

I. Executive Summary

Process, Context, and Approach to Strategy Development

Career Connect Washington (CCW) aims to ensure that 60% of young adults in the class of 2030 participate in career connected learning Career Launch programs. To accelerate progress toward this goal, CCW selected intermediaries to build sector strategies to engage employers, labor unions, labor management partnerships, workforce development councils, trade associations, educators, training providers, community-based organizations and others to build the partnerships necessary to expand career connected learning programs, especially in underserved and rural communities. CCW selected SEIU Healthcare 1199NW Multi-Employer Training Fund (Training Fund) as the statewide Healthcare Sector Intermediary.

Healthcare is a large, complex and constantly evolving sector. The COVID-19 pandemic added new pressures to the industry, which had been struggling for decades to address well documented workforce challenges and shortages. The Training Fund began its work by contracting with Seattle Jobs Initiative (SJI) to conduct research to clarify the impacts of the pandemic on the healthcare job market, especially entry level jobs where Career Launch programs could have their greatest impact. SJI was also asked to develop maps of career connected learning programs and employers engaged with these programs to identify potential gaps and areas of opportunity, which are included at the end of this report.

This quantitative research was intended to inform qualitative research and stakeholder engagement. However, due to the tight timeline for developing recommendations, it was necessary to run qualitative research – surveys, interviews, convenings, etc. – in tandem with quantitative research efforts. To date, the Training Fund has

- Met with more than 84 stakeholders, including employers, organized labor, community-based organizations, educators, Career Connected Learning Coordinators and Regional Network leaders, local workforce boards, state agencies, state associations to gather feedback on the current state of career connected learning, the status of the healthcare workforce and recommendations for how to foster relationships to expand career launch programs.
- Via a contract with SJI, sent surveys to more than 154 educators, training providers, and CCW coalition partners to clarify career connected learning trends and the resources necessary to expand career connected learning. Forty-one (41) completed surveys were received along with 19 partially completed responses.
- Sent draft recommendations, an explanatory video, an invitation for a convening, and a request for feedback to 135 CCW coalition partners.
- Convened 35 stakeholders at a virtual event to discuss initial strategy recommendations and gather input.
- Expanded outreach to better engage partners representing workers and underserved and diverse communities. For example, in-dept discussions were held with SEIU Healthcare 1199NW, which represents many entry-level and lower wage healthcare employees, and engagement with those representing BIPOC communities is being expanded.

Interviews and survey questions focused on perceived strengths, opportunities, obstacles, common themes, promising programs, lessons learned, and strategies for industry engagement. Interviews used open ended questions to allow interviewees to guide the conversation, identifying their own needs and

those of their local communities. Due to the large and complex nature of the healthcare eco-system and the large volume of players that support the sector across the state, outreach will continue into the implementation stage of the sector strategy.

Findings

While the nursing shortage throughout the state has reached crisis level, many occupations that provide entry points into healthcare career pathways are also in extremely high need and short supply, such as Certified Nursing Assistants/Medical Assistants, Behavioral Health Workers, Pharmacy Technicians, Surgical Technicians, etc. Training Fund research identified the need to expand the pipeline for these entry level occupations. Career connected “earn and learn” Career Launch programs can fill some of the capacity needs for these occupations. In addition, well-articulated career ladders must be designed to create opportunities for upward mobility into nursing occupations to chip away at this well documented shortage. Joint labor management committees, such as the Health Care Apprenticeship Consortium, are expanding apprenticeship opportunities throughout the state, offering a potential model for Career Launch programs leading to middle-skill jobs.

Washington’s healthcare industry is mostly unaware of Career Connect Washington (CCW) and its efforts to promote career connected learning. While generally supportive of the career connected learning, once informed about it, the healthcare system has little bandwidth to engage. The COVID-19 pandemic compounded existing challenges to clinical instruction and healthcare settings are having difficulties recruiting and retaining talent. Healthcare employers are grasping at any and all possible solutions. This environment makes it difficult to position career connected learning, and Career Launch in particular, as the primary solution for healthcare workforce needs. The lack of a clear, strong, well understood CCW/career connected learning brand and collateral materials adds to the challenge.

The lack of capacity experienced by the healthcare industry in general is exacerbated in rural communities. SJI mapping of career connected learning programs showed that most programs are located in urban areas on the west side of the state. Interviews confirmed that There is less recognition for the CCW/career connected learning brand as you move away from urban centers, and fewer programs are being developed. Smaller rural healthcare providers have less capacity to support career connected learning. In addition, rural areas have smaller labor pools, leaner infrastructure that is spread out over longer distances, fewer organizations providing support services, and, because of the need for educators, community members and healthcare employees to “wear many hats, more diffuse expertise. All these challenges make it difficult to dedicate the time and effort necessary to support career connected learning in healthcare.

Since the onset of the COVID-19 pandemic, on-line, remote and virtual training have become more widely accepted in healthcare workforce development. This provides an opportunity to scale and replicate career connected learning in new ways across the state, as long as broadband infrastructure is accessible and cost effective. It also offers an opportunity to reach those with barriers other than distance, including those in underserved communities, those with language barriers, and those with other responsibilities that limit their ability to attend traditional programming.

Of specific importance is the need to ground the recommendations outlined in this sector strategy in diversity, equity and inclusion to reach those furthest from opportunity. Deeper discussions are needed to ensure that the voices of diverse communities shape the work. Therefore, some of the details of the recommendations provided in this report must remain fluid as more groups are brought to the table to ensure programs effectively serve as many Washington youth as possible.

One final finding is that there is a significant and unfunded cost for convening functions. While CCW has invested into human infrastructure to support career connected learning, interviews with Office of the Superintendent of Public Instruction (OSPI) staff, Regional Network Leads, and Career Connected Learning Coordinators indicate that there is insufficient capacity to provide the support necessary to expand Career Launch programs as quickly as they are needed. In addition, if CCW is to deliver in its diversity, equity and inclusion goals, it will likely need to invest to support engagement with diverse underrepresented and underserved communities.

Overall, stakeholders who engaged with the Training Fund voiced support for the following recommendations, recognizing that on-going research and stakeholder engagement with the industry will refine and improve them. Allowing room for new information and diverse community voices will help CCW best meet the needs of diverse communities through expanded career connected learning opportunities.

Recommendations

The Healthcare Sector Intermediary recommends the following actions to implement a sectoral strategy that results in expanded healthcare Career Launch programming across the state. Recommendations are discussed in more detail later in this report.

- Invest in Career Launch programs for entry level, high demand healthcare occupations including but not limited to Certified Nursing Assistants, Home Care Aids, Medical Assistants, Behavior Health Technicians, Peer Counselors, Substance Use Disorder Professionals, Technicians, such as Sterile Processing Technicians, and others that provide opportunities for those in underserved communities to enter the healthcare workforce, earn wages and benefits, and advance along career pathways to in-demand, higher wage, middle skill occupations. Successful implementation of this recommendation will require designing programs with employers, workers, diverse communities and education/training partners so that program models can be leveraged and customized to meet regional/local needs and articulated to career pathways. Increase the focus on apprenticeships and similar programs to help those unable to attend traditional post-secondary education enter healthcare careers. Expand virtual, on-line, and hybrid training. Address on-going challenges related to clinical capacity and as well as the credentialing and licensing bottle necks and transferability, that exist across various healthcare occupations as part of the strategy. Consider providing incentives to smaller, more rural and less resourced healthcare settings to offset the startup costs of apprenticeships and other learn and earn training.
- Create a rural strategy to address the specific challenges that limit expansion of Career Launch programs in rural settings. It's clear that urban strategies aren't always applicable or scalable in smaller communities dealing with more limited educational capacity due to smaller schools and fewer post-secondary institutions, smaller healthcare providers to host career connected learning, smaller labor pools, less competitive wages, longer distances, fewer transportation and housing options, and fewer CBOs with less robust resources for support services. Working with others to expand cost effective broad band access is critical to the success of a rural strategy.
- Weave diversity, equity and inclusion (DEI) into every recommendation and support these efforts with resources. Heightened community involvement must ensure that voices not previously heard are engaged in program development and policy making. Resources are needed to embed and grow a DEI strategy not only for the healthcare sector but for all CCW initiatives. Provide resources to

support engagement from diverse organizations, individuals and communities. Provide resources for participation in DEI efforts, which have real costs for underserved and underrepresented communities that are generally unfunded.

- Invest in the CCW and career connected learning brand to increase visibility, expand industry involvement, and minimize the “silo-ing” that easily occurs in a complex setting like healthcare.
- Continue to support sectoral convening efforts and adopt a “best in class” model for convening sector partners that is grounded in equity, access and strengthening partnerships to involve all stakeholders. The California Workforce Development Board’s High Road Training Partnership provides one such a model by ensuring that recommendations for economic and workforce prosperity are grounded in the intersection among equity, quality jobs, and resiliency/environmental sustainability. High Road Training Partnerships have shown promising results and offer a more inclusive view of industry leadership to “reallocate power so that all parties—employers, workers, labor representatives, and community members as well—benefit.” ([The High Road to Economic Prosperity](#), page 4)

Next Steps

It will take time and effort to build the capacity to expand career connected learning for the healthcare industry. Over the next 3 quarters, once CCW has reviewed and provide feedback on this healthcare sectoral strategy, the Training Fund recommends shifting to a series of regional convenings to help Regional Network Leaders expand the coalitions to support development of Career Launch programs, using a model similar to the High Road Training Partnership. The goal of these meetings would be to identify, customize/scale Career Launch programs for high demand entry level healthcare occupations, based on local/regional needs. As the Sector Intermediary, the Training Fund will help support these regional convenings to discuss and begin implementation of the recommendations related to program expansion. Through its work on this project, the Training Fund has developed initial versions of a number of tools that could be useful to efforts to, including interactive career pathways maps, lists of employers engaged with career connected learning efforts, and comprehensive lists CTC healthcare programs, so that regional networks can begin outreach to find potentially scalable programs and have supports for connecting partners. Links to these tools are available at the end of this report.

The Training Fund will also continue its efforts to expand outreach to diverse populations and to ensure the voice of the workers is also at the table, and will help regional networks connect with more diverse communities.

The Training Fund recommends that CCW consider focusing on efforts to strengthen the CCW brand at the same time, as brand awareness is critical to expanding Career Launch and all career connected learning activities. Having additional tools and brand clarity will help bring more players to the table to support program implementation.

It would be helpful if the Workforce Training Board helped CCW develop a connection with the California Workforce Development Board to learn more about High Road Training Partnerships and possibly to host some sessions where Sector Intermediaries and Regional Network Leaders in the last 2 quarters of the project to learn more about the approach and discuss how it might apply to expansion of CCW programs.

Finally, the Training Fund recommends that CCW identify what long term investments need to be made not only to support program development and start up, but also the convening function. Bringing the people who support this work together and providing training, technical assistance and new tools will be invaluable to the success of career connected learning programs.

II. Industry Engagement

How Employers and Partners Were Engaged

Engagement of the healthcare industry statewide poses unique challenges: the industry is both highly regulated and highly decentralized. Its primary mission is extremely complex – addressing physical, mental and behavioral health needs which are impacted by factors as variable as genetics, disease, gender, age, environment, culture, race/ethnicity, life experiences, life choices, etc. The industry is fragmented and varied, as are the solutions to meet its needs. The COVID 19 pandemic hit the industry especially hard, exacerbating existing worker shortages, changing how services are delivered, and reducing the bandwidth of providers to participate in strategic efforts to develop effective, long-term career connected solutions to their workforce needs. The industry is operating in near crisis mode.

The Training Fund initiated industry engagement with employer and labor union representatives of the nine major acute and ambulatory care systems that form its membership to discuss career connected learning opportunities. The Training Fund also leveraged outreach to more than 50 healthcare employers across the state to discuss apprenticeships for entry-level behavioral health occupations. Feedback from these discussions focused on workforce needs, challenges, strengths and opportunities related to entry-level occupations and the role that career connected learning could play in addressing these needs. All of the employers on the 5th tab of the healthcare sector’s contact tracker were engaged in interviews. The table below indicates the numbers of sites in each setting that were engaged for the development of the sector strategy. Please note that large medical systems are included only once, although contacts may have been made multiple times, at multiple locations and with multiple divisions.

Table 1: Q1 Unduplicated number of healthcare settings engaged

	Assisted Living & Skilled Nursing Facilities	Community Health Centers, including Dental Clinics*	Primary Care/Care Networks Medical Clinics	Small Hospitals (<25 beds)	Large Hospital Systems* (>25 beds)	Training Fund Member Employers	Behavioral Health
Rural**		3		2			1
Urban		3			8		15
Both	4	5	1	1	15	9	17

* These sites typically include multiple services such as dental clinics, pharmacies, behavioral health, etc. and have multiple locations.

** For these tables, “rural” is defined as smaller cities/areas that are not near large urban centers like Spokane, Yakima, Seattle, etc.

Employers were engaged in a variety of ways, some more deeply than others. For example, some attended presentations, others were engaged in conversations or meetings, yet others were provided information and invited to participate in surveys. The following employers were among those engaged in outreach activities: Kaiser Permanente, PeaceHealth, Providence, Multi-Care, Columbia Valley Medical Center, Coulee Medical Center, Family Health Clinic, SOUND, Lifeline, Merit, Ryther, Family Health Services, Lifeline Connections, Consejo Consulting, etc.

The Training Fund also reached out SEIU Healthcare 1199NW, and is in the process of engaging others labor organizations, to gather input on how to best support the education and onboarding of new workers via Career Launch program and to vet and refine report recommendations. In depth discussions

held with SIEU 1199NW pointed to the importance of engaging labor management partnerships as key stakeholders and the value of California's [High Road Training Partnerships](#) as a model for stakeholder engagement. The Training Fund also held discussions with the SEIU 775 Benefits Group, to share report findings and gather information for recommendations.

In addition, thirty-nine education, training, human services, workforce development and community-based organizations and coalitions were interviewed individually and in small groups to clarify the strengths and gaps in current and potential healthcare Career Launch programs. These included: Valeo Vocation, Washington Council for Behavioral Health, Department of Health, BIPOC Healthcare Ecosystem, Healthcare Symposium, Greater Health Now, The Sentinel Network, Southwest Washington Accountable Community of Health, North Central Accountable Community of Health, Washington Department of Social and Health Services, Workforce Southwest, YMCA Greater Seattle, Washington Association for Community Health (WACH), Kaiser Foundation Health Plan, OnePierce Community Resiliency Fund, educators, staff from the Office of the Superintendent of Public Instruction (OSPI), Career Connected Learning Coordinators, Regional Network Leaders, agencies and organizations like the Healthcare Industry Leadership Table (HILT), Washington Alliance for Better Schools (WABS), Center of Excellence, Commission on Hispanic Affairs, etc. The following table summarizes these contacts. Some of these individuals and organizations were contact multiple times, but only listed once in the table.

Table 3: Q1 CCW Partner Contacts

	Labor Unions	Community Based Organizations	Educators	ESDs/Regional Network Leaders	State Agencies	Education/Healthcare Associations	Other
Rural*		2	2	6		1	
Urban		1		1			1
Both	5	9	15	18	17	20	5

* For these tables, "rural" is defined as smaller cities/areas that are not near large urban centers like Spokane, Yakima, Seattle, etc.

All interviews were conducted using open ended questions and appreciative inquiry to allow participants to think about how they might engage in developing solutions, rather than just making recommendations. Recurring themes were identified to inform the recommendations included in this report. The Training Fund also launched three surveys to collect quantitative data. Two surveys were distributed in July and August to 154 individuals. A total of 41 individuals completed the survey and 19 more partially completed it. Respondents represented all of the Education Service Districts and consisted of: Community Based Organizations (11), CCLC Regional Networks (9), Community & Technical Colleges (4), K-12 Schools (4), State Departments or Agencies (4), Workforce Development Boards/WorkSources (4), Universities/Community and Technical Colleges (7), and Healthcare Providers (2). These surveys were designed to 1) clarify what is needed to expand and sustain career connected learning opportunities across the state and 2) identify quality programs and promising practices for potential expansion or replication. Results provided additional insights for the development of recommendations.

In September, a third survey was sent to 135 stakeholders along with an invitation a virtual convening, a Power Point presentation, and a recorded video that reviewed the draft sectoral strategy recommendations. At least 35 stakeholders participated in the convening and 10 responses were received via the survey tool. Of the 10 responses, 8 were favorable (agree/strongly agree) of the draft recommendations. Qualitative feedback from the convening and individual and small group meetings

also generally supported the initial recommendations developed by the Training Fund. In an effort to confirm and refine recommendations, additional individual and small group meetings were also held before and after the convening with Greater Health Now, ESD 101 and ESD 123 Regional Network leaders, Mid-Columbia Connected Learning Council, Center of Excellence for Leadership and Allied Health, Sentinel Network, BIPOC Healthcare Ecosystem, SEIU Healthcare 1199NW, workforce council representatives and other coalition partners.

Gaps in Outreach

The state's healthcare ecosystem is vast. With approximately six months for sector intermediaries to develop recommendations, it has been impossible to meet with all stakeholders, especially as the industry continues to deal limited bandwidth due to a workforce crisis exacerbated by the COVID 19 pandemic. While the Training Fund continues to engage the industry and its partners, there are at least two groups it plans to better engage in the implementation phase of the strategy:

- **Diverse Stakeholders:** It was clear from stakeholder feedback that a stronger focus on DEI is necessary to successfully increase career connected learning to meet the needs of underserved communities. Equity must be woven into all recommendations for implementation. Therefore, it is necessary to increase engagement and partnership with diverse organizations representing populations furthest from opportunity and to receive guidance from those whose voices are often unheard. This outreach needs to be on-going, rather than one-off, to create the partnerships necessary to center healthcare sector initiatives on diversity, equity and inclusion. As the BIPOC Health Care Ecosystem noted after reviewing the initial sector strategy recommendations, "the slogan 'nothing about us (or for us) without us' is a guiding principle that all communities that have been pushed to the margins by the powers of systemic and institutional racism feel is essential if meaningful and equitable change is the goal, and this includes increasing career connected healthcare learning opportunities in our state." The Training Fund intends to increase involvement with organizations like the BIPOC Health Care Ecosystem to ensure a strong platform for underrepresented groups to shape the strategy, and therefore, recommends keeping implementation details fluid to accommodate learnings from increased engagement.
- **Workers:** Recommendations also need to be informed by the voice of workers. Additional outreach to organized labor as well as healthcare workers will ensure the worker experience and voice is an integral component of this work. Developing programs that address equity, livable wages and support long term sustainable career growth are the heart of career connected learning, yet recommendations are often designed for, rather than with these workers. The Training Fund has significant experience helping entry level workers progress along career pathways and is committed to ensuring worker needs help drive the healthcare sector strategy for Career Launch programs.

III. Industry Needs Analysis

Talent Trends Within the Sector

The healthcare sector has over 439,000 jobs in Washington and will have an annual growth of 1.9% over the next three years. This includes almost 30,000 job openings for those with less than a bachelor's degree. The industry's workforce needs are well cataloged by various agencies including but not limited to the Washington Education and Training Coordinating Board (WETCB), the Health Workforce Sentinel Network, and, at the local level, by organizations such as the Health Industry Leadership Table (HILT),

workforce development councils (WDCs), the Employment Security Department and others. The Training Fund contracted the Seattle Jobs Initiative (SJI) to review the most recent data from existing sources to provide a comprehensive picture of projected healthcare labor force needs, especially in light of the pandemic and ensuing workforce crisis. SJI was asked to focus on middle skill occupations – those offering family wage jobs without the potential barrier of requiring advanced degrees. Recognizing that most entry-level healthcare occupations do not provide family sustaining wages, the Training Fund also asked SJI to focus on entry-level occupations that can articulate to pathways to middle skill occupations. The report is included with this sectoral strategy and findings are summarized below.

SJI identified four consistent themes across healthcare settings and occupations on page 2 of their report:

1. **“Long-term staffing shortages were made worse by the COVID 19 pandemic.** Staffing shortages, high workloads, and COVID protocols meant that many facilities had to reduce or stop offering internships, practicums, and clinicals that are required components of healthcare students’ training and education. Training programs have added simulation labs into their curriculum and online learning is being embraced on more educational settings. While training programs have added simulation labs into their curriculum, neither students nor employer’s express confidence that this is an adequate substitution.” Data from Career and Technical Colleges shows that student headcounts in allied healthcare programs were down by 16% in 2021/2022 for all races and ethnicities, with fewer completions. The Training Fund has also heard from its discussion with the industry that more healthcare workers are quitting sooner after being hired. It should also be noted Training Fund interviews with employers and stakeholders found growing support for simulation and online learning, and therefore recommend making greater use of on-line learning, simulation and virtual reality to expand Career Launch programs to all parts of the state.
2. **“There is a high demand for middle-skill jobs across occupations and facilities.”** Training Fund discussions with stakeholders noted that expanding the pipeline of entry level workers can address this demand over time, especially if a concerted effort is made to build career pathways to middle skill jobs and reduce barriers for entry level employees to progress along those pathways. The Training Fund recommends exploring strategies that focus on competency rather than hours of instruction, credit for prior learning, compressed programming, and support services to help working adults access pathways to middle skill occupations, recognizing the challenges with transferability need to be addressed to implement some of these strategies.
3. **“Employers’ ability to compete for new recruits or retain existing employees is constrained by reimbursement rates.** Low pay for large and more complex patient loads is consistent across roles and settings.” While Training Fund discussions with stakeholders indicate that this a more nuanced issue than the data used by SJI would indicate, there is little doubt that low wages have an impact on both recruitment and retention in some settings, especially for small clinics that can’t compete with larger hospital systems in terms of wages, benefits, and opportunities for advancement, and for settings that serve high volumes of Medicaid patients.
4. **“Healthcare workers are experiencing a high rate of burnout, exacerbated by the pandemic.** Employers have been offering financial and in-kind incentives to curb attrition rates.” Unfortunately, post-secondary enrollment into and completion of healthcare programs are also

down, but trying to fix healthcare labor shortages by focusing entirely on the pipeline ignores the fact that working conditions in healthcare settings are contributing to worker attrition.

The Literature Review includes data from Sentinel Network Surveys to identify top five occupations facing staffing shortages in a variety of healthcare settings. Not surprisingly, the data continues to show nurses, particularly middle-skills nurses (e.g., LPN and RNs), in very high demand across all healthcare settings. Settings offering the lowest wages and benefits have the greatest challenges recruiting and retaining nurses, as well as other occupations, according to the data. Unfortunately, barriers to entering nursing are high, especially for individuals from underserved communities. Career connected learning focused on entry level Nursing Assistants and similar occupations along the nursing career pathway can provide a powerful a way for healthcare providers to “grow their own” over time.

Based on SJI’s research, a significant number of entry level healthcare occupations that can articulate to middle skill occupations are among the top occupations facing shortages across healthcare settings, supporting the case for expanding entry level healthcare Career Launch programs in these occupations:

- **Nursing assistants:** #2 in Assisted Living Facilities, tied for #2 in Small Hospitals and Large Hospitals, #3 in Skilled Nursing Facilities, and #4 in Primary Care Medical Clinics (5 settings).
- **Medical assistants:** #1 in Primary Care Medical Clinics, tied for #1 in Community Health Centers, tied for #2 in Small Hospitals and tied for #4 in Large Hospitals (4 settings).
- **Substance Use Disorder Specialists:** #2 in Behavioral Health Organizations and tied for #2 in Community Health Centers (2 settings).
- **Dental Assistants:** #1 in Dental Clinics and #3 in Community Health Centers (2 settings). CCW lists Dental Assistant programs in their own category, rather than as part of healthcare. The Training Fund received mixed feedback about the value of focusing on Dental Assistants for Career Launch expansion, and therefore has not prioritized them these occupations at this time. More research is needed to understand the issues surrounding Career Launch programs for these occupations
- **Home Health Aide or Home Care Aide:** #3 in Assisted Living Settings (1 setting).
- **Peer Counselors:** #4 in Behavioral Health Organizations (1 setting).
- **Pharmacy Technicians:** #1 in Pharmacies (1 setting). It is worth noting that the need for this occupation tends to be more decentralized. Most facilities only need one or two at a time, making it difficult to offer a Pharmacy Technician program for smaller healthcare providers or in smaller communities. As a result, it may be necessary for educational programs to aggregate students from across communities using virtual cohorts and instruction to train for this occupation.

Due to COVID protocols and limited staff bandwidth, many healthcare settings had to significantly reduce or curtail their clinicals and other on-site training. These institutions continue to struggle to meet their staffing needs as a result, and will have to rebuild capacity in the future (page 8).

In addition to the occupations listed above, technologists and technician jobs that are essential to the provision of care in hospitals and pharmacies were also impacted by the periodic suspension of non-

emergency care in hospitals to accommodate COVID surges, which depressed hospital revenue. (page 1) In fact, Surgical Technologists and Med/Clinician Laboratory Technicians were among the occupations with the longest vacancies. These occupations, along with Pharmacy Technicians and Respiratory Therapists, have been experiencing a growing demand as patient volume returns to pre-pandemic levels (page 18). Licensing bottlenecks have created challenges for fully staffing some technician occupations. The Training Fund has also received feedback that for some technician occupations, internal policies create barriers to full staffing. For example, hospital systems generally will not hire Surgical Technician program graduates without on-the-job experience, requiring these individuals to work elsewhere to acquire experience. Building a career pathway from entry-level Central Sterile Processing Technician apprenticeships to Surgical Technicians could create a vehicle for attracting and preparing a more diverse workforce in these respective occupations.

It should also be noted that Sentinel Network Surveys do not collect data for all healthcare occupations. Occupations related to facilities management, including environmental and food services, while critical to the healthcare industry, are not included in the surveys. Nor are other entry level occupations, like Central Sterile Processing Technician. These occupations provide entry points into the healthcare industry, especially for individuals farthest from opportunity, and can offer a vehicle to increase diversity among healthcare workers when paired with robust learn and earn opportunities to progress along career ladders into higher wage healthcare occupations.

Diversity continues to be a challenge across all levels of the healthcare industry. While healthcare workers are more diverse than in the past, they are still far from representative of our state's population, especially when it comes to BIPOC males. In addition, BIPOC individuals tend to be clustered or occupationally segregated into low wage occupations. The SJI report looked at worker demographics in entry-level Nursing occupations that require less than a Bachelor's degree, and noted that the percentage of workers identifying as BIPOC is largest for Nursing Assistants, the occupation with the lowest median annual earnings in this cluster, while, at the top of the scale, Nurse Anesthetists are mostly White. On page 6, the report states: "The percentage of workers from underrepresented communities start declining when going from Nursing Assistants to Licensed Nurses. The declining trend then accelerates even further when going from Licensed to Registered Nurses, particularly for Black or African American nurses." Focus group data cited by SJI noted discrimination and the lack of diversity and equity in nursing including accent or language barriers, age, sexual orientation, and race-related discrimination (page 8). The Training Fund has also identified that testing requirements in English can be a potential barrier to entry into healthcare occupation.

Looking at Primary Care Clinics provides another example of how non-white workers are more highly represented in lower wage entry-level occupations. For example, on page 13 the SJI report notes that "Orderlies and Medical Assistants have the largest share of workers from minority communities (40%) among occupations in medical facilities in Washington state. The latter is also expected to generate the most number of new positions by 2031 (1,983). Hispanic or Latino, followed by Black or African American and Asians are most represented in these occupations." Non-white populations also account for 35% of Phlebotomists, 33% of Medical Appliance Technicians, 37% of Medical Equipment Preparers, 39% of Healthcare Support Workers/All Other, and 40% of Medical Assistants – all occupations with median annual incomes of about \$48,000 or less (page 15). In these settings as pay increases, diversity decreases, with the exception of two occupations with median annual incomes close to \$60,000: 33% of Surgical Technicians and 37% of Clinical Laboratory Technologists and Technicians report being non-white (page 16). Employers interviewed by the Training Fund noted a lack of diversity in these occupations, which may indicate that fewer workers in these occupations identify as BIPOC of in other

healthcare settings. The SJI report further notes: “Among underrepresented populations, Hispanic or Latino appear to be better integrated in the medical facilities labor market than other races and ethnicities. Still, representation is still low in other entry-level occupations, particularly in Emergency Technicians or Ambulance Drivers, and in the better-paid positions (Radiation Therapists for example).” (page 17)

Behavioral Health offers another example of diversity decreasing as pay increases. Representation in Behavioral Health is somewhat even across occupations, except for Clinical, Counseling, and School Psychologists for which workers of color only represent 19% of workers. Otherwise, the percentage of non-white workers varies between 30% (Healthcare Social Workers and Mental Health and Substance Abuse Social Workers) and 48% (Psychiatric Aides).

Three bills SB 5227, SB 5228, and SB 5229 passed by the state legislature and signed into law in July 2021, require coursework on health inequities in medical training as well as diversity, equity, inclusion, and antiracism training and evaluation at higher education institutions. These bills provide support for diversity efforts, but they are only part of the solution.

Among other challenges, the Training Fund found in conversations with its member employers that they typically focus on baccalaureate level training as the lowest level they consider for a variety of occupations, including many entry level occupations. Many of larger healthcare systems, including behavioral health providers, prefer to hire masters level graduates for their job openings, due to the heavily regulated nature of the industry, and the challenges of reimbursement requirements. Increasing educational requirements and accompanying classroom and clinical time result in increased costs for students to enter healthcare occupations or progress along career pathways, thereby reducing the ability of diverse low-income individuals to afford training for entry level and middle skill occupations. This is compounded by the fact that it is difficult to earn family sustaining wages while in college or training, putting post-secondary degrees out of reach for many. Paying master’s level interns during their required pre-graduate internship experience has been discussed as a possible solution in a Behavioral Health Workforce Advisory Council report and the Health Care Authority included interns in their teaching clinic rate development.

The complexity of healthcare licensure, certification and entry level requirements create also make entry difficult to navigate, especially for those from underserved communities. As a result, diverse, talented candidates are screened out of the industry. Rural areas have the additional challenge of smaller qualified pools of candidates in general, including smaller pools of diverse qualified individuals. Working with the industry to design entry level programs and career pathways that allow these individuals to learn and earn through apprenticeships and on-the-job training has been proven to result in higher levels of educational attainment for diverse populations.

In addition to the challenges identified above, large healthcare employers interviewed by the Training Fund stated that they had a **general** sense of the skills and competencies they will need in 2 to 5 years, but that it is difficult for them to project the demand for specific skills and occupations in a rapidly changing market. As staffing levels have dropped to a critical stage in many healthcare settings, desperate employers find themselves grasping for short term solutions, such as hiring travelling nurses, rather than investing in longer term, sustainable solutions. Career connected learning can help feed the pipeline, however, employers must also address the factors that lead to low healthcare worker retention rates for many program graduates as well as more seasoned workers. A strong focus on a career connected learning pipeline, effective employee retention programs, and building career pathways is critical to ensure youth brought into healthcare occupations stay and grow their careers.

Existing Workforce Development Partners

A vast array of organizations is engaged in the healthcare workforce development space, including, but not limited to schools, especially at the secondary level, post-secondary institutions including colleges and universities, skill centers, private colleges/training organizations, unions and labor/management training funds, workforce development councils and their contractors, private staffing agencies, as well as trade associations and local/regional sector partnerships like HILT. A link to a map of CCW partners is included at the end of this report. CCW funded Regional Networks, staffed out of the Educational Service Districts (ESDs), provide high level coordination and local knowledge about career connected learning in their regions and support for the CCW funded career connected learning infrastructure, but are not always heavily focused on healthcare programing. With a large and complex array of players, it is understandable that silo-ed work can occur. This is why the convening function is so critical to this sector.

The Training Fund leveraged its large network of partners, including workforce development councils, community-based organizations and education organizations for this project as well as its knowledge of career connected learning. At the request of its members, it had developed and now staffs the Health Care Apprenticeship Consortium, a multi-union and multi-employer Washington State registered Joint Apprenticeship Training Committee (JATC), which has championed the development of healthcare apprenticeships, including programs endorsed by CCW. The Training Fund also manages an \$8+ million trust to support on-going education and career development for healthcare workers represented by SEIU Healthcare 1199NW. Based on its work its experience and discussions with partners, the Training Fund identified themes that impact the workforce partnerships needed to support Career Launch programs:

- Postsecondary education institutions as well as healthcare professionals and their associations are unaccustomed to apprenticeships and other “non-traditional” approaches to preparing healthcare professionals for licensure, certification, and employment. There is a deep reverence for classroom credentials and degrees among these groups, many of which have fought to gain respect for their occupations in the hierarchical healthcare ecosystem. Concerns that apprenticeship could potentially “de-professionalize” healthcare occupations in areas like Nursing and Behavioral Health can make partnering with educational institutions difficult, as can state requirements for credentialing. The sectoral strategy for healthcare will need to better connect employer-based and classroom-based approaches, create champions for apprenticeship and other learn and earn options, and look at legislation to add apprenticeship pathways to the legal requirements for credentials.
- Many education, training, and social services organizations receive funding from public and private sources to meet the needs of specific groups or “target populations.” Funding often comes with complex rules about who may and may not be served, as well as stringent reporting requirements. Funding is seldom earmarked specifically for apprenticeships or career connected learning, and when it is, these organizations are forced to compete against each other to obtain it, creating a disincentive to collaborate. As a result, a lot of good programming is built in silos, shelved when funding runs out, and “reinvented” when funding is again available. Federal programs frequently recommend “braiding” resources as a solution, but do little to make “braiding” easy. In some cases, a program participant may have to enroll with several organizations and programs to obtain the resources needed for tuition, supportive services, housing supports, tutoring, etc.

- Regulatory agencies are understaffed and work with employers who have limited resources and few incentives to participate in their efforts. In some cases, these agencies face disincentives to supporting alternative approaches to educating the healthcare workforce – for example the Healthcare Authority has its own Peer Counseling curriculum and which suggests concern about creating parallel curricula. Their program is a shorter duration than another alternative program that the Training Fund is operating. The Training Fund’s Peer Counselor program commences with the Certified Peer Counselor certification from the Healthcare Authority it then enhances this certification with on the job training, additional collegiate curriculum and work competency skills as an apprenticeship program. This additional training is a new approach to support another avenue for how professionals can be trained and certified.
- In some cases, there is a misperception among healthcare employers that apprenticeship can only be offered to unionized settings. Registered apprenticeships, including those developed by the Health Care Apprenticeship Council, are available in both unionized and non-unionized settings in Washington.

IV. Program Landscape Analysis

Systemic Challenges

Interviews, research and surveys conducted to inform the healthcare sector strategy identified a number of challenges to expanding career connected learning in general and Career Launch programs in particular.

Healthcare Provider Capacity: The complexities of clinical requirements such as student age, licenses, certifications, a limited number of preceptors/mentors, difficulties billing for these functions, etc., are well-known, and reduce the capacity of healthcare providers to offer clinical learning opportunities. The pandemic further reduced this capacity. Many providers reduced or curtailed on-the-job training due to pandemic protocols and reduced staff capacity, and still do not have the bandwidth to ramp back up. As apprenticeships and other career connected learning programs expand, employers will face additional challenges to juggle the needs of traditional college program clinicals with newer career connected learning programs. In addition, the Training Fund found that some institutions interested in apprenticeships for certain occupations, like Central Sterile Processing Technicians, could not support these programs because they simply did not have sterile processing staff to serve as mentors/preceptors and didn’t have space for new trainees. Staffing supervision across healthcare settings and occupations is a challenge to expanding career connected learning opportunities.

Incidentally, survey respondents indicated that employers involved in the programs offer the following: hosting clinicals, internships, apprenticeships, and on-the-job learning (12); serving as guest speakers (8); participating in career fairs (8); serving on the advisory board (6); providing worksite tours or externships (6); providing mentorship (6); participating in job readiness training sessions (5) and informing curriculum (5). The primary reasons cited for a lack of employer engagement were lack of capacity (both program & employer) (6), and COVID demands & burnout (4). A link to a map of employers engaged with career connected learning programs appears at the end of this report.

Funding: Related to the issue of capacity is funding. Funding for comprehensive and expensive programs, like Career Launch, is hard to come by in most communities in Washington. Lack of resources was consistently identified by both urban and rural programs as a major barrier. Successful implementation of programs frequently requires “braiding” multiple public and private funding streams.

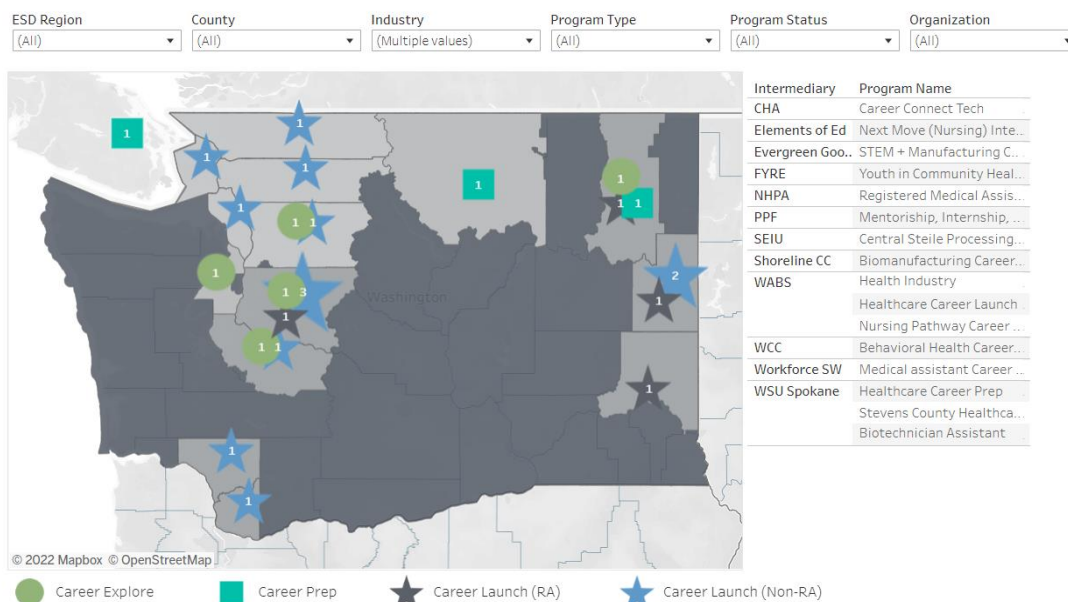
This takes coordination, which is typically unfunded and unavailable, unless organizations with sufficient resources provide these services “in-kind.” In rural communities, there are fewer partners available, fewer resources to braid, and fewer organizations that can provide coordinating capacity.

Many healthcare settings run on tight margins and faced increased financial challenges due to the pandemic. Many employers, especially in smaller rural clinics, are reluctant or unable to take on the upfront costs of apprentices or other on-the-job trainees. While return on investment for apprenticeship compensates for the upfront costs and increases retention and job satisfaction of both apprentices and mentors, there is a time lag. The Training Fund has found that employer incentives that even partially offset the initial salaries for apprentices can encourage employers to try apprenticeships, especially in smaller, more rural and/or more cash-strapped settings. Once these employers experience the return on investment for apprenticeship, they are more able and likely to invest. Federal programs, like those funded by the Workforce Innovation and Opportunity Act and its predecessors, recognize the value of subsidizing a portion of trainee wages to entice employers to invest in the development of their own employees in a more meaningful way and try new approaches to employee development.

Recognizing the need for funding to support career connected learning, CCW has provided grants to build programs. Funding for career launch programs has focused primarily on urban areas, especially along the I-5 corridor. Currently, twenty-five CCW grant funded active and completed programs related to healthcare are listed on the CCW Program Map at <https://careerconnectwa.org/program-map-and-outcomes-data/>:

- 5 Career Explore programs operating in Kitsap, Pierce, King, Stevens and Snohomish counties.
- 3 Career Prep programs, two operating in Okanogan and Stevens counties and one statewide.
- 17 Career Launch programs operating in Pierce, Spokane, Stevens, Whitman, King, Snohomish, Island, San Juan, Skagit, Whatcom, Clark and Cowlitz counties.

An image of the CCW Program Map (included below) illustrates both the limited number of programs and their clustering along the I-5 corridor. King County has the largest number of programs with five total. A large portion of the state has no CCW funded programs.



Interviewees stated that there is a strong correlation between grant funding and successful career connected learning program implementation. Some interviewees stated that CCW funding is more aligned with the needs and capacities of urban areas and that rural regions do not feel they have a voice at the table for decision making related to career connected learning.

The Rural Challenge: Although rural areas across the state are vastly different, they face a fairly consistent set of capacity challenges. Rural healthcare settings tend to be smaller and have fewer staff than many of their urban counterparts. Fewer rural facilities have sufficient funding for clinical or CCW student pay, even for short duration experiences. As a result, rural healthcare providers are more likely to participate in Career Explore and Career Prep programs, which tend to be shorter term and “lighter touch,” rather than Career Launch, if they are available to participate in career connected learning at all. Rural clinics that are part of larger healthcare systems also face complex decision-making matrices, sometimes extending outside the state; as small cogs in big wheels they have limited ability to commit to local and in-state career connected learning activities.

Interviewees noted that experienced staff are a key to implementing successful career connected learning. Experienced staff know their local communities, have the connections to work around challenges, and, therefore, expand partner capacity to succeed. Rural areas cited challenges maintaining experienced staff as negatively impacting their capacity to implement career connected learning and other initiatives. Because rural educational organizations tend to be smaller, it can be difficult to find someone who has the capacity step into coordinating roles when more experienced leave.

Rural communities are also more likely to have smaller school systems and smaller class sizes, with one community reporting a middle school with only 6 students. Staff at schools and service organization also often “wear many hats,” lacking the bandwidth or expertise to engage with all industries or specialized projects. Youth in rural areas, like their urban counterparts, lack access to resources like transportation,

childcare, and housing, but also have to deal with larger geographies and fewer service providers. Broadband access is also an issue – some areas still don't have sufficient connectivity, and for those that do, affordability is a barrier for lower income populations. There are fewer internet hot spots. Project data indicates that urban programs are more likely to focus on meeting the needs of diverse populations furthest from opportunity, which may be in part because there are more organizations and resources serving these populations to partner with in urban areas.

While urban areas also face capacity challenges, they are different in nature. Therefore, it is often difficult to scale effective programs developed in the urban areas to rural communities.

CCW Funded Capacity: Office of the Superintendent of Public Instruction (OSPI) staff noted that Career Connected Learning Coordinators often do not have the bandwidth to drive the employer connections critical to CCW designation, especially for Career Launch programs. In interviews, Regional Network Leaders and others indicated that much of their work focused on creating connections with schools to build awareness and interest. Despite having good relationships with local employers, they had limited time to focus as heavily on industry engagement as they'd like. Staff are balancing multiple priorities which limits their ability to help grow career connected learning opportunities without more support.

The CCW Brand: Interviewees identified CCW brand recognition as another challenge to expanding career connected learning programs. Based on interviews, CCW brand recognition and program representation are much stronger in the areas that have received CCW funding than in areas that have not, and, therefore, stronger in urban communities than rural ones. Based on survey responses, entities that have CCW designation stated that they were motivated to join for the benefits of being part of the network (5) and for funding (3), think that the primary benefit to students is that the network improves the programming (5), and think that the primary benefit to the organization is the network (5) and funding (5) followed by program resources (2) and awareness and visibility (2). Organizations that didn't pursue stated that it did not because they were not clear on the benefits it offered (4). Interviewees other than Regional Network Leaders, Career Connected Learning Coordinators, Program Builders, or individuals actively partnering CCW, did not know whether existing healthcare programs were CCW endorsed Career Explore, Career Prep, or Career Launch, nor why their programs were not CCW designated.

Interviewees indicated that CCW designation does not currently carry much weight. As one partner stated, "Some employers and community-based programs offering career explore programs for healthcare related occupations are not listed in the Career Connect Washington data base because employers are not yet seeing a return on the investment it takes to list and maintain the information in the database. The regional partners are quite limited with their time, and we don't yet have students and families checking the map for career explore programs, so it's not seen as a high priority for outreach, and the programs are not funded through CCW, so there isn't any requirement either." Without a recognized brand to leverage employer engagement and without more funding, CCW designation seemed more like an add on rather than a "value add" to some interviewees, who questioned the value of CCW endorsement.

Interviewees stated that the CCW website adds to brand confusion and that they do not refer students, families, businesses, or others to the site. For example, the "Program Map" at <https://careerconnectwa.org/program-map-and-outcomes-data/> seems to brand only CCW funded programs as CCW programs, excluding most registered apprenticeships and CCW endorsed CTC programs. The site's "Career Directory" at <https://careerconnectwa.org/directory/> states "Search all

career exploration, preparation, and on-the-job opportunities” leaving off the term “Career Launch”. Searches turn up both CCW funded and non-funded CCW endorsed programs, however, searches using the terms “healthcare” and “health care” provided different lists of programs. Searching the term “dental” resulted in a list of the following programs: “Maintenance and Repair Workers, General,” “Aerospace Engineers,” “Agricultural Production,” and “Dental Assistant”. A [Healthcare Career Connected Learning Program Dashboard](#) developed by SJI provides a comprehensive map of potential career connected learning programs.

Adding to the confusion, the CCW website refers those interested in obtaining CCW Career Launch endorsement to the State Board of Community and Technical College (SBCTC) website, which provides links to both a PDF and Excel spreadsheet, each listing CCW endorsed programs. Neither the PDF nor the spreadsheet can be sorted by using terms like “healthcare”, making them difficult to use.

The site also doesn’t contain the resources and tools that would make it a “go to” location for those developing career connected learning programs. Providing resources to make the process of engaging with career connected learning more transparent, such as “how to” fact sheets, tools and templates to create programming and a consistent and clear strategy for expanding equity, diversity and inclusion could drive more traffic to CCW.

Improving brand identity could provide an incentive for local partnerships to go the extra mile to achieve endorsement. Increased brand awareness could drive employer engagement and investment into career connected learning, helping CCW reach its goal to become a primary tool for workforce development.

Program Mapping

The surveys conducted by SJI offer one view into career connected healthcare programs. Respondents identified Nursing (35) and Physicals and Medical Assistants (31) as the two most common pathways they offer, followed by Dental (22), Pharmacy (20), Mental Health (20), Physical & Occupational Therapy (20), and Administration (13). Almost all of the programs introduce occupations on pathways to jobs that require more credentialing. Only 4 technician programs were identified by respondents and they were for different technician occupation. A plurality of respondents indicated that their programs are “right-sized” for the interest they have (9) or that they have to work hard to recruit for the program (4). The next most frequent response was that they were not sure about whether their programs were right-sized (9); for these programs they either have much more demand than they can accommodate (6) or that they could easily recruit more (3). Eighteen programs do not target a specific student population. Of those that do prioritize, 11 focus on BIPOC students, including specific BIPOC communities, 8 focus on low-income individuals, including those served by specific safety net programs, 5 focus on dislocated workers or those not working, 4 focus on tribal communities, and 4 focus bilingual or English language learners. Most survey respondents (19) indicate that the level of engagement needed to support students had changed in the last 2 years, with 6 mentioning Covid-specific changes and 6 focusing on work-based learning challenges that were not Covid-specific. Respondents had mixed views on whether recruitment and completion were difficult or easy in 2022. Seven reported that enrollment was difficult, 6 that it was neither difficult nor easy and nine indicated recruitment was easy. This is in contrast to 2020-2021 when enrollment (10) and recruitment (10) were difficult and completion was difficult (8).

According to data on the CCW website, from July 2020 to June 2021, 405 youth enrolled in a CCW Career Launch Healthcare Support Occupation. As described elsewhere in this report, getting a complete picture of CCW endorsed healthcare programs is a challenge. The Training Fund contracted with SJI to develop a map all Career Launch programs in the state and employers engaged with those programs to

better understand the current system, where there may be capacity to grow programs, and where there were gaps in programming. SJI also compiled non-CCW endorse CTC programs as potential targets for outreach to see if there is potential for some of these programs to become CCW endorsed. The following issues made this task challenging:

- **Outdated information:** CCW directory information was often outdated, from program contacts to worksites, especially for Career Explore programs that may change format or location from year to year. By way of comparison, data on registered apprenticeship must be approved by the Washington State Department of Labor & Industries (L&I). The Department gathers and tracks a set of consistent information across all registered apprenticeship programs. This data is then made available to the public on L&I's Apprenticeship Registration & Tracking System and updated monthly. On the other hand, it is unclear how often the CCW directory is updated, who provides the information on CCW endorsed programs (intermediaries, employers, educational institutions, etc.) available on the directory, and whether the data being shared with CCW varies by program.
- **Unclear program details:** Program-specific information listed in the CCW directory does not always match the information on the program website that is linked (if there is one). Program descriptions, career pathway or occupation names, and worksites can differ. Because the linked websites often go to the home page of the organization, and because many organizations have multiple programs that are not all CCW endorsed, it can be very time-consuming for students to find the page for the program they found on the CCW directory. If descriptions and names differ, this gets even more confusing. Moreover, for some listings in the CCW directory, there is no website and the details do not provide enough information to easily find the most updated program description or how to apply. The time-consuming process presents a barrier for students. Furthermore, career pathway information and worksite addresses (when applicable) are not always listed.
- **Inconsistent terminology:** Inconsistent use of terminology makes understanding who runs a program and how it works confusing. The CCW website uses terms such as "program builders" and "intermediaries" while the directory lists "partners", "institutions", and "worksites". This can obscure who is administering the program, where or how to enroll, and where the student will eventually attend classes or work. Career pathways and occupation titles are not always consistent both in the CCW directory and program websites. For example, a program might list "Home and Community Care Nursing Pathway" as the title but list "Career Pathways: Certified Nursing Assistant, Home Health Aid" in the program description. Ensuring that the career pathways, degree names, and targeted occupations are harmonized would improve CCW's website navigation. Finally, pathways and occupation options are often not listed in an extensive way: because the healthcare sector is so diverse, one degree can lead to multiple occupations or specializations but programs often only list one occupation title targeted by their degree. As a result, students may not be able to understand what occupations are related to the pathway.
- **Unclear or changing worksites:** Determining this information is especially difficult. Updated worksite information is not usually available on program websites, and it was inconsistently listed in the CCW directory. It seems that this changes frequently and is not always tracked. For example, one program shared that partnerships and placements vary by student and availability.

They also mentioned there is no consistent coordination or cooperation with employers over time. This could be the case with many CCL programs, making it difficult to track.

SJI also found challenges to understanding the landscape beyond CCW-endorsed programs. There are a lot of smaller and/or private healthcare programs throughout the state, with different formats and requirements. They are either listed inconsistently on multiple educational websites or only on the individual website of the program administrator. A student would need to know a lot of information to find them or understand how they work.

- Program and employer mapping (see [Healthcare Career Connected Learning Employer Map](#)), not surprisingly, showed Registered Apprenticeships, CCW endorsed Career Launch programs and employers clustered around the Seattle metropolitan area and other larger urban areas, especially on the west side of the state. The Training Fund found the following CCW Career Launch programs for the entry level occupations it recommends prioritizing in this report:
- Three Certified Nursing Assistant certificate programs offered by Clover Park College and another by the Health Care Apprenticeship Consortium
- Four entry level behavioral health occupation apprenticeship programs offered by Great Rivers Behavioral Health Organization.
- A Medical Assistant apprenticeship offered by Great Rivers, another by the Health Care Apprenticeship Consortium (the Training Fund), and a third offered by Washington Association for Community Health
- Two AAS Technician programs offered by Columbia Basin College, Pharmacy Technician and Sterile Processing Technician apprenticeships offered by the Health Care Apprenticeship Consortium
- A Home and Community Care Nursing Pathway, Certified Nursing Assistant, Home Health Aid certificate program offered by Renton Community College

Clearly, the gap between the need and the programming available is significant.

Promising Programs

In the midst of all the challenges to developing and scaling career connected learning programs, exciting work is occurring throughout the state. To list just a few examples, the Eastern Washington Area Health Education Center (Eastern AHEC) is currently creating “hub schools” that use a hybrid on-line/in person model to expose rural students to healthcare occupations, without having to travel long distances. Eastern Washington AHEC also supports Scrubs Camp, a one-day event that provides hands on experience for students to learn about various healthcare occupations. Quincy Community Health in rural Washington near Moses Lake hosts quarterly career health classes. Wenatchee Chamber of Commerce offers youth a Valentine’s Day heart dissection lead by a local cardiologist. HILT has supported the Student Experience Package, hosting Sound Careers in Healthcare, a career fair that exposes students in King, Pierce, and Snohomish Counties to healthcare occupations.

The SEIU 775 Benefits Group Home Healthcare Aid Basic 70 Training, which is designed to reach individuals farthest from opportunity, provides an interesting example of how training can be provided to reach underserved populations. Training is offered in Spanish English, Russian, Cantonese, Korean, Vietnamese, Amharic (an Ethiopian Semitic language), Arabic and Somali, because “a course in your primary language may be a **better fit to set you up for success and get you working faster as a caregiver.**” Language assistance is available in a variety of additional languages as well. The hybrid

virtual/in person classes are offered on a regular schedule in locations as spread out as Aberdeen, Colville, Mount Vernon, Renton, Omak, and Clarksville. Participants are paid while in the 14-day program, and while the pay for Home Healthcare Aids is low, those who take the training receive a raise upon certification.

Recently, the Healthcare Intermediary connected the Foundation for Youth Resiliency and Empowerment (FYRE) in Okanogan County with Eastern AHEC to support the development of a Youth in Community Health Career Exploration program. The program is being supported with a Program Builder grant from CCW. Eastern AHEC is helping FYRE expand its partnerships and providing professionals to support the program, which will include paid work experience and hands on training across a variety of community health roles to introduce and prepare youth for peer-based careers. The program also includes soft skill development, job shadow opportunities, internships and guest speakers. The program is slated to launch in spring 2023.

Community Colleges offer many promising programs to meet the needs of students. For example, a variety of programs, including nursing programs, offer flexibility for students to work so they can earn while taking classes part time. Additionally, colleges participating in HEET grant projects have had successful outcomes and provide navigation services as well as clear communication channels among schools, unions, and employers. Additionally, a number of colleges, including High Line Community College and Green River College, are looking at innovative ways to make the application process more accessible. For example, Green River College has created a holistic admission process for its LPN to BSN programs to increase inclusivity for students who are first generation Americans, BIPOC, multi-lingual, veterans, etc. and ensure that the student population is reflects the diverse communities they will serve. The process looks at applicants “as a whole” and includes not only academic performance, but personal statements, resumes, commitment to DEI, and other special considerations. The college has also eliminated expirations on pre-requisites and does not require standardized entrance exams to help more diverse students access programs, and as a result, train more diverse healthcare workers.

Some colleges have strong reputations in healthcare training that make it easier for their graduates to enter the work place. Examples include the Pharmacy Technology program at North Seattle Community College, the Surgical Technician program at Seattle Central College, and pre-requisite course work at Seattle and Tacoma Community Colleges. Another example is the Sterile Processing Technician program at Clover Park College that attracts student who move from out of area to attend. The Sterile Processing program allows for paid internships for those that need to work while learning. Additionally, as a result of the pandemic more schools and classes shifted to online/hybrid or asynchronous instruction. These shifts create more flexibility for students and their schedules. Big Bend Community College shared that it had increased online delivery options for coursework, mirroring this trend, and allowing more flexibility for its students. Community colleges are a major contributor to the training of healthcare professionals and offer a viable pathway for many entry points into the healthcare eco-system. Greater focus on educational options that align with student schedules and the need for students to work outside of classroom hours can help more students succeed.

Another example of programs working to expand career connected learning opportunities is the HealthCare Career Pathway Ecosystem using cross regional collaboration to expand a foundational Career Explore program developed by Educational School District (ESD) 123 in three regions of the state. The program focuses on 5th to 9th graders and emulates the “Stem Like Me” program. West Sound STEM Network, Mid-Columbia STEM Network, and Career Connect Northeast, in partnership with ESDs 114, 123 and 101, industry partners, tribal leaders, migrant communities, K-12, and post-secondary partners

are designing the program to serve as a pipeline to current and future Career Prep and Career Launch programs in each region. For example, in the West Sound region, the program will feed students into a proposed Career Prep program led by Jefferson Healthcare. The expanded program will equip educators in grades 5-9 to support youth, especially youth furthest from opportunity, through exploration of healthcare careers, age appropriate activities, and opportunities to visualize themselves in various healthcare occupations. The program will include wrap-around services, such as mentoring. The Healthcare Sector Intermediary has been invited to serve on the steering committee for this project.

Career Path Services (CPS), a statewide provider of workforce development programs and services, has developed two programs that do not result in credentials, but offer entryways into healthcare employment. The 4-week Dignified Work pilot program is operated virtually and can be offered anywhere in the state. Career Work\$ Medical is an 8-week hybrid virtual and in person program that has clinical elements to train entry level Patient Service Specialist, Call Center Representative and Medical Billing Specialist occupations. Both programs provide wrap around services and are tailored to focus on the individual first and the occupation second. CPS states that these programs are resulting in entry level health career employment for individuals with barriers to employment. CPS is exploring career opportunities for career progression along pathways to middle skill occupations for completers. The Healthcare Intermediary has introduced CPS to other community-based organization to encourage collaboration and visibility of these program. Although neither program is CCW endorsed, CPS is considering applying. These programs provide good examples of career connected learning that could become endorsed and expand the menu of Career Explore/Career Launch programming.

Career Connect Northeast (CCNE) and ESD 101 in Spokane have twelve active Certified Nursing Assistant cohorts running with Providence Hospital each year. Additionally, CHAS Healthcare supports bi-annual Medical Assistant and Dental Assistant apprentice programs to support entry level occupations in the Northeastern region. CCNE holds group meetings monthly, similar to other regions, to increase career connected learning opportunities. Additionally, Washington Alliance for Better Schools (WABs), located on the west side of the state now also is joining these meetings to support the Spokane area in partnership with Spokane Region Healthcare Pathway partnerships. This partnership helps expand and scale career connected learning opportunities. WABS has been a strong partner for CCW, helping to build programming and employing one of the Regional Network in Seattle area.

Case Studies

The Training Fund offers the following two case student to share insights, based on its experience, into what it takes to make career connected learning work. It's likely these insights are applicable at least some Career Launch programs in healthcare.

Behavioral Health Apprenticeships: Efforts to integrate Behavioral Healthcare with Physical Healthcare began years before COVID, but the pandemic increased the need for behavioral health services in a variety of settings. To meet this growing demand, in the midst of pandemic lock downs, the Training developed 3 behavioral health apprenticeships. It found that behavioral health providers were generally supportive, even enthusiastic about participating in apprenticeship to build their behavioral health workforce, but a number of barriers impacted both the shape of the programs and the number of apprentices in inaugural cohorts:

- Many Behavioral Health facilities are Medicaid funded. Low billing rates, tight margins and billability issues for apprentices, make it challenging for these facilities to cover upfront costs for apprenticeship programs. While return on investment for apprenticeship is strong, it is not

immediate. Incentive funding to subsidize even a portion of apprentice initial wages was necessary to get employers to commit. The Training Fund found that even relatively small incentive payments made a difference in getting employers to commit, although sustained payments spread over the length of the apprenticeship may be more effective in the long run. Even so, it has been challenging to get employers to commit, at this time likely due to their limited bandwidth.

- Significant state regulatory requirements along with processing timeframes result in backlogs for approval for students entering Behavioral Health training and occupations. The Training Fund is working to gain approval from regulatory agencies do more the processing to obtain faster approvals. In addition, the Health Care Authority (HCA) raised concerns that the Training Fund's Certified Peer Counselor (CPC) apprenticeship would not be sufficient to meet the requirements of HCA developed curriculum, which could cause additional delays in approvals. The Training Fund addressed HCA concerns by building HCA's approximately 50-hour CPC curriculum into the 1st year of the Peer Counselor apprenticeship program, but due to filing and processing time lags, state approval regarding student completions can still be a long process.
- It turned out that Substance Use Disorder Professional (SUDPs) apprenticeships were in much higher demand than Behavioral Health Technician apprenticeships, even though both occupations are critical to behavioral health settings. The difference in the way providers bill for the two occupations - SUDPs add to a provider's bottom line – may be one cause for this challenge. The other may be that Behavioral Health Technicians go by a variety of job titles depending on the settings where they work – making the translation is not always easy. The Training Fund is looking into its outreach strategy to determine how to best address this unanticipated challenge.
- Employers are interested in a 4-year behavioral health technician apprenticeship towards counseling, which could help create career ladders for these occupations.
- Because the apprenticeships were developed during the pandemic, they were designed with virtual cohorts spread across distant parts of the state for the classroom instruction to “get to the numbers” to make these apprenticeships cost effective while meeting the needs for smaller numbers of apprentices in distant communities. Apprentices complete their hands-on learning with their employers, reducing the need to travel for clinical type opportunities. This model could help address healthcare occupational needs in rural communities.

Introduction to Healthcare Apprenticeship Programs (IHAP): Another promising model for engaging those farthest from opportunity in healthcare careers is the Training Fund's Introduction to Healthcare Apprenticeship Programs (IHAP). IHAP consists of two components. IHAP 1 is a three-week virtual introduction to healthcare occupations and apprenticeship. Completion of IHAP 1 provides options for entry level employment into lower skilled healthcare occupations. Those who complete IHAP 1 may enroll into IHAP 2. IHAP 2 is an eight -week hybrid virtual and hands on program that prepares participants to become Nursing Assistant Certified (Washington “NA-C” is nationally called “CNA”). The Training Fund and its contractors provide wrap around services for these individuals, including computers, career counselling, supportive services, and stipends to offset living costs while in the program. The Training Fund works with IHAP 2 graduates to ensure they take their certification exams, and has agreements with employers to interview IHAP 1 and 2 graduates for job openings at their facilities. Those employed by Training Fund employer members are able to access robust benefits, such as access to tuition reimbursement and apprenticeships provided through the Training Fund. IHAP

provides the first step on a career ladder to middle-skill occupations. Some insights from the IHAP findings include:

- It takes coordination to manage the partnership necessary to implement an IHAP cohort. The partnership includes community partners/schools for recruitment, funding partners, such as WDCs to cover the costs for students who are eligible and other partners, such as foundations, to cover costs for those who are not, and employers willing to interview and hire graduates. This function is generally unfunded, although CCW has been investing to build more infrastructure to support this type of convening.
- Part of the value of IHAP 1 is that students gain realistic, current information about whether healthcare is the right fit for them. Only a portion of IHAP 1 students go on to IHAP 2, but, as a result, the attrition rate for the more expensive IHAP 2 program is lower. IHAP 1 provides valuable interviewing, resume, and job prep skills, even if participants choose not to enter healthcare.
- NA-C testing backlogs create a challenge for many graduates. The Training Fund has found that it can take as long as a year to be scheduled for testing. The longer you wait to test the less likely you are to retain all the information you need to pass. While waiting, many graduates find entry level facilities jobs in healthcare without certification or move into other fields, and therefore never test, missing out on a pay boost from certification. Others take jobs as Nursing Assistants-Registered, but only have 6 months to become certified. The Training Fund is working to become a testing site to offer more immediate access to testing, which could provide a model for addressing backlogs.
- Once graduates get jobs as Nursing Assistants, they still need at least a year or more of work experience before employers will consider them for apprenticeships or other training opportunities. Because NACs are in such high demand, employers are often hesitant to move needed, well trained NACs into higher level occupations, creating a “catch 22” for both the employees and employers.

Promising Practices

Based on its research, Training Fund would also like to call out two promising practices that may accelerate the expansion of career connected learning, especially if adequately supported.

Technology and Virtual Instruction: Out of necessity during the pandemic, long standing resistance to the use of technology to provide telehealth declined. While many healthcare workers needed training to use technology effectively in their practice, expanded use of technology also opened the door for more virtual healthcare training, creating opportunities to offer high quality programs anywhere in the state. For example, Training Fund apprenticeships designed during the pandemic offer remote apprentice training cohorts, where classroom and lab time are provided via video conference and on-the-job training is provided in healthcare settings close to where apprentices live. This allows small numbers of apprentices in dispersed geographies to be trained at the same time. Community Colleges have also expanded virtual learning since the start of the pandemic, as evidenced by recent conversations at the Center of Excellence for Community College Allied Health meetings. It should be noted that in addition to allowing students in settings far from colleges to access programming, the shift to more virtual and on-line training is occurring in more urban areas as well as students choose this option over attending in-person programming. Colleges and schools are learning how to optimize on-line instructions and how to use it more effectively to promote the development of skills and competencies necessary to succeed in the occupations.

Simulations that were historically limited for healthcare occupations became more extensively used during the pandemic, providing greater flexibility to schools and students and expanding training capacity. Building on the success of simulation in nursing instruction and other programs, virtual reality is being applied to healthcare training. For example, the Training Fund uses virtual reality training scenarios that allowed apprentices in entry-level occupations to “walk in the shoes” of healthcare providers and patients as part of the learning process, building both technical skills and empathy.

Managing technology enhanced healthcare education across long distances is not without challenges. For example, a Medical Assistant (MA) apprenticeship designed to serve the needs of rural areas ran into challenges due to the logistics of arranging clinical cohorts, instructor travel, remote learning, etc. at a distance. However, because of the strong need for the MA programs in rural communities, Washington Association for Community Health (WACH) took on the project, found a way to address the initial challenges, and is currently running cohorts so successfully that it added Dental Assisting apprenticeships.

While SJI found, based on Sentinel Network Surveys that there are still students and employers who are not confident that simulation is an adequate substitution for hands on learning, this concern is beginning to fade based on more recent interviews and discussions. Still, it is important to address these ongoing concerns for CCW to effectively expand Career Launch programs statewide to fill critical occupations required in small numbers in remote locations and retain local talent in underserved communities. WACH has demonstrated that there are ways to address remote learning challenges. In their case finding the right balance of asynchronous and synchronous instruction resolved logistics challenges to delivering remote instruction. More information from communities of practice is needed to expand effective use of online learning and efforts to provide access to affordable broadband throughout the state need to be supported.

High Road Training Partnerships: The [California Workforce Development Board’s High Road Training Partnership](#) model, centered on equity and engaging employers and workers as equal partners in developing workforce solutions, has shown promising results so far. The model grounds its work by focusing on the intersection of equity, quality jobs, and resiliency/environmental sustainability. The model brings together organized labor, workers, employers, community-based organizations, education providers, and others to create workforce development solutions that support pathways to living wage jobs, while promoting equity, sustainability and economic growth. The model could accelerate CCW efforts to expand industry engagement in support of career connected learning, strengthen convening, and prompt more options for scalable programs across the state, especially for programs that support those farthest from opportunity. As by the High Road Training Partnership [fact sheet](#), “This partnership model promotes systems change and worker voice to build an economy based on equity, skills, innovation and shared prosperity. The approach ensures workforce development and employment opportunities are accessible to and shaped by communities of color and low-wage workers, that jobs offer family-sustaining wages and benefits that workplaces are safe and healthy and that workers have agency, and voice and are treated with dignity and respect. HRTPs, also ensure that industries develop mechanisms to become sustainable and competitive in a high road economy and adopt practices to address vital concerns like increasing racial equity and environmental sustainability.”

Analysis of Support Services for Students and Young People

The two surveys conducted by SJI asked which support services programs provide or refer to partner organizations for and which support services needs they can’t meet. The support service most frequently mentioned was the education programming itself (6). Next was funding for tuition, fees, and

books (5), followed by transportation (4), and housing, including short-term housing for clinicals (3). Mentoring, general wrap around services, computer/internet access, and food support were also mentioned as being offered by some programs. However, survey respondents also indicated that their programs are unable to fulfill the following needs: transportation, particularly for rural students (6); work-based and paid learning opportunities (5); specific training because of lack of funding or too small of scale in rural communities (4); housing (3); and childcare (2). Work tools, coaching and academic support, full wrap around supports, food support, and English proficiency courses were also mentioned as unfulfilled support service needs.

Interestingly, many of the unmet support services needs overlapped with the services provided; some respondents indicated that they provided these services but only on a limited basis or only when funded to do so. The only support services that were not listed as an unmet support services needs were funding for tuition, fees, and books and mentorship. SJI notes that, based on other responses, this does not indicate that these needs are adequately met across programs. SJI also notes that the “overlap also highlights that even with services integrated into the program, they can only meet some of the demand for those services, particularly transportation and housing. Not being able to offer specific in-demand training because they lacked scale or funding was a problem in rural communities.” (page 14 of the Survey Results report)

Among the challenges frequently identified in Training Fund research, transportation is a common challenge shared not only in rural but also in urban communities, especially with sky rocketing gas prices. Even Career Launch programs with significant on-line components require students to commute to healthcare setting for some portion of their training. Housing, childcare costs and inflation are increasing the need for support services throughout the state. Even once employed, many entry level healthcare workers need support services to become stabilized. Wrap around services necessary to help youth and young adults successfully complete programs and retain employment are becoming more expensive and families no longer have access to pandemic financial support programs to help defer these costs.

Addressing these needs is further complicated by the regulatory requirements of potential funders. For example, most federally funded programs that provide support services can only do so for eligible applicants. Each program must determine eligibility, and individuals needing support services may have to apply to multiple agencies with slightly different eligibility requirements in order to gain access.

V. Recommendations

The following recommendations focus on issues where additional resources would make the greatest impact on expanding CCW endorsed Career Launch programs. These recommendations were initially provided to CCW and stakeholders in early August 2022. Feedback from stakeholder led to revisions, which are reflected below.

- Invest in Career Launch programs for entry level, high demand healthcare occupations including Behavioral Health, Nursing Assistant, Home Care Aid, Medical Assisting and various Technician occupations that provide opportunities for those in underserved communities to enter the healthcare workforce and advance along career pathways to in-demand, higher wage, middle skill occupations. A [Healthcare Career Pathways Map](#) has been developed as a starting point to support this work. Successful implementation of this recommendation includes:
 - Developing robust career pathways that can be articulated to from a variety of entry level occupations. For example, the Department of Health and the Workforce Training Board

have commenced work to support NA-C to LPN to RN progression. The project will also identify the barriers to movement along this career pathway, so that programs can be adjusted to address these barriers. Mapping the competencies gained in entry level occupations so individuals can more flexibly enter career pathways allows entry level employees to learn about the healthcare setting and find the right place for the future career growth.

- Building/scaling programs that meet local needs and driven by both employers and workers, through vehicles like labor management committees where these exist, or similar approaches where labor management committees don't exist.
- Designing programs that can be leveraged in other parts of the state and customized to meet regional/local community needs.
- Focusing on "learn and earn" Career Launch programs, especially apprenticeship and apprenticeship preparatory programs to help those unable to attend post-secondary education enter healthcare careers. Learn and earn program examples range from programs like the [Introduction to Healthcare Employment and Apprenticeship Program \(IHAP\)](#), which provides low income students with stipends during a compressed eight-week Nursing Assistant-Certified training program, support service navigation and employment placement or the Washington Association of Community Health [Registered Medical Assistant and Dental Apprenticeships](#) and the Health Care Apprenticeship Consortium's [Behavioral Health Apprenticeships](#) that provide entry level employment with benefits and increasing wages for those interested in healthcare careers.
- Expanding online learning and the use of simulation to reach areas distant from traditional schools, skills centers, community colleges and post-secondary institutions, thereby expanding learning infrastructure not only for rural areas but also for those for whom online learning is better fit. The pandemic accelerated the acceptance of online instruction as an option for many occupations. Fine tuning to assure that online options increase student success, rather than just replace traditional place-based models of education will likely further increase adoption. Career Path Services Dignified Work and Career Work\$ Medical program two examples of programs that could provide models for online/hybrid learning. To support this recommendation, CCW and its coalition will need to work with others to support the expansion and affordability of broadband.
- Focusing on cohort, clinical capacity, simulation, assessments and development of skill-based competencies as an action item. Capacity and staffing have challenged the ability of healthcare settings to provide clinical opportunities since before the pandemic, and will continue to challenge successful implementation of Career Launch programs. Support for faculty/preceptor incentives may also be needed.
- Working with state agencies and others to reduce credentialing bottle necks by adjusting credentialing requirements that are more stringent than industry needs, increasing testing capacity, minimizing licensure/credentialing delays, supporting skilled out of state transfers, and providing more credit for prior learning may provide a pathway forward, but require more research.
- Considering providing incentives to smaller healthcare providers with tighter margins to encourage them to implement apprenticeships. Even relatively small amounts of incentive to offset initial apprentice salaries made a difference in recruiting employers for apprenticeships. Eventual return on investment can replace the need for incentives as employers are more able to invest into programs.

Of equal importance to all of the items listed above, is the need for significant, long term legislative and regulatory engagement to achieve this goal.

- Create a rural strategy to address the specific challenges that limit expansion of Career Launch programs in rural settings. It's clear that urban strategies aren't always applicable or scalable in smaller communities dealing with less educational capacity due to smaller schools and fewer post-secondary institutions, limited capacity for smaller healthcare providers to host career connected learning, especially in light of the COVID-19 pandemic, smaller labor pools, less competitive wages, long distances, limited transportation and housing options, and fewer CBOs with fewer resources for support services.
- Weave diversity, equity and inclusion (DEI) into every recommendation and support these efforts with resources. Heightened community involvement must ensure that voices not previously heard are engaged in program development and policy making. Resources are needed to embed and grow a DEI strategy not only for the healthcare sector but for all CCW initiatives. Resource support will help support engagement from organizations, individuals and communities. Their participation in DEI efforts has a real cost that is generally unrecognized and unfunded.
- Invest in the CCW and career connected learning brand and the resources to support the brand (website, collateral materials, etc.) to increase visibility and engagement, expand industry involvement, and minimize the "silo-ing" that easily occurs in a complex setting like healthcare. The website and collateral materials need to "tell the story" for all Career Explore to Career Launch programs and be easily accessible, accurate, understandable and up to date for all CCW activities to a variety of audiences, including those who may not have a technical understanding of career connected learning.
 - Improve the directory at the CCW websites to help families, students, educators, businesses and partners access and use career connected programs it is critical to:
 - Provide information that is relevant, like who is responsible for the program, how to apply, where classes, and if relevant, work-based components are offered, possibly listing employers have participated in the past as examples.
 - Update information regularly to increase the accuracy and consistency of program listings. This would require CCW to establish an information-sharing protocol with programs describing the information that must be updated and how often.
 - Clarify roles. For example, do the "partners" fund the program, administer the program, provide the classroom education, or provide the worksite education?
 - Establish consistent terminology and career pathway designations, at least for CCW-endorsed programs.
 - "Harmonize" the directory filters and consider filtering by targeted occupations. For example, the areas of interest filter lists "nursing", "healthcare", and "health care" but nursing is also under healthcare.
 - Offer exportable data would to help students, researchers, and career connected program supporters to easily compare and analyze programs. It is difficult to share information that can only be accessed through the directory.
 - Provide/publish materials specifically for program builders and others supporters, including strategies for convening; descriptions of promising practices; program development templates to support scaling and "walk through" paperwork and complex processes, such as the grant and endorsement; and quick and easy "how to" fact sheets to make participation easy. Fragmented information about program development and limited sharing of promising

- practices reduces the ability to position career connected learning as a primary solution to meeting industry needs.
- Building collateral marketing materials for intermediaries to leverage support from more educators, organized labor, employers, BIPOC organizations, community-based organizations, advocacy organizations, and healthcare providers for implementation strategies.
 - Invest in the sectoral convening function beyond, beyond the grants that funded statewide sector intermediaries to adopt a “best in class” model for convening sector partners that is grounded in equity, access and strengthening partnerships to involve all stakeholders. The California Workforce Development Board’s High Road Training Partnership initiative provides one such a model by ensuring that recommendations for economic prosperity are grounded in the intersection among equity, quality jobs, and resiliency/environmental sustainability. High Road Partnerships offer a more inclusive view of industry leadership to “reallocate power so that all parties—employers, workers, labor representatives, and community members as well—benefit” ([The High Road to Economic Prosperity](#), page 4) and have shown promising results so far. Implementing such a model successfully will take thought, work, excellent facilitation, technical assistance, and adjustment to fit the Washington state context – it seldom works to take a complex, highly effective model and simply reproduce it in another setting. Engagement with the California Workforce Development Board could help CCW and its partners think about how High Road Training Partnership could be best applied in Washington.

Attachments

- Healthcare Literature Review- PDF
- Survey of Healthcare Career Connected Learning Program Providers- Word
- [Healthcare Career Pathways Map](#)
- [Healthcare Career Connecte Learning Program Dashboard](#)
- [Healthcare Career Connected Learning Employer Map](#)

