



DC Health Care
Workforce
Partnership

Qualitative Study Final Report
May 17, 2021

sociallens
RESEARCH

TABLE OF CONTENTS

- METHODOLOGY
- EXECUTIVE SUMMARY
- LABOR TRENDS
- 2021 WORKFORCE SUPPORT SYSTEM
- TECHNOLOGY AND THE WORKFORCE
- PARTNERSHIP
- STAKEHOLDER GROUP FINDINGS
- INTERVIEWEES



METHODOLOGY

Audience	Breakdown	Key Metrics
Partner Interviews	One to One Interviews: 32 Core Partners: 13 Employer: 14 Network Supporters: 5	Done: 32
DC Resident Study	Self-paced app research: 11 One to one interviews: 8 Focus group: 1	Done: 20

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY



INVEST IN DC RESIDENTS

Agreement exists across the Partnership that training DC residents for non-degree positions (credentialed/non-credentialed) is feasible and can help address employee shortages.

IDENTIFY NEEDS AND POOL RESOURCES

Understand employer key needs to align priorities and resources accordingly. Many existing training programs are in place that can be leveraged if curriculum is better matched with employers' needs, and efforts are coordinated to use resources more efficiently.

PRIORITIZE FOUNDATIONAL TRAINING

Collective foundational training around health care technology, patient experience delivery, professionalism and basic literacy/numerology were viewed as “low hanging fruit” and could give the Partnership an early win.

STANDARDIZE PATHWAYS

Virtual training/credentialing efforts could reduce the barriers to training if access and technology literacy issues are addressed. Most, including DC residents, feel that in-person, hands-on training is still critical.

EXECUTIVE SUMMARY



OPTIMIZE VIRTUAL TRAINING ACCESS

A standardized curriculum/career pathways/apprenticeship program for the top job categories is viewed as critical and has been a successful model in other cities (e.g. Baltimore).

PRIORITIZE EMPLOYEE JOB FIT

Match employees to the right job (patient care, cultural fit). Training programs, internships, apprenticeships and “shadow” opportunities are ways for employers, as well as current and prospective employees, to assess an employment fit.

MARKET THE JOBS

The Partnership members feel health care jobs are not top of mind for DC residents, and that many DC residents are unaware of non-degree licensed or non-licensed opportunities.

DOCUMENT AND SHARE STORIES

Across small to large employers, there are many health care pathway success stories. Uncovering, documenting and understanding the existing DC success stories could help inform best practices to replicate. It will also provide real stories to help increase awareness of health care job opportunities through word of mouth, social media and other communication channels.

EXECUTIVE SUMMARY



CLOSE THE EQUITY BARRIERS

Many entry-level positions (e.g. home care) don't offer a living wage in DC, and the higher paid licensed positions are out of reach for many (require work experience, credentials residents cannot afford/access). Closing the equity barriers will require a robust program that addresses limited access to education, inequities and varied lived experiences.

RETHINK TRAINING AND LICENSING REQUIREMENTS

Some view DC licensing laws as prohibitive ("can't work till you get experience, you can't get experience") and there is a collective desire to reassess training and licensing requirements because they hinder pathways. Centralizing the training and licensing requirements could positively impact hiring and retention.

BUILD A "WHOLE PERSON" PROGRAM

Awareness and recognition of the "whole person" is viewed as crucial to retention and workforce growth. Coaching and employer support needs to be ongoing and go beyond "just the job" (childcare, transportation, wellness).



PROMOTE RESPECT FOR ALL JOBS IN HEALTH CARE

Partnership members shared the need to respect all jobs in health care and understand how they are connected. “Our language has to be non-hierarchical and non-judgmental. There is no place for pyramids in health care.”

FOCUS ON SUSTAINABLE EQUITY

Commitment to diversity, equity and inclusion through employment pipeline, career pathways and organizational culture is vital to health care workforce sustainability. A diverse workforce is more than race and gender and is inclusive of returning citizens, transgender individuals and others in the LGBTQ+ community, aging residents, those with disabilities, substance abuse history, mental illness, and those experiencing homelessness. It is imperative that DEI initiatives are measured and embedded in the organizational fabric (e.g. through respectful care, hiring practices, cultural competency training, networking, and safe spaces for employees to share lived experiences and discuss social issues).

LABOR TRENDS

HEALTH CARE HIRING TRENDS AND PRIORITIES

COMPETITION / REIMBURSEMENT RATES

Employers have seen increased competition for workers at all levels. Nonprofit, smaller community health employers struggle to compete with salaries of bigger providers. Reimbursement rates often do not allow for competitive salaries, especially for behavioral health positions.

SHIFT TO COMMUNITY CARE / HOME CARE

Demographics and the Affordable Care Act has accelerated trends toward more work in community care.

LIMITED HIRING FOR DC RESIDENTS

DC was seen as a city with a high cost of living, which made it difficult at times to recruit people to become residents. Some employees come to DC to train/develop their career and then move out of the District, making it somewhat difficult to find and keep skilled employees.

Employer: “Licensed professionals have more opportunities across the country that pay as much as 3-4 times more than they are making in DC. This is particularly true for nurses and respiratory staff. C-19 has exacerbated this trend.”

Core Partner: “Hospitals can afford that \$10,000 signing bonus. We're losing nurses to the hospitals because they can pay more than we can.”

Employer: “We try to be really competitive and offer salaries that are going to attract folks. But the reimbursement rates of what we get paid is not always going to cover higher salaries for a lot of those positions.”

Core Partner: “Health care is moving into the community. So we need to adjust our quality of care to meet that change.”

Employer: “Our ultimate goal is to be able to retain those positions and keep those positions in DC, of course.”

Core Partner: “Having all those folks out in the community, there really aren't enough direct care workers in our DC pipeline...70% of our workers live outside of DC, mostly in Maryland, in PG County.”

THE COVID IMPACT

DEMANDS FROM PANDEMIC HAVE IMPACTED THE PIPELINE

Even before COVID, many clinical workers did not have the capacity to help students complete clinical experience requirements. Delayed graduation limits the clinical workforce and academic faculty to teach the future generation.

INVERSE EFFECTS OF PANDEMIC

While the pandemic has caused people to leave their jobs or leave the industry entirely, it has also brought people together and strengthened the core values and resilience of those who have stuck through it.

LONGER-TERM IMPACT OF COVID UNKNOWN

Covid's longer-term impact to health care is unknown and adding to employer uncertainty.

Core Partner: "There is a cycle that starts with students not having enough clinical experiences which leads to not having enough faculty with graduate degrees which impacts the size of programs."

Core Partner: "Health care has a level of pride and branding it hasn't had in decades."

Employer: On starting a PTO bank: "We used it for essential workers that had to quarantine because of symptoms and stuff like that. So there was a pretty strong sense of togetherness."

Employer: "The DC health care industry is a bunch of unknown unknowns. How will telehealth continue to develop and be used? These unknowns likely will require new roles, retraining, and bolstering of skill sets and staffing levels in DC and the entire DMV."

Employer: "We have a lot of flexibility in licensing across everything that requires a DC license because we're in the public health emergency. But once that goes away, that flexibility goes."

IN-DEMAND CAREER PATHWAYS

INCENTIVES

Incentives like loan repayment and community support services were seen as promising incentives to target strong candidates for health care careers.

APPRENTICESHIPS / INTERNSHIPS

Apprenticeships/internships were popular pathways for professional development. Some cited licensing/other restrictions as barriers to access.

ACADEMIC INSTITUTIONS

Partnerships with local academic institutions have created a robust pipeline that allows employers to find/hire employees with advanced degrees.

Employer: “If there was a place where someone who was considering health care employment as a journey for them, they could understand the loan repayment options, because I do think that's an attractive way to keep people.”

Core Partner: “Shorter-term incentives, you know, they're talking...you can pay your loan back, if you go into a health manpower shortage area.”

Employer: “I was an intern in undergrad which ultimately led to employment for me. Then I went on for a master's and am doing, you know, things throughout my career.”

Employer: “We want to develop relationships with UDC and other academic partners building pipelines for their students so when they graduate, they come right to us.”

Core Partner: “That academic institution relationship, where individuals can get exposed to primary care early in their career, results in larger numbers of people working in that sector.”

2021 WORKFORCE SUPPORT SYSTEM

THE COVID IMPACT

BURNOUT / FATIGUE

Particularly due to the pandemic and burnout, qualified nurses that used to want the fast-paced dynamic careers that hospitals offer now want jobs in less acute settings, such as working as a school nurse or in a community clinic. Staff is attriting at a must faster pace than previously seen.

THE NEED FOR WELLNESS PROGRAMS HAS INCREASED

Wellness programs for staff helped with burnout and stress.

Employer: “People leave when you start to ask them to get COVID tested weekly.”

Employer: “People are getting exhausted trying to be compassionate caregivers.”

Core Partner: “One health center had a grief day where employees came together to acknowledge the loss. This led to great feedback, helped with burnout, helped people get through the behavioral health issues and the challenges they were facing. This example and others can be shared through peer groups.”

ECOSYSTEM FACTORS

AWARENESS AND RECOGNITION

Strong need for employer empathy and understanding of what workers are experiencing on the job (e.g. burnout) and with their families and communities. This is especially true for highly traumatized communities, such as people of color and transgender individuals. This also applies in the academic setting where, similar to workers, students are experiencing loss of loved ones, and have difficulty managing both emotions and the task at hand. In supporting students, faculty understands that when students are at the center, students learn how to be patient-centered.

Network Supporter: “At every stage and with every group in this continuum, there has to be an appreciation, understanding and services for the structural and social determinants of health.”

Network Supporter: “There is this expectation in health care that you just show up and nothing that's happened to you [should] show up with that.”

Core Partner: “We need to have enough clinical experiences for students across our disciplines, without overwhelming those in the clinical setting.”

Core Partner: “Pandemic or not, life happens. We have learned how to make adjustments, which teaches flexibility and humanistic character.”

DC Resident: “This is one of the best times [to work in health care] because of the demand for medical assistants and medical personnel in general.”

BENEFITS

CENTRALIZED LOAN DIRECTORY

Providing a central location for employees to research repayment options could help employees understand what options are available to them.

LOAN REPAYMENT PLAN

Loan repayment plans were seen as a promising retention strategy for new hires.

Employer: “I wonder whether the Partnership can think about centralizing all the different loan opportunities.”

Employer: “There's good access to loan repayment programs, and there are a variety of them.”

Core Partner: “We have the loan repayment program. If you don't get people committed and passionate early on, they leave after their two or three years are done. That's what we want to avoid. We want ongoing commitment to work in the sector, because of alignment of values and goals, and the pride that comes from doing this work.”

EQUITY TRENDS

REPRESENTATION MATTERS

When students have opportunities to meet health care workers they relate to, it sparks interest in their career. Mentoring programs keep workers engaged and motivated to advance.

DEI MUST BE EMBEDDED, NOT A ONE-TIME THING

Sustainable DEI initiatives (through respectful care, data, hiring practices, cultural competency training, networking, safe spaces for employees to share lived experiences and discuss social issues) are ways to address equity, foster engagement and measure impact.

DEI IS MORE THAN RACE AND GENDER

A comprehensive workforce strategy is needed to create career paths for returning citizens, transgender individuals and others in the LGBTQ+ community, aging residents, those with disabilities, substance abuse history, mental illness, and those experiencing homelessness.

Core Partner: “We need people serving the community who look like the community.”

Core Partner: “Again, that was exposure, because we had a male speaker who was a respiratory therapist. It sparked the interest of the male students.”

DC Resident: “A lot of times people in diverse backgrounds don’t go places because they don’t think that there’s a place for them.”

Employer: “We have to give people of color the opportunities that white people have had. Networking is important for people to meet and learn from each other.”

DC Resident: “Give people with a diverse background a chance. Your background doesn’t mean that [we] aren’t capable of doing the job. Just let us get our foot in the door.”

RETENTION

INVEST IN AND IMPLEMENT EQUITY PROGRAM

Employees of different lived experiences stay with employers that have invested in building equitable career paths, support systems and mentoring programs. A successful workforce program needs to build an ongoing commitment to equity.

SUPPORTING WORKERS AS PEOPLE

Understanding of the whole person beyond their job leads to work-life balance, better mental health, better outcomes, growth, and a happier, healthier workforce.

ADDRESS COMPETITION

Market shifts and technology impact those in the industry differently, benefiting some and hindering others. While telehealth has benefits (increased access for those with transportation, childcare issues), employers lose workers (particularly behavioral health providers), to private practice.

Core Partner: “To make population level change, connecting black and brown DC residents to quality employment, it has to be more than one program serving 15 people.”

Employer: “Many of our staff bring along their friends and family to work here because they enjoy it here.”

Core Partner: “We’ve had less clinical placements there than we used to but more students working there because they’re finding it a culturally welcoming environment. So that makes life a little better.”

Core Partner: “Employees want more work-life balance so we have to be innovative as a sector to create that. Covid has proven we can do that and we can create different work models.”

Employer: “Part of why there’s such great mental health need in the city is because many of our clinicians don’t take insurance at all. Private practice psychiatrists can make way more than we can pay them.”

TECHNOLOGY AND THE WORKFORCE

TRENDS

NEED FOR TECHNOLOGY BASICS / DC TECHNOLOGY DESERTS

Workforce will need basic technology literacy in order to transition to health care workforce, even for jobs that focus on patient care.

Core Partner: “Wards 7 and 8 are technology deserts with the least amount of bandwidth. Lack of skills required to turn on a computer, to use it, to go beyond a phone.”

Core Partner: “According to the US Census, the average Ward 3 household has 11 devices. The average Ward 8 household has one and it's a phone. So no matter what profession they choose, getting people technologically capable and able to learn online is a major issue.”

TRENDS

THE VIRTUAL TRAINING OPPORTUNITY

Virtual training offers an opportunity to make training more accessible. Stakeholders agree it will reduce barriers including scheduling conflicts, commuting costs, and child care needs.

VIRTUAL TRAINING LIMITATIONS / NEED FOR HYBRID

Across stakeholders, most felt in-person training, cultural fit testing and hands-on patient care experiences were critical for comprehensive training.

ONGOING VIRTUAL CAREER DEVELOPMENT

Many felt that training, mentorship and coaching needed to be continued to help DC residents transition and grow within organizations. There's a need for opportunities to facilitate ongoing career development virtually.

Employer: "This year we have done most of our training online, especially compliance training. It works well."

DC Resident: "I was able to be part of training because it was virtual. I have a new baby."

Employer: "Cultural fit, readiness to work in a professional setting and willingness to be patient first."

DC Resident: "Big difference from learning in the classroom to actually having to do the work."

Core Partner: "It's a big difference to go from cleaning a room to making sure a patient is clean. Employees need coaching."

DC Resident: "I am not sure what I need to do and learn to get to the next job level. "

REQUIRED SKILLS, COMPETENCIES

LICENSED

Certain licensing procedures were seen as barriers to accessing potential employees. Non-transferable licensing (e.g. from MD to DC) made hiring difficult.

NON-LICENSED

Employers were interested in hiring non-licensed staff members who were invested in providing quality care and were capable of empathizing with the needs of high-risk/marginalized groups. Bilingual people were seen as top candidates.

ALL POSITIONS

Soft skills, attitudes, culture and mission-driven individuals were top priorities for employers. Critical thinking skills and cultural competency were seen as top needs for potential employees, particularly front-desk staff.

Employer: "Licensing, or the standards, are some of the barriers that come up there."

Core Partner: "Portability is an issue...if you are a nurse in Maryland, licensed, you can work in Virginia without going through a licensure. District of Columbia does not participate in that."

Employer: "We need insurance navigators, call center representatives...a lot of bilingual front desk staff...predominantly English and Spanish."

Core Partner: "He's the person who draws the circle on you if you had radiation therapy..But it's so much more than that...he develops relationships with [patients]."

Employer: "The cultural competency needs are really high."

DC Resident: "I think they are leaning on the technical part but they leave out a big chunk because those transferable skills are what really make a person. Your past experience is what you're really bringing to the table."

KEY FINDINGS: TECHNOLOGY AND THE WORKFORCE

EDUCATION

MAKING EDUCATION MORE ACCESSIBLE

Access to grants, certificates and training were viewed as gaps, especially for smaller providers. Strong need for trauma-informed education in providing trauma-informed care.

MAKING EDUCATION COLLABORATIVE

Offering training sessions, presentations and other educational opportunities internally to advance skills and knowledge among staff. This includes staff educating each other about their specialties and experiences.

MAKING EDUCATION EQUITABLE

Balancing flexibility with structure to upskill staff in a way that is fair, relevant to career pathways and realistic for organizational budgets.

Employer: “But to my knowledge, there's not a lot of grants out there for education, which to me is different than training. If you have to keep up a certification, you need continuing education credits.”

Network Supporter: On trauma-informed education: “To understand whatever resources may be needed. Or to say: It doesn't sound like you're ready to go through this training right now. It's not about failing... it's that you're just not prepared. We want you to be successful when you embark on this path.”

Employer: “We developed a behavioral health learning lab for staff where we rotate our own talent to teach training sessions for a couple hours, with at least four people in a class. [We use] the group therapy model and other [models] and have trained on a variety of things.”

Core Partner: “You have to learn how to communicate where the person is. It may not be that they're not a fit for the job. It's about...how are you sharing the information and how are they learning? And how do you get them to move forward?”

Employer: On the concern of favoritism in offering courses: “To offer a course - phlebotomy for example - we need to be regimented enough to offer it and for anyone who wants to do it to be able to take it. What we do is identify people whose job paths are going that way. So it's more individual. And when it's more individualized, it can be viewed as favoritism.”

TRAINING FEASIBILITY

VETTING FOR THE RIGHT CANDIDATES UPFRONT IS IMPORTANT

Making sure candidates are a good fit for the work is essential to finding and training quality candidates.

IDENTIFY SKILLS THAT ARE TRANSFERABLE

Lab techs, pharmacy techs, and medical assistants can use existing skill sets and grow in the health care field.

PARTNER TO REACH NEW AUDIENCES

Partnerships with charter schools and other local institutions bring new sources for talent.

Employer: “We give a lot of scenarios and try to get their views, etc...that's what orientations [are] for, [to] determine whether you're a good fit and can learn what we're doing.”

Employer: “Something [we're] thinking about is offering opportunities to get really good jobs that are going to turn into career paths that don't require bachelor's degrees.”

Employer: “75% to 80% of our medical assistants, and we have almost 100 of them, have gone through a partnership we have with a charter school.”

INDUSTRY VALIDATED AND RECOGNIZED TRAINING, TRAINING STANDARDS

OLDER ADULT WORKER OPPORTUNITY

Opportunity to train those approaching retirement, or in retirement, who need flexible and part-time work. By hiring these individuals, employers get the benefit of experienced, qualified workers who can even serve as mentors to younger employees.

CULTURAL TRAINING

The importance of cultural competence/sensitivity must be addressed in training curriculums, particularly in environments with a diverse workforce and patient base.

Employer: “Because we’re in human services, we draw people who have the heart for helping people. But we’re finding that it doesn’t always tie up with technology knowledge.”

Network Supporter: “Working with the Office of Aging, I think that could be a really great solution to help people make a little bit more money. They can work part-time in the District. And, you know, they can have a higher quality of life.”

Employer: “So the ones who stay are ones that have compassion. Those are the best because you can really teach them.”

TRAINING CAPACITY

INVENTORY OF EXISTING PROGRAMS

Compiling a repository of quality training programs can serve both potential employees looking to gain new skills and employers looking for new partnerships.

INCREASED ALIGNMENT BETWEEN

EMPLOYER NEEDS AND TRAINING CURRICULUM

Making sure training for potential employees reflects the practical needs of hospitals can better prepare potential employees for work.

EXPLORE OPPORTUNITIES TO POOL RESOURCES

Intra-partnership consolidation of training and resources could streamline training opportunities for potential employees and enhance career pathways.

Employer: “They (SOME) do a very good training program. And I'm very pleased with it. The persons who come out of their community are well qualified to work in a community-based setting.”

Employer: “I think that we need to, number one, align the curriculum with what the hospitals need.”

Employer: “The Partnership could agree on training...we would create that curriculum in partnership with a university or some other group. Then...try to create a pathway for apprenticeships.”

TRAINING CURRICULA RECOMMENDATIONS

CREATING BRIDGES THROUGH CERTIFICATIONS

Training programs with certifications in administrative support and information technology (IT) create bridges to education and job exploration (learning opportunities in health care), while engaging low-income communities and those lacking access to technology.

EXPERIENTIAL LEARNING DEVELOPS EXECUTIVE LEVEL THINKING

Blending what people learn in the academic setting with hands-on training is imperative in developing executive level thinking skills for career advancement.

ADDRESSING TRAINING GAPS AS JOB FUNCTIONS EVOLVE

Human services draws people focused on the human connection who lack technology skills to keep up with industry tools. Additional supports are needed to increase hiring and retention (e.g. technology academy) and address generational gaps among health care fields.

Core Partner: “We are a bridge to college and careers so we don't see our students stopping with us.”

Core Partner: “Each state has different regulations. We need to look at the National Council of State Boards of Nursing, [see] what's going on, mirror some of that, and not just make assumptions. You know, be creative.”

Core Partner: “I can teach you a thing, but I can't teach you how to think.”

Employer: “With everything being done through electronic health records, it's a challenge because we have folks who have difficulty checking email.”

Core Partner: “[Millennials] come in and think it's interesting, but they don't stay. So we have to look at how this job is classified.”

PARTNERSHIP

GROWTH RECOMMENDATIONS

DATA IS KEY

Studies and data drive influence, relevance, engagement, and goals, while saving time and money. Needs and career pathways in health care evolve through contemporary data and future data.

INTERSECTION OF PARTNERSHIPS AND PATHWAYS

Partnerships build pathways through seamless connectivity among providers, industry, community, training and education. Filling gaps and sharing best practices (e.g. recruitment and retention tools, employee satisfaction assessments, promotion tracks) can be done through workforce development groups and other sector collaborations, peer groups, town halls, summits, campaigns, etc.

GROWING NEED FOR INTERMEDIARIES

As health care moves into community, there is a growing need for hybrid and “hub” roles. Understanding the role of intermediaries, who they are, how to support them and how to create a career ladder for them (e.g. intermediaries between those in technology and health care and the interface of electronic health records.)

Core Partner: “The data I collect today isn’t necessarily the data I need to collect 5 years from now.”

Core Partner: “Now, thanks to my independent surveying, we know that you've got to have at least a high school diploma, you should have anatomy, physiology and physics, as a basic. And that coupled with good customer service can lead to your shifting from somebody who's in a clerical position to someone who's studying and getting ready for a tech position.”

DC Resident: “If I can get an entry level position and work my way up there, that would be perfect.”

Core Partner: “There so many other components of health care that we want to look at. How do we do those interfaces? For example, you got people doing the technology, and then you got people doing health care. But when you interface it with electronic medical records, who is that intermediary that helps everybody understand it? What does that really take? What does that look like? And I'm sure there are many more examples of what is needed. How do we provide the education for individuals to do that in a career ladder?”

ENGAGEMENT

CLEAR ROLES AND PLAN

Clarity on roles, expectations, timeline and issue areas would help partners better engage and contribute.

DIALOGUE

Communication and ideation practices were seen as important for engaging partners and identifying opportunities.

UNDERSTANDING NEEDS

Partners want to know what health care workers need, what the future of education might look like, and how they can best serve the workforce.

Core Partner: “What does [the Partnership] look like...What do they want me to contribute or weigh in on?”

Core Partner: “The timeline defines the pursuit, not just the finish line. The engagement is different when you have a sunset versus ongoing work.”

Core Partner: “I think that the Partnership has the potential for creating the kind of dialogue, that ongoing back and forth [communication that would lead to] identifying opportunities within the pathway. ”

Core Partner: “Where the benefit comes is to understand from clinical partners what their needs are, where do they see, you know, education going...where do they see their workforce? What are they looking for? ”

PARTNERSHIPS

PARTNERSHIPS

Organizations not part of the DC Health Care Workforce Partnership who are partners to our stakeholders.

ORGANIZATION	DCHA OPPORTUNITY
Age Friendly DC	Opportunity to work with other coalition members who are working to help aging DC residents be active, connected, healthy, engaged and happy in their environment.
Briya Public Charter School	Runs medical assistant program with a Partnership employer.
DC Coalition of Disability Service Providers	Provides residential, day, employment, in-home and other waiver services.
Deloitte	Workforce training for returning citizens (resume writing, interviewing skills).
Education Forward DC	Provides technology training and resources.
Georgetown University	Current relationship with a Partnership employer through their nursing program.

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Organizations not part of the DC Health Care Workforce Partnership who are partners to our stakeholders.

ORGANIZATION	DCHA OPPORTUNITY
Girl Scouts	Opportunity to give young girls early exposure to health care.
Haiti Homes	Opportunity for students to do outreach as part of fieldwork requirements.
Howard University	Current relationship with a Partnership employer through their social work program.
HSC Pediatric Center	Adventure Day and other events give young people exposure to fields such as occupational therapy, as well as fieldwork experience for those pursuing their degrees.
Mayor's Office on Returning Citizen Affairs (MORCA)	Serves returning citizens, a hard-to-reach audience.

PARTNERSHIPS

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ORGANIZATION	DCHA OPPORTUNITY
National Rehab Hospital	Provides training and other health care workforce development programs.
NBC4 Fair	Opportunity for clinical students and those considering jobs in health care to participate in the fair's clinical sites.
Office of the Chief Technology Officer (OCTO)	Provides technology training and resources.
Pathways to Housing	Runs an urgent care clinic serving individuals in the criminal justice system.
Serve DC	Emergency Preparedness training and internships.
Sibley Memorial Hospital	Medical Explorers Day (young people get exposure to clinical settings).

PARTNERSHIPS

PARTNERSHIPS:

Organizations not part of the DC Health Care Workforce Partnership who are partners to our stakeholders.

ORGANIZATION	DCHA OPPORTUNITY
Starbucks	Workforce development program for returning citizens.
Verizon	Provides technology training and resources, along with workforce training (resume writing, interviewing skills).
Washington Hospital Center	Internships that lead to employment and culturally welcoming environment that leads to retention.
The Wharf DC	Model to learn hiring and retention best practices.

Workforce Success Examples

WORKFORCE DEVELOPMENT COLLABORATIVES

Recommendations from Partnership stakeholders.

ORGANIZATION	LEARNING
Baltimore Alliance for Careers in Healthcare (BACH)	Allied health career model and comprehensive program that contributes to advancement of front-line workers by identifying health care career pathways and connecting residents to skilled jobs.
Boston Private Industry Council (PIC)	Connects Boston residents to career pathways, and creates diverse talent pipeline for local employers. Programs and initiatives include: career centers that match job seekers with training and employment aligned with the hiring needs of local employers; work experience and career exploration for Boston high school students; re-engagement for disconnected youth; post-secondary coaching for Boston Public Schools (BPS) graduates; industry sector convenings, in partnership with higher education and nonprofit training organizations; quality research to inform practice and public policy.

Workforce Success Examples

WORKFORCE DEVELOPMENT COLLABORATIVES

Recommendations from Partnership stakeholders.

ORGANIZATION	LEARNING
Building Ventures	Successful workforce development model (construction training for returning citizens).
CareerSTAT (run by National Fund for Workforce Solutions)	Employer-driven network based on peer-learning, including a range of health care employers across the continuum of care, industry partnerships, workforce development partners, and philanthropic organizations. Supports health care organizations to develop, scale, and sustain workforce development programs by sharing: evidence-based strategies to address labor shortages and improve employee engagement; demonstrated practices that link workforce development to strategic business priorities; resources to help become an “employer of choice”; access to subject matter experts willing to share organizational strategies; tips for securing resources to start and scale programs; and national recognition for good work.

Workforce Success Examples

WORKFORCE DEVELOPMENT COLLABORATIVES

Recommendations from Partnership stakeholders.

ORGANIZATION	LEARNING
Greater Washington Workforce Development Collaborative	Impacts the workforce system through coordinated investments in policy, innovative programming, and the capacity of professionals working in the field. Convenes members throughout the year to share information, discuss labor market conditions, and identify key regional workforce development needs and opportunities.
Maryland Higher Education Commission (MHEC)'s Workforce Development Sequence Scholarships	Provides financial assistance to students enrolling in an approved non-accredited certificate program leading to apprenticeships, employment, licensure, or job skill enhancement at a participating Maryland Community College.

Workforce Success Examples

WORKFORCE DEVELOPMENT COLLABORATIVES

Recommendations from Partnership stakeholders.

ORGANIZATION	LEARNING
New York Alliance for Careers in Healthcare (NYACH)	Brings together stakeholders to identify needs of health care employers, helps education and training organizations adapt their approach to better meet those needs, and ensures low-income and unemployed residents have access to viable career opportunities in health care. (Public-private partnership between the NYC Department of Small Business Services, the Workforce Funders, and JPMorgan Chase Foundation.)
New York Home Care Hospital Integration	Integrated home care agency work with hospital to upskill workers (vitals, technology) and offer improved patient care.
Pathway to Health	Partnership among the City of Alexandria, T.C. Williams High School and GWU where students take high school classes for college credits at GWU.

Workforce Success Examples

WORKFORCE DEVELOPMENT COLLABORATIVES

Recommendations from Partnership stakeholders.

ORGANIZATION	LEARNING
Tampa Bay Health Collaborative	Employer-led group driving the dialogue as a continuous feedback loop. Implements community initiatives that address social changes, local trends and barriers to health care access. Programs include Achieving Oral Health Equity, Cultural and Linguistic Competency and Journey to Unlock Management Potential (JUMP) Capacity Building.
Tennessee Health Care Workforce Community College Initiative	Workforce development group in Tennessee that works effectively with the community college system.
University of Michigan's Doctors of Tomorrow	Outreach program that exposes underrepresented students to careers in medicine, and provides skills training. (Model for GWU Doctors of Tomorrow)

Other Successful Models

OTHER SUCCESSFUL MODELS

Recommendations from Partnership stakeholders.

ORGANIZATION	LEARNING
Awake to Woke to Work Model	Equity in the Center training program to review the behaviors, beliefs and policies that dismantle institutional racism.
Blue Cross	IT training program with health care focus offered by Blue Cross in Tennessee.
Hazard Pay	Hazard pay was suggested for frontline health care workers during the pandemic to reduce the burden and stress. (Partnership stakeholders learned about other cities offering this.)

STAKEHOLDER GROUP FINDINGS

PARTNERSHIP KEY FINDINGS

<p>Alignment on the Opportunity</p>	<p>“Health care systems are the hub for the economy in a community. This Partnership can create pipelines and pathways to ensure residents can be contenders for open roles.”</p> <p>“[Building a health care workforce pipeline] is a key need in the District especially for entry-level, and maybe next level, generations of health care workers.”</p> <p>“Strategically it is important for us and aligned, and we’re really happy to be part of the initial funding and development for establishing the development plan.”</p>
<p>Establish Clear Vision, Goals, Defining Measures of Success, and Strategy</p>	<p>“What does [the Partnership] look like...What do they want me to contribute or weigh in on?”</p> <p>“A plan that results in clarity around the health industry’s needs, but also a plan that includes the greatest resource the District of Columbia has, is its human capital.”</p> <p>“Curious where we can help, where we can fit in, and what connections we can make. If there’s an apprenticeship opportunity, where we can either contribute or be part of, that would be of interest.”</p>
<p>Leverage Existing and Pool Resources</p>	<p>“Where the benefit comes [from], is to understand from clinical partners, what their needs are, where do they see, you know, education going, where do they see their workforce? What are they looking for?”</p>

PARTNERSHIP KEY FINDINGS

Measure Success with Data	<p>“So I would say that the data that the Partnership generates is going to be invaluable in ways that you can't predict now...It's going to inform so many moving pieces.”</p> <p>“We have an appetite to discuss more collaboration but need a clearly defined program (metrics and goals).”</p> <p>“Success metrics: reach and impact. Number of people engaged, people in programs, number of program completions, and number of individuals placed. Number of new programs too.”</p> <p>“Increase in those specific disciplines where we don't have enough people.”</p>
Early Success	<p>“Establishing clear vision, goals, defining measures of success, and strategy.”</p> <p>“To know what we have and to identify what the priorities are in a best practices kind of way so that [everyone] knows very clearly what the expectations are. Knowing our guiding principles that are important to us, protection of the individual learner, of the workers and so forth.”</p> <p>“Developing solutions for the shared problems we have: filling positions with good employees that are well trained, and stay. Having a qualified workforce that helps people.”</p> <p>“Creating sustainable business partnerships efficiently and effectively, and enhancing existing partnerships that result in DC residents hired.”</p>

PARTNERSHIP KEY FINDINGS

<p>Setting Up Working Relationships, Foster Opportunities To Share Learnings And Best Practices Across Organizations</p>	<p>“We’re coming to this with an open mind for networking and perspective from a smaller employer that’s more in the general health care industry as opposed to the hospitals that are larger employers.”</p> <p>On other partnerships where sharing best practices is successful: “And so one of my great joys is that we all communicate quite regularly. And we ask each other questions all the time.”</p> <p>On what would be helpful: “I would say as we close out the school year and begin planning for next year, to include [Partnership team members] as we establish goals, especially since the curriculum has changed to include some of those health skills.”</p>
<p>Invest in the Fundamentals: Core Tech Skills and Empathy</p>	<p>“For example, you got people doing the technology, and then you got people doing health care. But when you interface it with electronic medical records, who is that intermediary that helps everybody understand it? What does that really take? What does that look like?”</p> <p>“I would love to see a plan that focuses on the human capital of the District of Columbia, in connection to the needs of the health care industry.”</p>

PARTNERSHIP KEY FINDINGS

Engagement Recommendations

“Mix periodic stakeholder meetings, with electronic communication, broaden audience to share understanding and opportunity, and have a distinct [web]site with information for health care providers about the work and opportunity.”

“Engagement in a focused, concise, action-oriented way to foster connection and collaboration. Be aware of email fatigue.”

“Engagement tools are currently limited to email and virtual meetings so be mindful of this and deliver info in bitesize chunks.”

“Meetings and facilitated breakout rooms, Speaker Series type of things.”

“It’s important that people aren’t pigeonholed in the process, and the conversations are varied.”

“Meaningful reading (e.g. 2-3 page articles on best practices).”

“Follow the example of the Mayor’s Transformation Commission. There was always someone in the room that clearly documented and reported in a way that was easy to understand and see where we were, what was discussed, what was done, next steps and if anything was needed. The report was also published on dc.gov.”

“I would love for [the Partnership] to present at one of our monthly meetings once the Partnership can share what we’ve learned and what we’re planning.”

“Maybe we could have a summit where we bring everyone together to share examples, best practices and things that are working. Or a clearinghouse of information, a workforce investment group, [activity] that is ongoing and continuing to push forward.”

DC RESIDENT KEY FINDINGS

Employer Reputation And Perceptions are Critical to Attracting and Retaining DC Residents	“Make me feel part of the team and organization, that I belong. [If] you make people feel they belong, you will attract more people.”
Residents Need Assistance, Grants for Education and Childcare	“Funding is important because the number one problem people have is money.” “Some people have family and they may want something more flexible. A lot of women give up opportunities to care for their children.” “If the program wasn’t virtual, I couldn’t have done it.” “Transportation can become frustrating. And sometimes it can become to the point where they [have] to drop out of class.”
Training Programs Were Viewed as Opening Doors	“[Health care training programs] really open the door to have employers even look at your resume.” “Most of the time hiring is based on who you know.”

DC RESIDENT KEY FINDINGS

<p>Employers Should be Willing and Open to Hiring Candidates from Diverse Backgrounds</p>	<p>“Give equal opportunity by taking a chance. Be fair.”</p> <p>“Even though I could do the job, my credentials are not from the USA [which is] another roadblock.”</p>
<p>Increase Awareness of Training Programs Through Social Media, Internet, Television, Radio, Community Outreach</p>	<p>“You can’t access what you don’t know exists.”</p> <p>“Create more awareness through radio ads and TV ads, so that way anyone from anywhere at anytime can access information and make up their mind.”</p> <p>“Social media is another way to attract adult learners.”</p>

CORE PARTNER/NETWORK SUPPORTER

KEY FINDINGS

<p>Health Care is A Team Effort</p>	<p>"It is imperative that we have respect for all jobs in health care, how they connect, and teach others about the possibilities within health care." "We're all spokes on a wheel." "Our language has to be non-hierarchical and non-judgmental. There is no place for pyramids in health care."</p>
<p>Equitable Organizational Cultures</p>	<p>"Creating cultures where people of diverse lived experiences can thrive is essential to workforce growth and retention." "We need clear career pathways that offer employees access to training , accreditation and advancement." "DC residents need a living wage with benefits. Minimal pay is not a living wage in DC."</p>
<p>Be Respectful and Supportive of the Whole Person</p>	<p>"At every stage and with every group in this continuum, there has to be an appreciation, understanding and services for the structural and social determinants of health." "Employees want more work-life balance so we have to be innovative as a sector to create that. Covid has proven we can do that and we can create different work models." On trauma-informed education and care: "To understand whatever resources may be needed. Or to say: It doesn't sound like you're ready to go through this training right now. It's not about failing... it's that you're just not prepared. We want you to be successful when you embark on this path."</p>
<p>Data is a Major Driver</p>	<p>"Data drives planning, influence, engagement, impact and results for pathways." "We need to create prisms to pursue future data and adjust as data evolves." "The data I collect today isn't necessarily the data I need to collect 5 years from now." "The timeline defines the pursuit, not just the finish line. Engagement is different when you have a sunset versus ongoing work."</p>

CORE PARTNER/NETWORK SUPPORTER

KEY FINDINGS

<p>DE&I is More than Race and Gender</p>	<p>“Along with race and gender, the workforce development strategy must include returning citizens, aging residents, transgender individuals and others in the LGBTQ+ community,, those with disabilities, substance abuse history, mental illness, and those experiencing homelessness.”</p> <p>“We need people serving the community who look like the community and have shared lived experiences.”</p> <p>“I want to get away from the perceived barriers and delve into the real barriers. [Returning citizens] have this perception that the health care industry must have a bias against them... when the reality could be that no one ever applied for a health care job therefore nobody has a health care job.”</p>
<p>Voice of the Employee</p>	<p>“The voice of the employee and the prospective employee must be fully integrated into this work. If they're not treated well as a patient, do you think they want to work here?”</p> <p>“Students come to faculty with ideas of things they have seen in their community that they want to change (housing issues, childcare, maternal child health, etc.)”</p>
<p>Reassess Training and Licensing Requirements</p>	<p>“How do we become a multisystem health care provider and manage licensing issues across different jurisdictions? I would love for the states to figure that out.”</p> <p>“From one jurisdiction to another, portability is an issue. Maryland and Virginia are compact states, which means if you are a nurse, licensed in Maryland, you can work in Virginia without going through a licensure. The District of Columbia does not participate in that. And for a very simple reason. They want the money that they charge.”</p>

EMPLOYER KEY FINDINGS

Top Needs	<p>“Our organization underwent a bit of transformation a couple of years back...and it's all ambulatory. So there's a bit of attrition that happened. But since then, I would say our workforce has been fairly stable. I would say in terms of trends, the migration really is that from the need of having top of license in nursing care, RNs, like licensed RNs, are not as in demand in terms of our system, but more so nursing support staff (is what I'll call them). So, for example, medical assistants, customer service representatives, and technicians are what's in greater demand, and I think I've seen this trending throughout the District as well.”</p> <p>“We have 100 open positions right now between our two buildings.”</p> <p>“More behavioral health workforce, particularly around pediatric and substance abuse.”</p>
Retention Efforts	<p>“...from an HR perspective, making sure that there's competitive pay, making sure that there's competitive benefits, things like that. But then beyond that, it's creating a culture where people understand their purpose and can see themselves in the mission and the vision of the organization.”</p> <p>“We do frequent check-ins with our staff around their mental health and capacities.”</p> <p>“We're always looking for ways to inspire our workforce, and try to come up with creative ways to keep everybody's morale up and keep folks going.”</p>

EMPLOYER KEY FINDINGS

<p>Roles</p>	<p>“CNAs have to have certification. And then a lot of our areas will take a CNA with certification and not a lot of experience, but we aren't finding a lot of CNAs interested in working right now.”</p> <p>“The respiratory therapist has been a very challenging position [to fill].”</p> <p>“Medical assistants, for example, are harder to find. I think they are just in such great demand, and that's part of the difficulty.”</p> <p>“[What] I'm starting to see is largely around the non-licensed positions, particularly when you look at PCTs, navigators, even HVAC staff. I've had my folks tell me how they can't get an engineering HVAC person. You're not seeing the people with the technical expertise to do that work. Folks working in engineering and housekeeping, and not in the standpoint of just cleaning rooms, but just that whole area in the engineering facilities space. Help desk, people who can help people when they have issues with a particular software. [These are] not jobs you necessarily have to have a license, but you may need a certificate.”</p> <p>“One key position that has been impossible to maintain, and to sometimes locate, is the clinical manager role.”</p> <p>On hiring a racially diverse staff: “We've had a harder time in the social working LICSW roles. So [we're] trying to change how we think about recruitment and who we partner with for education.”</p>
<p>Acquisition Challenges</p>	<p>“We're competing with a lot of hospitals in this area, with salaries, benefits, all of those kinds of things, and we're a lot smaller. And there's certain things we don't do here that they may be offered at a larger facility that we may not do so that can also be an issue.”</p> <p>“We're a nonprofit, so we can't pay an exorbitant amount that really would attract them and keep them. So we run into making sure there's a competitive wage, and during the pandemic we actually increased it by maybe \$7,000-\$8,000. And even still, it was a challenge to find individuals. Our position for the clinical manager role actually was vacant, from July through January.”</p>

EMPLOYER KEY FINDINGS

Employee Retraining	<p>“I think it's our obligation to our workforce. If we're asking our workforce to do new things, it's our obligation, not only to the workforce, but to our members as well, to make sure that people...if they need to learn new skills, to be proficient in new roles... that we're providing that training, that we're providing those experiences. Because if we don't, they're not going to feel prepared, and our members are going to feel that impact in an adverse way.”</p> <p>“Help with training and support is an area the Partnership could help. Staff would like more [training]. We offer some additional training opportunities, which will be covered by the organization. We also do it annually, with the option of having kind of intermittent trainings throughout the year... right now I put out a survey to the staff to say: Hey, give me your top five topics...”</p>
Existing Partnerships	<p>“We're partnering with some local colleges, community colleges, things of that nature, where we might not be able to provide that skill building in-house. One example is maybe there's a certification or licensure that's needed, and we'll lean on our community partners in order to meet that need.”</p> <p>“We partner with Briya Public Charter School, who's an affiliate of ours, and we run a medical assistant training program just for DC residents. And then once they graduate, I would say 75-80% of our medical assistants that work at Mary's Center - and we have like almost 100 - have gone through that program.”</p>

EMPLOYER KEY FINDINGS

<p>Map out the Employee Journey and Career Pathway</p>	<p>“What, why, where and motivational component (tell the stories).”</p> <p>“If you make it past 12 months, you're gonna be there for longer. Because we've created channels for growth. We've created support for new managers..”</p>
<p>Focus on Awareness</p>	<p>“Start as early as middle school. Be hands-on and comprehensive.”</p> <p>“Exposure to all facets of the patient experience via observation.”</p>
<p>Broadening Who is Considered for Positions</p>	<p>“We have had success in considering employees from non-traditional sources.”</p> <p>“Getting more plugged-in to advance opportunities for the communities served, including the LGBTQ+ and their unique needs, particularly the trans community. Learning ways to hire great people.”</p> <p>“To help with employer competence in appropriately hiring individuals in the LGBTQ+ community. Help other employers understand things like gender identity and expression and how those are important signals to community members about whether you're going to be a good employer or not.”</p>

EMPLOYER KEY FINDINGS

Need Help with Marketing Openings to DC Residents	“Where do we find local clinicians? Sometimes we want just one place where we know that we can post an ad for local people who know the work, who know the system.”
DC Licensing Requirements Limit Career Paths	“Sometimes finding eligible people but they don’t qualify. DC’s Department of Behavioral Health is very specific around who can provide this type of supervision. And it actually has to be LPC, LCSW or someone with a higher credential, which of course becomes even more challenging because of price point.”
Diversity Representation in Early Stage Communication and Recruitment	“Use somebody that looks like them to get their attention.”
Delicate Balance Between Serving Employees and Patients which Impacts the Workforce and Patient Care	“There’s a fine line of recognizing the civil and political unrest that impacts our staff, so we provide EAPs and other things, while understanding we have people in inpatient settings counting on us. Some people can manage their stress, compartmentalize, come to work and still do their job. Others have checked out and said, ‘I can’t do it.’”