**WorkforceGPS**

**Transcript of Webinar**

**Sector Strategies Virtual Business Engagement Academy**

**Core Session 3: Blueprint for Talent Development**

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GARY GONZALEZ: Let's go ahead and turn things over now to Virginia Hamilton. She's a regional administrator from Region Six in San Francisco, Department of Labor. Virginia, take it away.

VIRGINIA HAMILTON: Thanks, Gary. Well, good morning, everybody. I'm delighted to welcome you to session four of five of the Department of Labor's Virtual Business Engagement Academy. We've had fantastic participation up until now; wonderful sessions. We hope today will be wonderful for you as well, and we have one more session that's coming this afternoon, 3:00 o'clock Eastern Time. There's still a little bit of room for registration. So if you're delighted with this and you want more, please make sure that you go ahead and register for that as well. As Gary said, we will have these sessions recorded, and they'll be available in a couple of days on our website.

So I'm going to introduce my other co-facilitator, Tom Hooper, who is the senior director and regional sector strategies for Jobs for the Future, formerly from the Department of Labor, and then our two speakers, our panelists that we have. We've got Peta-Gaye Porter from Hampden County and we've got Shawna Trager from the New York Alliance of Careers in Healthcare. We're delighted to have both of these women on the phone with us today. They have a lot of experience as workforce intermediaries and have been deeply involved in business engagement and career pathways and sector strategies for a number of years. We're really looking forward to hearing them speak.

So really our objectives today are to help you identify some key steps in developing workforce solutions to address the needs of employers, to learn from approaches for developing solutions that are used by our two speakers, Peta-Gaye and Shawna who've been working in healthcare workforce as intermediaries for a number of years, and then really get very practical, on the ground, field-level ideas, in the weeks for developing solutions in sector partnerships.

So before we get started we're going to give you a polling question. So let's say that implementing a regional sector partnership is like being a Hollywood actor. So we're going to ask you to fill in your poll by answering the question, do you feel like you're kind of a Clint Eastwood/Meryl Streep kind of practitioner with lots of experience or maybe Matt Damon and Sandra Bullock that has some experience or a person I've never heard of because I'm too old, Taylor Kitsch or Dakota Fanning, someone who's just getting started in the field? So take a minute and vote on who you think you are. What kind of movie star are you in this world of sector strategies and employer engagement. Wait for a minute.

MR. GONZALEZ: And just mouse over and left click the radio option to the left of the selections beneath the question.

MS. HAMILTON: Well, it looks like we have a bunch of people just getting started in the movie industry but maybe most in the middle here. We'll give you just another 30 seconds or so. Looks like maybe we're in the action genre, maybe some rom com. So about 55 percent identifying with Matt Damon and Sandra Bullock. Well, that's great. We just wanted to get sort of a feel for who's on the call. Thanks, Gary. We'll complete that poll and store that knowledge away as we continue our process here.

So I'm going to turn now the agenda over to Tom Hooper. Tom?

TOM HOOPER: Great. Thanks very much, Virginia. Good morning, everyone. This is Tom Hooper. I'm a senior director with Jobs for the Future, a non-profit based in Boston, and we're thrilled that so many of you could join us for this morning's session. We developed a very straightforward three-part agenda for our session today. I'm going to review that very quickly now.

First, I'll provide you all with a very brief overview of sector strategies to ensure that we're all thinking about this core concept the same way and then provide a quick summary of the primary workforce challenges and issues that were identified by employers in the opening session of this virtual institute. The summary is for the benefit of those of you that were not able to attend that opening session, as some of the questions that our presenters are going to address will draw on the challenges that were shared by employers in that opening session.

You'll then hear some really rich presentations from two very experienced intermediaries, as Virginia noted, with a focus on the approach that they use to develop workforce solutions to address the challenges that employers in their healthcare sector partnerships face. And then we're going to have plenty of time for questions from you, and we really encourage you – and I want to echo a point that Virginia made.

We really encourage you to get in the weeds with your questions. These are experienced intermediaries with a lot of key lessons learned about working with partners to develop solutions and they come from different types of geographic areas and they use very distinctive approaches for engaging their industry partners. So we can all learn a lot from their different experiences and how to adapt them.

OK. I'll quickly summarize a sector strategy to ensure that we all have a similar perspective on this core concept. A sector strategy is a regionally-based collaboration where multiple employers within a specific industry – and it could be healthcare. Could be manufacturing. You name it – gather together on a regular basis to identify their shared workforce needs and then collaborate with key partners in their communities, such as workforce boards, community colleges, community-based organizations, and others, to develop solutions that address those challenges.

These partnerships are generally staffed by a third-party called an intermediary or a convener who supports the employers as they identify their challenges and works with other organizations to then develop solutions to those challenges. Our session today focuses on the back end of that equation, identifying successful approaches that intermediaries and their partners can use to develop solutions that address employer needs.

Before developing workforce solutions, of course, it's critical to first understand the pressing challenges that are faced by employers. During the opening session of this virtual institute, we conducted a mock sector meeting where real healthcare employers identified some of the key hiring, training, and retention challenges they face, and I'm now going to summarize their critical observations. During that mock sector meeting, the employers were asked, what keeps you up at night? So what are your critical pain points?

And their answers included that it can be tough for educators to stay relevant as skill needs change, that employers' level of performance need to meet an increasingly high standard, and employers require a new pipeline of workers. They noted that there is growing competition for talent at a high level. They said that they're already stretched both in the clinical and non-clinical side. They said that occupations require not only medical skills but also technological skills and business savvy, which leaves some personnel with skills that are outdated.

The healthcare employers also noted that they're facing a number of retirements in the very short term. They said that private employers like CVS and Walgreens are beginning to attract more qualified medical staff and can offer higher compensation than hospitals can. They also said that retention is difficult, and they said they're losing some experienced professionals.

They noted that there appears to be difficulty in following a career pathway from nurse assistant to LVN to RN, and they said there sometimes aren't enough incentives in place to keep folks on the path and to support them. And finally, they said that they'd begun to focus on growing their own talent in house.

A second overarching question that was posed to the employers was they were asked, what are three or four needs related to occupation and key skills intermediaries and their partners should focus on where workforce development and education can really make an important impact in supplying employers with the talent that they need?

The employers answered that intermediaries and their partners need to focus on entry-level positions, and they cited home health aides, medical assistants, and patient care techs and staff at registration desks. They said that they need to be able to provide career pathways for those entry-level positions as well as career credentials so employers and their partners know the skills that are needed for various positions.

The employers also noted that specialists in behavioral health are increasingly in demand. They noted that nursing staffing is cyclical. They cited a need to focus on developing support for a career pathway from entry level to training and wrap-around services. And they noted that the healthcare system itself needs to think about being more accepting of nurse practitioners working up to the full limits of their certifications, and they said that the sector partnership could be a form for the industry itself to discuss that issue.

And finally, a final overarching question that was posed during that meeting was the employers were asked specifically about what role workforce and educational institutions could play as intermediaries in these partnerships helping to craft and deliver occupations, specific training, and other services.

The employers responded that innovation in curriculum and the development of standardized credentials would be really helpful, particularly for relatively new entry-level occupations. They noted that stackable credentials, lifelong learning, and the view of healthcare as a career was important. They also said that, unfortunately, some educational institutions are not designed to shift quickly based on industry demand and could be more nimble. They found that in some cases by the time an educational institution designed and implemented a new curriculum, the employers had found a way to fill that need themselves.

They noted that skills training and sometimes upgrading is becoming more important to – (inaudible) – technology. And then they cited the ability to work in teams and multitask as being something that was crucial to them. They said the customer service was also really important but that employers had ended up teaching some of those skills in house because external training programs often didn't match their needs.

So that's a really quick summary of the key challenges and issues that were identified by healthcare employers in that opening mock sector session that was held as part of the institute. We'll come back to those challenges later and look at how our presenters, acting as intermediaries, start to develop solutions to some of these challenges.

But first, let's hear more from our two intermediaries themselves, who they are, and their models for developing workforce solutions. We're first going to hear from Peta-Gaye Porter, the manager of healthcare workforce initiatives for the Regional Employment Board of Hampden County. Peta-Gaye, it's great to have you with us today. Take it away.

PETA-GAYE PORTER: Tom, thank you. So on the screen is the first slide, and there's a lot of information that I'm going to try to squeeze into a short amount of time. So I'm just going to jump right in. So our healthcare workforce partnership of Western Mass is an initiative of the Regional Employment Board of Hampden County, and this is one of 16 workforce development boards in the state. We are located in Springfield, Mass, and we serve 23 cities and towns.

We collaborate with other workforce development boards in our area, and the reason why we do this is that we need to provide our citizens in Western Mass with access to meaningful careers with lifelong sustaining wages throughout a myriad of services. But we see our primary responsibility as managing publicly funded workforce development and job placement programs through working with businesses, government entities, and education and training providers.

And I placed the REB strategic plan priority on the slide because even though the work that we do is really partnership-driven by our citizens and our employers, they're at the same time very much aligned with the REB strategic plan priorities. Tom, would you go to the next slide for me, please?

OK. Thank you. So in the same way that our strategic plan goals align, I also want to point out to you – and it states this in the previous slide – the REB strategic tagline is building a better workforce while the healthcare workforce tagline is building a better workforce to deliver quality care.

And it wasn't mandatory for our taglines to be so closely linked and it was almost unintentional but, as I say, one of the things that we're learning is that the work that we're doing as a sector partnership really feeds closely into the work that the organization is doing as a workforce development board but while at the same time we're specifically responsive to the needs of our community.

One of the things that I would like to share is that we're at this point in our partnership. We have a formal memorandum of understanding and it's between the regional employment board and some of our participating institutions and they make financial contributions on a year-to-year basis. Now, I will say to you that our partnership has been established for 10 years. So we have a considerably long history behind us.

One of the questions that was asked on Monday was, how does an intermediary organization forge a stronger partnership? And we can look at the employers' responses and sum it up in one word, trust. So by whichever means they participate, the employers want to know that their limited time that they're contributing to a partnership or to a meeting, that their time will not be wasted. So how do we do that? We need to do our homework.

We're going to need to learn the language specific to each occupation very quickly. We're going to need to make sure that they see their commitment of their other colleagues as well so when they get into a room at a meeting or when they get on a conference call, they want to see others like them from different organization involved. And we need to make sure that we get the smallest – we need to get the most work accomplished in the smallest amount of time, and they need to see progress.

At the end of the meeting they need to make sure that they're leaving with something, they have something in their hand that they're leaving with. It might be ideas. It might be plans. Something they have to leave with, and most importantly the other thing that we don't want to forget about is that they want to hear options for funding projects. We can't just talk about projects without talking about how we're going to fund them.

So we started back out in – we started out in 2006 with funding from the Robert Wood Johnson Foundation. We brought employers to the table and delivered as promised. We're 10 years out and the REB is established to apply for a competitive grant because our employers make the necessary commitments in their application process based on our proven ability to deliver and they're willing to invest voluntarily. We have one staff, one full-time staff. That would be me. But the other members in our organization also contribute to the project as necessary. I'm going to take the time to introduce – to talk about our three work groups. They're on the screen right now.

We have the advisory board, the Western Mass Nursing Collaborative, and the Allied Health Committee. So at the top of the structure is the allied – is the advisory board committee, which consists of senior leaders, mostly representing healthcare organizations, postsecondary schools, as well as residents and the workforce board and local foundation. We also have statewide organizations that are a part of our partnership. They attend our regular meetings. They participate in some of our projects, and this has been a structure that's been going on for about five to seven years. Tom, can we go to the next slide, please?

Thank you. On the screen is a partial list of our partners and a sample of our calendar. Our meetings are scheduled one year in advance, and all the logistical details have been consistent from year to year. The days, times, locations, plans of meetings are consistent for each work group, and we do that so that we can alleviate those pesky logistical mishaps that can really get in the way of sitting down at the table and really talking about the challenges that are at hand.

The meetings of our advisory board are chaired by the CEO of the regional employment board, and so remember, different from what we had on Monday where the employers were the ones who were being interviewed, in our meetings we have a wide range of people that are sitting at the table already and that was in our earlier slide.

And so our players listed in the background on the previous slide bring a lot to the table. On Monday we talked about whether they should bring brochures. They do not bring brochures. They bring their pens. They bring their paper but additionally, they're bringing their knowledge and they're bringing resources and this is very valuable to everyone that were in the room.

So for instance, because right now we're talking about a healthcare community that's dwindling and we don't have as many manpower as we need, one of the positive is that we might have a dean in the room who's in education institution who was once a nurse manager at a previous organization. And so that person is able to discuss our challenges with a wider scope.

Also, just to talk a little bit about times when we bring employers to the room, there are times when there are only employers to the room, and the reason why we would do something like that is if we have a end goal that we have in mind and we're going to send a unified message to the region, then we'll get employers together.

If I go back to Monday and look at the nurse practitioners as an occupation of focus, we learned from the employers that one of the things is that they need NPs to work at the full level of their certification and that their talent pool is small. If we take that into the room and we place it amongst our advisory board members, we will quickly find out that everyone in the room has something to contribute.

So in the middle of a discussion we're going to learn that what has been determined to be a challenge in one institution is often always a challenge in other institution. We're going to learn that the degree of the challenges is going to vary and that institutions are at different stages in addressing the knowledge – addressing the challenge and that they're using different strategies, and the big one is they're using innovative ways to manage costs.

Out of that we're going to hear people say things like, maybe we should try that strategy that another organization is using, or we've never considered that before. We'll hear things like, let's talk after the meeting. Let's have coffee, and out of that a smaller collaboration starts to take place. And specific to Massachusetts, we've had the conversation here in our partnership and we found out within our meetings that the Mass Coalition of Nurse Practitioners has a bill on Congress to remove restrictions of licenses for NPs.

And so the next question that we ask is, what can we do to support that work? But this does not mean that we have a – excuse me. It doesn't mean that we have a solution. It just means that we've come up on a challenge and our next step is to document our next steps. And as a partnership we have done that, and I will share that quickly. I can see I'm running out of time very fast.

So I'll go over our four strategies to this work, and one of them is to forecast the future demand of NPs in the region. That's collecting data so we can say to the schools, these are what our admission rates should look like. Two, we're going to document lessons learned by employers as they support incumbent RNs becoming NPs. We're going to develop on-the-job training opportunities to incentivize employers to hire graduate nurses, and we're going to develop a regional strategy that address clinical placement for NPs because during the discussion we also learned that a real barrier to graduating new employees is finding preceptors to provide clinical placements to students.

And so these are some of our immediate conversation, and right in our immediate conversation we find out that when employers are leaving the initial meeting with an exchange of resources, they're talking about opportunities to collaborate, and they're exploring ways that they can adapt what they've learned in their institutions – what they've learned in the meeting back in their institution. I see I've run out of time. So I'll turn it back over to you, Tom.

MR. HOOPER: Thanks. Thanks very much, Peta-Gaye. I appreciate that. If you want to make just a few last remarks, I know you have some other key slides here that you didn't get a chance to hit yet. But if you want to go for another minute or two just to – that's fine.

MS. PORTER: Yes. I will. I will. So gladly, you have the allied health collaborative priority occupations on the screen right now, and I'm excited about this because when we talked on Monday, you can see that a lot of the occupations of focus that are on the screen were occupations that were mentioned before.

And we've developed strategies to address these, and one of the reasons why we have priority occupations, because as a region we know that because of the change in healthcare landscape that there are a broad range of occupations to focus on but there are some that really need our focus and that's because of supply and demand needs and also because of skill gap needs. Could you switch to the next slide for me, Tom, please?

MR. HOOPER: Sure. And then I think that if you also could talk just for a minute about your last slide too, the strategic framework, that would be great.

MS. PORTER: Oh, yeah. I will. I will. OK. So with the Western Mass Nursing Collaborative what we have done is we've taken what we heard from the advisory board. We take what their next steps are and we take it to the Western Mass Nursing Collaborative and we use what they give us as a next step and we develop a work plan.

With that we work on the work plan with smaller collaborations, and at monthly meetings we talk about what we have learned. We evaluate what organizations are doing and develop next steps. So it's an ongoing process over a number of months to get some results. Yes. Let's move to the next slide, please.

All righty. So to sum up and all of what I've said, what we do on a regular basis is once we've identified a challenge, we identify and document industry needs and requirements. Then we identify partners to respond to the documented need. We identify existing assets and resources, and then we develop an action plan, deliverables, and milestones. And lastly, let me say in this framework we do not have the word solution because the work is ongoing. I'll turn it back over to you, Tom.

MR. HOOPER: Great. Thank you so much, Peta-Gaye. That was excellent.

We're now going to hear from Shawna Trager, executive director of the New York Alliance for their Careers in Healthcare. Shawna, thanks so much for joining us today.

SHAWNA TRAGER: Great. Thank you, and thanks so much for the opportunity to present to this group. So yes. I'm Shawna Trager. I'm the executive director of NYACH, as we're known as. So who we are? We are an industry partnership – that's what we call ourselves. It's the same concept as an intermediary that collaborates with leaders of the field, employers, education institutions, all with the collective goal of developing workforce development strategies that meet the needs of healthcare institutions and New Yorkers.

We are at the New York City Department of Small Business Services, which is the city government agency that is a lion's share of the workforce activities in the city, including administering WIOA funding that comes locally. It's a key strategy of the City of New York, and Mayor Bill de Blasio's plan for redesign New York City's workforce development system and industry partnership has been identified as the model for the strategy of ensuring that the system builds the skills that are in fact sought after by employers.

We actually are the first industry partnership for the city that grew out of a public-private partnership, which we still remain. The public-private piece of that work between the New York City Workforce Funders and SBS and served as a model for the five subsequent IPs in other sectors that came after us. Next slide, please.

So all the industry partnerships here in New York City have a similar charge really aimed at building a sustainable and robust pipeline of local talent to fill in New York City's jobs and do so all with an eye on systemic change, long-term system change in the city's workforce system. But how each IP is shaped is driven by the particular problem statement of the industry.

And I think this is the key first step in any development of an industry partnership intermediary is be very crystal clear on the problem statement that you're aiming to address that's applicable to your field. So here are the four items that NYACH is tackling here in healthcare in New York City.

First, that the healthcare industry is undergoing huge transformation, unprecedented as a result of both New York State and obviously federal reform, that being the Affordable Care Act, which is resulting in new growing and changing workforce demands. The second is that the workforce development system does not systematically and consistently meet the industry's demands, particularly as it relates to these new skills sought after by employers. Third is that there's a lack of attainable and efficient pathways for many New Yorkers to enter and access these quality healthcare careers and advance. And the fourth is that the healthcare and workforce development system, both as two different entities, are notoriously fragmented and disjointed. Next slide, please.

So our mission statement is then to build an effective workforce development system by first identifying healthcare employers' needs, second, helping education and training organizations adapt their approach to better meet those needs and, third, ensuring that low income and unemployed New Yorkers have access to these viable career opportunities. Next slide.

So how our partnership structure was formed. Again, this is going to look different in each region, in each sector, depending on who the major players are and how the field is set up. For NYACH, healthcare in New York City, our partners council is made up of the trade associations and industry groups representing healthcare employers and educators and workers in the major subsectors of the field. So very strong trade associations, labor management partnership, and public university system.

So that is who is comprised of our partners council, the Greater New York Hospital Assocation, CHANYS, Southern New York Association, PHI, 1199SEIU Training and Employment Funds, and the City University of New York. We meet quarterly to identify the industry's trends, what's going on in the field, the needs of their respective constituents and members in the various subsectors, and we use that as a form to validate proposed approaches that NYACH is putting forth.

We then work directly much more frequently with employers on those identified workforce needs and what those potential solutions are and oftentimes have working groups on various initiatives in particular disciplines and oftentimes we're tackling new program curricula and development of new models. Next slide, please.

Our partners council undertook the common collective impact approach of ensuring those are the five criteria that are identified under the collective impact framework. And the first which I'll go into is the common agenda, but the second is the shared measurements. The third, that there's mutually reinforcing activities. The fourth is continuous communication, and the fifth being that there's a back – (inaudible) – organization, in this case NYACH, driving network.

So we work together to develop a common agenda, which is the foundation of our work, which I recommend as a strategy in getting new IPs or intermediaries started. The first is to ensure – of the common agenda the first item is to ensure that training and education meets the industry's need. The second is support access to career opportunities and advancement for in-demand occupations or low income and unemployed individuals. The third, develop multi-stakeholder partnership and coordination, and the fourth is really to serve as a platform to inform educational programming, policy, and advocacy. And I gave a couple of examples or one example for each of these items, which I will quickly go through.

Under ensuring education and training is aligned to the industry's needs, one example of how we approached this, I mean, obvious is focusing discipline occupation by occupation, which we're doing as well. But we took an approach to come up with core competencies, a foundational set of industry-wide competencies that are required particularly for today's new healthcare environment and a process in aggregating the competencies, validating them with industry and employer partners, and putting forth a recommendation that got signed off on by our partners council and employers as a foundational set of competencies that should be integrated into education and training.

And the way we're looking at that is that is going to be tailored and taught at a level that is appropriate for the education level, for the particular discipline, for the setting, for whether urban versus rural. And it's all tailored at that point, but that would be their foundational competencies and accompanying learning objectives. We also put together a group of open source curriculum material that is nationally available in an effort to not recreate the wheel and building new things that already exist.

The second around supporting access, we're doing a lot of work on the development of contextualized bridge programs or pre-training programs, those that connect New Yorkers with a foundational basic education skills that they might need or language skills in order to even get access into education and training programs. And we do so in – we're doing so right now in a way that's contextualized for the end goal of either being either occupation or a particular job. So they're learning everything in that context.

Around multi-stakeholder partnerships, given our unique perch here working with so many different stakeholders, we have the ability to connect dots with various players. One example that we're doing that with is we're taking a home health aide training initiative that brings the other public workforce system like our local – we call them WorkforceOne centers.

They're called One Stops elsewhere – as recruitment partners in working with their community-based partners. We are working with CUNY, our community college system, to build a best practice curriculum. We are working with an industry leader and subject matter expert to build and do train the trainer and capacity building of that curriculum model with employer partners on board, and we're leveraging public funding, all with a goal of a systems change objective and a long-term – (inaudible) – either.

And the fourth is around serving as a platform for educational programming, policy, and advocacy. We are serving kind of that central repository role of aggregating labor market data. Currently there's a ton of data sets available on workforce vacancies and projections. They vary by occupation and setting and whether they're real time versus projections or number of vacancies or narratives in terms of qualitative feedback from the field.

And we are working to aggregate that all into a single snapshot of what the industry's workforce looks like in order to inform educational programming, informing policies. For example, we just submitted comments – I'm sure others did as well – to the Department of Labor around the SSC codes and ensuring that it incorporates emerging occupations, and that can then inform – (inaudible) – as well. Next slide, please.

Oh, I think that is it with a couple seconds to spare.

MR. HOOPER: Great. Thanks so much, Shawna. That's excellent. And we've got one overarching question for both presenters which Virginia's going to pose. Before we get to that, we just encourage all attendees to pose questions for the presenters using the chat feature of the webinar. We'd love to have questions from you and the presenter here to take them. So definitely take the opportunity to pose questions now. Virginia's got a question to pose to both Peta-Gaye and Shawna. Virginia?

MS. HAMILTON: Well, first, thanks. Those were fantastic and weedy and interesting and juicy. So appreciate, Peta-Gaye and Shawna, both of your conversations with us. I guess what I want to do now is loop back around to what Tom talked about at the beginning, which is that we had a mock sector meeting with a set of healthcare providers, and they raised some challenges about what they needed in their businesses that would affect their bottom line.

And I guess I would ask each of you to maybe take a few minutes and talk about how you would each approach one or more of the challenges that were identified by the employers in the opening session. And why don't we go back to Peta-Gaye and start with you first?

MS. PORTER: Thank you, Virginia. So I would kind of focus on the idea of there's so many different occupations to talk about all at once, and what we've done as a partnership is we've identified what the regional need is and what the regional focuses are. And at each of our meetings we have an occupational focus, and the people who are in the room, they change based on the occupation that we're talking about.

But one of the things that we are learning quickly is that the need – the languages are changing in the sense that the languages are the same in the sense that the need that they're talking about and the process is similar. So we've kind of developed – as you see in our framework, we've developed a standard way of reaching out to employers and educators and community-based organizations, sit at the table, have open discussions because at the end of the day we're all looking to do the same thing. And I would say that's what our process has been.

MS. HAMILTON: Great. Thanks. Shawna?

MS. TRAGER: Sure. So I was thinking – (inaudible).

MS. HAMILTON: Again, the question is, yeah. How would you approach one or more of the challenges identified by the employers?

MS. TRAGER: Sure. So I was thinking. I think one of the identified challenges was the focus on entry-level positions and how there will be stackable career pathways for them along the way. And so I thought I would start or I'd focus on that question. So there's multiple things here that we are doing on this particular challenge. The first is that we're seeing more patients facing care delivery entry-level positions. Even though they're entry-level, they still are often being sought after with some experience, and so we are trying to understand exactly what is under that statement.

Is it that there needs to be very specific competencies proven that were done and learned and demonstrated on the job? And so that is something that we have uncovered and, as a result, working on formalizing an internship skills checklist that is very clear because I think oftentimes obviously a lot of education programs incorporate an internship experience. But what we heard from the employers is, one, they're all very variant as to what the internship is. The length of time is always different. Let's just use medical assistant as an example.

Length of internship is quite varied. What's covered in an intern with formalized and structured that internship experience is is quite varied. There's no formal tool to demonstrate competencies as a result of that internship. So it's not like that graduate is able to present something that an education institution was able to verify as a result of that internship. And oftentimes the internship models, the extent that they do exist, are not deeply informed by the day-to-day tasks and responsibilities of medical – (inaudible) – performing in today's healthcare environment.

So what we did was work with employers to develop and also did a skills test analysis and a job analysis as to what medical assistants actually do and work from there to build both a skills checklist both on the technical skills but also the kind of knowledge-based behavioral skills that are sought after by employers and are working to deplore that across all the community colleges that have medical assistant training, which is quite large, and using that as one particular way to then demonstrate that it was a valuable work-based learning experience that actually built in competencies into the progression of the students' knowledge and also that the preceptors then know what they should be focusing on when working with the students when they're on site. So I think that's the first thing.

The second thing I would say is thinking about prior experience as a – being sought after is to think about – well, medical assistants we said a lot of their obsessive thought is with the patient interaction, the customer service skills, the work flow of a patient. So what about that front desk role? Can we start with that? A lot of times front desk responsibilities are built into a medical assistant's job anyway, the administrative responsibilities.

So what if we built that as a truly fun-facing role and worked to build that work-based learning component while they're getting their medical assistant training to be practicing and learning in the front desk position? And so we're working to build that model, and then we want that front desk training to stack and to be articulate to the medical assistant credential. So they don't have to repeat the administrative part of medical assistant training when they go off to a technical skills training but that it can then articulate.

And we're working very hard with our educational partners to ensure that there is recognition of prior learning experience, there's recognition of past didactic training that can then stack and articulate to a continuing education program so that there's not a repeat, and then taking that medical assistant model even further from there, building in health coaching skills, for example, patient engagement skills, stages of behavior change, and working to stack that against the medical assistants. And so that along the way they're earning credits hopefully towards a degree that are transferrable and that are recognized by industry.

MR. HOOPER: That's great. That's great. Thanks so much, Shawna.

Well, questions have started to come in, and this is great. And, folks, please definitely encourage all attendees to keep sending in your questions. The first question – and actually we'll take a quick second just to pause and let folks keep sending in questions. But the first question that's come in is about collective impact and it's, "Can the collective impact approach five elements be restated?"

Virginia Hamilton, would you mind taking that question?

MS. HAMILTON: Sure. Collective impact is a framework that actually was developed out here in California, and I've had the opportunity to work with some of the people who put it together and put it into action. It's used in – it's used to tackle big hairy social issues around the country – some people call them wicked problems – but also has been very successful in being used in workforce development. And so I'll quickly just go through what the five elements are, and you can Google – if you just Google collective impact framework, there's a million places you can go to look at them.

So first is just having a common agenda, and I think both of our speakers have talked about that today, figuring out what it – what problems you want to solve and making sure that everyone is in agreement on that common agenda.

The second is shared measures, and I think that's super important. We often talk about the workforce system having lots of different kinds of measures. WIOA's measuring how many people get jobs and how much people get paid. If you're working with TANF clients, the measurement is often how many hours people are participating in an activity. In the community colleges measurement is often how many people are sitting in their seat on the 25th day of the third month.

So collectively coming up with a set of shared measures for your initiative is super important. If you're working – for example, both speakers were talking about in terms of focusing on frontline workers, what are the measures that you want to collectively be held accountable for and obviously driven by the employers?

Mutually reinforcing activities sounds simple. Harder to do, but, for example, some of the employers around the country say they don't like being approached by five or six or eight different entities all saying, hire my people. Hire my people. Work with us, or we want to do a sector strategy. So actually figuring out together how you can do what's best for your own organization. What are your key competencies?

How can you apply them to the problem that you're trying to solve and not have everybody do the same thing? Continuous communication. Talking all the time. Both of our speakers talked about that, that you need to be working together all the time, talking all the time about what you're doing, how you're doing it, and who you're talking to, what you're finding, what the insights are.

And then last – and I think this is critical because both of these organizations really are what we've called backbone organizations – having a backbone organization. We often I think in our federal programs expect a lot of collaboration and coordination to happen locally just magically. And I think one of the foundations of the collective impact model, you have to have an organization whose function is to keep the whole collaboration going, to keep the industry sector partnership going, someone who's making sure that you're scheduling meetings, that you're following up with people, that communication's happening.

And these intermediaries are great examples of backbone organizations. It's a function a WIB can play in many cases, and sometimes WIBs work with other organizations to serve in that role. So that's the collective impact model.

MR. HOOPER: That's great. That's great. Thanks, Virginia.

Well, here's a question that's been posed around staffing, and, Shawna, it would be great if you could tackle this one. "In terms of staffing your sector partnerships as an intermediary, could you talk a little bit about, at a very practical level, the staff that are involved in staffing your sector work as to who they are, how they're funded, and what they do, the specific role they play in staffing sector work?"

MS. TRAGER: Sure. So I think the person's foremost important quality is that they have a deep understanding of the sector. They can speak the language. They know the players and the policy as – particularly as it relates to healthcare, reading the journals and the news. And so that's a really important, really important piece of this work. Critical to build the trust and the rapport with the field.

The second is that thinking – in terms of what they do, they are out there talking to employers and pulling together all the industry intelligence that we're gathering around, again, at least 10 different initiatives and disciplines that we're focusing on. And for each of those pulling together and aggregating the feedback, going through data, pulling together and articulating the qualitative conversations and feedback that we're having, and working with me and with education partners to put forth a proposed solution.

And I think that's a really important piece of this work is that we are listening and talking and pulling out the problem statements from employers, but we're not sitting at that moment and doing the solution building per se. We come back to our teams. We get input of various stakeholders.

We think about connections to some of these organizations and the public entities and then put forth a proposed model or a proposed curriculum, let's say, for reaction. And I think it's a lot easier at that point for employer partners to provide feedback when they see something in front of them that they can react to.

And the conversation at that point gets to a much deeper intricate level because you're really looking at the specific syllabi, the curriculum outline, the case studies that are being incorporated into education, role playing, or you're thinking about how to bring together various partners. Or if the problem is around the experience, then how do you build some sort work-based learning experience?

And so we come with a proposed solution based on a lot of aggregated input, city agency partners as well, particularly as it relates to certain populations. So my staff is out there in the field doing that type of work both on the workforce education side of the house but also with the industry, and I think that a lot of the labor market data fielding as well that needs to be done.

MS. HAMILTON: And so you hire those people from the industry, or are they workforce people? You said that they need to deeply understand the industry. How do you make that happen?

MS. TRAGER: I mean, ideally they're both, but that's hard to find. But I think the most important piece is that they're industry folks with an interest and background in understanding workforce issues, but I think that's, first and foremost, the most important piece of it.

MR. HOOPER: That's great. And how do you fund those positions, Shawna? Are they funded with WIOA funds, or how do you – how are those funded?

MS. TRAGER: Yeah. It's a joint, like I said, public-private partnership funding model. We have private philanthropy and foundations that support and then we also – the SBS have funding, which is WIOA.

MR. HOOPER: All right. That's great. That's great. A question, and, Peta-Gaye, this is one, if you could tackle a little bit. Talk about the specific role that your industry partners will play if you get into solution development, whether it's developing a new training curriculum or developing career pathways.

If you get industry champions that are going to be sitting in the weed, sitting in a specific meeting, let's say, with your community college partners to develop curriculum or give feedback, if you only engage them on a – (inaudible) – curriculum is developed? If you could just talk a little bit about the very specific role that your key industry champions play, that would be really helpful.

MS. PORTER: Yeah. So our work groups are called work groups, and so what we do at the meetings is that we look at – say, for instance, if we're looking at curriculum development, we're talking about the nursing curriculum, we are going to bring our – (inaudible) – from each institution to the table. We're going to have the open discussion that employers are in the room.

We're going to talk about what these challenges are. We're going to develop surveys, look at where our – look at where the gaps are, and a lot of that work gets done within the room. At the end of the meeting we're going to talk about – (inaudible) – steps, get back to – (inaudible) – do more – (inaudible). Where do we need to be in between those – (inaudible)?

And at that point I will, as the staff member, reach out to each individual institution during that month where we're not meeting. We'll have side conversations and develop side plans and go back in the room, say, here's where we are as a – (inaudible) – have been made. Right here where the – (inaudible) – have taken place and what adjustments do we need to make?

MR. HOOPER: That's great. That's great. OK. We've got a question that's come in. "How did you present your new mission statement to the workforce development board, and how was it received?" Peta-Gaye or Shawna, open that up to both of you. Which of you would like to take a crack at that one first?

MS. PORTER: I'll go ahead. So our mission statement, we did not – (inaudible) – our board. We worked with our board to create our mission statement. So this is how our partnership works. In just about everything that we do it's the collaborative efforts in all the work that we do. So we will talk about what are we – where are we as a region? What are our needs?

And everyone has a say, a conversation, and we develop something. We phrase it together. We try to figure out what stakes – what works for every – for all of our partners, but at the end of the day all of our stakeholders feel as if they have invested in the work that we're doing ongoing.

MR. HOOPER: That's great. That's great.

Q: I have a question. Maybe –

MR. HOOPER: Yeah. Yeah. Go ahead.

Q: Oh, go ahead.

MR. HOOPER: You got it.

Q: So one of the principles of doing good work with the business community is that, if you come to them with real – and I can't remember who said it earlier. Maybe it was Peta-Gaye. She said word solutions doesn't show up on her slide at all.

One of the shifts that we're making as we think about doing this kind of work is that we're shifting from going out and sort of providing solutions to employers and saying, we can do OJT. We can do internships. We can do incumbent worker training. We're going out and saying, what are your pain points? What's affecting your bottom line? What kinds of talent issues do you have? What do you do if a business comes back and goes, the big issue I have is that people don't really understand what the work is that we do?

No one knows what our occupations are. It's really about I just need kids coming out of school to even know what this industry is or what these kinds of jobs are. That's not necessarily directly in your – (inaudible). How would you address sort of a question like that in which an employer is saying, yeah. I've got these pipeline issues and I need to hire these people, but there's some larger issues around talent that I need solved? Do either of you have an answer to that question?

MS. TRAGER: I can –

Q: I guess you can both say no but –

MS. TRAGER: I'm not sure if this directly answers it, but perhaps it does. I mean, a big focus of our work is the capacity building effort, both education and workforce system, and taking what we know from the industry and doing workshops for providers of workforce and education, working with job coaches, working with administrators and program planners around what the needs are.

So to the extent that there needs to be understanding from the workforce and education field as to what these jobs are, where the field's going. Healthcare is changing in terms of the occupations that are in demand and the credentials that are needed. Our role in part is to do that capacity building effort and relaying that message. Also, we've done things like development of career maps for new areas or areas that are a little bit more fluffy like the fields of health information management.

So we've sketched out and worked with an expert in this area to sketch out what the career pathway would look like for somebody and then work to get that in high schools and Department of Education and our WorkforceOne centers and our community partners. So I think just building tools and that expertise on that field through that way is in a way to in part address that.

Q: That's totally great. Thanks.

MS. PORTER: And I will say that at our regular meetings we invite the career centers to the meetings so they're at the table, and we also have side conversations after our meetings to make those connections. Also, we have high schools for that reason because we want students to be aware of all the options that are out there. So we engage – (inaudible) – with employers and secondary education – postsecondary education all in the room happen the same conversation.

Q: Oh, that's great.

MS. TRAGER: One of the thing of our – a big piece of our work is – and it may have been clear but may not been clear is around building best practice models and piloting them and then all with a goal towards replication and scaling. And so obviously working with an example of a CUNY, community college university system, is a great avenue for that because there's colleges throughout the five boroughs and it's all under one system and we can work – we work very closely with central office.

And so you can build something and test it at one particular place. Well, we work to get agreement up front that, should it be successful and be very – (inaudible) – to what the industry's demand is there, that we'll work to replicate and scale it and do a train the trainer model of sister colleges in accordance, of course, to what the industry's demand might be in that particular geographic region of the city. So a very well thought out and strategic goal in terms of replication and scaling of programs, should they be successful.

MR. HOOPER: That's great. We have time for one last question, and, Peta-Gaye, this one's for you. It's about how your sector partnership relates to your WIB and if you could talk about that a little bit.

MS. PORTER: Yes. So our sector partnership feeds into the work that our workforce board is doing, and so all of the work that we do as a workforce development board or as a partnership are completely aligned. And so we can take what we've done at our work group meetings and seed it into the strategic plan priorities of our workforce development board.

MR. HOOPER: OK. That's great. Thank you.

Well, we are at just a minute past noon on the east coast. So we are at the end of our webinar. Thank you so much to all the presenters, to Virginia, to the many folks we're hosting today. Really appreciate all of you for attending. It's been a great session. Really appreciate all the time that Shawna and Peta-Gaye put together to put their session and presentation together today.

This last slide identifies a couple really informative resources that provide some great information about the role that the workforce system can play in developing and implementing sector partnerships and specifically the role that workforce boards can play as intermediaries. So definitely would refer you to those resources. It also includes a link to a really good handbook that was put together outside of ETA, but it's also a really good reference. It was put together to support the Colorado state sector strategy, and there's a link to that as well.

Finally, want to make a plug for the closing session of this virtual institute, which will be today at 3:00 p.m. Eastern that focuses on the future of business engagement in sectors, and there's a link to that in the left-hand corner of your screen. Got some great speakers there, and that is going to be an excellent session. Encourage you to register. There are still some slots left there too. So please encourage you to register.

And also please fill out the evaluation form at the end of this session. We'd love your feedback. We'd love to know what worked really well and how we could be better next time.

Thank you again, everyone, for participating, and thanks to Virginia and Shawna and Peta-Gaye for all their great work today. Gary, I'll head it back to you.

MR. GONZALEZ: Thanks, Tom.

(END)