offering training around working individuals' schedules. The key to this approach is to work closely with the employers so they encourage their employees to take part and to ensure that the created programs meet all the requisites for certifications and licenses.

III. Language/Cultural Competency/Culturally Sensitive Care

Language and cultural competency issues pose a large problem in the health care industry. Health care workers must be able to communicate with each other and with the patients. Additionally, health care employees must be sensitive to different cultural traditions, attitudes, fears and misconceptions about the health industry. Addressing cultural competency and communication issues can help to increase efficiency, reduce malpractice risks, and improve the quality of hospital care. The Collaborative can work to bolster the ranks of minority health care workers, specifically nurses to reduce the cultural discrepancies between the workforce and the patients. Additionally, the Collaborative can work to decrease communication barriers between health care workers.

Federal Guidelines

In 2000, the Department of Health and Human Services, Office of Minority Health released national standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS). This report, recognizing the need for cultural competent care throughout the country, set 14 standards ranging from ensuring that patients receive understandable care to encouraging the hiring of a diverse staff to easing language barriers.

Minority Nursing Programs

Sponsored by the Health Care Council of Orange County and run through the Orange County AEHE, this program works to increase minority representation in the health services industry in Orange County. The program provides funding for a variety of services including faculty salaries, equipment and ESL courses, to nursing programs at six colleges and universities and partners with 11 clinics in the county. The program provides interest-free mini-loans to minority student nurses in danger of dropping out for

financial reasons. Approximately 1/3 of the program funds come from Federal grants and the remaining 2/3 comes from private foundations and donations. Education partners include UCI, Cal State Fullerton and Cypress College. The Collaborative can work to improve and expand the Minority Nursing program.

Accent Reduction Programs

Heavy accents (and even mild accents when wearing surgical masks) can lead to large, formidable communication problems between staff members. This creates a reluctance on the part of managers to hire applicants with accents despite the need for minority workers. The Collaborative can take the lead in creating an Accent Reduction Program in which staff, especially nurses, work with speech pathologists to reduce their accents and thus reduce communication problems.

Language

The Collaborative can work together to recruit multi-lingual health care workers as well as create programs to offer current mono-lingual health care workers training in other languages.

IV. Changing the Culture of Nursing/Health Care Careers

The culture of nursing, and health care careers in general, is such that it is difficult to attract and retain employees. Low-wages, difficult working conditions and lack of respect has resulted in many nurses leaving the profession within a few years. Nurses are compensated at lower levels than similarly educated professionals in other fields. Additionally, the current culture makes it difficult to attract new workers to the field. The perception of nursing as “a woman’s job” turns many people away. In order to retain and grow the profession, the culture *must* change. The partnership can begin to change this culture by:

Marketing

Some attempts, like Johnson and Johnson’s Discover Nursing campaign, to market the nursing profession and elevate the status of nurses have been successful in promoting jobs in the health care industry in a favorable light. The Collaborative can focus on marketing of the industry/profession in the county through public outreach. Sonoma County has worked closely with the local media to change the image of health care careers. The three hospitals in the region sponsored a joint advertising campaign to highlight why people go into careers in health services and the heroic things that are done in the field every day.

Sensitivity Training

Incorporate sensitivity training into the education of all health care workers from physicians to nurses to lab techs.

Shared Governance

Today’s worker wants to have a voice in the management and future of his or her workplace. Working toward models of shared governance that give nurses and other

health care workers increased control over their working environment will help to change the culture.

Working Conditions

Hospital staff, especially nurses, often work under difficult and extreme working conditions including mandatory overtime, late night shifts, patient overloads, and covering duties not normally under their jurisdiction. This is all on top of the difficult work conditions nurses face in the normal course of a day: sick patients, distraught family members, etc. The Collaborative can take the lead in establishing industry wide standards for working conditions in Orange County facilities.

V. Transition from Paper-Based to Tech/Digital Based Operations

Local Technology Companies

Orange County is home to many high-tech, biomedical, and life science industries. The Collaborative can use its proximity these cutting edge businesses to help Collaborative partners accelerate their transition into digital-based facilities. By utilizing local companies, not only is the Collaborative increasing commerce in Orange County and Southern California, but hospitals gain from partnerships with nearby companies.

Technology Assessment Team

Utilizing its expertise, the Collaborative can create a Technology Assessment Team to assess and report on the technology capabilities and needs of each member facility and facilitate the transition to tech/digital based operations.

VI. Policy, Advocacy, and Industry Standards

The Collaborative can take the lead in monitoring and responding to legislative policy changes at local, state and federal levels and the impact these changes have on health care and the health care workforce in Orange County. Partners can build relationships with local elected officials and agency staff to ensure that the Collaborative has a voice in policy debates. Additionally, the Collaborative can monitor and respond to changing industry standards in the region and throughout the country including but not limited to:

Nursing Ratios

In an attempt to protect both patients and nurses, in 2002, California became the first state to establish minimum nursing ratios for hospitals. While many employers and employees alike welcome the staffing ratios, a plethora of questions remain unanswered about compliance and enforcement. The Collaborative can take a lead role in finding creative solutions to the challenges created by these strict standards to bring all County hospitals into compliance.

Cultural Competency/Language

The establishment of the CLAS guidelines has left many hospitals struggling to bring themselves into cultural competency compliance. The Collaborative can serve as a forum for discussions between health care providers on solutions to cultural competency issues.

VII. Licensing and Certification Support

Saddleback College is home to one of three testing centers in California for certification of nurse's aides and EMT's. Tapping into this resource, the partnership can serve as a resource for information and support to employers, employees, and future employees on the CA licensing and certification processes for various health care fields as well as available training programs, degree requirements, etc.

VIII. Nurse Workforce Initiative (NWI)

OCWIB

The OCWIB received a \$2 million grant from the State of California Department of Health Services (DHS) in 2002 to address the shortage of nurses in Orange County and the City of Long Beach. Long Beach has partnered with Long Beach Memorial Hospital, Long Beach Community College and Cal State Long Beach to increase training in LVN, ADN and BSN programs. Additionally, Long Beach is offering some prerequisite training for individuals hoping to pursue a nursing degree. The County of Orange has partnered with the four community colleges to fund additional instructors to increase ADN capacity by 10-11 students at each community college. Additionally, Saddleback College offers specialized nursing programs (ICU, ER, Pediatrics, etc.) that enable nurses to attend 2-week-long seminars for a specialized certification while continuing to be paid by their employer. Funding for the specialization program is scheduled to sunset in December. However, due to its overwhelming success, Orange County Hospitals have agreed to fund the program as a retention tool. OCWIB recently approved increased funding for all four community college programs and is awaiting the County Board of Supervisor's expected approval in July.

Saddleback College

Saddleback received an \$800,000 grant from DHS to implement the Preceptor Training Program. In the past 1 ½ years, more than 300 nurses have gone through the 12-16 hour preceptor training program. The success of the program has prompted hospitals to increase salaries for nurses who complete the program. The funding for the preceptor program has expired; however, the hospitals are now collaborating to provide continued funding.

The collaborative is in a unique position to support and bolster these NWI programs by bringing the expertise of the partners to the NWI programs and by bringing the success of the NWI programs to the partners. This will continue to ensure that curriculum at the local colleges is aligned with employer needs.

IX. ORANGE COUNTY HOSPITALS (see appendix D)

Orange County boasts 32 hospitals (Orange County Community Hospital of Buena Park and Santa Ana Hospital Medical Center closed in 2003) affiliated with 18 hospital systems. The Orange County Business Journal reports \$3,167,000,000 in total net patient revenue in the County in 2003; 1,336,384 total patient days; 6358 total licensed beds; and 30,904 total hospital employees. Hoag Hospital, UCI Medical Center and St. Joseph Hospital, Orange represent the three largest single hospitals while Tenet Health

Care Corporation, and St. Joseph Health System represent the two largest hospital systems in the County. Memorial Health, Children's Health Care of California, Vanguard Health Systems, Inc., Kaiser Foundation and Kindred Health Care, Inc. also contribute significantly to hospital care in Orange County. A successful collaborative would incorporate representatives from all of these organizations.

Tenet Healthcare: Tenet Healthcare Corporation operates 98 acute care hospitals across the United States and is the largest hospital system in Orange County with 9 facilities: Fountain Valley Regional, Western Medical-Santa Ana, Los Alamitos, Irvine Regional, Garden Grove, Coast Communities, Chapman Medical Center, Western Medial-Anaheim, and Placentia-Linda Community. In 2003, including Santa Ana Medical Center which closed in August 2003, Tenet reported \$811 million in total net patient revenue, 375,543 patient days in 1,523 licensed beds and 7,296 employees.

St. Joseph Health System: St. Joseph, headquartered locally in the City of Orange, is a not-for-profit, Catholic Health System operating in the Western United States. St. Joseph runs three large hospitals in the county – Mission, St. Jude and Orange. Between the three hospitals St. Joseph's employs 6,486 staff members, has 1,087 licensed beds, 233,056 patient days and \$639 million in net patient revenue in 2003. Human Resources staff indicate an interest in the Collaborative and an enthusiasm to be a partner. St. Joseph hopes to utilize successful Collaborative strategies to ease health care workforce concerns in the other markets in which they operate.

Hoag Hospital: Hoag Hospital, a not-for-profit, Presbyterian hospital located in Newport Beach, is the largest single hospital in Orange County. In 2003, Hoag reported \$347 million in net patient revenue, 104,344 patient days in 409 licensed beds and 3,579 employees.

UCI Medical Center: The UCI Medical Center, named one of the top 100 hospitals in 2004 by Solucient, a leading source of health-care business intelligence, is the only university medical center serving Orange County. In 2003, UCI reported \$344 million in net patient revenue, 94,606 patient days in 455 beds and 3,135 employees.

X. Partnerships with the Business Community

Not only are health care businesses affected by changes in the health care industry, all businesses are. Changes in the health care industry affect how much businesses pay for health insurance and workers compensation. Additionally, improvements in health care reduce sick days, absenteeism and tardiness. Giving the business community a seat at the table may lead to valuable ideas, connections and funding sources in tackling health services problems.

XI. Organized Labor:

According to the Hospital Association of Southern California's (HASC) most recent update, there are 12 unionized hospitals in Orange County. Represented unions are: UNAC, SEIU, UFCW, CAN and AFSCME. The Collaborative can serve as a way to foster improved relations and communications between labor and management and

head off conflicts before they arise. Additionally, Jon Gilwee, Regional Vice President of HASC for Orange County has expressed interest in being involved in the Collaborative.

XII. Establishing the Collaborative

Who should be at the table?

- Employers – hospitals, medical centers, clinics.
- Labor – unions, associations, Hospital Association of Southern California
- Education – Community Colleges, RHORC, trade colleges, University of California, Irvine, California State Fullerton, K-12.
- Public – WIB, Board of Supervisors, cities, AHEC.
- Non-Profit – OCBC, Health Care Council of Orange County.
- Business sector representatives.

Initial Steps³:

1. Establish a steering committee:

Membership should reflect the goal Collaborative membership – employers, labor, education, community groups, and public sector. Tasks for the steering committee would include:

- Brainstorming to identify mission, goals, objectives, etc.
- Developing an organization charter (2-3 pages max) to establish:
 - Who and what is the Collaborative?
 - What will the Collaborative do/accomplish? What are the Collaborative Goals?
 - How are the Collaborative's goals going to be met?

2. Needs Assessment/Community Audit (including but not limited to):

- What are the current and projected staffing and training needs?
- As new technologies are introduced, how must the industry adapt and evolve in response?
- Does the changing industry and technology require a restructuring or reorganization of the industry?
- What are the recent and expected staffing and training trends?

³ As recommended by Eric Parker, Executive Director, Wisconsin Regional Training Partnership in an interview on May 27, 2004.

ADDITIONAL RESOURCES:

Health Care Workforce Development Programs in Orange County

The following programs support the academic programs offered through the Community College, CSU and UC systems.

- **Nurses Workforce Initiative (NWI) Projects:** NWI is a three-year statewide initiative that provides \$60 million in Governor's discretionary funding from the Federal Workforce Initiative Act to fund 13 programs addressing California's nursing shortage. Two Orange County programs were awarded grants:
 1. **Orange County Workforce Investment Board: the Orange County – Long Beach Nurse Training Collaborative (\$2.1 million):** Targeting mostly nursing students, the Collaboration will produce 99 new LVNs and RNs, assist 15 two-year RNs in completing training in a four-year RN program, and train an additional 220 RNs for preceptor or specialty nurse certification.
 2. **Regional Health Occupations Resource Center –Saddleback College (\$83,358):** The Preceptor Training project focusing on licensed nurse retention and project sustainability through the creation of a nurse preceptor program, with a standardized curriculum and trained faculty in place. This project will train 300 nurses to be preceptors, and 15 hospital-based in-service educators to be preceptor trainers. Contact: Mary O'Connor 949-582-4451, Joanne Gray, 714-991-9659.

- **Regional Health Occupations Resource Center – Saddleback Community College:** Provides facilitation in planning and providing manpower for the educational needs of the health care industry. Programs include specialty nursing certifications, programs to align nursing program curriculums with industry needs, and running one of three California testing centers for nurse aides and EMT's. Contact: Mary O'Connor 949-582-4451, Joanne Gray, 714-991-9659.
<http://www.healthoccupations.org/rhorc/8/>.

- **Regional Occupation Programs:** ROP programs provide career-training, career development and workforce development programs to high school and adult students through the California Public School system. There are four ROP programs in Orange County. All four offer health sciences/services programs and courses.
 - North Orange County ROP - www.nocrop.tec.ca.us
 - Capistrano-Laguna Beach ROP - www.capolagrop.k12.ca.us
 - Coastline ROP - www.coastlinerop.k12.ca.us/info.html
 - Central County ROP - www.ropcentralcounty.tec.ca.us

- **Minority Nursing Support Program:** Sponsored by the Health Care Council of Orange County and run through the Orange County AEHE, this program works to increase minority representation in the health services industry in Orange County. The program provides funding for a variety of services including faculty salaries, equipment and ESL courses, to nursing programs at six colleges and universities

and partners with 11 clinics in the county. The program provides interest-free mini-loans to minority student nurses in danger of dropping out for financial reasons. Approximately 1/3 of the programs comes from Federal grants and the remaining 2/3 comes from private foundations and donations. Education partners include UCI, Cal State Fullerton and Cypress College.

Contact: Felix Schwartz, Director, 714-558-0940.

www.healthoc.com/programs.html#Anchor-Minority-49575

Additional Information Resources:

National:

- ***National Governors Association (NGA) Center for Best Practices:*** Provides information and technical assistance to state Governors and their staff members to assist in policy making and problem solving. The Center has published information on workforce development best practices including Regional Skills Partnerships. www.nga.org/center/
- ***Johnson and Johnson – The Campaign for Nursing’s Future:*** Johnson and Johnson launched a nationwide campaign to address the nationwide nursing shortage and support the nursing profession. The program includes a national advertising campaign, scholarships, dissemination of recruitment material and plans for future programs to address retention issues in the nursing industry. www.discovernursing.com
- ***Demonstration Models:***
 - Project QUEST, www.questsa.com
 - Wisconsin Regional Training Partnership, Eric Parker, Executive Director, 414-217-3158, www.wrtp.org
 - Jane Addams Resource Corporation, www.jane-addams.org
 - The Eastern Washington Agriculture and Food Processing Partnership, www.co.yakima.wa.us/e&t-agfood.htm
 - Jobs With a Future, www.jobswithafuture.org

Statewide:

- ***Hospital Council of Northern and Central California – Sonoma County:*** Formed a partnership between all three Sonoma hospitals, the two community colleges and the public employment groups in the area approximately three years ago. The partnership has been very successful in addressing the health care needs in the County. Accomplishments include hosting job fairs, increasing capacity in the nursing programs at the Community Colleges, outreach to K-12, and establishing scholarships for mid-career professionals who want to pursue a nursing career but are lacking the prerequisites. Contact: Ron Smith, 415-616-9990, and Carol Aaron, St. Joseph’s, Sonoma, 707-522-1599.
- ***Employment and Training Network (ETN)*** administered through the Association of California School Administrators and funded through the California EDD Workforce Investment Division. ETN offers immediate, short term technical assistance to assist in the development and implementation of effective Welfare-to-Work (WTW) and

programs receiving Workforce Investment Act (WIA) funding. Contact: Diane Coad, Project Manager, at 916-654-8896.
<http://www.edd.ca.gov/wiarep/wiaetn.htm>

- **California Community Colleges Economic and Workforce Development Program (EWDP)** – Works with employers, advisory committees and agency partners to identify on a region-by-region basis workforce education, training and small business needs.
www.ccewd.net/index.cfm
- **Health Care Workforce and Community Development Division (HWCCD) of the Office of Statewide Health Planning and Development** – Provides healthcare training and support through a variety of workforce development programs. Additionally, HWCCD collects, analyzes and publishes data about California's healthcare workforce and health professional training, identifying areas of the state in which there are shortages of health professionals and service capacity, and coordinates with other state departments in addressing the unique medical care issues facing California.
www.oshpd.cahwnet.gov/pcrcd/index.htm
- **California Intrastate Training Resources and Information Network (I-TRAIN)** – Provides an on-line regional training services vendor directory (RSVD) to one-stop career centers, JTPA Program sites and EDD offices. Also has easily accessible occupational information from the California Cooperative Occupational Information System.
www.i-train.org
- **CA Employment Development Department – Labor Market Information Division (LMID)**: Provides statewide information on industry occupational outlooks, training and education providers, industry wages and salaries, etc.
www.calmis.ca.gov
- **California Cooperative Occupational Information System (CCOIS)**: Run through LMID, CCOIS is a partnership of state and local agencies that produces local occupational and labor market information. CCOIS produces occupational outlook and career opportunity reports and the Directory of California Local Area Wages.
www.calmis.ca.gov/htmlfile/ccois/intro.htm
- **CTEP Training Directory**: Is a directory of more than 3,600 education and training providers in California organized by occupation, location, program, and school type.
www.soicc.ca.gov/ctep/
- **California Career Resource Network**: Develops and distributes high quality career information resources that reach hundreds of thousands of students, job seekers, educators, and career practitioners in California each year.
www.californiacareers.info

Orange County:

- **Hospital Council of Southern California** – Is a trade association representing and serving the needs of more than 300 hospitals and hospital systems. Orange County Contact: Jon Gilwee, 714-663-0294, jgilwee@hasc.org.
- **Orange County Health Needs Assessment (OCHNA)** – Is a not-for-profit collaborative that conducts and analyzes a comprehensive health assessment of Orange County to facilitate coordination and collaboration of public and private sector policy development, implementation and resources allocation decisions designed to improve the health of all Orange County residents. www.ochna.org
- **Social Science Research Center at Cal State Fullerton** – provides empirical data and evaluations for business, non-profit and public organizations. Contact: Greg Robinson, Director.

Potential Funding Resources:

National:

- **Department of Labor:** The Department of Labor Employment and Training Administration has awarded grants to various RSA/RSP models across the country. www.doleta.gov. To search for federal government grants: www.grants.gov.
- **Rockefeller Foundation:** Provides grants to public and private organizations dedicated to improving economic opportunities for the working poor. “This includes funding of research and policy analysis, as well as community-based initiatives to improve employment access and job opportunities for low-skilled urban residents--such as innovative, paid community-service jobs and more effective training and placement services for low-income people.” www.rockfound.org

Statewide:

- **California Community Colleges Chancellor’s office of Economic Development and Workforce Development** – Is offering approximately \$6 million in grants to Industry Driven Regional Education and Training Collaboratives through Community Colleges and another \$1 million for programs specifically in economically depressed areas. Applications will be available soon and are due in August. Program anticipated start date is September 2004. Contact: Dean Kay Ferrier, 916-324-5646.
- **California Works for Better Health** – Is a joint effort between the Rockefeller Foundation and the California Endowment funding four community-based organization collaborations in Fresno, Los Angeles, Sacramento and San Diego. The collaborations are committed to three-year effort to improve the health of community residents by better understanding and linking to regional employment and training opportunities. www.ccsce.com/re_cal_health.htm

- **California Endowment** – is a private, statewide foundation awarding grants to community based organizations that directly benefit the health and well-being of the people of California. www.calendow.org
- **California Wellness Foundation** – Awards grants for increasing diversity in the health professions.
http://www.tcwf.org/diveristy_health_professions/diversity_health_professions.htm
- **Health Careers Resource Consortium:** Supports health service careers though training and curriculum. The consortium has facilitated kindergarten to career-level health careers path models that build upon health careers standards and academic standards, and span all educational segments from kindergarten to adult.
<http://health-careers.org/>

Orange County:

- **Health Care Foundation for Orange County:** Provides grants to organizations dedicated to the improvement of health services in Orange County. The Foundation targets training and collaborative programs for grants. www.hfoc.org
- **Irvine Health Foundation:** Provides grants aimed at promoting health and wellness in Orange County through increased accessibility and health-related services.
www.ihf.org
- **Orange County Community Foundation:** Provides grants to Orange County non-profits and charitable organizations in the areas of health, social services, education, environment, and arts and culture. The Foundation supports organizations working to maximize resources through collaboration. www.oc-cf.org
- **Pacific Life Foundation:** The Foundation awards \$3 million in community grants to agencies seeking funds for programs and projects in the areas of health and human services; education; arts and culture; and civic, community, and environment. Applications are accepted from July 15 to August 31; grants are announced in November and disbursed in January. Contact: Brenda Hardwig.
www.pacificlife.com/About+Pacific+Life/Foundation+or+Community/index.htm

Appendix A

Examples of Regional Skill Partnerships⁴

⁴ Adapted from the National Governors Association Center for Best Practices The Appendix: *Using Regional Skill Partnerships to Address Skill Shortages and Promote Job Retention and Career Advancement for Low-Income Workers, August 2001*

The Eastern Washington Agriculture and Food Processing Partnership

Background

The Eastern Washington Agriculture and Food Processing Partnership is a public-private partnership that covers a 19-county rural region. It builds on an existing partnership, the Agriculture and Food Processing Labor Management Committee, which was formed in 1995 to provide a forum for responding to plant closures and addressing a variety of issues affecting the industries.

The new partnership, which includes additional education representatives and other members, is currently focused on addressing skill shortages caused by technological and workplace change in the targeted industries. The impetus for this effort came from a 1999 study conducted by the Washington state workforce board, which found that nearly half the employers in the state's agricultural and food manufacturing industries are unable to find enough qualified workers. The new partnership recently was awarded a \$750,000 grant from the U.S. Department of Labor to address skill shortages through industry-focused training.

Structure and Governance

The existing Labor-Management Committee will provide the governance structure for the new partnership. The committee draws a majority of its members from business and is co-chaired by selected business and labor representatives. A labor-management executive team is responsible for developing policies and overseeing major projects. Existing members include two industry trade associations, two labor unions, several local workforce boards established under the Workforce Investment Act, and state agencies. The membership of the committee will be expanded with the addition of representatives from five local community colleges and other partners.

Mission and Goals

The mission of the Labor Management Committee (LMC) that provides oversight for the Eastern Washington Agriculture and Food Processing Partnership is to provide direction and guidance to training and education providers to ensure training programs meet the needs of agriculture and food processing employers and their employees. The LMC's major strategies are:

- To identify the training and education needs of customers (employers and current and transitional workers)
- To provide oversight to ensure that training and educational programs meet the needs of employers and current and transitional workers and are cost-effective
- To provide leadership in securing funding to support the training and educational programs
- To identify on-going industry research and development opportunities for employers and to ensure that current and transitional workers have access to current information and trends in training and educational programs
- To identify methods for determining core competencies, performance standards and evaluation of training and educational programs (skill standards development and use).

The Eastern Washington Agriculture and Food Processing Partnership aims to make Washington agricultural industries more competitive by raising the skills of the workforce. The primary goal of the partnership is to bring together different but related sectors of the agricultural industry with other training providers and local workforce development councils so they can share information and effective practices. The partnership's goals are as follows:

- Identify the industry's jobs of the future and the skills these jobs will require.
- Develop skill standards and other curricula to address skill needs.
- Establish education and training programs that are designed to meet the skills gap.
- Develop an outreach program to communicate opportunities in the industry to students and workers throughout the state of Washington.

Strategies for Welfare Recipients and Low-Income Workers

To address skill shortages in the targeted industries, the partnership has targeted incumbent entry-level low-income workers who are at risk of losing their jobs unless they receive skill upgrades. The partnership has leveraged the work of multiple public-private partnerships managed through the Northwest Food Processors Association since 1994 to provide the industry with a foundation to upgrade the skills of the existing workforce and prepare the future workforce. One project called QuickStart was designed to target participants in WorkFirst (the state's welfare-to-work program for TANF recipients and other low-income individuals) to develop a basic skills and basic food manufacturing curriculum. The project resulted in the preliminary identification of skills needed by entry-level workers and a job ladder that showed wage and benefit advancement opportunities for entry-level workers who had the requisite skills. Several WorkFirst clients were hired by one food processing company as a result of this project.

The recent federal grant, plus additional state funding, will permit the partnership to launch a more ambitious industry-focused training program. Initially, the partnership will focus on developing two new skill standards for agriculture and food processing that build on nine existing skill standards for skills, knowledge and abilities needed by workers for employment in those industries. The existing skill standards were developed using Washington's formal skill standard development process that supports the efforts of the National Skill Standards Board.

The next step will be to design a skill gap assessment tool that incorporates all existing industry skill standards and that can be used to determine whether workers have skills, knowledge and abilities needed to be successful in the industry. Participants in a pilot training program will receive a skill upgrade plan that identifies training needs based on the skill gap assessment. Community colleges and other training providers will then develop or integrate existing industry-relevant training curricula to meet those needs. This training program may draw on innovative delivery strategies, including distance

learning and on-site training. At the same time, an industry task force will focus on developing a job ladder that highlights a progression of jobs from entry-level to supervisory and other higher-level positions. This will demonstrate how an entry-level worker can advance within the industry by meeting specified skill standards. For example, it will show how a newly hired forklift operator can move into a more demanding and higher-paying job, such as a laboratory technician or a supervisor.

Contact: Pam Lund (360) 676-4607

The Jobs With a Future Industry Partnerships in Dane County, Wisconsin

Background

In 1995, the Dane County Economic Summit Council, a blue-ribbon commission composed of public and private sector leaders, created a strategic vision for economic and workforce development in the region. One of the Council's key goals was to improve the functioning of the local labor market and provide all residents with access to "jobs with a future." The Council asked the Center on Wisconsin Strategy (COWS), a policy and research institute based at the University of Wisconsin-Madison, to conduct baseline industry and labor market research for Dane County. The results of the study pointed to the potential for successful sectoral initiatives in three industries: manufacturing, health care and insurance and finance. Following the COWS research, partnerships were established in each of the three sectors.

Structure and Governance

Each of the three partnerships is primarily composed of employers from the targeted industry. Additional partners include labor unions, the local technical college and other public sector partners. The partnerships have developed working committees to plan and carry out projects for the group. For example, the manufacturing partnership has:

- A subcommittee working on a pre-employment training program to recruit new workers to the industry; and
- A subcommittee working on incumbent worker training programs to build basic skills in the workforce.

Since their formation, the partnerships have received technical assistance and staff support from COWS since their formation. A transition to independent staffing and support currently is underway.

Mission and Goals

Each of the partnerships is committed to promoting the targeted industry in Dane County and developing quality jobs and a quality workforce in the region through collaborative problem-solving and information-sharing. Overarching goals include increasing awareness of the industry, developing advancement opportunities for new and incumbent workers and strengthening communication

between the public and private sectors. Since they were formed, the partnerships have undertaken a variety of projects to tackle occupational skill shortages, improve worker retention and enhance the awareness of opportunities within the targeted industries.

Strategies for Low-Income Workers

A key goal of the partnerships is to improve entry-level and advancement opportunities for low-income and less skilled workers. The partnerships have adopted a number of strategies. For example, the health care partnership has created an innovative training program in phlebotomy that provides a new career pathway for low-wage health care workers. The partnership recognized two facts about the local health care labor market: first, that certified nursing assistants in Dane County were often stuck in low-wage positions with limited opportunities for advancement, and second, that local health care providers were experiencing a shortage of phlebotomists. The partnership decided to establish a six-week training program in phlebotomy offered in the evening at the Madison Area Technical College. At the end of the training, CNAs can move into entry-level phlebotomist positions in laboratories or other facilities and are likely to receive increased wages and improved working conditions. At the same time, the program helps to increase the supply of phlebotomists for local health care providers.

Other strategies have focused on improving connections to better jobs and career opportunities. The partnerships have worked together and with the local one-stop career center (known as a Job Center in Wisconsin) to establish the “Upward Mobility” initiative. Local Job Center counselors identify low-income, individuals, particularly those receiving Food Stamps and medical assistance, who are working in entry-level positions. Counselors then provide them with information on how to move up to jobs with higher wages and benefits. Key services range from orientation in an industry to customized job referrals. The partnerships also have developed a directory that serves as a map to jobs and advancement opportunities within about thirty local firms. Key features of the directory include:

- A profile of three industry sectors—health care, manufacturing, and finance and insurance—with information on entry-level job opportunities and opportunities for advancement;
- A profile of workers holding jobs in each industry; and
- A list of local firms with contact information.

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The Metro Phoenix Consortium in Phoenix, Arizona

Background

The Metro Phoenix Consortium is a public-private partnership formed to address two significant economic challenges: 1) skill shortages that are impeding economic growth in many industries and 2) the poor access of many less skilled

and low-income residents to the high-paying, fast growing jobs in the region. The consortium, which brings together several existing industry partnerships, recently was awarded a federal demonstration grant from the U.S. Department of Labor.

The Metro Phoenix Consortium builds on an existing regional skills partnership called the Semiconductor Industry Education Partnership, which came together in 1994 to tackle skill shortages in the semiconductor industry. Composed of about 10 semiconductor manufacturers and suppliers along with four community colleges and several public agencies, the original partnership focused on revamping the curriculum at the community colleges by creating a two-year program attuned to the skill needs of the industry. In 1996, the partnership received a large grant from the National Science Foundation to create the Maricopa Advanced Technology Education Center, charged with developing and disseminating computer-based, multimedia instructional modules for the semiconductor industry. The original partnership also focused on marketing careers in the semiconductor industry. In recent years, the partnership decided to broaden its sectoral focus and its membership roster to include advanced manufacturing as well as semiconductors. It also changed its name, becoming the Advanced Technology Partnership and joining the Metro Phoenix Consortium.

Structure and Governance

The Metro Phoenix Consortium is an umbrella organization that consists of partnerships in four sectors critical to the regional economy: software, Internet, high technology and manufacturing. Each of these partnerships is composed of representatives from industry, education and government. A leadership team consisting of the partners provides policy direction and oversight to ensure that the goals of the consortium are being met. The City of Phoenix Community and Economic Development Department provides staff to manage the federal demonstration grant and support the work of the consortium.

Mission and Goals

The consortium is focused on increasing access to quality jobs, sustaining the area's current economic growth and increasing future competitiveness. Key goals are:

- To build links among the high technology, manufacturing and software industries to address similar workforce issues
- To develop regional approaches to making significant numbers of workers qualified for occupations in targeted industries
- To incorporate findings and lessons learned into the regional workforce development system.

Under the federal demonstration grant, the consortium will focus on training incumbent workers and new entrants for jobs in the three sectors represented by the consortium.

Strategies for Welfare Recipients and Low-Income Workers

The Metro Phoenix Consortium will use a combination of place-based and sectoral strategies to help less-skilled, low-income individuals advance into promising careers. A key target group for training is the population residing in the Phoenix Enterprise Community, many of whom receive some form of public assistance, such as TANF, Food Stamps or medical assistance. First, the consortium will conduct a survey and assessment to determine the nature of the skills shortages and training needs in the three sectors. Second, the community college partners will take the lead in adapting or creating new curricula to meet the identified training needs of the targeted industries. The curriculum previously developed for the semiconductor industry will be a model for this phase of the initiative. Third, the Phoenix one-stop career centers, working with a range of community-based organizations in the Enterprise Community, will recruit and assess individuals for training. Training is likely to include basic education and job skills, and it may be classroom-based or distance learning. The one-stop centers also will provide case management, support services and follow-up using WIA and other funding streams. All of the participants will be expected to earn a certificate or begin a degree program as part of their training.

Contact: Pam Lindley 602-262-6060 or Lisa Gmeiner 602-534-6877

The Wisconsin Regional Training Partnership in Milwaukee, Wisconsin

Background

During the 1980s, the manufacturing sector in Wisconsin experienced massive restructuring and widespread worker dislocation. Faced with dramatic job losses, the state AFL-CIO responded by establishing one-stop centers to assist dislocated workers and cooperated with employers to develop workplace learning centers to promote ongoing skill development for workers. The experience with one-stop centers and workplace learning centers underpinned the subsequent formation of the Wisconsin Regional Training Partnership (WRTP). The Center on Wisconsin Strategy, based at the University of Wisconsin-Madison, laid the groundwork for the WRTP with original research on workplace change and skill development in the metalworking industry. Then, in the early 1990s, the Governor's Commission on a Quality Workforce, chaired by Carl Weigell, endorsed the concept of a regional consortium dedicated to promoting high-performance workplace practices and skill development. Later, a group of business and labor leaders who had previously worked together on the formation of workplace learning centers agreed to join forces with their peers in the region to address widely shared problems within the industry. The WRTP was launched formally in 1992.

Structure and Governance

The WRTP is a non-profit organization with a board of directors composed of an equal number of management and labor representatives. Since 1992 the membership in the WRTP has grown to include more than 100 companies and their labor unions. Key partners of the WRTP include the local technical college,

welfare to work agencies, the local workforce development board and others. The WRTP employs 10 professional staff members who support the council and working groups and help to implement various initiatives.

Mission and Goals

The mission of the WRTP is to support high-performance workplaces and family-supporting jobs in the Milwaukee metropolitan area. Since its creation, the consortium has focused on three broad areas of action:

- Workplace education and training for incumbent workers
- Modernization of the industry with an emphasis on high-performance workplace practices
- Development of the future workforce, including school-to-work initiatives and training projects for disadvantaged workers

Although the WRTP initially focused on the durable goods manufacturing sector, it is expanding into other industries, such as hospitality, transportation, health care, telecommunications and construction.

Strategies for Welfare Recipients and Low-Income Workers

The WRTP has received funding from the Milwaukee Jobs Initiative over the last four years to fashion innovative, industry-focused training projects for low-income individuals. The WRTP has developed a sophisticated recruiting strategy to work with public agencies in identifying TANF recipients and other low-income individuals who would benefit from the training. Most participants are initially selected by local manufacturing employers and generally participate in the following activities:

- A two-day training provided by WRTP that introduces them to essential skills in manufacturing;
- A four-week standardized curriculum (called Entry Level Manufacturing Skills) offered by Milwaukee Area Technical College, which provides instruction in reading, writing and mathematical skills as applied in a manufacturing setting;
- And, in some cases, customized training tailored to industry needs.

A particularly innovative feature of the project is on-site mentoring designed to ease the transition of low-income workers into the workplace. Mentors who are incumbent workers generally act as peer advisors to the new workers, introducing them to other workers and helping to solve any problems that may arise. Incumbent workers, who might view new workers as a potential threat, are willing to become mentors since they have access to their own internal peer advisor networks and education and training opportunities.

The overall results are promising. Participants who have completed the program earn an average starting wage of more than \$10 per hour. In addition, each participant has received full benefits, including health insurance, pension, vacation, and tuition assistance.

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Appendix B

Regional Update⁵

Central Coast Section

Hospitals in San Luis Obispo County have formed a partnership with the Regional Health Occupations Resource Center at Santa Barbara City College and Cuesta College to address the nurse shortage. The partnership currently is developing a nurse-promotion toolkit for implementation in area high schools.

East Bay Section

The East Bay Section of the Hospital Council has established a partnership with the Contra Costa Community College District to address the nurse shortage. After a successful initial meeting with the college, the Hospital Council convened nurse leaders and educators from the hospitals to develop goals for further discussion. The proposed partnership goals are: 1) increase the number of registered nurses (RNs) graduating from the college's nursing programs; 2) share resources to help the college expand its nursing programs; 3) collaborate on local activities to encourage young people to consider a nursing career; and 4) explore opportunities for the college to provide continuing education programs for nurses and advanced training in specialty areas. A final action plan will be developed by the end of 2001.

Fresno/Madera Section

In 1998, hospitals in Fresno and Madera counties formed the Nursing Education Enhancement Partnership with California State University, Fresno (CSUF). Through the continued contribution of hospitals, the partnership has resulted in the restoration of twice-a-year admissions into CSUF's Bachelor of Science in nursing (BSN) program, increasing annual admissions from 53 students to 106 students.

Hospitals in Fresno and Madera also have formed the Nursing Paradigm Program with Fresno City College. The Paradigm Program offers current hospital employees a condensed nursing program (18 months instead of 24 months) with additional resources, including staff and funding, provided by Fresno City College and the hospitals.

The Hospital Council successfully applied for a \$335,000 grant through the State Center Community College District to open a licensed vocational nurse program at Madera Community College in fall 2002.

Kern/Eastern Sierra Section

In January 2000, hospitals in Kern County contributed \$134,000 to Bakersfield College, allowing the college to enroll an additional 30 students in its winter 2000 class.

⁵ Regional Update from the Hospital Council of Northern and Central California, 2001

Of those students, 27 will graduate in December 2001 with associate degrees in nursing.

Hospitals in Kern County have partnered with the Kern RN Society and the Kern County Superintendent of Schools to create a Registered Nurse Explorer Post through the Boy Scouts of America, Southern Sierra Council, beginning fall 2001. Available to high-school-aged boys and girls, regardless of Scout membership, the Explorer Post includes a full curriculum of programs and activities designed to promote nursing as a career.

Merced, San Joaquin and Stanislaus Counties

Hospital Council members in Stanislaus, San Joaquin and Merced counties are working as partners with CSU Stanislaus toward an expansion of the BSN program, providing additional BSN-educated nurses to the local area. Several hospitals have made significant financial commitments to help make this a reality.

Monterey Bay Section

Health care employers, in collaboration with Cabrillo College, have created the Health Employer Education Partnership (HEEP) to increase the number of qualified people in the health care workforce in Santa Cruz County. The goals of this partnership are: 1) to increase applicants for health education programs through outreach and recruitment to schools and to under-represented populations, especially Hispanics; 2) to expand and diversify the health education programs offered locally; and 3) to increase access to continuing education and career development programs for incumbent employees.

In Monterey County, a coalition of health care providers and community colleges is working to identify the educational needs of the workforce and to establish health academies at local high schools.

North Bay Section

Hospitals in Marin, Napa and Sonoma counties have created a Workforce Taskforce. The taskforce has focused on various retention methods, including sponsoring a session on "best practices" with major hospital consultants; sponsoring a job fair; partnering with the North Bay Job Connection; hosting of a wine and cheese reception for nurses who have left nursing; coordinating programs with local educational institutions; and investigating child-care needs and other issues to retain and attract new employees.

Northern Sierra and Redwood/Mendocino & Lake Sections

In January, Hospital Council assisted in the organization of a one half-day "nursing shortage forum" in Sacramento. Sixty business, education and health care professionals from throughout Northern California attended the forum sponsored by LEED-Sacramento, Sutter Health and the Regional Health Occupations Resource Center-Butte College. Attendees broke into two workgroups -- capacity and recruitment/retention -- and brainstormed on ways to address the nurse shortage. At the

end of the forum, a strategic planning task force was created to draft an action plan. Hospital Council staff is now helping organize a follow-up forum in Sacramento where the action plan will be presented and refined.

Sacramento/Sierra Hospital Section

In Sacramento County, the four major hospital systems are funding a new resource center within the School of Nursing at CSU Sacramento to provide space for 20 additional nursing students beginning in fall 2001.

Santa Clara Section

The Healthcare Workforce Initiative, a long-term workforce planning program created in fall 2000 by the 14 hospitals in Santa Clara County, sponsored a successful Health Summit in April resulting in the creation of a health care/business/education coalition to address the workforce crisis and develop solutions. The initiative also sponsored a Health Career Expo in June 2001, to share information with middle and high school students about health care careers. Five \$1,000 scholarships were awarded to students who attended this expo, and several hospitals reported making direct hires as a result of their participation in this event.

Tulare/Kings Section

Hospitals in Tulare and Kings Counties have formed a partnership with College of the Sequoias, Porterville College, San Joaquin Valley College and West Hills College to address the health care workforce shortages, including nursing. After a successful initial meeting with the colleges, the partnership is working on the following goals: 1) increase the number of RNs graduating from the college nursing programs by fostering more collaboration among colleges; and 2) establish a Health Care Education Institute of the Central Valley.

West Bay Section

In San Francisco, the hospital-sponsored Workforce Taskforce has developed a detailed workforce plan, including: 1) housing (Treasure Island and investigating loans or assistance in purchasing homes); 2) education, including Welcome Back (for foreign-trained medical personnel); 3) certified nursing assistant classes; 4) building better relationships with the city's educational institutions; 5) an extensive program with high school students, including EXPO career day at Pac Bell; 5) an orientation lunch for all science and health teachers; 6) a one-day program for teachers; 7) mentoring programs; and 8) summer internships. The taskforce also is working on transportation and joint advertising programs.