

# DC Health Care Workforce Partnership



## Annual Health Care Occupations Report

*Submitted to the District of Columbia Workforce Investment Council | July 2021*

*DCHA Program Services Company, Inc. on behalf of the DC Health Care Workforce Partnership*



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## Acknowledgements

The District of Columbia Hospital Association Program Services Company, Inc. extends our appreciation to all those who contributed to this report. The report reflects a collaborative effort of the health care employers, core partners and network supporters of the Health Care Workforce Partnership, and residents of the District of Columbia who shared insights to inform the report. We were supported by primary and secondary data collection and analyses by Social Lens Research and Hanover Research. We are especially grateful for the grant program team members Elizabeth Abrams, Julie Gonzalez, Yolette Gray, Jennifer Hirt, John Norman, Justin Palmer, and Ruth Pollard.

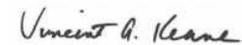
## Message from the Ambassadors

Since March, the Health Care Workforce Partnership launched with 32 partners representing health care employers, health care industry trade associations, community-based training programs, supportive services organizations, and a labor organization. We actively participated in four Partnership meetings and several onboarding and planning meetings, implemented an engagement survey with 100% response rate, created our Shared Agenda, achieved agreement on prioritized health care occupations for the three subsectors, developed a six-month action plan, and organized action teams to implement the plan. There is so much more to be done, and we are positioned to continue the work with strong leadership, meaningfully engaged partners, competent and responsive program staff, and a forward-thinking public funding partner—the District of Columbia Workforce Investment Council (DC WIC).

As one of the leading industries in the District, we have made workforce development a leadership priority. We are proud to present the first Annual Health Care Occupations Report to the Partnership, DC WIC, DC Council and the community. We hope this report is useful to inform public and private financial resource planning, catalyze creative connections among stakeholders, and publicly illustrate our commitment to solve one of the most pressing health care workforce development issues—building and sustaining a talent pipeline of District residents in health care occupations.



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## Executive Summary



### High-Demand, High-Growth Entry-Level Career Occupations in the District of Columbia

- Certified Nursing Assistant (CNA)
- Certified Medical Assistant (CMA)
- Home Health Aide (HHA)
- Licensed Practical Nurse (LPN)
- Pharmacy Technician (PT)

The health care workforce challenges that we face in the District of Columbia are common to the industry, but the solution must be unique to the District.

When one thinks of careers in health care, it is often physicians, nurses, and other highly-educated career positions. The perception is that preparing for a health care career is unattainable because of the education time and costs. This view of the health care industry as inaccessible as a career destination is a problem to solve for the District's health care employers, education and training programs, supportive services, and public agencies.

In the District of Columbia, there are career entry points into health care careers with credentials that are comparably affordable and require skills that can be learned through training, which provide living wages and offer professional growth. Prioritized by the health care businesses, the high-demand, high-growth entry-level career occupations identified in this report are **Certified Nursing Assistant (CNA)**, **Certified Medical Assistant (CMA)**, **Home Health Aide (HHA)**, **Licensed Practical Nurse (LPN)**, and **Pharmacy Technician (PT)**. Career positions for these occupations abound in 1. acute care; 2. ambulatory and behavioral health; and 3. nursing, residential and long-term care services—the targeted three subsectors of health care—for well-trained and skilled District residents. However, the education and training programs are resource-constrained and lack capacity to keep pace with the industry's workforce needs. Further, the targeted District residents often require supportive services to help prepare and retain employment given exacerbated social and economic factors.

The health care workforce in the District requires career pathways in the prioritized health care occupations that depict tractability and precision for career advancement. With industry-aligned training, including core competencies that are consistent across training programs and supportive services, health care workers can move from one career position to another to support a robust health care workforce. The good news is that the District's health care industry is uniquely positioned to define and pave new ways to foster sustainable alignment of priorities and resources across the District through the DC Health Care Workforce Partnership (Partnership). This first **Annual Health Care Occupations Report** provides a snapshot of the health care workforce in the District of Columbia, with the lens of the three subsectors and five prioritized non-degree health care occupations.

Recommendations are offered to support the envisioned future of a talent pipeline of skilled District residents working in health care to contribute to the vitality of the ecosystem of family, industry and the city.

## Introduction

In February 2021, Mayor Muriel Bowser announced the award of the FY2021 Health Care Workforce Partnership Grant (Partnership) to the DCHA Program Services Company, Inc. (DCHAPSCI) to support the development of the District's Health Care Sector Partnership. In this role, the Partnership provides guidance to the District, particularly to the Workforce Investment Council (WIC) about health care talent pipeline development.

DCHAPSCI is a 501(c)(3) not-for-profit organization under the District of Columbia Hospital Association established to conduct studies and propose improvement with regard to quality, utilization and effectiveness of health care and to educate those involved in furnishing, administering and financing health care. As the convener and intermediary, DCHAPSCI spearheads the Partnership to create meaningful and strategic relationships under one shared vision with resources and outcomes to build and sustain strong talent pipelines.

**The Partnership, an industry-driven, community-supported sector-based alliance, consists of health care businesses from three subsectors—1. acute care; 2. ambulatory and behavioral health; and 3. nursing, residential and long-term care services; along with core partners and network supporters. Health care employers located in the District's labor market lead the work by defining the agenda and driving it forward. Core Partners are aligned under the mission to implement strategic solutions to get residents career positions and keep the industry strong. Network Supporters are partners that engage in supportive services to plug in resources, create connections and coordinate activities.**

DCHAPSCI launched the Partnership in March 2021 with 32 committed members representing the three health care subsectors, education and training institutions, workforce development and economic development organizations, industry associations, organized labor, advocacy organizations, and community leaders.

The Partnership, now with more than 40 stakeholders, is designed to identify and implement solutions for a collective impact, inform investments by our public collaborators, engage with educational institutions to align curriculum and training, listen intently to community leaders to understand barriers of employment for District residents, and coordinate with economic development organizations to maintain the industry as an economic engine.

In its inaugural year, the Partnership created a Shared Agenda. The agenda outlines the workforce goal to develop a talent pipeline of District residents in the five prioritized, non-degree, health care positions. This strategy was informed by the need of employers and the impact on District residents, the health care industry, and the vitality of the city through proper and coordinated investments. These positions offer entry-level careers into health care with transferable and scalable skill sets and competencies based on national certification standards that are critical for professional growth allowing candidates to attain livable and sustainable wages and benefits.

### The envisioned future is an industry-driven Career Pathway System where:

- Every DC resident is ready, able and empowered through lifelong learning, sustained employment and economic security;
- Health care businesses in DC are connected to skilled DC residents based on market needs to successfully compete locally, regionally and globally; and
- Education, training and supportive services are coordinated, cohesive, and integrated through public and private partners working together.

### In partnership with the DC WIC, the first Annual Health Care Occupations Report seeks to advance our Shared Agenda on the journey to achieve the envisioned future by presenting:

- An analysis of the District's health care sector informed by quantitative and qualitative data and engagement with industry partners,
- Recommendations of the prioritized five health care occupations requiring less than a bachelor's degree, in which the District should invest in training, and
- Training strategies that will inform the District's investments to help residents prepare for the identified occupations.

## Methodology



In preparing this report, DCHAPSCI commissioned a quantitative research study to answer the following questions:

1. Among health care career fields that do not require a degree, which occupations are likely to have the greatest number of openings in Washington, DC in the next decade?
2. How quickly will the identified fields grow?
3. How does this volume and growth compare to trends across DC, MD and Northern Virginia (DMV region)?
4. How relevant are the identified fields to the health care subsectors of acute, ambulatory and behavioral health services, and skilled nursing, residential and long-term care facilities services?

The quantitative research was further informed via qualitative research from partners and DC residents through one-on-one interviews, self-paced app research, and a focus group with DC residents.

The insights were brought forward to the partners over a two-month period of engagement methods to review the findings, discuss implications, and offer additional feed forward. The grant program team conducted targeted interviews to gather and analyze complementary information for the report.

As a sector-based alliance where the industry employers lead, health care employers in the Partnership ranked the non-degree, health care occupations based on the findings, first-hand knowledge of needs, and insights from the core partners and network supporters. The output of the five prioritized non-degree health care occupations are the basis of the report's perspective.

## Analysis of District's Health Care Sector

### Overview: Industry and Labor Market Information

**The Challenge We Are Facing.** The 2021 District of Columbia health care industry is characterized by dynamic labor market forces and novel approaches to training and work, as well as the unknown long-term impacts of the COVID-19 pandemic and implementation of existing and new strategies to support its workforce. With a January 2020 labor force participation rate of 70% and a 2015-2019 median household income of \$86,420, many residents are successfully finding employment in the District (*Department of Employment Services [DOES], 2021; DC Health Matters, 2021*). However, these averages mask wide gaps in equity and access. Median household income among White, non-Hispanic residents is more than twice that of Black/African American residents (*DC Health Matters, 2021*). While 52% of District-Maryland-Northern Virginia area residents have a college degree – 1.5 times the national average – those without college education face significant barriers to entering the workforce: labor force participation rates are 25 percentage points lower, and unemployment rates are five times higher among individuals without college education (*U.S. Census Bureau, 2019; DC Workforce Investment Council [WIC], 2020*). In addition to educational barriers, DC's labor market is characterized by competition – more than 70% of all District jobs are held by non-DC residents. (*DC Chamber of Commerce, 2018*).

**The Impact of COVID-19.** March 2020 was a pivotal line of demarcation in the labor market due to the beginning of the felt impact of COVID-19 in the United States. In February 2020, only 5.2% of the District's civilian labor force was not employed (*DC Health Matters, 2021*). Unemployment had more than doubled two months later, peaking at 11.1% in April 2020, and as of February 2021, 7.6% of the District's civilian labor force remained unemployed (*DC Health Matters, 2021*). As of April 27, 2021, DOES reported 197,887 unemployment claims in the District. The number of claims per week peaked in March of 2020, but total unemployment claims remain significantly higher than before COVID-19. (*DOES, 2021*). While the long-term impact of the pandemic's labor market influence remains to be seen, some recovery indicators are promising. February revenue estimates from the DC Office of the Chief Financial Officer project that employment in DC will make up for losses incurred during the pandemic by 2022, and increase by 6% by 2025 from the lowest point in 2020.

## Analysis of District's Health Care Sector

### Overview: Industry and Labor Market Information, *continued*

**Technology, Training & Telework.** COVID-19 also altered the landscape of technology and telework. The District had a strong information technology and data sector prior to the pandemic, and according to one estimate, 130,000 new digital technology jobs will open in the region by 2026. (*Calma, E., & Sayin Taylor, Y., 2021*). Many of these positions will be health care related. The increased use of Electronic Health Records (EHR) and health information exchange (HIE) systems, emphasis on data-driven decision-making, and delivery of care via telehealth and telemedicine mean that tools to deliver, build, support, and secure the health IT infrastructure will be prioritized (*DC Economic Strategy, n.d.*).

Job training largely shifted to virtual or hybrid delivery methods during COVID-19. For some, the shift to virtual learning allowed necessary flexibility and reduced the burden associated with things like transportation and competing demands. For others, virtual training proved difficult due to the lack of experiential learning opportunities and limited access to necessary technology, such as Internet bandwidth, and technology literacy (*Social Lens Research, 2021*). For the targeted population we are designing the talent pipeline to engage, the lack of sufficient technology resources and transportation are barriers to participating in job training and getting to work. This added burden to District residents already living in under-resourced households and communities further exacerbates access to training opportunities as a gateway to sustainable health care careers.

**Systemic Racism & Health Disparities.** Like other industries, health care and its labor market are also deeply affected by racial and health disparities. From 2015-2019, 25.6% of Black or African American DC residents were living below the federal poverty level, compared to only 5.9% of White, non-Hispanic residents (*DC Health Matters, 2021*). In 2019, 13% of DC residents of employment age were without work. Of those, three-quarters were Black residents without college degrees (*Calma, E., & Sayin Taylor, Y., 2021*). These gaps are also seen among young people: unemployment rates among Black and Hispanic youth in the District are twice as high as those among White youth (*Toldson, I. A., 2020*). Poverty and unemployment have myriad impacts on livelihood and opportunity to enter the workforce, particularly as entering and advancing within the workforce often require time, money, and social capital. For health care jobs in particular, training can be time- and resource-intensive, perpetuating both socioeconomic disparities as well as a lack of representation in the workforce. Closing the gaps require an equity-driven approach that addresses both short- and long-term implications of the culture of racial injustice and other factors driving inequity. *Social Lens Research Report (2021)* identified three key strategies to create an equity-driven workforce: relatable representation where learners and workers have commonalities and experiences that create trusting connections; true integration of sustainable diversity, equity and inclusion (DEI) initiatives; and an all-embracing inclusiveness of race and gender, ethnicity, returning citizens, aging, LBGTQ+ community, disabilities, and other under-represented identifications.

Taken together, the current industry and labor market status ramps up the pressure on an already distressed talent pipeline of District residents seeking entry-level health care positions; destabilizes the industry's ability to fill in-demand positions with skilled residents; and chips away at the city's vitality. The DC health care industry is uniquely positioned to define and pave new ways to foster sustainable alignment of priorities and resources across the District. The next five years present an opportunity for the industry to leverage lessons learned during the pandemic and a burgeoning technological landscape to support its workforce, with better recognition of what that entails. This complex, yet fertile ecosystem will support the development of career pathways that take advantage of strong training capacity, increase entry-level employment, advance career opportunities, and promote economic and social vitality among DC residents.

### Current and Future Hiring Trends and Needs

In 2019, the District of Columbia Hospital Association (DCHA) commissioned the assessment of secondary quantitative and qualitative research on health care workforce development needs in the District with a focus on non-licensed clinical and non-clinical entry-level positions in acute care hospitals. The purpose was to provide the association with information to understand which health care occupations will face the most acute shortages and how DCHA could contribute to health care workforce development. Recommendations from the report included supporting workforce development programs for high-growth and high-volume non-degreed, clinical health care occupations, namely medical assistants, home health aides, phlebotomists, and emergency medical technicians and paramedics.

Two years later, the *Hanover Research Subsector Workforce Assessment (2021)* looked at high-volume, high-growth and occupation distribution trends across the subsectors of acute care, ambulatory and behavioral health care services, and skilled nursing, residential and long-term care services. Key findings include DC's largest projected health care occupations that do not require a postsecondary degree as personal care aides, nursing assistants, and home health aides. By 2030, personal care aides are expected to grow to about 10,500. Nursing assistants and home health aides are projected to grow to about 4,500 and 3,500 respectively. Psychiatric technicians and aides rank among the largest projected non-degree occupations in DC.

## Analysis of District's Health Care Sector

### Current and Future Hiring Trends and Needs, *continued*

In the DC Workforce Innovation & Opportunity Act (WIOA) plan, the 2018 data of jobs growth and projections for middle skill high-demand occupations showed medical assistants leading with projected annual job openings of more than 200 followed by licensed practical and licensed vocational nurses at 163 projected annual openings, and pharmacy technicians at about 90 projected annual openings. This is confirmed by today's employment trends across priority subsectors in the District. Licensed practical nurses and nursing assistants rank in the 20 largest non-degree professions in District's acute care, ambulatory and behavioral health care services, and skilled nursing, residential and long-term care services, and are projected to keep pace with overall job growth. Notably, psychiatric technicians and psychiatric aides rank among the largest projected non-degree occupations in DC although not in the DMV region.

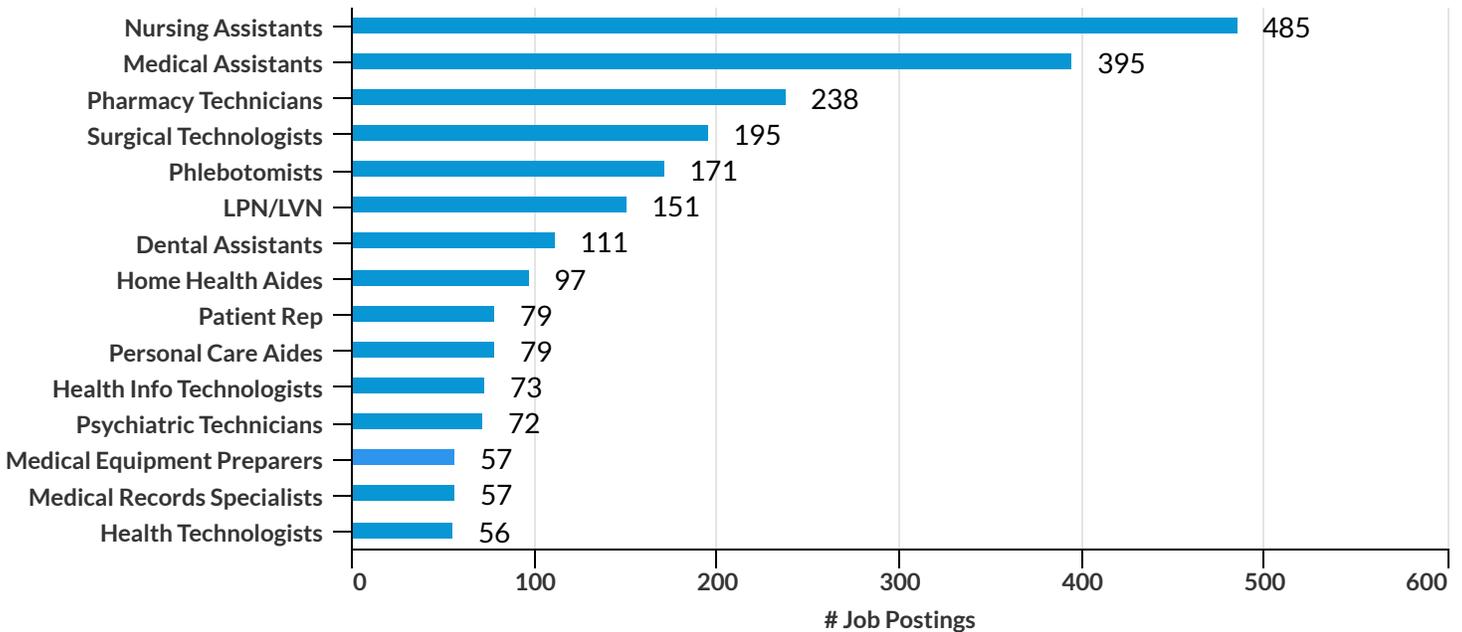
Faced with the challenge of an under-filled labor market and a case of misalignment of skills and competencies, the health care sector continues to have abundant job listings for positions. These challenges can stem from any number of issues, including, but not limited to:



- Persistent major barriers to entry.
- Lack of awareness of the opportunities in the health care industry.
- Inadequate understanding and navigating the health care landscape.
- Employers don't have a clear picture of the skills and abilities they need.
- Pool of candidates would rather work elsewhere (with high-paying jobs at same skill level).

With the challenging hiring trends, it is critical for health care employers to collaborate with aligned partners and supporters to take ownership of the talent pipeline to ensure that they have the resources and skills needed to remain a competitor in the region.

#### Most In-Demand Non-Degree Occupations, Hanover Research Report 2021



Source: JobsEQ

### In-Demand Career Pathways

Health care as an industry is the second largest private employer in the District behind academia. There are many job opportunities in the health care industry and in the top three subsectors in the District, jobs abound. It is important for all stakeholders to understand the range of career opportunities in health care to support the vision of DC residents, businesses, education, training and supportive services aligned and coordinated to build and sustain the talent pipeline.

## Analysis of District's Health Care Sector In-Demand Career Pathways, *continued*

Career pathways are clusters of careers or occupations that are grouped because of shared skills. In health care, there are generally five pathways to enter into a career:

**Diagnostic Services | Therapeutic Services | Health Informatics | Support Services | Biotechnology Research & Development**

- 1. Diagnostic Services** – careers that use tests to detect, diagnose and treat diseases, injuries, or other physical conditions.
- 2. Therapeutic Services** – work with patients to provide care, treatment, or counseling to improve health status over time.
- 3. Health Informatics** – managing patient information, financial information, and computer applications related to health care.
- 4. Support Services** – work behind the scenes to assist other health care professionals in accomplishing their duties.
- 5. Biotechnology Research & Development** – uses advancements in science and technology to improve health care.

Nationally, the most popular entryway into health care careers is Therapeutic Services. In the District, this is evident in the number of job postings, current and future hiring trends and needs. Common careers in this pathway are certified nurse assistant, paramedic, and pharmacy technicians. With the exception of the medical dosimetrists, medical records specialists and health technologists, all of the highest-volume, non-degree occupations in the District and the region are in the Therapeutic Services career pathway (*Hanover Research Report, 2021*).

## Required Skills, Competencies, Requirements & Barriers

There are core skills for successful matriculation of education and training in each career pathway. In the **Therapeutic Services career pathway**, communications skills are essential to effectively work with other health care professionals, patients, and their families. Four sets of knowledge and skills are aligned with expectations of advancement at each progressive level. (*Stauffer, B. Applied Educational Systems, 2020*).

1. Foundational Academic Skills

2. Essential Knowledge & Skills

3. Cluster (General) Knowledge & Skills

4. Pathway Knowledge & Skills

**Foundational Academic Skills.** The building blocks of skills training and education for all student and adult learners, whether new skills, upskilling or reskilling must be the academic standards as articulated by [Office of the State Superintendent of Education \(OSSE\)](#). OSSE requires the following standards for training programs:

- Basic reading
- Writing
- Self-management
- Goal setting
- Professional communications
- Financial literacy
- Computer skills
- Workforce preparation standards
- Basic education standards



These are the foundational academic skills that all other skills and competency-based education and training are predicated on the assumption of attainment.

## Analysis of District's Health Care Sector

### Required Skills, Competencies, Requirements & Barriers, *continued*

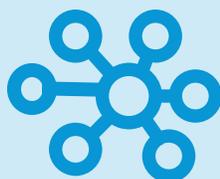
**Essential Knowledge & Skills.** The demonstration of the essential knowledge and skills are stackable skills within the career pathway. Performance of these knowledge and skills demonstrate competencies to move within the career pathway.



**Cluster (General) Knowledge & Skills.** The knowledge and skills in academic sciences prepare learners for careers in the health sciences cluster. Learners who are able to demonstrate the essential and cluster knowledge and skills will be better positioned to move throughout the health sciences cluster.



**Pathway Knowledge & Skills.** Best practices in pathway knowledge and skills apply to all careers in the Therapeutic Services Pathway, as organized in six topics.



1. Client Interaction
2. Employ Intra Team Communication
3. Collect Information
4. Treatment Planning & Implementation
5. Monitor Client Status
6. Evaluate Patient Status

## Analysis of District's Health Care Sector

### Required Skills, Competencies, Requirements & Barriers, *continued*

In the *Social Lens Research Report (2021)*, 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. Employers indicate that “cultural competency needs are really high.” These competencies are best developed and sustained through the matriculation of the progressive knowledge and skills identified in the Therapeutic Services pathway. They should be embedded in the curricula and training resources, and training delivery approaches. Further, employers must map job roles for these occupations to these specific set of knowledge, skills and abilities (KSAs) to define clarity, expectations and qualifications, thereby contributing to effective recruitment, training, hiring, and retention.

## Industry Validated and Recognized Education, Certification Training & Licensure

**Education & Certification Training.** In the District, national and local standards are employed for certification of the top five health care occupations. However, the curriculum standards, costs, and hours in education training vary by programs. The variation in education training may lead to discrepancies in certification exam pass rate and further impact the placement and retention rates, which are critical measurements in sustaining the talent pipeline. The one-year examination pass rate in 2019 as seen in Table 1 could reflect many factors such as learners’ knowledge and skills upon training program entry (inequities in basic skills and education), usage of different curriculum and educational resources, and type of training methods and delivery approaches.

**Table 1. DC Approved Training Locations with Examination Pass Rate 2019**

| DC Approved Training Locations*                        | HHA | CNA | LPN | Pharm Tech | CMA |
|--|-----|-----|-----|------------|-----|
| Academy of Hope Adult Public Charter School            | N/A | ✓   | N/A | N/A        | N/A |
| Allied Health & Technology Institute                   | 88% | 90% | N/A | N/A        | N/A |
| Bethel Training Institute                              | 72% | N/A | N/A | N/A        | N/A |
| Briya Public Charter School                            | N/A | N/A | N/A | N/A        | ✓   |
| Carlos Rosario International Public Charter            | N/A | 86% | N/A | N/A        | N/A |
| Community College Preparatory Academy                  | N/A | N/A | N/A | N/A        | N/A |
| Coolidge High School                                   | N/A | N/A | N/A | N/A        | N/A |
| HealthWrite Training Center                            | 75% | 78% | N/A | N/A        | N/A |
| Immaculate School of Allied Health                     | 80% | N/A | N/A | N/A        | N/A |
| Innovative Institute                                   | 80% | 82% | N/A | N/A        | N/A |
| Intellect Health Institute                             | 86% | N/A | N/A | N/A        | N/A |
| LAYC Career Academy Public Charter School              | N/A | N/A | N/A | N/A        | ✓   |
| Nursing Assistant Academy                              | N/A | 74% | N/A | N/A        | N/A |
| Opportunities Industrialization Center - DC            | 74% | N/A | N/A | N/A        | N/A |
| Saint Michael College of Allied Health                 | N/A | N/A | 88% | N/A        | N/A |
| SOME Center for Employment Training                    | N/A | N/A | N/A | N/A        | 90% |
| University of District of Columbia – Community College | N/A | 75% | N/A | 75%        | 75% |

\*Approved by DC Health, DC WIC or DOES

✓ Training location offers program; however, at the time of publication, examination pass rates were unpublished.

## Analysis of District's Health Care Sector

### Industry Validated and Recognized Education, Certification Training & Licensure *continued*

#### Most In-Demand Certifications



- Certified Nursing Assistant (CNA)
- Basic Life Support (BLS)
- Certification in Cardiopulmonary Resuscitation (CPR)
- Licensed Practical Nurse (LPN)
- Emergency Medical Technician (EMT)
- Medical Assistant Certification (MA)
- Emergency Medical Technician - Paramedic (EMT-P)
- National Phlebotomy Association Certified Phlebotomist
- Certified Clinical Medical Assistant (NHA)
- Patient Care Technician (PCT)

The cost to pursue training in the prioritized health care occupations can also be a barrier. Some view DC licensing laws as prohibitive and restrictive — “can’t work till you get experience, you can’t get experience (until you work).” (*DC resident quoted in Social Lens Research Report, 2021*). The return on investment diminishes in the training cost-to-salary comparison. Table 2 shows the range of training costs to the Bureau of Labor Statistics (BLS) Median Yearly Salaries for the District of Columbia. A notable barrier in building the talent pipeline is the incongruent certification of the Home Health Aide (HHA) and Certified Nursing Assistant (CNA) occupations. They have cross-training opportunities with stackable skill sets that would position them to work in several facilities within the health care subsectors rather than one type of facility. However, this pathway requires the HHA or CNA to take a fee-based bridge course. In DC, the cost for training, certification, exam and license fees are prohibitive for residents with limited resources and other economic and social barriers (Table 3). The same residents needed to build the talent pipeline. While there may be demand and willingness, the supply chain of training programs isn’t sufficient. Also notable is the number of community-based DC approved training locations to the current and future hiring needs and median earnings (Table 1 and Table 2). Inversely, the highest salaried positions (LPN, Pharmacy Technician and CMA) have the least number of approved community-based training locations in the District. This impacts access to comparably affordable training opportunities in family-sustaining career positions, limits movement within career pathways for upskilling and reskilling, and is counterproductive to building a health care talent pipeline of qualified and trained DC residents.

**Table 2. Return on Investment: Education & Training Costs vs. Median Earnings**

|                                   | Range of Tuition & Fees | DC Median Yearly Salary 2020 |
|-----------------------------------|-------------------------|------------------------------|
| Certified Nursing Assistant (CNA) | \$0 - \$17,990          | \$36,980                     |
| Certified Medical Assistant (CMA) | \$0 - \$17,990          | \$45,340                     |
| Licensed Practical Nurse          | \$0 - \$16,325          | \$57,810                     |
| Pharmacy Technician               | \$0 - \$3,750           | \$46,240                     |
| Home Health Aide                  | \$0 - \$1,055           | \$31,810                     |

Source: Bureau of Labor Statistics, [https://www.bls.gov/oes/current/oes\\_dc.htm#29-0000](https://www.bls.gov/oes/current/oes_dc.htm#29-0000)

**Licensure.** The Department of Health, Health Regulation and Licensing Administration (HRLA) serves to protect the health of residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework. In this role, HRLA has authority of the Office of Health Professional Boards, Office of the Healthcare Facilities, and the Office of Food, Drug, Radiation and Community Hygiene.

Within the Office of Health Professionals Boards, licensing is regulated by either the Board of Nursing or Board of Pharmacy for the prioritized five health care occupations recommended in this report (Table 3). It is important to note that the Board of Nursing licenses the Certified Nursing Aide as the health care occupation, whereas health care employers and training programs identify these positions and job titles as Certified Nursing Assistant and Certified Medical Assistant. Also, the Board of Pharmacy allows Pharmacy Technicians at age 17, which may attract career-ready high-school students that graduate earlier than age 18 - the required age for all other prioritized occupations.

## Analysis of District's Health Care Sector

### Industry Validated and Recognized Education, Certification Training & Licensure *continued*

Table 3. Analysis of DC Training Standards and Requirements

|                             | Minimum Age | Curriculum Length                            | Continuing Education Requirements   | Governing Board(s)                              | Renewal & Licensing Fees  | Additional Requirements  |
|-----------------------------|-------------|--|---|---|---|--|
| Certified Nursing Aide      | 18          | 125 hours: 65 classroom, 20 lab, 40 clinical | 24 hours, every 5 years   | NAHCA, NCSBN, DC Board of Nursing (local)       | Nurse Aide Skills Exam \$110, Nurse Aide Written Exam \$55, Nurse Aide Oral Exam \$55 | English literacy, basic education at a minimum 5th grade level, evidence of vaccination or immunity to communicable diseases, pass a DC police clearance, criminal background check required every 2 years |
| Certified Medical Assistant | 18          | 760 hours                                    | 30 hours, every year  | NHA, AAMA, AMT                                  | \$125 initial   | Criminal background check required every 2 years   |
| Licensed Practical Nurse    | 18          | 70 credit hours over 24 months               | 18 hours, every 2 years   | NCSBN, DC Board of Nursing (local)              | \$200 initial   | Demonstrated math proficiency, criminal background check required every 2 years  |
| Pharmacy Tech               | 17          | 400 hours over at least 8 weeks              | 20 hours, every 2 years   | PTAC, ASHSP, ACPE, DC Board of Pharmacy (local) | \$50 initial; \$50 renewal every 2 years  | Criminal background check required every 2 years   |
| Home Health Aide            | 18          | 125 hours: 65 classroom, 20 lab, 40 clinical | 24 hours, every 2 years, including a minimum of 3 hours on clients with HIV/AIDS and 2 hours of training on clients who identify as LGBTQ | DC Board of Nursing (local)                     | \$105 initial   | Criminal background check required every 2 years   |

\*All professional boards effected the policy requiring licensed health professionals to complete at least 10% of their required total continuing education hours in topics identified by the Director of the Department of Health as public health priorities.

#### Acronym Glossary

NAHCA: National Association of Health Care Assistants  
 NCSBN: National Council of State Boards of Nursing  
 NHA: National Healthcareer Association  
 AAMA: American Association of Medical Assistants

AMT: American Medical Technologists  
 PTAC: Pharmacy Technician Accreditation Commission  
 ASHSP: American Society of Health-System Pharmacists  
 ACPE: Accreditation Council for Pharmacy Education

## Recommendation of the Prioritized Health Care Occupations



### Methodology

The Partnership reviewed the qualitative and quantitative data reports (*Hanover Research 2021 and Social Lens Research, 2021*), and assessed the data from the viewpoint of the needs of the three subsectors, and engaged in facilitated sessions among the employers, core partners and network supporters to further understand and inform ranking of the in-demand, high-volume and high-growth non-degree positions. The research reports analyzed labor market trends, industry employment data, stakeholders' interviews including members of the Partnership, and a focus group of DC residents. With the responsibility to drive the agenda and commit to hire, the health care employers shared the need for certification-based occupations to support quality standards and programs in place.

### Prioritized Health Care Occupations



#### Five Prioritized Health Care Occupations Requiring Less than a Bachelor's Degree Emerged

1. Certified Nursing Assistant (CNA)
2. Certified Medical Assistant (CMA)
3. Home Health Aide (HHA)
4. Licensed Practical Nurse (LPN)
5. Pharmacy Technician (Pharm Tech)

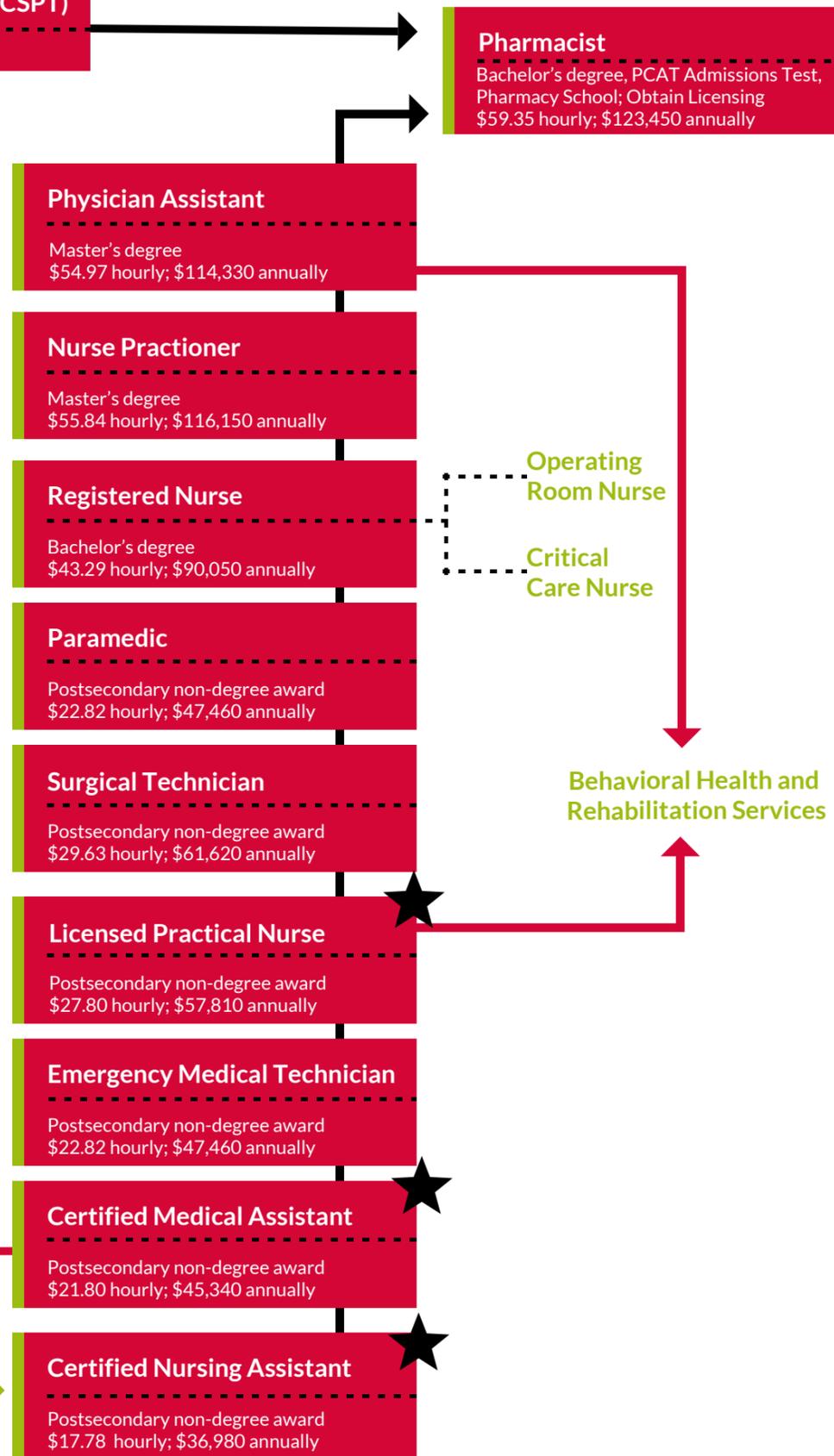
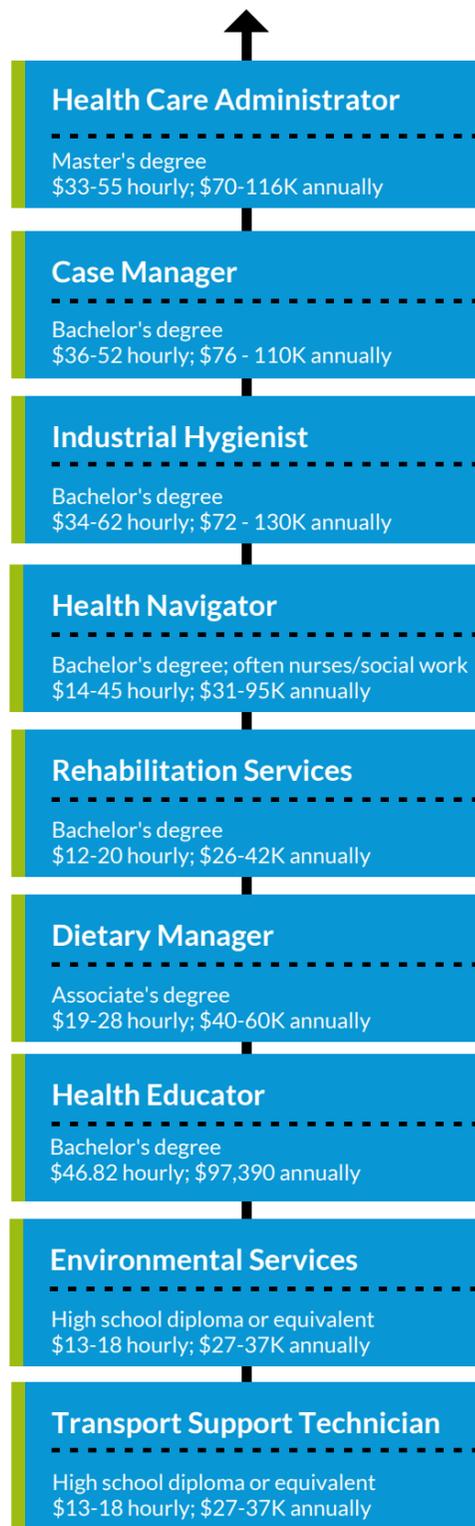
(in alpha order)

### Health Care Career Pathway Maps

The maps reflect the five prioritized health care occupations in the Therapeutic Career Pathway as entry points. The pathway maps are designed to support talent pipeline of the three subsectors – *acute care, ambulatory and behavioral health, and nursing, residential and long-term care services*.

Based on the health care employers' demands and research insights from DC residents, the health care workforce in the District requires career pathways that depict tractability and precision for career advancement. As such, the career pathway maps focus on stackable skills independent of a linear route. With industry-aligned training, including core competencies that are consistent across training programs and supportive services, health care workers can have more freedom to fluidly move from one career position to another and create a robust health care workforce. Of note is the Pharmacy Technician, which doesn't have movement among the other prioritized occupations. The Pharmacy Technician advances skills through certification and has a linear pathway to a pharmacist. This pathway requires undergraduate and graduate-level education and training. The pathways for the other occupations support career leapfrogging. For example, the Home Health Aide and Certified Medical Assistant, with additional training and acquired skills advance to better positions with increased wages. The new, upskilled or reskilled health care worker can start at any of these non-degree positions and have opportunities to advance upwards or shift to a different track congruent with professional or personal goals.

# Health Care Career Pathway Maps



## Recommendation of the Prioritized Health Care Occupations

### Health Care Career Pathway Maps, *continued*

The challenge is the perception of these positions. The opportunity is to reframe the health care industry as accessible and attractive, dispel the myth that the fastest-growing, high-demand jobs are low-wage with limited prospects for career pathways and mobility, and promote these occupations as careers with defined and flexible pathways.

### Employer Partners

Health care employers are keenly aware that an industry-driven Career Pathway System requires them to be connected to a talent pipeline of market-responsive and skilled DC residents. Qualified, well-trained and productive employees are their largest asset and directly affect their ability to compete locally, regionally and globally. The health care employers of the Partnership (Table 4) are committed to provide access to employment opportunities for training recipients successfully completing training and skills development activities and supportive services that are aligned with the recommendations of this report and the goals and objectives of the Shared Agenda and Action Plan (Appendix A).

**Table 4. Health Care Employers of the Partnership**

| Acute Care                                | Ambulatory & Behavioral Health Services | Nursing, Residential & Long-Term Care Services |
|---|---|--|
| The George Washington University Hospital | Providence Health                       | Carroll Manor Nursing & Rehabilitation Center  |
| Children's National Hospital              | Mary's Center                           | Volunteers of America Chesapeake & Carolinas   |
| BridgePoint Hospital                      | McClendon Center                        |  |
| MedStar Health                            | Unity Health Care                       |  |
| Psychiatric Institute of Washington       | Whitman-Walker Health                   |  |

## Training Strategy

### Training Capacity

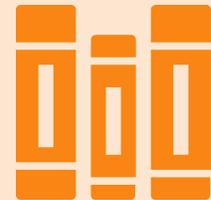


The demand for non-degree health care positions continues. According to DC's Economic Strategy, by 2022, approximately one in eight U.S. jobs is projected to be in the health care sector largely driven by the aging demographics and increased technology needs. The Greater Washington Workforce Development Collaborative projected that by 2021, the DC metro region health care workforce would grow to 12 percent with an increased emphasis on ambulatory care, home health, and preventive medicine particularly home health aides.

According to a DC WIC analysis of *2019 DC Workforce Development System Expenditure Guide* data, 422 persons were trained by the health care sector in FY 2018 (WIC, 2020). In February 2020, 5.2% of the District's civilian labor force was not employed. This rate peaked during the COVID-19 pandemic to 11.1% in April 2020, and as of February 2021, 7.6% of the District's civilian labor force was unemployed.

As the District recovers from the pandemic, organizations expect the number of residents who may be interested and available for training in health care occupations to grow over the next five years. These individuals will be at various stages of learning including, but not limited to:

- Career-ready high school students
- Community college students
- Two- or four-year college degree students
- Advanced degree students
- Adult learners
- Returning citizens
- Individuals with disabilities
- Seniors looking to continue working or re-enter the workforce



Education and training organizations who work with and support training for these groups in the District of Columbia indicate strong opportunity for growth. Several education partners reported steadily increasing enrollment in health-related programs for the past three years. Some anticipate flat growth in enrollment from 2021-2022 as part of continued pandemic recovery. However, projections for the next five years suggest strong enrollment growth.

Training institutions reported the largest barriers to growth being training space and instructor limitations – not student interest. Of note, returning citizens face unique barriers to enrolling in experiential training opportunities that include placement in health care roles due to stringent background checks required by many health care facilities.

Taken together, the number of DC residents available for training in the next five years should be expected to total 500-600 per year, with growth over time. The most optimistic number of 600 per year through 2030 will yield 6,000 residents available for the projected workforce need of 13,000 among the five prioritized non-degree occupations (*Hanover Research Report, 2021*). The projection doesn't account for regional or other industry competition. At the current training capacity, there will continue to be a supply and demand problem for the health care sector, particularly for the five prioritized non-degree health care occupations.



## Training Strategy

### Barriers to Training

The *Hanover Research Report (2019)* revealed barriers to entry for non-degree, non-licensed health care occupations as educational or socioeconomic challenges, and industry-wide challenges including general awareness. The report noted that although approved workforce training programs are available, including non-profit organizations offering *affordable* training for “job seekers with limited educational backgrounds,” thousands of job postings go unfilled in the District suggesting little alignment between workforce demand and the skills and training required to prepare for emerging workforce needs. This misalignment is further informed by barriers cited by the industry and prospective workers, including inadequate skills training, limited resources, and unclear career pathways. (*Social Lens Research Report, 2021*)

The educational or socioeconomic challenges stated lack of hard and soft skills necessary for these positions. One District resident said there is a *big difference from learning in the classroom to actually having to do the work*. (*Social Lens Research Report, 2021*). Employers cited that many applicants for health care positions lacked basic computer skills, and incumbent health care workers are often resistant to additional workforce training. Employers also noted that workers often lacked basic soft skills such as timeliness, appropriate dress and hygiene, and professional conduct. While DC residents expressed concerns about basic understanding of the job and what is expected, this suggests bi-directional communication challenges and barriers.



*I am not sure what I need to do and learn to get to the next job level.*

DC Resident (*Social Lens Report, 2021*)

Transportation was identified as a pressing issue for learners and job seekers, especially in urban areas. Many learners and job seekers do not own a vehicle and public transportation is often inconvenient, as they work in shifts that occur at non-traditional hours. This played out during the COVID-19 pandemic when local public transportation significantly reduced hours leaving health care workers, particularly those residing on the east side of the city, with extremely limited ability to safely and timely travel to work for all shifts.

Additionally, lack of resources such as stable income, affordable housing, and childcare all act as barriers to adult learners and workers seeking upskilling or reskilling to attend traditional training programs or otherwise develop the necessary skills required for progression in careers.

### Training Curricula and Credentials

An essential workforce development component is an industry-driven career pathway system where education, training and supportive services are coordinated, cohesive, and integrated through public and private partners working together. Through the Partnership, health care employers identified Curricula Design and Training as a shared priority.

The data is clear that there is a disconnect among the stakeholders in health care workforce development and therefore, misalignment of resources. One goal of the Curricula Design and Training priority is to assess the current curricula resources and training programs for the five prioritized health care career positions. Next, work with educators, trainers and supportive services to design or redesign curriculum, training methods, and supportive services that will better prepare and produce DC residents who are ready, able and empowered through lifelong learning, sustained employment and economic security to enter DC health care businesses. At a minimum, training curricula and resources should mirror the *Required Skills, Competencies, Requirements & Barriers*.

The most in-demand credentials for the prioritized health care occupations are professional certifications. National and local standards and certifications are critical to the health care subsectors as a quality of care driver. Certifications in these positions also allow health care workers to distinguish themselves and demonstrate a professional competency in health care – a field that is highly competitive for recognition. Certification exams often test knowledge though not necessarily indicate actual hard and soft skills. Therefore, it is essential that the curricula include experiential training to validate these skills and give opportunity to test the right characteristics or soft skills on the job.

## Training Strategy

### Types of Training Programs

The *Hanover Report (2021)* suggests a coordinated program is viable due to intersecting training and employment opportunities for the high-volume, high-growth occupations, particularly the prioritized occupations identified by the health care employers. The Partnership supports a Career Pathway System that will include coordinated, customized training based on the learner. Training programs should use aligned curricula and include:



- Orientation
- On-board training
- Technical skills development training
- Soft skills development training
- Product and services training
- Mandatory compliance training

### Types of Training Delivery

Various training methods and delivery points are necessary to support the needs of District residents that are student and adult learners in different phases of life. DC residents are seeking flexibility, convenience, low transportation barriers, and reputable training programs that can facilitate hiring. The health care industry is versatile and so must be the training delivery options (See Table 5). One size doesn't fit all, and this will be more evident in the recovery and post-pandemic era. Training delivery approaches are identified to support the needs of the DC residents and the industry, and the appropriate level of engagement to demonstrate mastery of skills and competencies in the prioritized health care occupations.



*If the program wasn't virtual, I couldn't have done it.*

DC Resident (Social Lens Report, 2021)

Table 5. Training Approaches

|                                 |  |
|---------------------------------|--|
| Face-to-Face Classroom Training | Traditional training in a classroom onsite location.   |
| Virtual Training                | Learning "no matter where you are" and relies on technology tools and resources.   |
| Hybrid Training                 | Combines face-to-face instruction with online learning.  |
| On-the-Job Training             | Employer-based hands-on training necessary to increase skills, knowledge and capacity to perform designated job functions. |
| Apprenticeships                 | Combines on-the-job training with classroom instruction.   |

## Recommendations



On behalf of the DC Health Care Workforce Partnership, the DCHA Program Services Company, Inc. presents the following recommendations to the DC Workforce Investment Council.

### Prioritize Health Care Occupations for Investments

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- ✓ The Certified Medical Assistant, Certified Nursing Assistant, Home Health Aide, Licensed Practical Nurse, and Pharmacy Technician are among the fastest-growing and highest-volume, non-degree health care professions in the District of Columbia. Each occupation also crosses the three subsectors with robust employment in the following industries: 1. acute care; 2. ambulatory and behavioral health; and, 3. skilled nursing, residential and long-term care services. As a result, these occupations present the most promising opportunities for public and private education, training, and supportive services investments.

### Support the Health Care Workforce Partnership

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- ✓ The Partnership launched in March 2021 with funding and technical assistance support from the DC WIC. In five months, the health care employers created a Shared Agenda and Action Plan in collaboration with core partners and network supporters. The action plan sets forth goals and objectives of three shared priorities:
  1. Awareness of health care as a career destination for district residents.
  2. Industry-driven curriculum and training.
  3. Development of a career pathway system.

Adequate funding and technical assistance support to the Partnership is critical to implement the action plan.

### Strengthen Education and Training

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- ✓ Support a focused project within the Partnership to work with higher education institutions and training programs to develop industry-driven curriculum for each of the prioritized health care occupations.
- ✓ Champion funding for tuition-free training programs for DC residents living in Wards 5, 7 and 8 who are accepted into a training program that has adopted the industry-driven curriculum for the prioritized health care occupations, especially the Certified Medical Assistant, Pharmacy Technician and Licensed Practical Nurse, which currently have very limited approved community-based training programs in the District.
- ✓ Increase training capacity by:
  - Strategically funding expansion of existing approved training programs and adding new training programs offering training in at least one of the prioritized health care occupations with focused attention to training and education programs for Certified Medical Assistant, Pharmacy Technician and Licensed Practical Nurse.
  - Galvanizing and leveraging public funds to support apprenticeship programs for the prioritized health care occupations and health care employers in the three subsectors.
  - Exploring funds for health care employers to offer experiential training within their facilities as part of the training program.
  - Incentivizing existing training programs that have documented success of certification pass rate and job placement and retention in health care employers within the targeted subsectors.
  - Funding supportive services organization as a horizontal integration in workforce training programs, thereby, adding training capacity for technical knowledge and skills.

Create equitable and flexible training accessibility. While there are some efforts underway to support career pathways and training for marginalized sections of the District, those trainings are often not offered free of charge (or require extensive applications, if subsidized) and are located in more affluent wards, requiring residents to travel across the District in order to participate. Residents in disadvantaged communities often work several jobs and support multiple families. Sustainable models for equitable career pathways and training indicate that job training should allow for flexibility and should be held in communities where pathways are being introduced (*Ferenstein, G., 2019; Baird, M, et al., 2019*).

## Recommendations, *continued*

### Career Pathway System

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- ✓ Invest in and corral other funding sources to support building a diverse, equitable and inclusive talent pipeline of District residents, specifically from Wards 5, 7 and 8. Opportunities exist across all health care functions, noting that the near-term and low-risk opportunities that will realize immediate results are investments in a trained and skilled workforce on the front line of patient care such as the prioritized health care occupations. Health systems and the broader industry are encouraged to rethink work and workforce training in a more strategic way, recognizing that future workforce and talent efforts also help companies achieve strategic goals in diversity, equity and inclusion.

### Advocacy and Public-Private Engagement

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- ✓ Create learning opportunities among the Board of Nursing and Board of Pharmacy, health care employers, and education and training programs to share challenges and create solutions in support of building and sustaining talent pipeline for the prioritized health care occupations.
- ✓ Support project to design and pilot professional development funding for health care workers in the prioritized occupations to upskill or reskill to ensure equitable career pathway systems and upward mobility.
- ✓ Champion health equity improvements as a determinant to building and sustaining District residents in the health care talent pipeline. Poor health outcomes obstruct the pathway to the middleclass for many District residents — most of which reside in marginalized sections of the community where there is an over-burden of chronic disease and poor social determinants of health (*Department of Healthcare Finance [DHCF], 2016*). A growing literature on the social determinants of health strongly suggests the value of sectoral job training, an intervention which trains workers, who are typically low income, for upwardly mobile job opportunities within specific industries (*Tsui E. K., 2010*).

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DC Health Care  
Workforce  
Partnership

## Appendices

### Appendix A

Shared Agenda  
and Action Plan



### Appendix B

List of Organizations  
in the DC Health  
Care Workforce  
Partnership



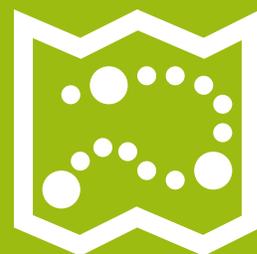
### Appendix C

Analysis of DC  
Training Standards  
and Requirements



### Appendix D

Health Care Career  
Pathway Maps



# Appendix A. Shared Agenda and Action Plan

## VISION

An Industry-driven Career Pathway System where:

- DC residents are ready, able and empowered through lifelong learning, sustained employment and economic security;
- Health care businesses in DC are connected to market-responsive skilled DC residents to successfully compete; and
- Education, training and supportive services are coordinated, cohesive, and integrated through public and private partners working together.

## APPROACH

We will realize the Vision through the Partnership of Health Care Employers defining and leading the agenda of industry workforce needs, and along with Core Partners and Network Supporters collaboratively and purposefully designing and executing solutions that are intentionally diverse, inclusive and equitable to DC residents and the health care industry.



# Appendix A. Shared Agenda and Action Plan

## HEALTH CARE AS A CAREER DESTINATION

### Goal:

Promote the health care industry as a first-choice destination for District residents.

### Objectives:

1. Raise awareness of the three health care sub-sectors as *places* to work in DC for entry-level, non-degree career positions.
  - a. Define the scope of the awareness campaign “Health care as a Career Destination.”
  - b. Develop social media campaign to educate on the three sub-sectors as “employers of choice” for entry-level, non-degree career positions.
  - c. Create social media accounts on LI, Twitter, FB, IG.
  - d. Launch the social media campaign.
2. Promote the health care industry as attractive and accessible through non-degree, affordable education and training pathways.
  - a. Develop a social media campaign focused on the top five prioritized non-degree career positions.
  - b. Develop a social media campaign focused on affordability to train in the top non-degree career positions.
  - c. Develop a social media campaign focused on reaching personal, professional and financial growth through careers in the top five non-degree career positions.



# Appendix A. Shared Agenda and Action Plan

## CURRICULA DESIGN & TRAINING

### Goal:

Assess the current curricula resources and training programs for the top five prioritized health care career positions.

### Objectives:

1. Champion alignment of in-demand (soft and hard) skills education and learning to existing curricula resources, training programs, and scope of practice requirements.
  - a. Identify the type of skills and how they are being described and developed in education and training programs.
  - b. Determine skills gap and definition incongruence among employers' job descriptions, curricula, and training resources.\*
  - c. Map overlapping skills as pathways to cross-utilization.
  - d. Educate DC Health and licensing boards on scope of practice alignment opportunities.
2. Align health care employers on required core soft skills.
  - a. Identify and categorize soft skills from job descriptions.
3. Align health care employers on required core technical skills.
  - a. Identify and categorize the technical skills from job descriptions.

*\*Requires simultaneous timing with objectives 2 and 3.*



# Appendix A. Shared Agenda and Action Plan

## CAREER PATHWAY SYSTEM FOR THE INDUSTRY

### Goal:

Assess current needs and assets of career pathway programs in order to inform the development and sustainability of an industry-aligned career pathway system.

### Objectives:

1. Compile a repository of existing career pathway programs.
  - a. Create an inventory of the existing career pathway programs preparing students and jobseekers for industry careers.
  - b. Perform a gap analysis of the existing career pathway programs and the health care employers' needs.
  - c. Compile the findings of the analysis to inform development of a career pathway system.
2. Inform the development of a career pathway system through the lens of the health care worker.
  - a. Design learning sessions to understand the health care worker experience navigating through the top five prioritized career pathways.
  - b. Implement learning sessions to understand the health care worker experience navigating through the top five prioritized career pathways.
3. Inform the career pathway system through the envisioned future of health care careers.
  - a. Design a series of think tank conversations to explore health care occupations of the future.
  - b. Launch the series of think tank conversations to explore health care occupations of the future.



# Appendix B. List of Organizations in the DC Health Care Workforce Partnership

## CONVENER & INTERMEDIARY

DCHA Program Services Company, Inc.

## PUBLIC FUNDING PARTNER

DC Workforce Investment Council

## HEALTH CARE EMPLOYERS/BUSINESSES

### *Acute Care*

The George Washington University Hospital

Children's National Hospital

BridgePoint Hospital

MedStar Health

Psychiatric Institute of Washington

## AMBULATORY AND BEHAVIORAL HEALTH SERVICES

Providence Health

Whitman-Walker Health

Mary's Center

McClendon Center

Unity Health Care

## NURSING AND LONG TERM CARE SERVICES

Ascension Living Carroll Manor Nursing and  
Rehabilitation Center

Volunteers of America Chesapeake

## CORE PARTNERS

Coalition for Nonprofit Housing & Economic  
Development

DC Primary Care Association

DC Health Care Association

DC Coalition on Long Term Care

AmeriHealth Caritas DC

SOME Center for Employment Training

UDC Community College Division of Workforce  
Development & Lifelong Learning

DCPS Academy of Health Sciences - Coolidge

Trinity Washington University

1199 SEIU

Greater Washington Community Foundation

Office of State Superintendent of Education

Community College Preparatory Academy

Jane Bancroft Robinson Foundation

## NETWORK SUPPORTERS

Dress for Success DC

Rodham Institute Pathways for All to Health Careers

Campaign for Fair Sentencing of Youth

Department of Aging and Community Living

DC Health Care Finance

DC Appleseed Center for Law and Justice

Department of Employment Services



# Appendix C. Analysis of DC Training Standards and Requirements

|                             | Minimum Age | Curriculum Length                            | Continuing Education Requirements   | Governing Board(s)                              | Renewal & Licensing Fees  | Additional Requirements  |
|-----------------------------|-------------|--|---|---|---|--|
| Certified Nursing Aide      | 18          | 125 hours: 65 classroom, 20 lab, 40 clinical | 24 hours, every 5 years   | NAHCA, NCSBN, DC Board of Nursing (local)       | Nurse Aide Skills Exam \$110, Nurse Aide Written Exam \$55, Nurse Aide Oral Exam \$55 | English literacy, basic education at a minimum 5th grade level, evidence of vaccination or immunity to communicable diseases, pass a DC police clearance, criminal background check required every 2 years |
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 ACPE: Accreditation Council for Pharmacy Education

# Appendix D. Health Care Career Pathway Maps

