Regional Skills Partnerships: Three Years of Learning

Background

In October of 2007, the North Carolina Department of Commerce awarded seven regional planning grants to develop sector initiatives, which are regional, industry-led economic development models. The planning grants funded the development of Regional Skills Partnerships, which seek to align employers, educational institutions, workforce and economic development agencies, and other stakeholders together for collaboration to develop a plan to address workforce shortages. Allied health was selected as the target industry in projection of approximately 250,000 new jobs over the coming decade.

Allied Health Regional Skills Partnerships (AHRSPs) were patterned after similar partnerships across the country that have successfully used sector initiatives to re-employ adult dislocated workers and provide career pathways to advance low-wage workers into higher-wage, high-demand occupations. Of the seven regions that created AHRSPs, four were awarded implementation grants to implement the plan. This report highlights lessons learned collaboratively from the four funded partnerships.

Introduction

The four AHRSPs presenting these findings represent four vastly different regions of the state.

- The Competitive Workforce Alliance Allied Health Regional Skills Partnership represents the Charlotte economic development region, encompassing 12 North Carolina counties and four South Carolina counties and has 50+ active members.

- HealthCare Works is concentrated in the Raleigh region, and has more than 30 members representing 13 counties.
- The Southern NC Allied Health Regional Skills Partnership based in the Fayetteville area encompasses seven counties and has 40+ active members.
- Turning Point Allied Health Regional Skills Partnership seated in the Rocky Mount area represents five counties and has more than 25 active members.

Common Elements

While each AHRSP has observed challenges and successes unique to its region, common elements of the planning and implementation experiences have emerged among the four partnerships. It is the intention of the AHRSP coordinators to provide the state with valuable information that can be used to assess the challenges and successes of Allied Health Regional Skills Partnerships, as well as provide insights and foundations for creating Regional Skills Partnerships in other industry sectors. This summary is also intended to identify realistic goals and expected outcomes for a healthcare sector.

Each partnership has been staffed with at least one full-time coordinator who, throughout the planning and implementation grant cycles, met regularly to share initiatives, challenges, best practices, and results in order to optimize the effectiveness of all the partnerships. Outcomes required by the planning and/or implementation grants were characterized in four categories and findings will be shared as such: *impact of the recession, partnership development, collaboration, models/initiatives, sector strategy in healthcare, sustainability and summation of findings.*

Impact of the Recession

It must be noted that all partnerships felt the effects of the economic downturn early in the planning and implementation phases which impacted the partnerships in a number of unanticipated ways, greatly amplifying the existing barriers and challenges.

- <u>Hiring freezes</u> - resulting in limited job availability of targeted allied health careers

- Layoffs and position cuts - impacted partnership participation and progress (in some cases, key leaders in the partnerships were no longer able to participate in the AHRSPs due to job loss or change)
- Increased work responsibilities - partners who maintained employment frequently reported being overwhelmed from absorbing work duties of peers whose positions had been cut, and in some cases had to limit their participation altogether in their AHRSP
- Training resources cut - freezes were imposed on new training program start-ups in both community colleges and universities
- Varied participation - workforce development entities overwhelmed with the sharp, sudden rise in underemployment which decreased partnership participation for some, while others capitalized on the RSP structure to address the challenges
- Restricted employer financial support - widespread funding cuts severely restricted partners' ability to provide financial and in-kind support

Partnership Development

All four partnerships were formed according to guidelines set forth in the planning grant awarded by the N.C. Department of Commerce, Division of Workforce Development. While partnerships were successfully established in each region, the process proved to be more challenging and time-consuming than originally anticipated. Even with clear guidelines for formation and structure of the partnerships, AHRSP coordinators experienced difficulty in assimilating individual participants and/or organizations into a collaborative unit.

- Challenges
    - Engaging members consistently
    - Establishing leadership from the partnership
    - Formalizing partnership guidelines
    - Maintaining momentum and interest

- Prioritizing AHRSP interests/needs above individual gain and/or needs
- Overcoming perceptions that partnerships' projects do not impact or benefit partners equally, especially in large diverse regions

- Successes
  - Providing networking opportunities, speakers who addressed pertinent topics, lunch, and mileage reimbursement to increase value for attending meetings
  - Engaging executive-level employer representatives who can approve or support participation in initiatives and allocate funding and provide peer value
  - Providing multiple peer networking opportunities (e.g. employer representatives consistently cited meeting with their peers as the number one incentive for participation)
  - Developing strong communication networks to share relevant information and foster members' interest (e.g. website; members-only page; e-blasts, etc.)
  - Staffing full-time project coordinators/managers to support partnership
  - Developing initiatives that impact largest number of people possible

Collaboration

Transforming a partnership into a collaborative unit necessitates a large investment of time, energy, and political savvy. For these entities to come together, share information, and discuss their trends or employment challenges is not "business as usual." Building trust, developing strong relationships, and finding common ground from which to develop initiatives requires a significant amount of time, especially for employer representatives.

- Challenges
  - Hesitancy of participants to be open for fear of disclosing business strategies/competitive edge

- Frequent rotation of leadership-level members with influential power due to organizational or job restructuring
- Varied needs of employer partners
- Individual agendas taking precedence over the greater good of the group
- Demands of members' jobs overriding needs of the partnership
- Participants cautious of financial commitment
- Perception of favoritism/unfairness when partners or agencies receive credit, recognition or appreciation for their contributions to the partnership
- Traveling to common meeting sites challenging in partnership regions with a large geographic area

- Successes
  - Providing an inclusive, open forum where all stakeholders in healthcare are invited to the table to participate
  - Identifying common ground among participants (e.g. goals, business needs, etc.)
  - Pursuing initiatives/models with potential to impact large number of partners and stakeholders
  - Striving to allow equal opportunities to key institutions and organizations involved in partnership's leadership and initiatives
  - Maintaining communication with key leaders on all major decisions
  - Engaging key leaders in partnership meetings
  - Addressing any breakdowns or misunderstandings in communication as quickly as possible and communicating the results effectively

Models/Initiatives

The partnerships were charged with developing models or initiatives that address allied health workforce shortages based on needs of the employers in their respective partnerships, and on the state's intention to retrain an adult workforce to meet expected workforce shortages in healthcare. This proved to be challenging in ways that were unanticipated and required much more planning and training than originally thought.

- Challenges
  - Rapidly disappearing entry level, lower-skilled jobs in allied health professions because of raised entry-level requirements, credentials and degrees
  - Lack of interest in lower-skilled entry level jobs (such as phlebotomists, EMT-Basic) because they do not pay family-sustaining wages
  - High number of lower-skilled allied health professionals trained through the Jobs Now initiative who cannot find employment (i.e., billing and coding)
  - Marked shortages of training programs in rural/underserved areas of the state
  - Remediation, developmental and pre-requisite training often needed for adult, lower-skilled, displaced, underemployed or unemployed prior to entering even short-term training programs
  - Difficulty expanding programs quickly to meet demands due to professional associations and community college systems limiting number of new programs and student enrollment
  - Limited availability of clinical sites and qualified preceptors severely restricting opportunities to grow new training programs or expand existing ones
  - Significant mental/emotional barriers for older adult workers returning to school that need addressing (e.g. high levels of anxiety, intimidation and extreme fear of failure)

- Growing issue of shortage of credentialed allied health faculty; salaries are significantly lower in academia than in clinical settings
- Creation of new jobs or work roles is prohibited by many allied health professional associations and licensing/credentialing within the profession

- Successes
  - Performing needs assessments using multiple sources of primary and secondary data to determine where jobs are available and where growth is predicted
  - "Patching holes in the pipeline" when new training programs cannot be implemented (i.e., implementing student supports to reduce dropouts and increase retention/graduation rates of the program)
  - Expanding the reach of training programs geographically through Institutional Service Agreements (commonly known as articulation agreements)
  - Utilizing continuing education departments in community colleges (more flexibility and quicker response time) to develop trainings that respond to identified needs when curriculum programs cannot address needs
  - Involving allied health professional associations in addressing the shortages
  - Placing allied health professions students in part-time support staff jobs with employers so that they may advance into allied health skilled jobs upon graduation or receipt of credentials
  - Creating pathways/models for existing healthcare employees in lower-skilled positions to move into higher-skilled vacancies

Sector Strategy in Health Care

Using sector strategy to address workforce and economic needs in healthcare has proven to be challenging. The licensure and educational requirements of many of the high-demand jobs present challenging barriers to lower-skilled or adult dislocated workers who must balance full-time training programs with the need to work. Moving these workers into this field at wages that can sustain a family is typically a difficult and extended process.

- Challenges
  - High-demand high-growth jobs such as the therapies (e.g. Physical Therapy, Occupational Therapy, Speech Therapy) are high-skilled positions and require advanced degrees (Master's, Doctoral)
  - Healthcare employers have only a small fraction of living wage jobs compared to the number of workers displaced from blue-collar professions
  - Allied health professions are highly regulated by professional associations, licensing and credentialing boards and regulatory bodies, which limits the capacity and speed at which training programs and career pathways in the field can be implemented
  - Training programs in allied health professions — even short-term training programs — require advanced math and science aptitude, strong problem-solving, and critical thinking skills and attention to detail
- Successes
  - Exploring resources, expertise and assets of partners to make the best use of individual strengths in collaborative work
  - Identifying regional needs versus individual organizational needs
  - Incorporating K-12 school systems in developing workforce initiatives
  - Developing career pathways models that support "grow your own" models
  - Facilitating communication and planning between workforce development entities, employers, and educators to work collaboratively

Sustainability

Identifying funding resources to sustain the partnerships continues to be the biggest challenge that all four partnerships face. Once considered a prime source of funding, employers now face an uncertain economy and shifting workforce needs that do not always make large scale training or workforce development a priority. The AHRSPs are not well positioned to obtain government or private workforce development grants to sustain the operational expenses of ongoing work.

- Challenges
  - Grant funders favoring of projects and programs that promise rapid, large-volume job placement
  - Lack of large volume, entry-level allied health jobs providing livable wages at this time
  - Unwillingness of national foundations to fund sector initiatives as their primary focus on large initiatives or policy issues
  - Employers' discouraging financial commitment to partnerships due to economic downturns, healthcare reform, and small numbers of vacancies

Summation/Lessons Learned

- Sector Initiative and Allied Health
  - Regional workforce development initiatives in health care require employer incentives and sustained government funding
  - No "quick fixes" - training programs for most of the high-growth, high-demand jobs require a multi-year commitment from students
  - Implementing sector initiatives in allied health occupations requires time to implement, and produces trained workers more slowly than in other industries
  - Extensive knowledge of allied health regulations, training requirements, along with an understanding of the political climate of both the region and state in relation is required

- Short allied health orientation courses that consist of skill and interest assessments, exploration of allied health careers, Workkeys, and career counseling an excellent method for matching adult learners with the career training that best matches for them

- Partnership
  - Full-time project coordinators are essential to partnership successes
  - The importance and value of AHRSPs develops slowly and requires extensive behind-the-scenes management

  - Collaboration takes time to build between entities that do not traditionally cooperate
  - Employer representatives must be decision-makers or have access to top decision-makers in their organizations in order to turn good ideas and intentions into actions
  - Regular communication with members is required to sustain engagement

Recommendations

- Increase amount of time for an allied health industry-focused sector initiative to produce and measure results
- Allow alternative measures of success aside from job placement such as entry into training program, program completion, creation of new career ladders, creation of training programs
- Create employer incentives for developing career pathway programs
- Create scholarship funds for adult students entering short-term "bridge," continuing education courses
- Garner support from economic developments considering the healthcare industries' positive impact on the economy