

# A Profile of Southwestern Connecticut's Healthcare Labor Market

## Key Trends and Implications for Career Pathways

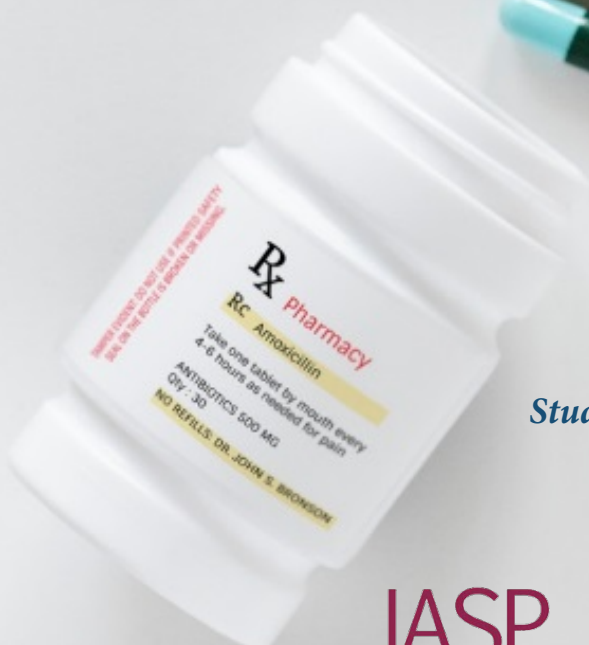
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### *Study of Career Advancement and Quality Jobs in Healthcare*





## Contributor Profiles

The **Institute on Assets and Social Policy (IASP)** is a research institute that advances economic opportunity and equity for individuals and families, particularly households of color and those kept out of the economic mainstream. Our work furthers the understanding that assets and wealth are critical to household well-being and all families should have access to the resources and opportunities needed to participate fully in social and economic life. Working at the intersections of academia, policy, and practice, IASP partners with diverse communities to transform structures, policies, and narratives. Grounded in a social justice tradition, our research informs strategic action for racial and economic justice to achieve an inclusive, equitable society.

The **Southwestern Connecticut Health CareerRx Academy** provides tuition assistance and support to help participants obtain a career in the growing healthcare field. The Workplace's Health CareerRx Academy (HCA) is a broad partnership of healthcare providers, educators, trainers, and community-based organizations in Southwestern Connecticut. Designed with input from employers, HCA's mission is to meet the current and evolving workforce needs of healthcare employers. The HCA provides occupational training, work readiness, and other supports to individuals who desire to begin or advance a career in healthcare. All training by HCA leads to a certificate or degree and prepares individuals to pass a state or national licensing exam.

The **Health Profession Opportunity Grants (HPOG)**, administered by the Administration for Children and Families, U.S. Department of Health & Human Services, was created to provide education and training to TANF recipients and other low-income individuals for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.

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## Snapshot of the Project

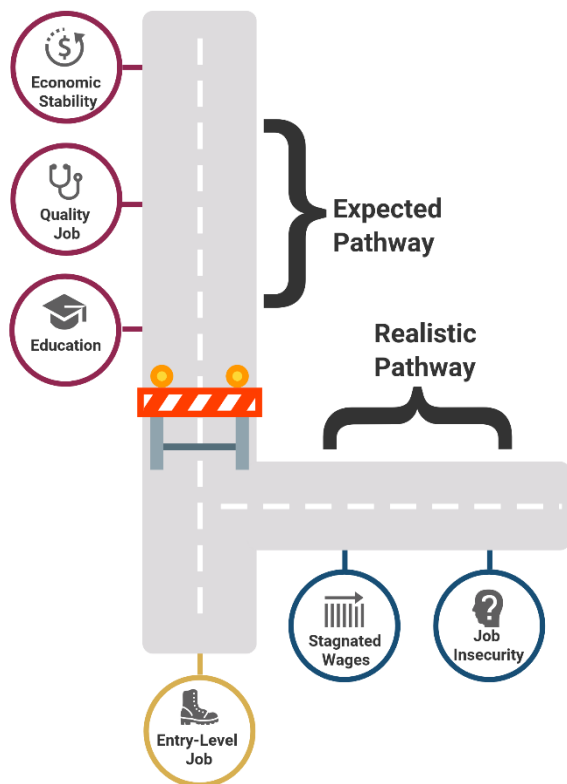
From 2016 to 2020, the Institute on Assets and Social Policy (IASP) at Brandeis University is partnering with The Health CareerRx Academy (HCA) in Bridgeport, CT, on the *Study of Career Advancement and Quality Jobs in Healthcare*. This series explores barriers and opportunities for advancement in health careers, labor market shifts and trends, and a variety of best practices for the development of career pathways.

# Introduction

Connecticut's workforce training system is currently focused on channeling low-income adults into short-term trainings and certification programs that lead to entry-level positions in healthcare and other sectors. Entry-level jobs, although often low-wage, are considered to be on-ramps for workers to gain experience and access increasingly higher-level and higher quality jobs over their careers. However, findings from the *Study of Career Advancement and Quality Jobs* suggest that entry-level workers in health care often experience these jobs as dead ends rather than on-ramps to economic security.

Although entry-level jobs provide an easy and relatively fast on-ramp into healthcare work, they offer some of the lowest wages in the field, provide inconsistent hours and often unpredictable schedules, and are less likely to come with family-supporting benefits. Small employers such as home health agencies and long-term care facilities are also less likely than hospitals or larger health systems to have clearly articulated internal labor markets or provide resources for advancement (Osterman, 2017).

Meanwhile, changes to the state's population, the structures of work, and healthcare policy and practice are creating new demands for skilled workers in health care. It is, therefore, critical that workforce development partners shift their focus away from facilitating access to entry-level jobs and towards strategies for career advancement into quality jobs. Without this shift, Southwestern



“Workers in health care often experience entry-level jobs as **dead ends** rather than on-ramps to economic security.”

Connecticut's workforce system will be unable to respond adequately to the region's changing labor market needs.

In 2017, Housatonic Community College in Bridgeport, Connecticut, hosted a Workforce Summit in partnership with The WorkPlace, the Bridgeport Regional Business Chamber, the Greater Valley Chamber of Commerce, and the Connecticut Department of Labor. Summit attendees echoed this concern, citing the following major workforce challenge facing Southwestern Connecticut:

*The [current] population coupled with available labor force [is] not trained adequately to match job current openings. [Potential solutions include] improving work preparedness for current and future labor pools, changing perceptions of viable career options, and reaching out to guidance counselors/parents to better educate them on the changing economy and available career options (Housatonic Community College, 2017). Workforce Summit participants suggested that the workforce system develop strategies for career readiness, pathways and stackable credentials, among other recommendations.*

The Health Career<sub>x</sub> Academy (HCA), a federally funded health career training program run by The WorkPlace, is currently experimenting with strategies to grow and develop the region's healthcare workforce. This report places labor market data in context with findings from the *Study of Career Advancement and Quality Jobs* to assist HCA in understanding the trends driving the changing healthcare field and the implications of these trends for career pathway programming.

## The Role of Labor Market Data

Workforce development programs across the nation rely on labor market data to identify jobs that are currently in demand, as well as areas of future growth. The U.S. Department of Labor's Bureau of Labor Statistics conducts annual surveys of over 600,000 worksites and compiles national, regional, and state-level data that offer a snapshot of the labor market at any one point in time. In a perfect world, these datasets would help workers decide what to train for, where to apply for work, and how to improve their careers. They would reveal career pathways to help job training programs decide where to invest resources and how to best guide participants toward quality jobs. In reality, these datasets are imperfect yet useful estimates that can help workforce agencies understand the changing nature of work in specific industry sectors and regions across the U.S. This report demonstrates how workforce systems can utilize local labor market data along with other information sources to learn about the challenges and opportunities facing entry-level workers seeking advancement in a changing labor market.

# Trends Shaping Healthcare Advancement and the HCA Experience

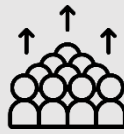
The healthcare industry throughout Connecticut is transforming, and this transformation has important implications for Connecticut’s workforce training system. IASP researchers reviewed labor market data, population trends, and policy initiatives to understand the forces driving workforce demand in healthcare in Southwestern Connecticut. Three key trends emerged: industry growth, a changing population, and policy-driven shifts in care delivery models. In addition to driving demand for specific occupations, these trends are changing the nature and structure of healthcare work, which in turn affect opportunities for healthcare workers seeking to advance in their careers. This section explains each trend, identifies challenges and opportunities with in-demand occupations based on the experiences of HCA participants, and provides suggestions for workforce development service providers, key partners, and individuals seeking to build career pathways in healthcare (see Appendix A for further resources and potential partners).

## Three Key Trends in Healthcare Workforce Demand

Industry Growth



Changing Population



Policy Changes



### Trend 1. Industry Growth and Occupational Demands

In Fairfield County, between 2000 and 2014, the healthcare industry experienced the strongest growth of any sector and was the only sector to add jobs every year (Abraham & Buchanan, 2016). Statewide, health-related occupations comprised 17% of employment in 2016 and the Connecticut Department of Labor projects that over 10,000 jobs will be added in the Health Practitioners and Technical occupational group by 2024 (Ct.gov, 2016). Labor market projections identify several health-related occupations as the *fastest growing* in CT, outlined in Table 1.

Of the occupations listed below, HCA offers training for Home Health Aides. They also train Personal Care Technicians, which combines Certified Nursing Assistant (CNA), Phlebotomy, and EKG training and requires more advanced clinical skills than Personal Care Aides. Although the HCA trains many entry-level professionals as Certified Nursing Assistants (CNAs) to meet

the needs of local employers, this entry-level position that pays \$15.08 per hour is not projected to grow as quickly as the positions listed above (5% growth). Demand for CNA positions stems from high turnover rather than growth in new positions (Allied Health Workforce Policy Board, 2012). Similarly, employers and labor market data indicate a demand for Registered Nurses, an occupation that requires at least an Associate’s Degree and pays \$37.29 per hour, but the projected growth in this occupation is only 6% (CT.gov, 2016). These examples illustrate the importance of assessing not only the current demand for jobs as indicated by labor market data and employer input, but also the stability and long-term growth potential for these positions.

**Table 1: Fastest-Growing Health-Related Occupations in CT (Ct.gov, 2016)**

OCCUPATION	HOURLY WAGE	% CHANGE 2014-2024
<b>Education: Short On-the-Job Training</b>		
Physical Therapist Aide	\$15.84	28%
Home Health Aide	\$13.58	24%
Personal Care Aide	\$13.44	24%
<b>Education: Moderate Term On-the-Job Training</b>		
Substance Abuse and Behavioral Disorder Counselors	\$23.69	18%
Ophthalmic Laboratory Technician	\$23.08	17%
Dental Laboratory Technician	\$21.76	16%
<b>Education: Associate’s Degree or Vocational Training</b>		
Physical Therapy Assistant	\$30.38	29%
Occupational Therapy Assistant	\$30.86	28%
Massage Therapists	\$24.21	20%

Many HCA participants entered the program hoping to find an on-ramp into the health field and advance over time to become a nurse. However, due to multiple barriers outlined in *Prioritizing Advancement in Workforce Development* (issue brief forthcoming) they struggle to advance, and often end up stagnating in low-wage entry-level work.

As HCA expands its programming to support entry-level professionals in developing viable career pathways, employers and educators may benefit by guiding low-income adults towards occupations in highest demand such as lab technicians or physical therapy assistants. At the same time, it is critical to balance the data available through labor market projections with real-time input from employers and community stakeholders, which would reflect localized needs.

When designing their program, HCA received feedback from employers that there were local opportunities for employment and advancement into occupations such as medical technologists, skilled technicians, medical assistants, and patient care technicians. They focused their investments on training participants for these jobs, which are available primarily in long-term care and primary care settings. Training for these occupations cultivates relatively versatile skills. Additionally, technician roles in ophthalmology, radiology and cardiology provide higher median wages than nursing and medical assistant occupations.

However, very few HCA participants have completed these higher-level training programs or secured jobs with family-supporting salaries and benefits. Most have been unable to achieve credentials beyond PCT. If they acquire stackable credentials such as CNA and PCT, their resulting job and salaries do not reflect these additional credentials or skills. The vast majority work in long-term care, as home health aides and in residential facilities, making \$12 or \$13 an hour, well below what is needed to sustain a family. Adjusting programming to meet growing demand in positions that pay a higher wage, such as those outlined above, has the potential to significantly improve participants' opportunities for mobility.



## Trend 2. Population-Driven Shifts in Demand

Demand for healthcare jobs, as described above, is largely driven by the growth of the healthcare industry as a whole. However, key population trends and associated disease patterns create a need for healthcare professionals in new roles. In Connecticut, an aging population, the prevalence of chronic disease, and a rise in substance use are all shaping workforce demand.

### Population-Driven Shifts

Aging Population



Prevalence of Chronic Disease



Rise in Substance Use



#### The Aging Population

Connecticut's population is aging, and in Fairfield County, adults ages 65 and older are the only population group predicted to grow significantly (by 37%) between 2014 and 2025 (Abraham & Buchanan, 2016). This population trend will place demands on the region's healthcare providers, particularly for services such as nursing and residential care. The state's aging population will also require more complex care, particularly relating to dementia and neurological diseases. Nationwide, the proportion of individuals with Alzheimer's and related neurological diseases is projected to increase. Notably, the Alzheimer's Task Force, under the Connecticut General Assembly, estimated that 70% of the state's residents with Alzheimer's Disease and other forms of dementia live in their communities, rather than in residential facilities, indicating that they access community-based care (Allied Health Workforce Policy Board, 2014).

These trends drive demand for skilled long-term care employees with training in specialties such as Alzheimer's and dementia. Long-term care providers need to be able to work independently without other on-site support staff to provide complex care and support (Allied Health Workforce Policy Board, 2014). The increased demand for home health care and long-term care providers is particularly pertinent to the HCA's programming. Home Health Aides and Personal Care Assistants serve as key providers of home-based care. Direct care workers are often employed by home health care agencies, visiting nurse associations, social service agencies, residential care facilities, temporary firms, or are privately hired. These workers provide care in a range of settings, including assisted living facilities, residential care facilities, community settings, and in hospice care.

Workforce development agencies should work with prospective employees to weigh the benefits of a short-term training program and fast entry into a job against the potential pitfalls of inconsistent work and barriers to advancement. Moving forward, HCA could partner with educational programs and employers to develop short-term competency-based trainings in dementia and other specialty areas that would result in industry-recognized stackable credentials. Health professionals with these skills would gain additional responsibility and compensation, and the workforce would be better prepared to meet the needs of the aging population.

### Chronic Disease

Connecticut's population has also seen an increase in the prevalence of chronic diseases, including heart disease, diabetes, and asthma. These conditions typically require ambulatory care and may require hospitalizations, and require primary care providers prepared to care for patients with chronic conditions. In 2013, 163,000 people in Connecticut had diabetes and 11.3% of children had asthma (Allied Health Workforce Policy Board, 2014). Providing care for chronic diseases requires coordination between healthcare workers and training programs that offer the appropriate training. The Medical Assistant (MA) occupation is the largest occupation providing primary care in Connecticut, with 7,160 workers (Allied Health Workforce Policy Board, 2014). This occupation has numerous attractive characteristics for Connecticut healthcare workers seeking to advance. In Connecticut, the MA occupation requires a post-secondary non-degree award, and pays between \$14.28 and \$19.82, a range which allows room for incremental wage increases (Health CareRx Academy, 2015).

Also, legislative efforts are expanding the clinical skills of the MA role (see Table 2). In January 2015, a pilot program was established to allow Medical Assistants to administer medication after 24 hours of classroom training and eight hours of clinical training (including injectable medication) provided that a healthcare provider licensed to prescribe medication in the same health center delegates the task to them (Connecticut General Assembly, 2015). A 2017 act was introduced to allow Medical Assistants to administer vaccines outside of the pilot program and will go into effect in October 2018 (Connecticut General Assembly Public Health Committee,



2017). The MA occupation may also serve as a career pathway job because it provides healthcare workers with versatile skills in providing care, recording information, using health information technology, and working with a team of providers (O\*NET OnLine, 2017). These skills could help MAs to advance into several other occupations such as health information technology, specialized technicians, or nursing.

**Table 2: Recent CT Legislation Concerning Tasks Completed by Healthcare Workers**

<b>HEALTHCARE OCCUPATION</b>	<b>DESCRIPTION OF LEGISLATION</b>
<b>DENTAL ASSISTANTS</b>	Dental Assistants can earn a new designation called an Expanded Function Dental Assistant (EFDAs), allowing dentists to delegate more tasks to EFDAs (Orlando, 2016). Additionally, Dental Assistants are required to receive infection control training as of 2018 (Orlando, 2016).
<b>HOME HEALTH AIDES</b>	Under a previous law, registered nurses were able to delegate administration of non-injectable medications to home health aides provided they were certified to administer medications (Orlando, 2016). A 2016 law requires HHAs to be recertified every three years (Orlando, 2016).
<b>MEDICAL ASSISTANTS</b>	In January 2015, a pilot program was established to allow Medical Assistants to administer medication after 24 hours of classroom training and eight hours of clinical training (including injectable medication) provided that a healthcare provider licensed to prescribe medication in the same health center delegates the task to them (Connecticut General Assembly, 2015). A 2017 act was introduced to allow Medical Assistants to administer vaccines outside of the pilot program and will go into effect in October 2018 (Connecticut General Assembly Public Health Committee, 2017).

### Substance Use and Behavioral Health

A third population health trend and increasing public health concern in Fairfield County is the rise of substance use, which is putting pressure on the state’s behavioral health system. Drug overdoses contribute to a significant portion of premature deaths (Abraham & Buchanan, 2016). This trend coincides with a shift towards integrated care in which behavioral health services are offered in an array of settings, including non-profit, public, and for-profit primary care providers serving patients with a range of healthcare needs (Allied Health Workforce Policy Board, 2015a). Mental healthcare is crucial for the well-being of residents of Southwestern Connecticut, and disparities in behavioral healthcare access in Fairfield County based on income, education, and trauma history indicate a need for accessible and high-quality behavioral healthcare providers (Abraham & Buchanan, 2016).

These trends are driving demand for a larger behavioral health workforce and for primary care providers that are trained to address the mental health as well as the physical health of their patients. HCA may benefit from exploring training options and viable local employment settings

for psychiatric aide, drug and alcohol counselor, and/or mental health counselor occupations as part of career advancement programming.



### Trend 3. Policy Changes

Over the past decade, national and state-level policies are changing the models of healthcare delivery in Southwestern Connecticut. These policies drive demand for new types of entry- and mid-level health occupations, and affect how and where care is delivered. Most notably, the implementation of the Affordable Care Act (ACA) in 2014 has shifted care models toward integrated, team-based, patient-centered care in community-based settings. The ACA is shaping healthcare delivery in Connecticut through its focus on patient-centered care, the restructuring of tasks in nursing, effective use of information technology, and behavioral health integration (discussed above) due to the mandate that mental health substance abuse treatment be covered by insurance plans (Allied Health Workforce Policy Board, 2014).

## Policy Changes

### Patient-Centered Care



### Restructuring of Nursing Tasks



### Information Technology



### Patient-Centered, Community-Based Care

The locus of care is shifting from in-patient hospital care toward ambulatory settings, which include home-based care. Medicaid data indicate that in 2012, 56% of people received long-term care in a home or community-based setting and 44% received care in an institution (Allied Health Workforce Policy Board, 2015a). In 2007, with funds from the Connecticut Department of Social Services, the state implemented Money Follows the Person (MFP) (Ct.gov), which provides individuals with flexibility and choice in long-term care. Building on this, in 2011 the state developed Connecticut's Strategic Rebalancing Plan to increase patients' choice in the setting in which they receive long-term care. The rebalancing plan shifts long-term care away from institutions toward home and community-based settings, with projections that 75% of long-term care patients will receive care at home or in the community by 2025, compared to 25% in hospitals (Allied Health Workforce Policy Board, 2015a).

These trends drive demand for skilled home health aides and long-term care professionals that can work independently with patients in their homes. In the past, registered nurses were able to

delegate administration of non-injectable medications to home health aides provided they were certified to administer medications. Today, home health aides are restricted by certification requirements and a limited scope of care (see Table 2). As a result, demand remains high for home health aides, who are underpaid and have no clear pathway for advancement, as well as registered nurses willing to work in home-based care settings. In the future, workforce development and employer partners could explore the viability of new career pathways for home health aides to gain additional skills or credentials, expand their scope of practice, and meet the need for quality in-home care.

In addition to shifting the locus of care from hospital to home, health systems are also becoming more integrated. The Affordable Care Act and its emphasis on quality improvement led health systems to adopt patient-centered medical home models, in which mental health and dental health services are integrated into primary care settings. Under pressure to reduce costs, from 2015–2017 Connecticut passed a spate of new legislation to increase the ability of non-physician staff to provide clinical care (see Table 2). These policies shift tasks from physicians to other (cheaper) healthcare workers.

From a workforce development perspective, low-wage workers have the potential to benefit from these changes to their scope of practice if they can access jobs in workplace settings where they are treated as members of an integrated team. For example, in Connecticut, Dental Assistants can earn a new designation called an Expanded Function Dental Assistant (EFDA), an intermediate occupation with added responsibility. This allows dentists to delegate more tasks to EFDAs to meet demand, while also providing a potential career pathway for Dental Assistants to advance. Additionally, Dental Assistants are required to receive infection control training as of 2018, providing these workers with additional skills that were reserved for higher level positions in the past and are applicable in a range of workplace settings.

“ Low-wage workers have the potential to benefit from these changes to their scope of practice if they can access jobs in workplace settings where they are treated as members of an integrated team.

Finally, patients are increasingly seeking care coordinators to help them navigate these new medical and insurance systems and to access behavioral health and/or specialty care within their medical home. This new need drives demand for patient navigators and community health workers. Patient navigators are particularly valuable in hospital and doctor’s office settings because they can help patients negotiate care across multiple providers and settings. However, there are few training programs for this occupation (Allied Health Workforce Policy Board, 2012). Employer practices vary, with some employers hiring patient navigators with past clinical

experience, others hiring workers with social assistance experience, and others hiring untrained individuals (Allied Health Workforce Policy Board, 2014). Community Health Workers (CHWs) serve as liaisons between individuals and local healthcare and social service providers, conducting outreach and education and providing services such as counseling, first aid, and blood pressure screening. Similar to patient navigators, there is no standard set of education or training requirements for CHW positions, and they may work in hospitals or smaller practices and community health centers (Allied Health Workforce Policy Board, 2014). Workforce development programs could partner with employers to develop clearer guidelines about the scope of practice and skills required to fill these roles. This would provide useful information about whether patient navigator and CHW positions are appropriate for low-wage workers seeking to advance.

### Restructuring of Tasks within Nursing

As healthcare employers work within new cost structures, tasks are being shifted from physicians to nurses and other healthcare workers. This trend has implications for entry- and mid-level healthcare professions, including CNA, HHA and LPN. As stated earlier, in 2016, CT legislation augmented the ability of non-physician staff to provide clinical care. As a result, Registered Nurses (RNs) are becoming more central to primary care, being expected to work “at the top of their license” as clinical coordinators and supervisors. In the Connecticut Hospital Association Nursing Workforce Survey, employers expressed a need for nurses with more advanced clinical skills, strong critical thinking, case management, case coordination skills, and leadership abilities (Allied Health Workforce Policy Board, 2015b).

These changes have implications for workforce training and advancement. Nurses are now under pressure to obtain a Bachelor’s degree to remain in their jobs or advance; the 2010 Future of Nursing Report recommended that 80% of Connecticut nurses should have a Bachelor’s degree by 2020 (Allied Health Workforce Policy Board, 2014). One third of the state’s nurses in 2013 had a Diploma in Nursing or an Associate’s Degree and will require further education to

meet these expectations (Connecticut Center for Nursing Workforce, 2013).

“ Connecticut employers are phasing out the LPN position. Long-term care organizations report plans to increase RN staffing, indicating that RNs, rather than CNAs or MAs, will fill the gap left by LPNs.

As part of this restructuring of the nursing profession, Connecticut employers are phasing out the Licensed Practical Nurse (LPN) position. Long-term care organizations report plans to increase RN staffing, indicating that RNs, rather than CNAs or MAs, will fill the gap left by LPNs. Finally, the majority of Connecticut’s nurses are over the

age of 55. Employers have expressed concern that with increasing pressure to obtain a Bachelor's degree, and with a workforce nearing retirement age, they will face significant shortages in skilled nurses in the near future (Connecticut Center for Nursing Workforce, 2013).

Although Connecticut education and training providers are expanding Bachelor's degree programs to meet these needs, less attention has been paid to upskilling the current LPN workforce or articulating pathways for CNAs, PCTs, MAs, and other members of clinical care teams. Short of earning a Bachelor's degree, there are few pathways for entry-level healthcare employees to fill these gaps. Workforce development programs can work to meet these new areas of demand by facilitating entry into mid-level training programs for entry-level workers.

### Use of Health Information Technology

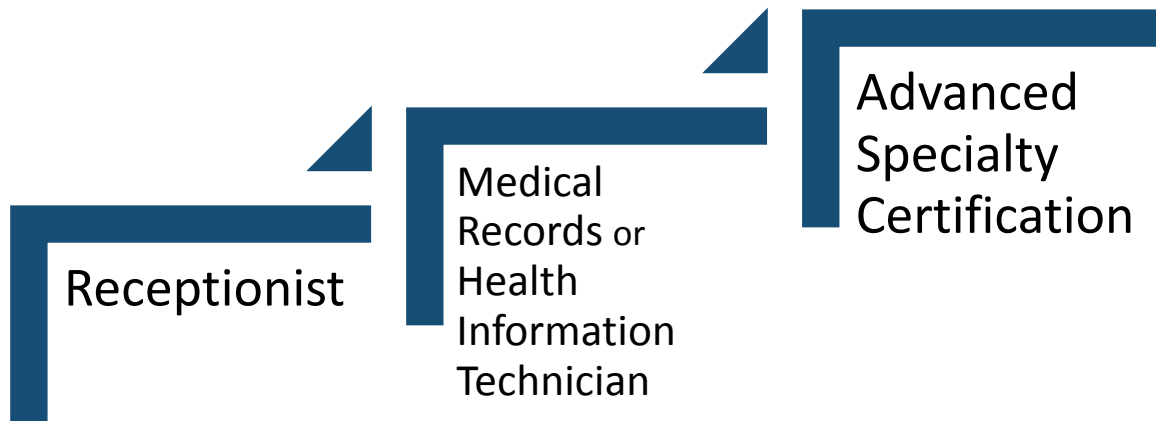
One year prior to the passage of the ACA, the Health Information Technology for Economic and Clinical Health Act (HITECH Act of 2009) promoted the use of Electronic Health Records (EHRs) by hospitals and other healthcare providers. The ACA further encouraged increased EHR usage in medical homes to synchronize patient care between providers. The increase in use of electronic records has generated demand in new areas or health information technology workers.

Recent state laws determine how EHRs can be managed. For example, a 2016 Connecticut law (General Statutes § 338v-19a-491) allows chronic disease hospitals and children's hospitals to maintain medical records off-site, provided that they can retrieve them within one business day of a request to view them. Under previous laws, records were required to be on-site. Increasingly, these policies suggest a new layer of healthcare management and thus demand for a well-trained accompanying workforce to understand, maintain, and manage health information through technology.

This growth of Health Information Technology (HIT) systems will increase demand for medical billing and coding positions in hospitals and doctors' offices. The current HIT workforce has primarily come from nursing positions (especially critical care nurses). Typically, hospitals train these existing employees for HIT work. Two challenges arise from this: (1) this process moves skilled nurses away from direct patient care (where they are already in high demand), and (2) this results in brain drain to the private sector (Allied Health Workforce Policy Board, 2012).

There are two categories of roles in HIT: clinical roles in HIT, and Information Technology (IT) roles (Wilson, 2014), and there are challenges associated with each. Clinical roles in HIT include Medical Assistants (MAs) and Medical Records and Health Information Technicians. Due to changes in reporting and reimbursement practices, doctors' offices have identified a growing need for mid-level management staff to fill roles previously completed by receptionists. With increasingly complex systems utilized for medical billing and coding, there is an opportunity to support receptionists to advance into mid-level management roles in clinical settings, including credentialed Medical Records and Health Information Technicians. Medical Records and Health

Information Technicians have additional room for advancement in their careers through obtaining a certification in an advanced specialty area (Allied Health Workforce Policy Board, 2014). There is also growth in roles in quality control and process engineering due to increased efforts to improve quality and implement quality management systems in healthcare (Allied Health Workforce Policy Board, 2012).



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#### HEALTH INFORMATION TECHNOLOGY CAREER ADVANCEMENT PATHWAY

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The second category of HIT roles includes computer support specialists, trainers, and project managers (Wilson, 2014). The growth of IT systems means that hospitals will not be able to fill IT needs through their incumbent workforce alone. In doctors' offices, regulators require IT systems, but offices may have limited resources to support the IT system use. Many practices use outside IT assistance (Allied Health Workforce Policy Board, 2012). A range of private HIT staffing services help to fill these needs. Randall Wilson (2014) discusses the emergence of occupations combining clinical and IT skills, which are currently filled through workers with Bachelor or Master degrees in health informatics or information technology. Wilson suggests that frontline and mid-level healthcare workers could be trained to provide technical support and manage EHRs use. Although HCA offers training for Health Information Technicians, few participants chose this opportunity. Supporting participants in entering and completing these programs could contribute to improved participant outcomes.

### **Moving Forward: Considerations for Career Pathways and Quality Jobs Programming**

The population- and policy-driven trends described in this report offer a framework for HCA and partners to reference moving forward, when thinking about how the changing healthcare labor market can inform workforce programming. In addition to analyzing labor market data (see Appendix A, Table 6), it may be beneficial for workforce development programs to understand and discuss the trends shaping a specific sector with local employers, community

college systems, and other stakeholders, in order to strengthen career pathway programming collectively. Suggestions for HCA and their Southwestern CT partners include:

- Partner with employers to understand whether current and future demand for behavioral health workers in primary care settings aligns with labor market projections, and identify incremental skill-building or professional development opportunities for CNAs or PCTs to join integrated care teams and build a career pathway in behavioral health (resources and potential partners are summarized in Appendix A, Tables 4 and 5)
- Identify opportunities to articulate advancement pathways for professionals already working in clinical care settings to transfer into HIT positions, with input from current HCA participants to understand barriers to entering this occupation
- Work with employers, training providers, and long-term care leaders to identify training and professional development opportunities to improve the quality of home-based care and explore potential occupational structures to compensate advanced home health aides
- Develop pathways to upskill current CNAs, PCTs, MAs, and LPNs to meet primary care needs and develop potential occupational structures to compensate these professionals for roles currently filled by Bachelor's level nurses

With the healthcare labor market's shifting demands and based on the fact that most HCA trainees struggle to advance past entry-level positions, a greater focus on career pathways is a natural next step. Initial ideas for HCA to explore within their current occupational areas of focus are summarized in Table 3 below, and new occupations to consider are listed in Appendix B, Table 7.

“ Changes to the state's population and the structures of work are creating new demands for skilled workers in health care. It is, therefore, critical that workforce development partners shift their focus away from facilitating access to entry-level jobs and towards strategies for career advancement into quality jobs. Without this shift, Southwestern Connecticut's workforce system will be unable to respond adequately to the region's changing labor market needs.

**Table 3: Areas of Employment and Advancement Opportunity for HCA**

<b>FIELD (CURRENT AREAS OF FOCUS FOR HCA)</b>	<b>OPPORTUNITY</b>	<b>WORKPLACE SETTING</b>
Long-Term Care	Explore opportunities for incumbent long-term care providers to gain expertise and training in dementia specialty care.	Home healthcare agencies, visiting nurse associations, social service agencies, residential care facilities, temporary firms, private hires
Primary Care	Work with incumbent Medical Assistants to develop versatile skills in leadership, recording information, using Health Information Technology, and working with a team of providers to advance into occupations such as health information technology, specialized technicians, and nursing.	Offices of physicians and surgeons, outpatient care centers, continuing care and assisted living facilities, medical and diagnostic labs, hospitals
Nursing	Develop and articulate clear steps for CNAs and MAs to become RNs given the phasing out of LPNs in the workplace; support incumbent RNs in accessing accelerated education to become BSNs.	Hospitals, long-term care facilities, outpatient clinics, and specialty care networks
Behavioral Health	Develop career paths for existing healthcare workers to acquire additional training and access positions in behavioral health such as Psychiatric Aide, Drug and Alcohol Counselor, or Mental Health Worker.	Non-profit settings, public health departments, community health centers, hospitals, residential disability or mental health facilities
Community-Based, Patient-Centered Care	Fund training for Patient Navigators and Community Health Workers.	Community health centers, continuing care and assisted living facilities, hospitals
Health Information Technology	Support administrative workers and lower level clinical workers (in addition to nurses, who are the primary source for current HIT workers) to train for and enter HIT positions.	Offices of physicians and surgeons, offices of dentists, outpatient care centers, continuing care and assisted living facilities, medical and diagnostic labs, hospitals

This step forward in workforce programming will continue to be informed by ongoing research and critical conversations about career advancement and quality jobs. For example, some HCA participants define “advancement” as a job with more hours and benefits despite lower wages. As a result, the workforce development field may start to re-think what advancement looks like.



Workforce training programs may shift to focus on developing pathways into quality jobs rather than focusing on occupational title changes and wage increases.

Over the long term, significant changes to the economic security of low-wage workers will come from a restructuring of wages, occupational roles, and incentives within the healthcare system. In the meantime, this report is intended to serve as a starting point for further conversations among workforce training programs, employers, community college systems, and workers to identify new pathways and structures of work that lead to family-supporting wages and quality care.



# Appendix A

**Table 4: Resources and Potential Partners for the Health Career<sub>x</sub> Academy**

POTENTIAL PARTNER	RESOURCE
<b>Target population: Direct Care Workers in Long-term care</b>	
Charter Oak State College <a href="https://www.charteroak.edu/certificates">https://www.charteroak.edu/certificates</a>	Education partner of The WorkPlace. Offers two certificate programs to direct care workers focusing on issues including aging, palliative care, dementia, and chronic conditions. Programs focus on meeting demand for increased specialization among direct care workers. Programs were started under the Bridges to Health Care Careers grant program partnership with Capital Workforce Partners, Capital Community College, and Connecticut Women’s Education and Legal Fund.
SEIU 1199’s Connecticut Nursing Homes Training and Upgrading Fund <a href="http://1199trainingfund.org/">http://1199trainingfund.org/</a>	Provides educational opportunities for members from 55 nursing homes in CT. Funded through participating employers’ contracts with SEIU 1199. Program provides courses, career and college counseling, and tutoring to help participants to improve basic academic, language, and computer skills, and complete diplomas or earn degrees and certificates.
Gateway Community College <a href="http://www.gatewayct.edu/Offices-Departments/Workforce-Development-and-Continuing-Education/Areas-of-Study">http://www.gatewayct.edu/Offices-Departments/Workforce-Development-and-Continuing-Education/Areas-of-Study</a>	Training partner of The WorkPlace. Offers a Patient Care Technician Certification, which provides students with training in basic nursing, electrocardiography, and phlebotomy.
<b>Target population: Primary care workforce</b>	
Connecticut Healthcare Innovation Plan <a href="http://www.healthreform.ct.gov/ohri/site/default.asp">http://www.healthreform.ct.gov/ohri/site/default.asp</a>	Funded through a \$2.8M grant from the Center for Medicaid and Medicare Innovation received in 2013. The plan aims to establish patient-centered healthcare based on primary care delivery. The plan’s vision is to improve community health, decrease health inequities, improve healthcare access, quality, and experiences, and empower patients. Through the plan, workforce development initiatives will include workforce data collection and analysis, inter-professional education (IPE), training and certification standards for Community Health Workers, and strengthening allied health professional training career pathways.
Asnuntuck Community College <a href="http://www.asnuntuck.edu/programs/registeredmedicalassistant">http://www.asnuntuck.edu/programs/registeredmedicalassistant</a>	Provides education for registered Medical Assistants focused on balancing theory and hands-on practice Medical Assistant program includes training in using electronic medical records. ACC is not a training partner of The WorkPlace.
<b>Target population: Nursing workforce</b>	
The Connecticut Community College Nursing Program at Capital, Gateway*, Naugatuck Valley*, Northwestern CT, Norwalk*, and Three Rivers Community Colleges. <a href="http://www.ct.edu/academics/nursing">http://www.ct.edu/academics/nursing</a> *Training partner of The WorkPlace	In partnership with the Connecticut League for Nursing and Charter Oak State College, the CCC Nursing Program offers fast-track programs to licensed LPNs to achieve an Associate’s degree in nursing and attain licensure as a Registered Nurse.

TABLE 4 CONTINUED

Connecticut League for Nursing, Western Connecticut State University, Southern Connecticut State University, & UConn School of Nursing	<p>In Connecticut, there is a shortage of nursing educators that is projected to peak in 2030. This shortage of nursing faculty affects the ability of educational institutions to expand enrollment to meet demand for practicing nurses serving patients.</p> <p>To mitigate the shortage, the Connecticut League for Nursing, Western Connecticut State University, Southern Connecticut State University and the UConn School of Nursing have created high-level programs to develop nursing program teaching faculty and nursing leadership in healthcare institutions.</p>
The Robert Wood Johnson Foundation	<p>The foundation supports curriculum evaluation and improvement for the Community College Nursing Program, which comprises programs at Capital, Gateway, Naugatuck Valley, Northwestern Connecticut, Norwalk, and Three Rivers Community Colleges.</p>

**Target population: Community-based care providers**

<p>Connecticut Telehealth Workforce Partnership  <a href="http://www.ctappleseed.org/project/health-career-training-initiative/">http://www.ctappleseed.org/project/health-career-training-initiative/</a></p>	<p>A partnership between Connecticut Appleseed and Norwalk Community College (an education partner of The WorkPlace), funded by the Connecticut Health Foundation.</p> <p>The partnership helps Medical Assistants reach higher-skilled roles through training to certify frontline healthcare workers as Health Coaches, roles designed to support patient self-management.</p> <p>The training teaches MAs to use mobile technology to monitor, coordinate and manage care.</p> <p>The training may be appealing to healthcare employers because MAs can take on the Health Coach role at a lower cost than RNs and fits with ACA-fueled shifts toward team-based care and less reliance on physicians and RNs.</p>
Southwestern Connecticut Area Health Education Center’s Community Health Worker (CHW) Training Program	<p>In the program, the Southwestern Connecticut AHEC provides core competency training in a “boot camp” format, and participants take additional community college courses.</p> <p>The Southwestern Connecticut AHEC is engaged in ongoing work to define the role of CHWs in Connecticut healthcare systems, develop a strong curriculum and career paths for CHWs, support the Community Health Worker Association of Connecticut, educate employers on the role of CHWs, and support the development of a CHW Advisory Committee to develop a CHW certification process.</p>

**Target population: Health information technology workers**

Connecticut Office of Higher Education Health Information Technology Pilot	<p>The pilot project operates at Capital, Norwalk and Northwestern Community Colleges, Eastern CT State University, and Charter Oak State College.</p>
<p>Charter Oak State College  <a href="https://www.charteroak.edu/certificates/health-information-management-certificate.cfm">https://www.charteroak.edu/certificates/health-information-management-certificate.cfm</a>;  <a href="https://www.charteroak.edu/health-information-management/">https://www.charteroak.edu/health-information-management/</a></p>	<p>The pilot designed and implemented programs at the certificate, Associate’s and Bachelor’s degree levels.</p> <p>Charter Oak State College started its first major in 2012 in Health Information Management (HIM) to meet labor market demands.</p> <p>The program created a pathway curriculum guaranteeing transfer of the A.S. in Health Information Technology degree with Capital Community College, Norwalk Community College, and Northwestern Community College into the B.S. in Health Information Management at Charter Oak.</p>
Asnuntuck Community College	<p>ACC added training in ICD-10 medical coding for students in its Medical Billing and Coding Certificate program and incumbent workers.</p>

Sources: (Inventory, 2015; Connecticut Healthcare Innovation Plan, 2013; “Health career training initiative,” n.d.; Charter Oak State College & Connecticut League for Nursing. (2017). *Important Information for LPN to RN students*. Retrieved from <http://www.ct.edu/files/nursing/CTCCNP-LPN-Letter.pdf>; Connecticut Allied Health Workforce Policy Board, *Inventory*; Connecticut Allied Health Workforce Policy Board, *Analyzing Trends*)

**Table 5: Professional Associations and Other Potential Partners**

<b>RESOURCE</b>	<b>WEBSITE</b>
Connecticut Association of Health Care Facilities	<a href="http://www.cahcf.org/">http://www.cahcf.org/</a>
Connecticut Association for Healthcare at Home	<a href="https://cthealthcareathome.site-ym.com/">https://cthealthcareathome.site-ym.com/</a>
Connecticut Hospital Association	<a href="http://chime.org/">http://chime.org/</a>
Connecticut Nurses Association	<a href="http://www.ctnurses.org/">http://www.ctnurses.org/</a>
LeadingAge Connecticut	<a href="http://www.leadingagect.org/">http://www.leadingagect.org/</a>
SEIU Healthcare 1199NE	<a href="http://www.seiu1199ne.org/category/connecticut/">http://www.seiu1199ne.org/category/connecticut/</a>
Southern Connecticut Black Nurses Association	<a href="https://scbna.nursingnetwork.com/">https://scbna.nursingnetwork.com/</a>
Connecticut Society of Medical Assistants	<a href="http://ctsma.org/">http://ctsma.org/</a>
The Connecticut Office of Higher Education	<a href="http://www.ctohe.org/">http://www.ctohe.org/</a>
The Board of Regents for Higher Education	<a href="http://www.ct.edu/transform">http://www.ct.edu/transform</a>
Connecticut Department of Labor Incumbent Working Training Program	<a href="http://www.ctdol.state.ct.us/busservices/IWT.htm">http://www.ctdol.state.ct.us/busservices/IWT.htm</a>

**Table 6: Data Sources for Health Career Information**

<b>RESOURCE</b>	<b>WEBSITE</b>
Connecticut Career Resource Network	<a href="http://www.ctdol.state.ct.us/ccrn/ccrn.htm">http://www.ctdol.state.ct.us/ccrn/ccrn.htm</a>
Connecticut College and Career Readiness Toolkit	<a href="http://www.ct.edu/files/pdfs/p20/p20-CT-Toolkit.pdf">http://www.ct.edu/files/pdfs/p20/p20-CT-Toolkit.pdf</a>
Connecticut Department of Labor	<a href="http://www.ctdol.state.ct.us/">http://www.ctdol.state.ct.us/</a>
Search for State of Connecticut Employers	<a href="http://www1.ctdol.state.ct.us/lmi/empsearch.asp">www1.ctdol.state.ct.us/lmi/empsearch.asp</a>
Connecticut Occupational Employment and Wages	<a href="http://www1.ctdol.state.ct.us/lmi/wages">www1.ctdol.state.ct.us/lmi/wages</a>
Connecticut Nursing Workforce Survey Data	<a href="https://www.ctleaguefornursing.org/upload/files/CT2013-RN-UCONNISON.pdf">https://www.ctleaguefornursing.org/upload/files/CT2013-RN-UCONNISON.pdf</a>
Connecticut's Preschool through Twenty Workforce Information Network (P20 WIN)	<a href="http://www.ct.edu/initiatives/p20win">http://www.ct.edu/initiatives/p20win</a>
O*Net	<a href="https://www.onetonline.org/">https://www.onetonline.org/</a>
State of Connecticut Occupational Projections	<a href="http://www1.ctdol.state.ct.us/lmi/projections.asp">www1.ctdol.state.ct.us/lmi/projections.asp</a>
US Bureau of Labor Statistics	<a href="https://www.bls.gov/">https://www.bls.gov/</a>

# Appendix B

**Table 7: Occupations to Consider for Career Pathways Programming in Southwestern Connecticut\***

<b>OCCUPATION TITLE</b>	<b>PROJECTED GROWTH</b>	<b>ANNUAL OPENINGS 2014-2024</b>	<b>AVERAGE HOURLY WAGE</b>	<b>AVERAGE ANNUAL WAGE</b>	<b>EDUCATIONAL REQUIREMENTS</b>	<b>TRAINING PROVIDERS IN SOUTHWESTERN CT AND WORKPLACE PARTNERS</b>	<b>HEALTHCARE SETTING</b>
Community Health Workers	13%	23 (growth)	\$18.96	\$39,433	High school, short OJT	Fairfield Univ, Gateway Community College, Southern CT State Univ, Univ of Bridgeport	Ambulatory care, Nursing/Residential Care, Social Assistance
Dental Hygienists	10.10%	102 (openings)	\$39.86	\$82,904	Associate degree	University of Bridgeport	Ambulatory care
Diagnostic Medical Sonographers	15.40%	40 (demand)	\$36.44	\$75,793	Associate degree	St. Vincent's College, Gateway Community College, American Institute of Healthcare & Tech	Ambulatory care
Emergency Medical Technicians and Paramedics	11.20%	89 (demand)	\$21.54	\$44,800	Postsecondary credential	Gateway Community College, Bridgeport Hospital EMS Dept.	Ambulatory care, Nursing/Residential Care
Medical and Clinical Laboratory Techs	7.70%	57 (not specified)	\$22.87	\$47,559	Associate degree	American Institute of Healthcare & Technology, Waterbury Adult Ed	Ambulatory care, Medical/Diagnostic Labs
Occupational Therapy Assistants	27.60%	27 (growth)	\$29.59	\$61,562	Associate degree	Housatonic Community College	Ambulatory care, Nursing/Residential Care, Social Assistance
Physical Therapist Aides	27.90%	37 (growth)	\$14.20	\$29,552	High school short OJT	N/A	Ambulatory Healthcare, Nursing/Residential Care
Physical Therapist Assistants	29.00%	30 (growth)	\$27.18	\$56,524	Associate degree	Housatonic, Norwalk and Naugatuck Valley Community Colleges	Ambulatory care, Nursing/Residential Care, Social Assistance
Psychiatric Aides	15.10%	45 (demand)	\$17.34	\$36,058	High school, short OJT	Bullard-Havens RVTS, Norwalk Community College	Ambulatory care, Nursing/Residential Care, Social Assistance
Substance Abuse/ Behavioral Disorder Counselors	18.4%	128 (demand)	\$22.54	\$46,890	Bachelor's degree	Fairfield University	Ambulatory care, Nursing/Residential Care, Social Assistance

\*Occupations with growth of 5% or more, more than 20 annual openings, requiring a Bachelor's degree or less (wage growth in 2015-2016 was 2.6-2.7% for all occupations listed). Sources: (Bureau of Labor Statistics, 2017)

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