

Case Study Group 2

Advancing Equity Across A State Workforce System

Background Context:

The COVID-19 pandemic illuminated inequities historically embedded in healthcare, workforce, and education systems. Some industries in the state are experiencing relatively high rates of return to work, workforce participation, and earnings while other industries have not recovered as quickly. The state is also facing health care workforce shortages that are particularly challenging in rural and frontier areas of the state. These shortages have decreased an already limited access to basic primary and preventive health care services across the state.

Additionally, there are no in-state medical or dental schools, making it necessary for the state to join educational partnerships, and recruit and retain out-of-state providers to fill positions, particularly in rural areas outside of the larger cities and counties. Access to behavioral health services is also limited. One in five mental health provider positions in the rural part of the state and one in ten in urban areas remain vacant.

Within the healthcare sector, the unemployment rate of young workers, women, workers with lower educational attainment, part-time workers, and racial minorities remains higher than their counterparts. The healthcare system is also treating a larger share of patients of color, and hiring an increasingly diverse, foreign-born workforce.

In the larger labor market, about 89 percent of state residents aged 25 and older have at least a high school diploma (or equivalent), but only about 34 percent have a bachelor's degree or higher. These education attainment rates vary considerably across racial and ethnic groups.

Key Challenges:

There are insufficient educational and training programs for priority healthcare jobs, ranging from vocational training to professional degree programs. There is also a general lack of awareness, particularly among youth, about existing career opportunities within the sector.

In certain fields, such as Dentistry, there are no training or educational programs within the state. This contributes to the growing need to recruit out-of-state employees to meet the state's health care system needs, and to retain workers within the sector, particularly in rural areas.

As an initial response to these challenges, the state has made an effort to gather and analyze data to identify gaps in service delivery and to track outcomes. A statewide resident survey revealed a significant percentage of individuals who are employed but still living in poverty, and pointed to a clear need for better-paying jobs, education and training opportunities, and affordable education supports like transportation and childcare.

The survey also revealed that service gaps in the state's public transportation system are a key factor that appeared to exacerbate residential, economic, and social segregation patterns. Survey respondents repeatedly highlighted that the system's buses tended to bypass minority neighborhoods and make it harder for residents to expand their horizons regarding where to live, work, and play.

Process Considerations:

A state Health Workforce Coalition was established in 2020 with several organizations to identify ways to leverage and build on their individual health care workforce initiatives. The primary goal of the Coalition

was to create or strengthen partnerships to leverage expertise and resources in order to train and employ more members of historically marginalized communities.

In 2021, the coalition developed a statewide health care industry workforce plan to address workforce gaps in a number of priority areas.

The state Health Workforce Coalition conducted another survey of unemployed and underemployed workers within the healthcare industry to measure awareness and attitudes towards new job retraining programs. The sample results were weighted to be representative of the gender, age, race, and education makeup of the population. The survey results created an opportunity to further engage stakeholders to inform decisions and gather feedback on policies and programs.

The State also used available census tract-level data to create maps showing where different populations reside, from least to most concentrated, to identify residential clustering by race. Highway divides (poorer neighborhoods east of a local highway) were clearly visible on the maps. The state looked at the trend of average annual employment in census years and saw that Hispanic, Latinx and Black household unemployment remained significantly above that of White families during periods of both growth and recession. This disparity was also evident in the clustering of high poverty in neighborhoods. It was clear from the data and visual representations that White, Black, Hispanic and Latinx families were, on average, living in different economies across the state.

Results

Stakeholders trusted the state's Health Workforce Coalition as a valuable forum for convening and developing partnerships to make the most of limited resources. Many members described it as an opportunity to participate in information sharing and collaboration that would otherwise not be possible outside of coalition meetings.

The Coalition had a dedicated staff member responsible for coordinating the organization's work and ensuring the workforce remained a priority among members. It also helped reduce duplication of efforts across member agencies/organizations and increased their impact through the development and implementation of an Action Agenda which included five areas for sustained action: 1) Career Navigation and Advancement, 2) Closing the Digital Divide, 3) Postsecondary Credential Attainment, 4) Unemployment, and 5) Equitable Hiring, Compensation, and Promotion.

Based on the findings from the data analysis and resident survey, the coalition also launched an Employment Equity Task Force to drive sustained action toward shared equity goals. A critical first step was defining equity and the equitable outcomes the state was trying to achieve. The task force developed the following definition: "Racial equity is achieved when race or immigration status is no longer correlated with one's outcomes; when everyone has what they need to thrive, no matter who they are, the color of their skin, or where they live." This process allowed the state to further assess gaps and develop more equitable reemployment strategies. This included clearly identifying which historically excluded or marginalized groups the state's work was focused on.

Finally, the state used the U.S. Department of Labor Dislocated Worker Grant funds to initiate a transitional jobs program to help people incarcerated for non-violent offenses scheduled for early release due to COVID-19 successfully transition into work.

Success Metrics

Several metrics for success were established as a starting place:

- Obtain agreement of all relevant state agencies to join the equity taskforce group by June 2022.
- Propose a series of new sector training programs for high-priority jobs in manufacturing, healthcare, and IT by December 2023. Build a process to scale the strategy statewide.
- Develop a plan to redesign the early childhood education system by December 2023. Increase state child care subsidies to cover the true cost of care that providers realize by 2024 with no net loss of child care slots.
- Expand the jobs program to provide more affordable and individualized transportation solutions to an additional 2,500 to 3,000 low-income individuals participating in job-related activities annually.
- Create standard system-wide performance dashboards and ROI templates by December 2024.
- Focus on the need to connect with people left out of community engagement activities, including the elderly, individuals experiencing homelessness, citizens reentering public life after incarceration, people with limited access to the internet or with limited computer literacy, people with disabilities, immigrants, people working several jobs or working during nontraditional hours, and people who are English-language learners. Directly engaging these stakeholders to gather qualitative data on how programs operate and identify areas for improvement.
- Examine policies and procedures that may contribute to inequity and modify them to make programs more accessible.