

Strategies for Health-Care Workforce Development

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PolicyLink is a national research and action institute advancing economic and social equity by **Lifting Up What Works®**.

Preface

This PolicyLink series, *Building an Inclusive Economy*, brings together national best practice scans of specific sectors and strategies that work to create economic opportunity for disadvantaged populations. The four briefs in this series were originally created for the City of New Orleans to help the Mayor's Office, local anchor institutions, and community organizations develop strategies to address the 52 percent unemployment rate among African American men in that city. These briefs have subsequently been adapted for a national audience—including the federal Sustainable Communities grantees—that are working to advance equitable outcomes in their municipalities and their regions.

The briefs—*Strategies for Addressing Equity in Infrastructure and Public Works*, *Strategies for Strengthening Anchor Institutions' Community Impact*, *Strategies for Health-Care*

Workforce Development, and Strategies for Wraparound Services for African American Men Seeking Employment—demonstrate successful policies and practices for incorporating disadvantaged workers and firms into employment and procurement opportunities in various sectors and for ensuring an integrated approach to their workforce success.

Introduction

The health-care sector has an opportunity to make a profound social impact on surrounding communities while at the same time improving its bottom line. As the United States undergoes a rapid demographic shift, the nation's health-care sector is embracing this new diversity as a path that leads to shared economic growth and prosperity. The health-care sector, along with business leaders, elected officials, and economic development strategists, is recognizing that increased diversity can lead to increased revenue and market share—if diverse groups can actively participate and contribute as workers, innovators, leaders, and entrepreneurs.

Throughout history, national health-care systems have not only provided critical health services but also engaged in prevention to promote the health of a community; they have often been one of the largest employers and purchasers of goods and services provided by local businesses. They can utilize their economic power to support economic health in the same communities in which they support physical health. As major anchor institutions with significant purchasing and employment powers, hospitals play a major role in advancing policies, programs, and practices that provide meaningful employment and entrepreneurship opportunities for local residents in the health-care sector. With the influx of new insurance enrollees through the Affordable Care Act (ACA), diverse health-care workers in particular are needed more than ever.

Hospitals in major urban metropolitan areas are often located near communities that have experienced long-term disinvestment and disadvantages. Entry-level and allied health-care jobs can provide local residents from low-income communities entry into ladder employment positions that are stable, provide a living wage, and allow a path for career advancement, especially young men and men of color who have faced compounded educational, economic, and life challenges. At the same time, diversifying these institutions can lead to improved client services and more culturally appropriate delivery of care.

To realize the economic promise of the nation's diversity,

workforce training programs are needed for entry-level health-care jobs that address job placement challenges faced by hard-to-employ individuals. Challenges faced by these community residents, such as lack of stable housing, limited transportation, childcare supports, financial barriers, prior criminal or juvenile justice history, as well as strong negative bias and stereotypes by employers of men of color, prevent full inclusion into society.

These challenges are not insurmountable. Community-based agencies, health-care institutions, and job training programs across the country recognize that ensuring employment and entrepreneurship opportunities for all members of society is critical to thriving local economies and to the future prosperity of the health-care sector. In this brief, we identify a number of promising programs and practices within the health-care sector that value inclusive access to economic opportunities for local residents of color and other individuals facing educational, economic, or other challenges.

Promising Practices

The body of literature on health-care workforce development programs is substantial and growing. The demand for health-care jobs is strong due to ACA and national attention given to prioritizing opportunities for boys and men of color (BMoC) to succeed and thrive in various capacities, including an emphasis on jobs in the health-care sector. Although a comprehensive review of these programs is outside the scope of this report, it identifies promising strategies for inclusive and impactful health workforce development efforts. Health-care job programs and practices featured here range in scope, focus, and structure, and the interventions we highlight span the following categories:

1. Workforce training in community health or emergency medical services.
2. Workforce training in lab work, emphasizing skills development.
3. Broad workforce training programs integrated/housed within a service provider—these programs aim to address the holistic needs of job applicants seeking employment in broad categories of entry-level health-care jobs.
4. Hospital-linked or -based workforce development programs.
5. Hospital local procurement practices that support local businesses owned by women and residents of color as a pathway for hiring local residents and hard-to-employ individuals.

Descriptions of each example are described in detail below, including two case studies based on phone interviews with program staff.

Recommendations for Job Training

While each program or practice reflects its unique local contexts, key strategies for effective job development and training programs emerged across the examples.

- **Establish diverse partnerships for both job training and job placement components.** Partners include employers such as hospitals, emergency medicine agencies, and county health-care agencies, as well as community-based agencies. Form strong employer partnerships that address barriers for individuals with criminal records and work with legal agencies or public agencies to facilitate resolution of court cases. Implement training for employers themselves to better understand challenges faced by this population and strategies to address institutional or implicit biases in hiring.
- **Foster relationships with educational institutions.** Community colleges can offer credits, certification, or pathways to institutionalize curricula. Locate training program at a college campus or educational setting for individuals' academic, employment, and social development.
- **Conduct targeted outreach.** Programs should focus efforts on partnering with local organizations to recruit young men and women of color, un/underemployed residents with few educational opportunities, and other individuals facing employment challenges into training programs. Provide professional development opportunities for the existing client population, if a hospital or social service organization.
- **Address transition barriers, such as financial, housing, and transportation barriers.** Offer no- or low-cost programs or paid internships or stipends, if available. Partner with community-based organizations to offer services, such as housing, counseling, mentoring, and follow-up services during and after the program. Provide ongoing case management in tandem with job training skills.
- **Develop curricula that integrates technical skills development, life/soft skills, capacity building, and experiential learning.** Provide experiential and place-based learning such as internships to foster on-the-job learning. Integrate leadership and capacity building into the curricula.
- **Participate in regional health workforce efforts,** such as a collaborative or network of institutions. Regional anchor hospital institution's collaborative strategies, such as the one seen in Baltimore, provide a promising regional approach.
- **Strengthen data systems to document and track**

outcomes. Data systems are helpful to assess program impact on recruitment and retention. Use data to assess the health-care job opportunity landscape in a region.

Recommendations for Equitable Hospital Procurement

- **Commit to increase procurement with local businesses of color.** Create incentives for staff, reduce unnecessary barriers in purchasing procedures, and establish preferences for targeted businesses.
- **Prepare firms to successfully bid on and complete contracts and purchasing orders.** Offer specific health-related technical assistance to help meet the rigorous demands of providing for a large hospital.
- **Develop indicators and metrics to measure progress.** Detail specific goals and commitments that quantify levels of engagement. A five-year plan with targets for increases in procurement would be ideal.
- **Engage community and local political partners, as well as other anchor institutions.** Lead by example: With coalition partners, create a commitment within your hospital or clinic to expand purchasing and contracting and support for those businesses to succeed. Be public about your commitment and ask others to do the same.
- **Cultivate partnerships that help foster economic development within disadvantaged communities.** Target community investment, local hiring, capacity building and supplier diversity initiatives within the health-care sector through institutional partnerships that can deliver success.

Recommendations for Long-Term Career Development

These examples of job training and hospital procurement policies in the health-care sector offer promising practices for fostering economic opportunities for working age residents of color and individuals facing employment barriers. These practices are a part of a full spectrum of long-term career development strategies needed to strengthen the K-14 school-to-career pathway in the local community that can prepare students and young adults of color for meaningful employment opportunities in the future. Such strategies include critical educational investments along the pathway,

such as school-based, linked learning models that foster partnerships between schools and local employers, as well as certificate or training programs linked to community colleges.

1. Practice: Workforce training in community health or emergency medical services

Case Studies

Alameda County Emergency Medical Services Corps,¹ San Francisco Bay Area, California

Started in 2011, the Alameda County Healthcare Services Agency's Emergency Medical Services (EMS) Corps is a six-month paid (stipend) program that aims to increase the number of underrepresented emergency medical technicians through youth development, mentorship, and job training. The objective is to produce competent entry-level emergency medical technicians who can service the community with basic life support care via the EMS infrastructure. EMS Corps is part of the Alameda County Health Pipeline Partnership (ACHPP).

The program includes a number of key components, including the following:

- Emergency medical technician (EMT) training sessions
- Life skills and life coaching
- Individual and group counseling
- Mentoring from professionals in the field and EMS Corps alumni
- Financial assistance through a paid stipend

Each six-month session is offered twice a year and accepts 24 students per cohort, or 48 students each year. The program builds upon an interdisciplinary staff model that includes not only training program instructors, but also a case manager who provides individual case management to each student, an academic case manager to help reach their goal of having 100 percent of students pass the EMS national registry certification, and a career/job placement coordinator. Case management allows each EMS Corps student to discuss challenges and issues he or she is facing and work together with staff to identify solutions. A counselor also provides both one-on-one and group counseling, leading a weekly male healing circle.

EMS Corps has a partnership with Our House, which provides students not only with housing if needed during the program,

but also offers their services such as financial planning and additional case management. Our House allows students up to two years of housing, if needed, during the program. They aim to strengthen their relationship with local community colleges to support students' academic learning in the technical/medical science relevant to EMS professions.

The case manager works with students who have past criminal or juvenile history to navigate the employment process, often working with employer advocates to create pathways to jobs for students who have been vetted by EMS Corps program staff. They partner with the East Bay Community Law Center to support students who are trying to get their court cases resolved. Furthermore, Alameda County works with the California Department of Corrections and Rehabilitation and local counties to allow boys and men of color with criminal histories to enroll in and complete the program. Once they complete the program, the department creates verbal agreement with EMS agencies to promote targeted hiring of BMoC with criminal backgrounds.²

Population Served: The program serves as a national model for young men of color ranging from 18 to 26 years of age to become competent and successful health-care providers. The majority of participants are from Oakland, with a few participants from Los Angeles and one from North Carolina.

Key Organizational Partners: Employer partners in the health-care industry, county agencies and state department of corrections, community college partners for outreach, and community-based organizations.

Outcomes: Since 2011, there have been six cohorts with a total of 94 students who have participated in the program. Among those who graduated, half are EMT certified. More than 62 are currently employed, 29 of whom are working in various health-care capacities, including ambulance services, health coaches at Highland Hospital in Oakland, or detox facilities. A key marker of success has been that a number of EMS Corps alumni have returned to serve as EMT instructors and mentors for the program.

Key Strategies:

- Establish diverse partnerships with emergency medicine agencies, the county health-care agency, legal agencies, and the state department of corrections.
- Conduct targeted outreach to young men of color.
- Offer paid stipends to address financial barriers.

- Offer support services such as life coaching, individual and group counseling, and mentoring and experiential learning opportunities via internships.
- Form strong employer partnerships that address barriers for individuals with criminal records.
- Participate in a regional health workforce collaborative.
- Partner with housing and social service agencies that offer follow-up services during and after the program.

More Information: Visit the website at <http://www.acphd.org/ems-corps.aspx>.

The Transitions Clinic,³ San Francisco, California

The Transitions Clinic is a unique health-care provider that supports individuals who have recently been released from prison. Located within communities most impacted by incarceration in San Francisco, the clinic provides high-quality patient-centered medical services; case management; and social support services, such as housing, employment, and education services.

In response to community focus groups and a community assessment on the needs of individuals who have or are transitioning out of the prison system, participants voiced how critical it was to have someone serving on the health and service team who experienced incarceration. There remains a long history of mistrust in the medical and prison systems, given a long history of inadequate care for incarcerated individuals. The Transitions Clinic understands how important it is to have someone from the community be part of the health team that will be serving individuals who were formerly incarcerated, but also recognizes that, while personal experience is important for rapport and providing emotional support, individuals also needed specific skills to navigate health and social service systems.

Building upon a project funded by The California Endowment, the Transitions Clinic partnered with Legal Services for Prisoners with Children (LSPC) and City College of San Francisco's (CCSF) community health worker (CHW) certificate program to develop curriculum for and implement the Post Release Wellness Project (PRWP), the nation's first college-based vocational education certificate to train front-line public health providers to work with formerly incarcerated individuals. Started in 2006, the program has expanded and has been institutionalized within CCSF. Students complete the curriculum and also complete a 120-hour internship at a variety of placement sites, including providers such as the Transitions Clinic.

The Transitions Clinic is part of a national network of Transitions Clinics, for which Dr. Shira Shavit has provided training, technical assistance, and consultation to expand the CHW training model to 11 sites, all of which have hired CHW training graduates to work at their clinics.

Population Served: Formerly incarcerated individuals in San Francisco, CA (offices are based in the Bayview Hunter's Point neighborhood)

Key Organizational Partners: Legal Services for Prisoners with Children (LSPC), City College of San Francisco

Outcomes: The Transitions Clinic also recruits individuals who have been formerly incarcerated to participate in the PRWP program and hires a number of graduates as CHWs to staff their clinic. Trained CHWs at the Transitions Clinic meet clients where they are, from shelters, prison and jails, to local parole meetings, and help them navigate local health-care and social service systems. They currently have two CHWs employed who are graduates of their training program and are in the process of hiring a third CHW.

Key Strategies:

- Provide professional development opportunities for existing client population.
- Create linkages to educational institutions for certification.
- Provide experiential and place-based learning integrated with training curriculum.
- Institutionalize training program at a local community college partner.
- Locate training program at a college campus or educational setting for individuals' academic, employment, and social development.
- Implement employer trainings so clinic settings can understand the CHW model and how to support/integrate CHWs in a clinical health team when working with formerly incarcerated individuals.
- As appropriate, disclose background of CHW (e.g., formerly incarcerated) as an asset to a health setting when working with this population.
- Provide supports for formerly incarcerated individuals who are in transition/re-entry, but allow a minimum of two years post-transition before hiring to ensure the individual is ready.

More Information: Visit the website at <http://www.transitionsclinic.org/>.

2. Practice: Workforce training in lab work, emphasizing skills development

Case Studies

BioTechnical Institute of Maryland Laboratory Associates Program,⁴ Baltimore, Maryland

The BTI Laboratory Associates Program, based at the BioTechnical Institute (BTI) of Maryland, provides tuition-free training in basic laboratory skills to unemployed and underemployed Baltimore city residents who have not had advanced education for entry level jobs in science labs. Almost all entering students are African American residents of Baltimore, many of whom have graduated high school but not yet pursued higher education. The program was developed in partnership with John Hopkins Medical Center, the University of Maryland, and private employers. The BTI Laboratory Associates (LA) program consists of two components: interactive classroom instruction and on-the-job experience, including a 240-hour, 12-week bridge BioSTART training designed to advance skills and knowledge in basic math, communication, and professional development arenas within the bio/lab-based industry and a nine-week BTI LA program to bridge knowledge and practice through a 100-hour paid internship to grow industry-related and bench skills. The total program is at least six months long, and participants are also eligible for six credits toward an associate of applied science (AAS) degree in biotechnology through the program's partnership with Baltimore City Community College.

Population Served: Unemployed or underemployed Baltimore residents with limited educational training or skills in basic lab sciences.

Key Organizational Partners: Industry partners, Baltimore City College.

Outcomes: The program has impacted recruiting a diverse graduate group interested in technical careers and successful employment and retention. Since 1998, 265 residents have graduated from the BTI LA program, with approximately 75 percent securing entry-level laboratory jobs in the bioscience industry within three months of graduation across 35 Maryland companies. The average starting salary of these positions has been \$25,000 a year, an amount that slightly hovers above the median income for the city of Baltimore. Approximately 40 percent of graduates have obtained associate degrees and some have continued on to four-year colleges.

Key Strategies:

- Create partnerships with hospital, educational institution, and health-care/science employers.
- Target outreach to un/under-employed residents with little educational opportunities.
- Provide tuition-free programs.
- Link to academic and practice-based learning opportunities.

More Information : Visit the website at

<http://www.biotechmd.org/our-programs-2/>

3. Practice: Workforce training programs integrated with a service provider

Case Studies

Project Hope,⁵ Boston, Massachusetts

Project Hope is a multi-service agency that offers a variety of housing, employment, and support services to support individuals and families who are experiencing homelessness and chronic poverty. Project Hope's Workforce Development & Employer Partnerships (WDEP) program was developed to assist community members who found that an accessible path to training and living-wage jobs was out of reach. WDEP partners with local employers to offer clients services such as job readiness training, job placement services, and ongoing case management to help them pursue career ladder opportunities with employer partners, including employers in the health-care sector. Recently, Project Hope engaged in the Social Innovation Forum to develop a plan for expanding the reach of their workforce programs and employer partnerships to benefit a group of lower-skilled job seekers.

Population Served: Individuals experiencing homelessness and chronic poverty; mothers, predominantly single mothers.

Key Organizational Partners: Local health-care employer.

Outcomes: Qualitative evidence suggests that clients participating in the WDEP program have successful job placement. Three profiles of low-income women-of-color clients who are now employed in entry-level hospital positions are featured online at <http://www.prohope.org/success.htm>.

Key Strategies:

- Create professional development opportunities for existing client population.
- Partner with local health-care employers.
- Provide ongoing case management and job training skills to clients.

More Information: Visit the website at <http://www.prohope.org/>.

Esperanza Community Health Promoters Program,⁶ Los Angeles, California

Esperanza is a housing and economic development organization that has been working in the Figueroa Corridor neighborhood of South Central Los Angeles to achieve comprehensive change. A key component of their comprehensive community health programs, which reaches more than 100,000 community residents each year, is their Community Health Promoters Training Program. **Esperanza's Community Health Promoters Training Program** trains bi- and trilingual low-income residents to serve as community health leaders and organizers, health educators, and patient advocates, or *promotores*.

Population Served: Bilingual and trilingual low-income residents from the South Central Los Angeles neighborhood of the Figueroa Corridor.

Key Organizational Partners: St. John's Well Child and Family Center, community-based organizations.

Outcomes: The program has trained 375 residents of the Figueroa Corridor, with a new cohort of 25–30 individuals selected each year to begin the training curriculum. *Promotores* have reached more than 20,000 community residents each year, educating local residents on a number of relevant health topics, including environmental health, lead poisoning prevention, allergies and asthma, prenatal care and early childhood development, and access to health services. The training program also serves as a gateway for employment in local health and social service agencies in the community; for example, more than 34 public health agencies and nonprofit organizations in Los Angeles have hired Esperanza-trained *promotores*.

Key Strategies:

- Base program on trusted community-based organizations engaged in health-care workforce development.
- Target outreach to local residents and existing clients/program participants.
- Use data systems to track impact (# trainees, # outreach touches, etc.).
- Focus on leadership and capacity building.

More Information: Visit the website at <http://www.esperanzacommunityhousing.org/resources/health/>.

4. Practice: Hospital-based workforce development programs

Case Studies

Kentuckiana Healthcare Workforce Initiative,⁷ Louisville, Kentucky

The Kentuckiana Healthcare Workforce Initiative (KHWI) is a partnership of hospitals, local educational institutions and community-outreach organizations that aims to integrate the limited English proficiency (LEP) population into health-care workforce positions. KHWI developed a joint Certified Nursing Assistant/English as a Second Language (CNA/ESL) program that provides CNA training to LEP individuals to build communication skills and address cultural barriers to CNA employment. Program components include employee sponsorship of students and a mentoring program with the Hispanic Nurses' Association. Participating local hospitals include Bashford East Health Care, Jewish Hospital – Shelbyville, and Norton Healthcare.

Population Served: Limited English proficiency residents in the Louisville, KY, region.

Key Organizational Partners: Local hospitals, local educational institutions, community-outreach organizations.

Outcomes: As of 2006, 35 immigrants secured employment prior to the training, 28 (80%) completed the training, five were in training, and two were terminated before training was completed. Twenty-two (79%) received state certification as a result of training, which made them eligible for wage increases and promotions from nurses' aids to CNAs and allowed them to retain employment.

Key Strategies:

- Partner with local health-care employers, educational institutions, and community-based groups.
- Address barriers to employment including cultural and communication issues.
- Show positive results and employment retention evidence.

More Information: Visit the website at <http://www.kentuckianaworks.org/AboutKentuckianaWorks/WorkforceInitiatives.aspx>.

Baltimore Alliance for Careers in Healthcare,⁸ Baltimore, Maryland

Founded in 2005, the Baltimore Alliance for Careers in Healthcare (BACH) emerged as an innovative and collaborative strategy involving a network of 11 local hospitals, who although normally highly competitive among each other, came together to develop and coordinate hospital job training efforts for local residents. BACH serves as a nonprofit corporation dedicated to eliminating the critical shortage of qualified health-care workers in Baltimore by working with local agencies, health-care institutions and other organizations to create opportunities for residents to pursue careers in health professions. BACH's mission is to address unemployment, underemployment, and health-care workforce shortage issues in Baltimore through health-care career pathways and job training opportunities. They seek to prepare residents for skilled positions in health-care professions with the most serious shortages.

BACH offers a number of programs, including the following.

- **Career Coaching:** BACH contributes to the salaries of career coaches in grantee hospitals in an effort to improve retention and advancement of frontline workers in entry-level skilled health-care jobs.
- **Career Mapping:** This effort diagrams career opportunities in Baltimore hospitals and outlines the education and experience needed for advancement or entry into particular health-care occupations. Three thousand health-care career maps have been printed and distributed to hospitals, schools, and community-based organizations.
- **1st Span Training Program:** This program tested a work-based learning model for training unskilled hospital employees first as nursing assistants and then as nurse extenders and advances an acute-care-based CNA curriculum for State of Maryland approval. It is supported by the Robert Wood Johnson and Hitachi Foundations, U.S. Department of Labor, and the Mayor's Office of Employment Development.
- **Pre-allied Health Bridge Program:** This program trains incumbent employees and job seekers interested in the health-care field, but who also need short-term remediation for pre-college level courses. Support for courses is provided for employees and incumbents of BACH programs. Two initial cohorts of participants completed the program at Sinai and Good Samaritan hospitals in spring 2008.
- **BACH Fellows Program:** Rising high school seniors participate in a six-week, career-building workshop and paid work experience in a hospital setting. The program focuses on allied health students and helps them plan a path to college or the work place.

Population Served: Baltimore residents, predominately African American community members

Key Organizational Partners: Network of 11 hospitals in the Baltimore area; more than 80 partners, including health-care providers, foundations, educational institutions, federal agencies and many other nonprofit organizations; local community colleges, universities, and educational institutions; state department of education; mayor's office of employment development; public school district; hospital association; and employer partners

Outcomes:

- **Career Coaching Program**
 - More than 400 entry-level employees from five Baltimore hospitals are participating in the coaching program.
 - 72 percent have successfully completed some form of training.
 - 40 percent have advanced to new jobs.
 - Average wage progression between September 1, 2005 and May 31, 2007 was 13.5 percent.
- **BACH Fellows Program**
 - Approximately 60 students participate each summer and complete an Individualized Development Plan. Hospitals in Baltimore strongly support the effort of improving the pipeline from high school to health-care jobs.
 - Six local hospitals participate: Good Samaritan Hospital, Johns Hopkins Bay View, Johns Hopkins Hospital, Mercy Medical Center, Sinai Hospital, and University of Maryland Medical Center.
- **1st Span Training Program**
 - 94 percent of the participants in the first cohort at Good Samaritan Hospital successfully completed the nursing assistant training.

Key Strategies:

- Establish regional anchor hospital institution collaborative strategy.
- Partner with local educational institutions, public agencies, and community-based organizations.
- Create work-place learning opportunities integrated with training and curriculum.

- Use data tracking system to document outcomes.
- Conduct assessment of health-care job opportunity landscape within region.

More Information: Visit the website at <http://www.baltimorealliance.org/>.

Youth Employment and Entrepreneurship Program,⁹ Bon Secours of Baltimore Health System, Baltimore, Maryland

Based in Marriottsville, Maryland, the Bon Secours Health System is a \$3.3-billion not-for-profit Catholic health system sponsored by Bon Secours Ministries. The system owns, manages, or joint ventures a total of 19 acute-care hospitals, one psychiatric hospital, five nursing care facilities, four assisted-living facilities, and 14 home care and hospice services. Bon Secours employs 22,000 individuals across six states in the East Coast. The Baltimore site of the Bon Secours Health System offers two workforce development programs, the **Youth Employment and Entrepreneurship Program** (YEEP) and the **Project Connect** (Adult Employment Program), to support teen and adult residents with training to develop job readiness skills and assistance during the job placement processes.

YEEP was developed in 1999 to teach basic job skills for entry level positions, such as computer literacy skills, as well as life skills including conflict resolution and work etiquette. Training is divided into two phases: a 15-week job readiness program during the school year consisting of classes three days a week in preparation for summer internship and employment, followed by a 10-week Young Entrepreneur program after their first summer placement that focuses on training, planning, career exploration, and job retention. At the completion of the program, participants work with a job placement specialist in the job application process and receive three years of comprehensive follow-up support services, ranging from free to sliding scale income tax guidance and driver education.

Project Connect is a comprehensive three-year program that offers adults 18 or older resources in education, workforce development, and financial literacy, including mandatory enrollment in a GED program for those without a high school diploma and a five-week initial intensive training. Each five-week session enrolls 20 new participants, followed by support from a job placement specialist and three years of follow up services.

Population Served: Local youth residents ages 13–17 years participate in YEEP. Approximately 75 enroll each year. The adult program, Project Connect, serves individuals 18 years or older.

Key Organizational Partners: Local business owners and internship sites, YEEP alumni mentors, local community colleges, local community-based organizations.

Outcomes:

- **Over 1,000 individuals have completed YEOP:**
 - 136 individuals participated in Job Readiness, Leadership, and Entrepreneurship Trainings and Summer Entrepreneurship project (FY 2011).
 - 62 participants enrolled in job readiness, mentoring and financial literacy trainings (FY 2012).
- **Project Connect Outcomes:**
 - 170 participants enrolled in GED prep course (FY 2012).
 - 53 got jobs including eight as landscape trainees and five as employees of the Bon Secours Baltimore Health System or Bon Secours contractors (FY 2012).

Key Strategies:

- Training curriculum includes both technical, foundational job skills and life/soft skills.
- Follow-up services are provided for three years after program completion including support from a job placement specialist.
- Data systems are used to track outcomes.
- Employer partnerships/pathways exist within the hospital health system and hospital contractors.
- Experiential and place-based learning opportunities are included in training curriculum.

More Information: Visit the website at <http://hso.bonsecours.com/healthy-communities-our-healthy-communities-maryland-southwest-baltimore-our-healthy-community.html>.

5. Practice: Hospital procurement that supports local business and community

A variety of hospital leaders are beginning to adopt an anchor-institution strategy that utilizes not-for-profit hospitals' long-term, place-based economic power to improve the long-term welfare of their communities. This is why the anchor institution model holds such promise. If done correctly, it can redistribute economic power to support greater health equity and reinforce the foundational understanding that health is built in community. Hospitals have massive purchasing power. For example, in 2006, U.S. colleges and universities purchased over \$373 billion in goods and services (more than 2 percent of the nation's gross domestic product), and hospitals' current annual purchasing now exceeds \$750 billion. Below are examples of inclusive hospital procurement policies, with a focus on hiring locally and increasing workforce opportunities in the community.¹⁰

- Hospitals can have greater ties to the community, to be a strong economic anchor and a strong community partner.
- Hospitals can have a successful health-care model, in that it manages resources, and is able to build a foundation of health within communities.
- Hospitals can partner with patients and the community, and can include the community as an equal partner.
- Hospitals can recognize that the need to address inequities can only occur through a strategic reallocation of resources.
- Hospitals should view local investment as an incentive; there is a link between the well-being of the community and the financial strength of the institution.
- These strategies can help hospitals reach Community Health Needs Assessment requirements under ACA.

From an employment and procurement perspective, not-for-profit hospitals are the most prominent anchor institutions in the United States. There are nearly 3,000 nationwide (not including the 1,000 state and local government hospitals), and they have generated revenues of more than \$650 billion and assets of \$875 billion, as of August 2012.¹¹ Below, some hospitals' procurement practices will be explored. Here are some other notable hospitals in the area of minority and women-owned business purchasing: Broward Health (Florida), University of Texas, MD Anderson Cancer Center (Houston, TX), SSM Health Care (MI, OK), Carolinas Health Care System, Tristate Health Care Diversity Supplier Consortium (Cincinnati, OH), UC Health, Mercy Health. Here are some hospital programs with notable local hiring practices: Wrangell Medical Center: Rural Health Careers Initiative

(Wrangell, AK), Partners HealthCare: Partners in Career and Workforce Development (Boston, MA).

Case Studies

Evergreen Cooperatives, University Hospitals System and Cleveland Clinic Health System¹²

1. University Hospitals System

University Hospitals System (associated with Case Western Reserve University) is a network of six community hospitals, and they employ more than 24,000 people. They have a five-year strategic plan that was started in 2006, where they aim to procure from local, minority, and women-owned businesses, and actively aimed to create new supplier capacity within the city. It also hired a third party to hold it accountable. Further, University Hospitals is involved in other job creation and wealth-building initiatives in the diverse majority African American community. The hospital system's revenues exceed \$2 billion annually and it procures approximately \$850 million in medical goods and services each year. They participate in the Greater University Circle Initiative, which is a comprehensive neighborhood revitalization effort for the surrounding neighborhoods.

Their vision (set in 2010) is to have a \$1.2-billion investment with specific and intentional contract goals (5 percent women-owned, 15 percent minority-owned, 20 percent of the workers are from Cleveland, and 80 percent are locally based firms). In addition to this vision, they have a program called Greater Circle Living, which is a \$750,000 investment in a multi-institutional, employer-assisted housing program. University Hospitals System is part of the Evergreen Cooperatives, which incorporates \$1.25 million in a multi-institutional, business, co-development strategy to create jobs for neighborhood residents and local sourcing. Regarding capacity building, they provide job training and skill development for adults through the NewBridge Cleveland Center for Arts & Technology.

Key Program Components: Neighborhood revitalization; multi-institution, city, and regional partnerships; local and minority purchasing; community investment; capacity building; and use of a centralized system negotiating procurement

Key Strategies:

- Implement a third-party private consulting agency to have a constant presence and to provide transparency of the hospital's actions to the community.
- Make sure to include more diverse counties in labor agreements. For example, University Hospitals negotiated with the Building Trades Council (an umbrella group of 19 unions) to include Northeast Ohio, and union contractors were required to hire at least 20 percent of their workforce from Cleveland.
- The City of Cleveland was intentionally added as a third-party beneficiary and participated in negotiations over the language of the agreement.
- Get involved in local job development initiatives: "University Hospitals is involved in a number of other job creation and wealth building initiatives in the community. For example, it is a partner in the NewBridge Cleveland Center for Arts & Technology, which is developing neighborhood residents' skills to support careers in health care for adults and provide education and training for youth in a variety of arts-music engineering, ceramics and digital arts, among others. It is also a participating institution in Health-Tech Corridor, an initiative aimed at promoting the start-up or relocation of biomedical, health-care, and technology companies into Cleveland's Midtown section. This strategy is another way in which University Hospitals is using its buy-local commitment to encourage companies to move into Cleveland and hire locally in order to receive hospital system contracts."¹³

Challenges Faced:

- Some local contractors were inexperienced; the solution was to provide them training and allow them to have some experience in the health-care sector before becoming a full-time partner with the hospital.
- There is the need to have more than a five-year plan, because the hospital is getting involved in procurement for the first time and integration might be slow. Although Vision 2010 officially began in 2005, many partners did not officially engage until 2007 requiring an extended timeline to meet the goals.
- Make sure that during the procurement process that you have cooperation with every federal, county, and city-based project that is competing for the same business.

2. Cleveland Clinic Health System

Founded in 1921, the Cleveland Clinic Health System is composed of 12 hospitals, 18 family health centers, as well as a variety of specialty health centers and outpatient clinics. The system is the largest employer in the northeast part of the state and second largest in the state. It has shifted a percentage of its procurement locally and to minority-owned businesses, participating as an anchor partner in a comprehensive neighborhood revitalization effort, implementing childhood wellness programming in local school districts, and positioning itself as a leader in sustainability. In total, the Cleveland Clinic Health System employs 43,000 caregivers, and generates over \$6 billion in revenue, and its main campus alone creates nearly \$4 billion in revenue and procures more than \$1.5 billion in goods and services.

The health system set the goal of having at least 10 percent of food sourced within a 200-mile radius. Within its various strategies, the Cleveland Clinic Health System is extensively involved in local and minority purchasing, where it has more than \$50 million worth of investment from the Health-Tech Corridor (2010). Also, it purchases from more than 400 minority vendors, where, in 2009, it spend over \$150 million. In 2010, they purchased more than \$160 million (10 percent) within Cleveland and more than \$270 million (17 percent) in Northeast Ohio. In 2009, nearly \$150 million was spent with more than 400 minority vendors. In the future, Cleveland Clinic will become involved in a \$250,000 project to create jobs for neighborhoods residents, utilizing a multi-institutional business co-development strategy through Evergreen Cooperatives.

Cleveland Clinic is part of the Greater University Circle Initiative. This is an effort to promote buying, hiring, and living locally through strategies. Cleveland Clinic has invested \$1 million into a \$4 million Greater Circle Living employer-assisted housing program and another \$250,000 for the Evergreen Cooperatives. Cleveland Clinic has worked with the Cleveland Foundation and other partners to create a master redevelopment plan for Upper Chester, part of the targeted Hough neighborhood that is proximate to the main campus. Aside from this broader initiative, Cleveland Clinic has undertaken several other community economic development projects.

Key Strategies: Neighborhood revitalization, multi-institution, city, and regional partnerships, local and minority purchasing, community investment, capacity building, investment in local infrastructure.

3. Henry Ford Health System

Henry Ford Health System is the fifth-largest employer in metro Detroit, which is composed of 23,000 employees, three-quarters of whom are female and one-third of whom are minority. This system is a not-for-profit institution that operates throughout southeast Michigan, and includes 32 medical centers, six hospitals, and the Henry Ford Medical Group, which contains more than 1,000 physicians who specialize across 40 medical areas. The main hospital within Henry Ford Health System is the Henry Ford Hospital, which is an 802-bed hospital based in Midtown Detroit, which procures more than \$650 million in goods and service each year.

They procure about 10 percent locally/regionally, and have a goal for the future to spend \$100 million in procurement with minority vendors. In 2010, they spent \$86 million, and were able to reach 660 firms. Additionally, they engage in a Transparent Sourcing Policy to increase minority business opportunities as well as in land acquisition to attract large suppliers to relocate to Detroit. They also provide discretionary spending contract opportunities to local, small businesses

Henry Ford is also involved in various partnerships to procure locally, such as a Midtown anchor partnership, where they have procured \$16.5 million so far from the local community. They also are involved with TechTown, a nonprofit business incubator based at Wayne State and incorporated in 2000, which strives to spur business growth, job creation, and the revitalization of Midtown Detroit.

Key Strategies: Neighborhood revitalization; local and minority purchasing; and multi-institution, city, and regional partnerships.

4. Gundersen Lutheran Health System

Gundersen serves a tri-state area (western Wisconsin, northeastern Iowa, and southeastern Minnesota), which has more than 500,000 people. The health system itself operates 51 clinics through 19 counties within this tri-state region, and employs more than 6,000 people. There are a variety of health campuses, with the center being a 325-bed multispecialty clinic in La Crosse, which serves as the anchor for the southside neighborhood, where it is the center of local redevelopment efforts.

Along with employing several strategies to assist local businesses in competing for contracts, Gundersen also has a

goal of purchasing 20 percent of its food locally. Gundersen is also involved as a founding member in the Fifth Season Cooperative, which is a multistakeholder, wealth-building cooperative aimed to unite producers, producer groups, food processors, distributors, buyers, and cooperative workers. The cooperative also aims to ensure that Gundersen's procurement is not only sustainable within a 150-mile radius, but that it is also offering to buy local services and products, with an emphasis on minority purchasing. In 2010, Gundersen established a goal to purchase 20 percent of its food locally to both serve foods that are fresh, not processed, and in season and to directly impact the region's economy by supporting local producers. The health system is also focused on becoming 100 percent energy independent and aims to have more capacity to encourage local economic growth and development and reduce the cost of patient care, including developing local renewable energy sources that use wind and biogas.

Key Strategies: Community development; sustainability practices with anchor institution mission lens; neighborhood revitalization; and multi-institution, city, and regional partnerships.

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Notes

- 1 All information in this case study, unless otherwise noted, was informed by Lucretia Bobo and Deyantae Newson (EMS Corps staff of Alameda County) in discussion with intern Diana Rivera, June 26, 2014.
- 2 Carla Saporta and Jordan Medina, *Pathways Out of Poverty: Boys and Men of Color and Jobs in the Health Sector*. (Oakland, CA: Greenlining Institute, 2014). <http://greenlining.org/wp-content/uploads/2014/02/Pathways-Out-Of-Poverty.pdf> (accessed March 15, 2015).
- 3 All information in this case study, unless otherwise noted, was informed by Dr. Shira Shavit (Director of the Transitions Clinic) in discussion with intern Diana Rivera, June 26, 2014.
- 4 All information in this case study, unless otherwise noted, was informed by "Our Programs", BioTechnical Institute, <http://www.biotechmd.org/our-programs-2/> (accessed June, 2014) and Sarah Treuhaft and Victor Rubin, *Economic Inclusion: Advancing an Equity-Driven Growth Model* (Oakland, CA: PolicyLink, 2010).
- 5 All information in this case study, unless otherwise noted, was informed by "Project Hope Programs", Project Hope, <http://www.prohope.org/programs.htm> (accessed June, 2014) and Brandynn Holgate and Tress Stazinski, *Entry Level Workforce Feasibility Study*, (Boston, MA: The Center for Social Policy Publications, Paper 48, 2011).
- 6 All information in this case study, unless otherwise noted, was informed by "Health", Esperanza Community Housing Corporation, <http://www.esperanzacommunityhousing.org/resources/health/> (accessed June, 2014).
- 7 All information in this case study, unless otherwise noted, was informed by Jen Kauper-Brown and Sarena D. Seifer, *Health Institutions as Anchors in Communities: Profiles of Engaged Institutions*, (Seattle, WA: Community-Campus Partnerships for Health, 2006).
- 8 All information in this case study, unless otherwise noted, was informed by "Current Initiatives," Baltimore Alliance for Careers in Health Care, <http://www.baltimorealliance.org/> (accessed June, 2014).
- 9 All information in this case study, unless otherwise noted, was informed by Bon Secours Community Works, *A Haven of Hope: Healing Beyond the Hospital*. (Baltimore, MD: Bon Secours Community Works, 2012.) http://bonsecoursbaltimore.com/assets/pdfs/BonSecours_CommunityWorks_broch_111412.pdf (accessed March 15, 2015)
- 10 All information in this case study, unless otherwise noted, was informed by David Zuckerman, *Hospitals Building Healthier Communities: Embracing the Anchor Mission* (College Park, MD: Democracy Collaborative at the University of Maryland, 2013).
- 11 All information in this case study, unless otherwise noted, was informed by "NCCS Web Tools", National Center for Charitable Statistics <http://nccsdataweb.urban.org> (accessed July, 2014)
- 12 David Zuckerman, *Hospitals Building Healthier Communities: Embracing the Anchor Mission* (College Park, MD: Democracy Collaborative at the University of Maryland, 2013).
- 13 Ibid.

Author Biographies

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Kalima Rose is senior director of the PolicyLink Center for Infrastructure Equity. She leads the organization's sustainable communities work, helping implement regional equity, fair housing, and new infrastructure investments that strengthen economic resilience. She worked closely with Gulf Coast communities to shape a more equitable post-Katrina rebuilding of New Orleans and Louisiana.

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Mary Lee is deputy director of PolicyLink and helps guide the PolicyLink Center for Health Equity and Place, and provides technical assistance and training to public and private agencies collaborating to build healthy communities. A graduate of Boalt Hall School of Law, University of California, Berkeley, she is a practicing attorney with more than 25 years of experience using civil rights, land use, and economic development strategies to revitalize neighborhoods and enhance public participation in the policy arena. She has coauthored reports on access to healthy food, the built environment, and the impact of place and race on health.

Victor Rubin

Victor Rubin is vice president for research at PolicyLink. He has been an urban planning researcher, teacher, and consultant for more than 30 years. He has worked on community strategies for anchor institutions as a partnership director, grantmaker, evaluator, and writer. Recently, he has led engagements by PolicyLink regarding strategies for equitable economic growth and inclusion in Detroit, Baltimore, and other cities, and coauthored several articles on inclusive development.

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