



Comprehensive Workforce Development Landscape Analysis for Health-Related Careers

Black Women Thriving East of the River



Contents

03 - Acknowledgements
04 - Executive Summary
05 - Background: Overview of the Landscape Analysis Process
06 - Introduction: Statement of Opportunity
07 - Workforce Development Ecosystem
15 - Findings: Workforce Development in Wards 7 and 8: Assets & Insights
16 - Workforce Development Measures & Metrics
17 - Workforce Development Health-Related Careers
22 - Analysis
25 - Five Prioritized Health Care Occupations
26 - Workforce Development in Wards 7 and 8: Future State
26 - Conclusion: Recommendations
27 - Glossary of Terms
28 - Appendices

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We appreciate the contributions of project staff and consultants. Additionally, the learnings from workforce development programs in the District, the region, and the nation were invaluable to informing this report.

The research for the health-related careers workforce development landscape analysis was funded by the Jane Bancroft Robinson Foundation (JBRF) in support of the Black Women Thriving East of The River (BWTEotR) Initiative. In 2018, the Jane Bancroft Robinson Foundation began BWTEotR in deep partnership with community residents and relevant community-based organizations. The goal of BWTEotR is to reduce cancer mortality and create health-related career opportunities for Black women in Wards 7 and 8 by transforming the culture of racially unjust and inequitable systems.

Additional research was made possible through the DC Health Care Workforce Partnership, which is primarily funded by the DC Workforce Investment Council (WIC). The findings, conclusions and recommendations in the landscape analysis are those of the DCHA Program Services Company, Inc. and Dress for Success Washington, DC, and do not necessarily reflect the opinions of JBRF, BWTEotR, or DC WIC.

DCHA Program Services Company, Inc. is a 501(c)3 non-profit organization under the District of Columbia Hospital Association (DCHA). The purpose of DCHA Program Services Company, Inc. is to conduct studies and propose improvement with regard to quality, utilization, and effectiveness of health care and to educate those involved in furnishing, administering, and financing health care. The mission of Dress for Success® is to empower women to achieve economic independence by providing a network of support, professional attire and the development tools to help women thrive in work and in life. In its 18-year history as the local affiliate of Dress for Success Worldwide, **Dress for Success Washington, DC** has provided services to more than 15,000 women.

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Executive Summary

The DC Hospital Association Program Services Company, Inc. and its partner Dress for Success, Washington, DC analyzed the health-related workforce development efforts of the District of Columbia, East of the Anacostia River Community with a focused lens on Black women living in Wards 7 and 8.

Commissioned by the Jane Bancroft Robinson Foundation Black Women Thriving East of the River, the comprehensive workforce development landscape analysis for health-related careers identifies local and national workforce development programs, funding sources, and metrics used to determine success. We offer insights on the local and national labor market information, organizational best and promising, and barriers to workforce development for the unique population of Black women residing in Wards 7 and 8. Several key findings emerged:

- Black women living in Wards 7 and 8 are not a monolith. They are uniquely diverse in life and work experiences, though this doesn't show up in the workplace.
- There is a disconnect between what Black women are doing to support employers and what those employers are doing to support them, especially in traditional health care settings.
- There are high-demand, high-growth health-related occupations available to Black women living in Wards 7 and 8. There is a misalignment of skilled labor to industry needs, and it is fundamentally an equity issue.
- The known facilitators to support Black women in successfully completing workforce development programs in health-related careers are organized in three themes: affordability, accessibility, and impact.
- Employers have opportunity to improve entry-intermediate and middle skill jobs to be better jobs, that is, the work of job quality. Employers will need incentives to understand investments in job quality improvement as a business strategy.
- WFD metrics don't offer insights into employers' success or return on investment.
- Public funding is accessible to workforce development training providers though it limits investments in wraparound services that are essential to Black women thriving in health-related careers.
- The District of Columbia competes with Washington, DC as the nation's capital in hiring and other external factors that are beyond the control of sector partners employers and WFD training providers.

Background

Overview of the Landscape Analysis Process

Charged with conducting a comprehensive assessment of the workforce development ecosystem for health-related career opportunities, DCHA Program Services, Inc. and partner Dress for Success Washington DC used an iterative, collaborative, and participatory approach to understanding this rich landscape. This assessment focused on the unique workforce development environment for Black women living East of the Anacostia River in Washington, DC, and teams engaged in thorough processes to center the perspective of these women throughout data collection, review, and synthesis.

The team leveraged primary and secondary research conducted by Social Lens Research and Hanover Research to inform the analysis, including:

- Comprehensive scan of available data,
- Detailed community partner data collection on existing programs, and
- In-depth qualitative research with Black women living East of the Anacostia River.

Key to the methodology were monthly meetings with the Collaborative Partnership Committee (CPC) to review and guide the work in real time. Iterative co-creation, feed-forward, and feedback opportunities provided thought leadership and strategy to ensure the work was consistently guided by and rooted in the experience and expertise of key stakeholders. Partners worked collaboratively to establish key principles that served as guideposts for the collaboration – rooted in respect, participation, curiosity, and commitment to the work.

Shared decision making and agreements were critical to the landscape analysis process. In particular, it was key to ensure common language and terminology. For example, this work envisions an ecosystem in which Black women living East of the Anacostia River are thriving. To support that, it was important to understand what thriving meant to the women of Wards 7 and 8. The CPC provided insights and experience to inform a shared meaning of the word; thriving is unique to each person but commonly characterized by elements like autonomy, flexibility, growth, and balance between professional and personal life.

Other shared meanings the group agreed upon were specific to the workforce field: the definition of workforce development and career pathways, and the term competencies versus skills.

- *Workforce development for the JBRF Strategic Design Initiative is a comprehensive set of policies, systems, structures and programs that use an ecological model/approach to meet the individual needs of women who seek career mobility and ensures that every girl is prepared to enter the workforce.*
- *Career Pathways is a workforce development approach to build a knowledge workforce. Career pathways are comprehensive—articulating education and training steps between occupations in an industry sector, combined with support services, to enable individuals to enter and exit at various levels and to advance over time to higher skills, recognized credentials, and better jobs with higher pay.*
- *Competencies vs. Skills when referring to the evidence to demonstrate knowledge within a career position.*



Background, continued

The CPC also informed the scope of which careers were included in the landscape analysis. The team added work experience like wellness professional (e.g., health coach, esthetician), childbirth practitioner (e.g., midwife, lactation specialist), and entrepreneur to the list of health-related careers women could choose to report and discuss during their surveys and interviews. This shared language ensured a more comprehensive landscape was represented.

Other key elements of the analysis included review of best practices used by local, regional, and national workforce development programs for supporting Black women; known and emerging barriers and facilitators to Black women's success completing workforce development programs; funding sources supporting workforce development for health-related careers in Washington, DC; evaluation and metrics used to measure success; and high-growth, high-demand career positions now and in the future.

The landscape analysis methodology and findings reinforce an understanding that this work belongs to everyone, where all voices are shared and heard. Many women expressed interest in staying in touch and remaining part of this work moving forward. As one person noted in her live session, support in this landscape must be rooted in a spirit of inclusivity and recognition of each woman's unique journey: "You're not generalizing what you think I need, [but] asking me what I need and giving me that." This comprehensive landscape analysis provides the pillars to support that goal.

Introduction

Statement of Opportunity

Jane Bancroft Robinson Foundation (JBRF) funded a project to deliver a comprehensive landscape analysis of the workforce development ecosystem for health-related careers in Washington, DC. This would include a comprehensive compendium of best practice activities that support family sustaining wages for Black women in Wards 7 and 8; a map of current funding streams for DC-based workforce development programs; a DC labor market analysis for health-related career positions that are in the highest demand; and a DC-based map of workforce development entry points that documents, through narrative and illustrative means, the various entry points into the DC workforce development ecosystem for Black women in Wards 7 and 8, participant screening methodologies and evaluation/assessment capability of the various workforce development service providers in the District.

The Workforce Development (WFD) workgroup defined WFD as a comprehensive set of policies, systems, structures and programs that use an ecological model/approach to meet the individual needs of women who seek career mobility and ensures that every Black girl is prepared to enter the workforce. The main goal of the WFD roadmap is to create individualized pathways to sustainable, health-related careers that meet the aspirations of Black women, support upward mobility, create economic stability, and ensure family sustaining wage.

To inform the project deliverable—a comprehensive workforce development landscape analysis for health-related careers—DCHA Program Services Company, Inc. and Dress for Success Washington, DC implemented a community engagement research strategy by:

1. Culling and organizing best practices through secondary quantitative and qualitative research;
2. Determining individual barriers that thwart Black women's success in workforce development programs through primary and secondary quantitative and qualitative research methods;
3. Identifying the funding streams for health-related workforce development in the District of Columbia;
4. Examining evaluation measures and metrics that provide meaningful data insights;
5. Adding to the work of the Strategic Design Initiative through primary and secondary quantitative analysis of workforce programs;
6. Identifying best practices to support employers, candidates, particularly black women, and the structures of the programs;
7. Mapping funding streams and workforce development entry points; and,
8. Identifying the high-demand health-related career positions now and over time.

Workforce Development Ecosystem

The Nation's Capital — National & Local

The US labor market is in an unprecedented time of recovery from the devastating impact of the COVID-19 pandemic. Each component of the US labor market was negatively affected by the pandemic, and the health sector was no exception. As significant contributors to the financial stability of their families, women are a critical component of the US economy, yet women, especially women of color, work in lower wage and benefitted positions than men—disparities that existed before the pandemic and have been further exacerbated by the pandemic. Alongside the pandemic, national attention and response to intense racial and social injustices surfaced disparities and inequities of current “systems”, including the workforce, that have for centuries intentionally created and upheld systemic barriers to economic progression and upward mobility for different races and ethnicities, particularly Black Americans.

As the Nation's Capital, Washington, DC was at the epicenter of the national news, conversations, and impact. Though at the local level, the District had its own need to address “growing gaps in outcomes across race, gender, and place-based demographic groups” in the workforce system. (DC WIOA, 2022)

Economic progression and upward mobility are significantly connected to employability— “a set of achievements – skills, understandings and personal attributes – that makes graduates more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, the community and the economy.” (DC WIOA, 2022) Employability skills allow the worker to gain upward mobility in their career. In the District, the WIOA State Plan lays out the vision, strategy and implementation plan for the District's workforce.

It is well documented that the District is a career opportunity “hotspot” in the region. Private sector employment grew by 25% over the decade prior to 2020, and on average, occupations requiring high skills and education attainment levels, are two-to-four times more prevalent in DC than the rest of the US. The DC-MD-VA region has a population where 52% of residents have a college degree, which is 1.5 times the national average, and more than half million people living outside the city commute in to work as over 70% of all DC jobs are held by non-DC residents. (DC WIOA, 2022)

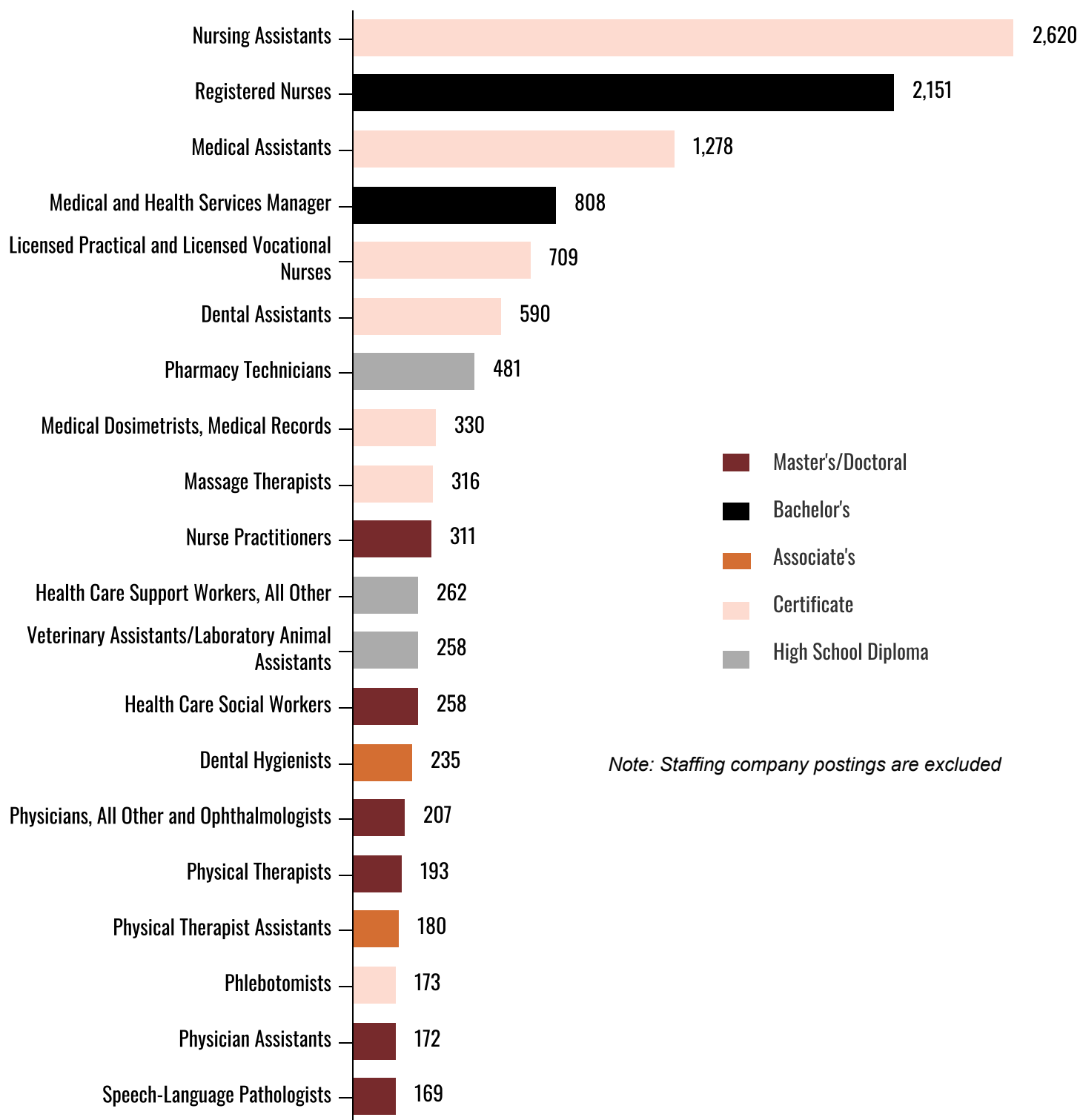
A contrast to the prosperity of the city is the skills and education requirement gap for District jobs because they do not align to the skills level or educational attainment of many District residents. Notably, District residents with no college education have a 25% lower labor force participation rate, and five times higher rate of unemployment than those with a bachelor's or advanced degree. Additionally, households headed by a person lacking any college education have poverty rates 12-16 times higher than families headed by a person with a bachelor's or advanced degree. And median earnings for residents without a bachelor's degree were one-half to one-quarter the level of those with a bachelor's or advanced degrees. (DC WIOA, 2022)

In a scan of the high-need healthcare occupations in DC Wards 7 and 8, Prince George's County and the City of Alexandria (the “priority region”), data indicated that 57.6% of the population is majority Black with slightly higher than average proportion of residents in their prime working and education years (aged 25-34). The Bureau of Labor Statistics (BLS) data indicated an estimated 47,913 healthcare related positions in the priority region with an average annual salary of \$72,000, and the occupations with the highest projected need and in most cases, strong salary and employment rates are available to residents from a wide range of educational backgrounds. The number of positions is expected to grow by 0.7 percent per year through 2026, compared to a -0.2 percent-per-year decline across the region's workforce. Most healthcare jobs are concentrated in a few zip codes in northwest and southern Prince George's County, southeastern Washington, DC, and the City of Alexandria closely aligning with the locations of clusters of health facilities. (Hanover Report, 2021)

The top healthcare-related occupations in the priority region projected over the next five-years (2021-2026) demonstrate a need for credentials ranging from high-school diploma to master's and doctoral degrees. See chart on next page that depicts half of the top 20 health related occupations that require high school diploma or certificate; only two of these require an Associate's level education. This leaves 45 percent of the occupations accessible at a much higher educational attainment level; a statistic that could further segregate the workforce and widen disparities for Black women of Wards 7 and 8.

Workforce Development Ecosystem, continued

Top 20 Fields by Projected Need in 2026



Workforce Development Ecosystem, continued

The District's Local Workforce System

Post COVID-19, some impacts remain unknown, others are still being analyzed, though the following are key facts for DC's workforce:



Jobs

While the District is still experiencing a net loss of jobs since the start of the COVID-19 pandemic, by October 2021, the District gained back approximately 37,000 jobs of the 86,000 jobs lost just after the 2020 shutdown.



Growth

Professional, Scientific, and Technical Services, **Health Care and Social Assistance**, and Information are among the industries that show a projected annual growth in jobs and a large number of overall employment opportunities in the District.



Labor Force

The District's labor force participation rate of 70.4% as of October 2021 is nearly 10% higher than the national labor force participation rate of 61.7%.

The District's local workforce system seeks to address equity and employability for the District's most vulnerable residents to further address impacts of the COVID-19 pandemic. Certain groups face both lower labor force participation and higher unemployment rates. These groups include females, Hispanics, persons with less than a high school education, persons with some college or associate degree but no bachelor's degree, and non-citizens. (DC WIOA, 2022)

Against this backdrop, the District's strategic vision for its workforce development system consists of the following three tenets:

1

Every DC resident is ready, able, and empowered to discover and attain their fullest potential through lifelong learning, sustained employment, and economic security.

2

Businesses are connected to the skilled DC residents they need to compete globally, are participants in the workforce system, and drive the District's economic growth.

3

Residents and businesses in all wards are supported by coordinated, cohesive, and integrated government agencies and partners working to help communities thrive.

Workforce Development Ecosystem, continued

In support of these tenets, five goals and strategies have been identified as follows:

DC WIC Workforce Goals and Strategies

Goal 1: Enhance System Alignment: District workforce development, education and social services providers will collaborate to deliver coordinated and effective services. SA
Goal 2: Improve Community Access to Workforce and Education Services: All District residents—including people with disabilities, individuals with multiple barriers to employment and those who are underemployed—will have improved access to jobs, education, training, career information and support services necessary to advance in their career pathway. CA
Goal 3: Expand the Talent Pool for Businesses: The District's business community, particularly those in critical sectors, will be able to access a broader pool of District talent with the skills necessary to meet businesses' needs, and workers will be able to advance in a career pathway at businesses that hire them. TP
Goal 4: Improve Youth Services: Youth will have increased access to a coordinated education and workforce system that provides the services and support needed to prepare them for postsecondary educational success, employment and long-term career advancement. YS
Goal 5: Increase Performance and Accountability: The DC WIC will establish, measure and regularly report progress in meeting realistic quantitative and qualitative performance goals for the District's workforce and education system. PA

The JBRF's Black Women Thriving East of the River's strategic interventions have opportunity to directly impact DC WIC's workforce goals and strategies. Below is a table showing the connectedness among the interventions, goals and strategies.

Connectedness of JBRF's SDI Interventions and DC Workforce Goals and Strategies

JBRF – Preparing the Workforce for Sustaining Jobs & Careers	JBRF – Employers, Wages & Benefits
Workforce development entry mapping (SA, CA, YS)	Employment map/resource for Black women in Wards 7 & 8 pursuing health-related career (TP, SA)
Health related career training programs (CA,SA, TP, YS)	Identify and promote employer best practices for employing and retaining Black women (TP, PA)
Scholarship funding for Black women in Wards 7 & 8 (CA, TP)	Provide anti-racism, cultural humility and trauma-informed training for employees in DC (TP)
Design pipeline programs for youth from school to health-related careers (YP, TP, CA, SA)	Advocate for family sustaining wages (PA)
Increase entrepreneurship programs (TP, CA)	Advocate for family sustaining wages (PA)

Increase data coordination across the WFD system (SA, PA)

Improve system-wide coordination (SA)

Improve policies to support WFD for Black women (CA, PA)

Workforce Development Ecosystem, continued

East of the River — Ward 7 and Ward 8

Economic disparities sharply differed based upon District Ward residency—particularly in Wards 7 and 8. Data showed that only 45% of residents in the two wards had any college education, and only 17% of residents in the two Wards obtained a bachelor's degree or higher. Compared to the rest of the District, data in 2020 showed that only 27% of residents in all other Wards realized no college education experience, and 55% of those residents held a bachelor's degree or higher. Median income for residents of Wards 7 and 8 was one-third that of people in the rest of Washington, DC.

Economic outcomes have been historically lower, on average, for Black residents throughout the District. The Black labor force participation rate was 21 percentage points lower than the District average, and the Black unemployment rate nearly double the overall DC rate prior to the COVID-19 pandemic. Additionally, median income for Black residents was less than half that of other races.

The January 2022 scan took a deeper dive into health-related careers in Wards 7 and 8. BLS data indicated that a total of 5,757 individuals in the two wards are employed in the health care industry in a range of occupational roles. The number of positions is expected to grow by 0.4 percent per year through 2026, compared to a 0.1 percent-per-year increase across the region's workforce.

Like the region, the occupations with the highest projected need and in most cases, strongest employment rates are available to residents from a wide range of educational backgrounds. Of these high-need occupations, eight fields require only a high school diploma; three fields require a postsecondary non-degree credentials, all of which are clinically oriented medical assistant or technician roles.

Of the top overall fields based on projected openings, those with no formal educational requirements are custodial or environmental services roles. Associate's-level positions within the health care sector are expected to have limited openings over the next five years within Wards 7 and 8. The scan revealed no associate's-level positions that reported more than 10 projected job openings. Low-volume occupations at this level include clinical assistant and technician roles, as well as respiratory therapists. Administrative assistants, office worker supervisors, and maintenance and repair workers earn the highest salaries among identified entry-level positions with at least \$50,000 per year on average within the health care sector. Outside of the health industry, most positions at this education level pay between \$30-50K. (Hanover Report, 2022)

Cedar Hill Regional Medical Center

Cedar Hill Regional Medical Center will open in late 2024. As part of the agreement with the District the operator, Universal Health Services (UHS), is required to make several investments related to workforce. Specifically, UHS must:

1. Prepare qualified District residents for employment at the hospital and in health professions fields.
2. Establish formal partnerships with the District's workforce, health, economic development, and public and higher education agencies, as well as community-based organizations serving Ward 7 and Ward 8, to prepare qualified District residents for employment at the hospital and in health profession fields and seek to hire qualified residents into the Operating Entity system.
3. Enter into a First Source Agreement with the District.
4. Establish and/or partner with another entity or entities to implement learning, training, hiring, and mentoring programs for District residents interested in pursuing health care career to support the development of a human capital pipeline for current and future employment opportunities.
5. Meet with and otherwise disseminate information to Ward 7 and Ward 8 residents regarding forecasted hiring for the hospital (including the numbers and types of positions) and the anticipated education, background, and experience requirements for each type of position.
6. Hold career/hiring fairs in Ward 7 and Ward 8, including at the United Medical Center (UMC).
7. Establish training program(s) such that then-current UMC employees who are interested in pursuing a career at the hospital can receive training they may need to meet the quality and hiring standards of the hospital.

Workforce Development Ecosystem, continued

Economic Development Health-Related Investments East of the Anacostia River

The East of the River Community is intricately connected with their distinct uniqueness. As a result of community advocacy, business owners and government support, the East of the River Community is reclaiming the best of their past, addressing the disparities rooted in historical racism, and empowering residents to own their future. The Ward 7 and 8 community is also experiencing targeted community economic development investments such as, healthy food stores, affordable housing, and health providers—all potential current and future employers of health-related occupations for Black women living East of the River.

Economic Development Health-Related-Investments East of the Anacostia River

Business	Location
The Fresh Food Factory Market (2019)	Anacostia Arts Center, 1231 Good Hope Road SE
Market 7 (2020)	3451 Benning Road NE
Good Foods Market (2020)	4001 South Capitol Street SE
Lidl (2022)	2219 Town Center Drive SE
Whitman-Walker Health (2023)	St. Elizabeths Campus
AccentCare	Benning Market
Cedar Hill Regional Medical Center (2025)	St. Elizabeths Campus

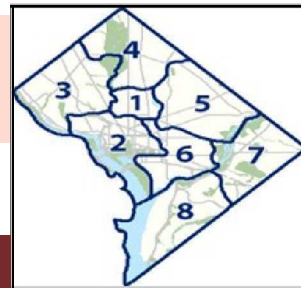
Black Women: Residents of The East of the River

Black women residing in Wards 7 and 8 are dynamic. Demographics is one way to express their identity though it fails to tell the whole story. Black women are caretakers—of themselves, their families and their communities. Black women lead communities, commissions, and companies. Yet are overrepresented in undervalued jobs. (Bearing the Cost, US DOL) Black women exercise their civic rights to vote and advocate. They are educated—overly educated and under-educated. Black women are a majority and minority. They are grounded in values and devalued in a systemic racially bias workforce. Black women are learners, workers, and teachers—all at the same time. Black women served as frontline workers during the COVID-19 pandemic and disproportionately suffered and died because of the pandemic. They are health care workers and overwhelmed with chronic health issues.



“Talk to me. Tell me what you need because everything equal is not equitable. So you might need one thing, and I might need something else. Not everybody needs the same thing. So being able to know what each person needs, not grouping people into, you know, this certain category. You’re not generalizing what you think I need versus asking me what I need and give me that.”
— Non-Health Related (Live Session)

Workforce Development Ecosystem, continued



Black Women: Residents of The East of the River, continued

Ward 7 - Persona | Total Population: 77,456



Households:
31,964



Families:
18,350



Households with
Children: 10,938



Average Family
Size: 2.4



Average Household
Income by Race -
Black/AA: \$64,715

- Owner-Occupied Housing Unit Average Value: \$477,287
- Median Length of Residence - Renter Occupied: 6 Years
- Median Length of Residence - Owner Occupied: 5 Years
- Average # of Vehicles Available - 0.9 Vehicles
- Population by Race - Black/AA: 91%
- Hispanic/Latino Population by Race - Black/AA: 23%
- Non-Hispanic/Latino Population by Race - Black/AA: 94%

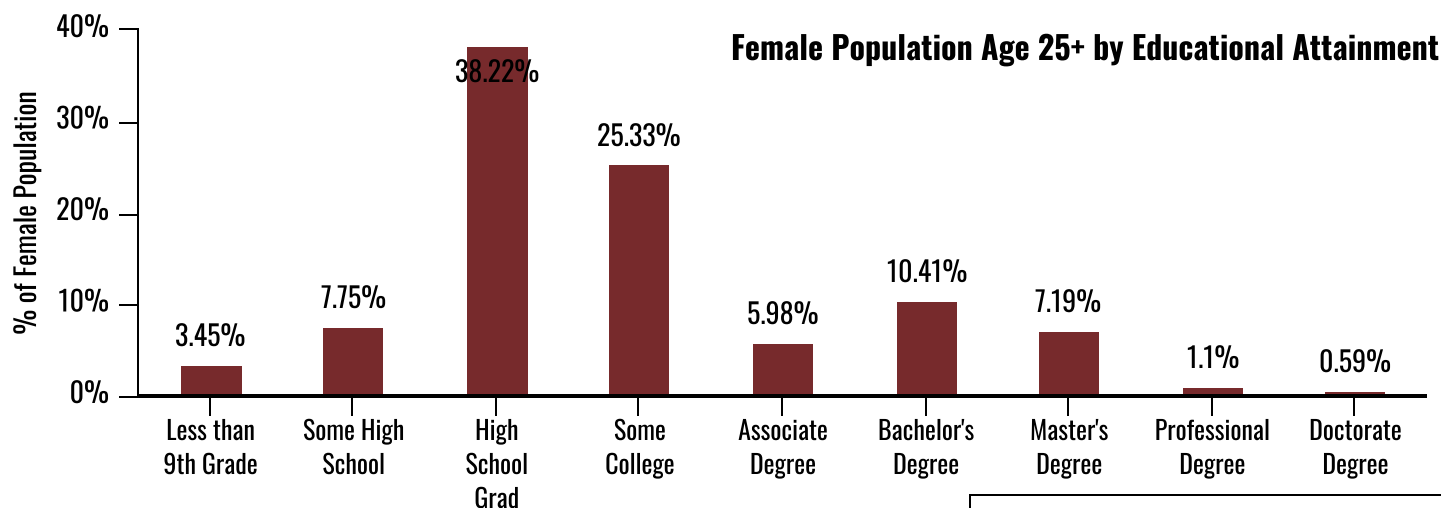
Population by Sex-
Female: 54%



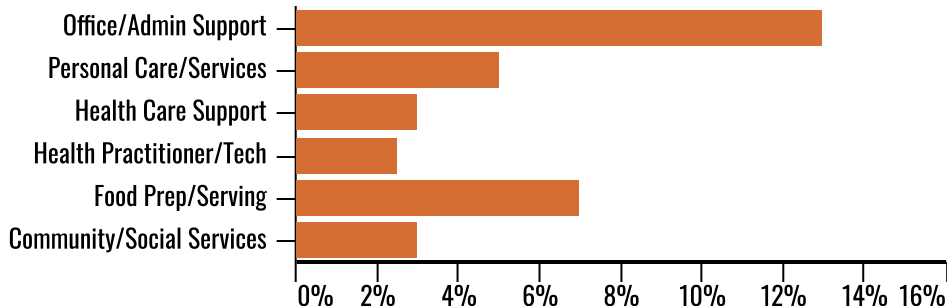
Population by Sex-
Female Black/AA: 54%



Female Population by Age:
Under 18: 24% 65+: 15% Female Median Age: 34.76
18+: 75% 85+: 1%



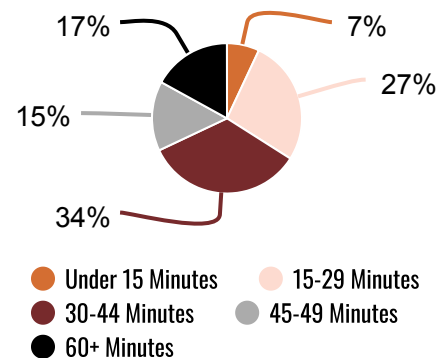
Employed Civilian 16+ by Select Occupations



Employed Civilian 16+ by Industry
Health Care/Social Assistance: 13%

Female Population 16+
Unemployed: 13%

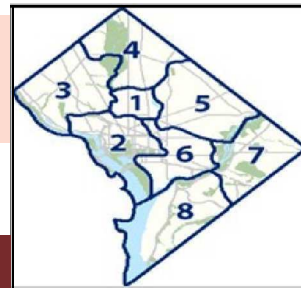
Workers by Travel Time to Work



Workers by Means of Transportation to Work

Drove Alone: 48%
Public Transportation: 35%
Carpooled: 7%
Worked at Home: 3%
Walked: 2%
Other: 2%
Bicycle: 0.72%

Workforce Development Ecosystem, continued



Black Women: Residents of The East of the River, continued

Ward 8 - Persona | Total Population: 77,756



Households:
31,063



Families:
18,339



Households with
Children: 11,708



Average Family
Size: 2.4



Average Household
Income by Race -
Black/AA: \$60,256

- Owner-Occupied Housing Unit Average Value: \$468,818
- Median Length of Residence - Renter Occupied: 5 Years
- Median Length of Residence - Owner Occupied: 13 Years
- Average # of Vehicles Available - 0.8 Vehicles
- Population by Race - Black/AA: 91%
- Hispanic/Latino Population by Race - Black/AA: 33%
- Non-Hispanic/Latino Population by Race - Black/AA: 93%

Population by Sex-
Female: 53%



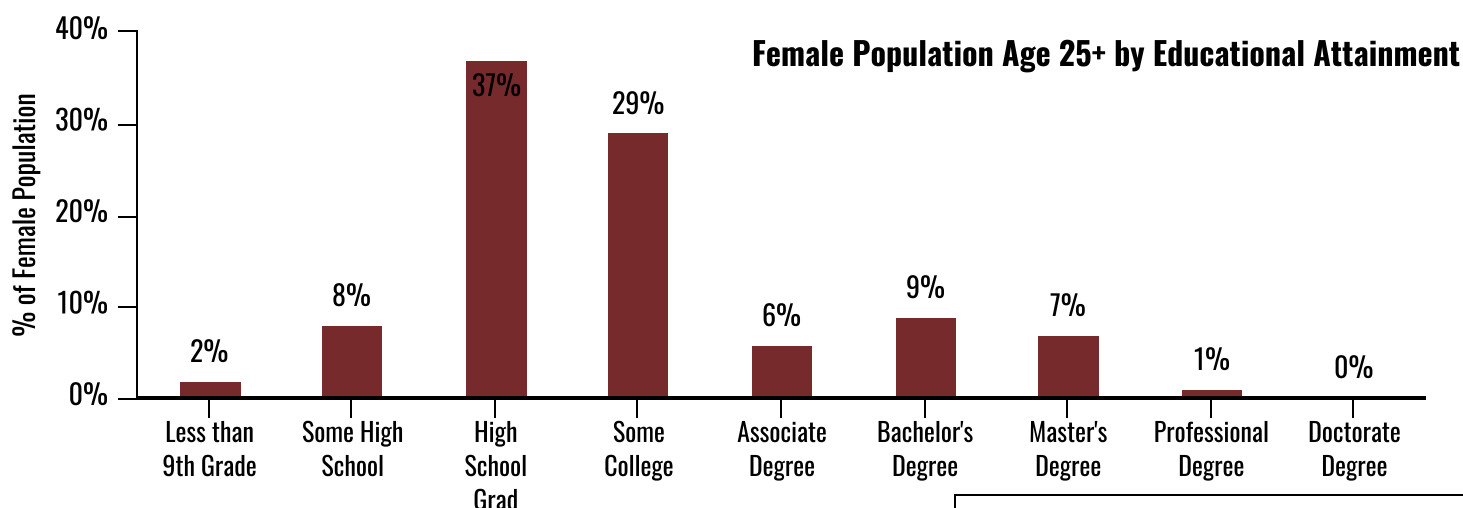
Population by Sex-
Female Black/AA: 54%



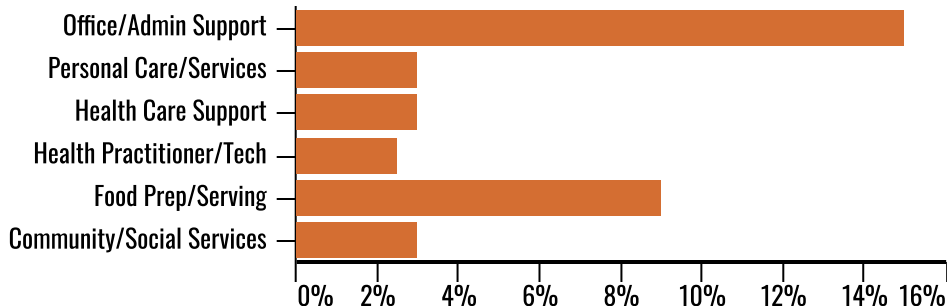
Female Population by Age:

Under 18: 27% 65+: 12%
18+: 72% 85+: 1%

Female Median Age:
32.98



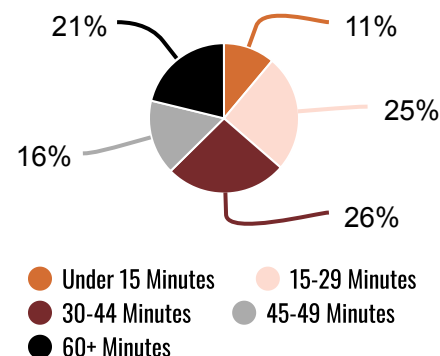
Employed Civilian 16+ by Select Occupations



Employed Civilian 16+ by Industry
Health Care/Social Assistance: 13%

Female Population 16+
Unemployed: 13%

Workers by Travel Time to Work



Workers by Means of Transportation to Work

Drove Alone: 49%
Public Transportation: 34%
Carpooled: 8%
Worked at Home: 3%
Walked: 3%
Other: 1%
Bicycle: 0.43%

Findings

Workforce Development in Wards 7 and 8: Assets & Insights

A deeper look into the District's eight wards revealed that although there are many assets available including parks, libraries, and recreation centers, these assets are unequally dispersed across all wards — particularly in Wards 7 and 8. Through workforce development program research, 12 workforce development programs that focused on health care (related) occupations training were identified. Out of the 12 programs, five are physically located in Ward 7 and seven in Ward 8. These programs provide various education and training options that lead to certification in health-related fields – with limited opportunities for job placement.

A noteworthy insight is that there are health-related occupations such as massage therapists, athletic trainer, nurse practitioners and home health aides that have entrepreneurial pathways in sole proprietorship or limited liability company. However, the current workforce development programs don't offer education services to launch a business. There may be opportunity to connect workforce development programs to the District of Columbia Small Business Resource Center (SBRC). The Small Business University, a component of the SBRC, is a resource that offers a comprehensive suite of free or nominal fee business courses facilitated by industry experts.

Additionally, while the community health worker (CHW) and community health education specialist (CHES) didn't surface to the high-demand, high-growth health-related occupations, these career positions are emerging in the region.

The details of workforce development programs, funding, and measures and metrics are in Appendices D, E and F.

WFD Programs

To gain insight into best practice programs, we analyzed local, regional, and national programs. The findings were populated into a matrix with key metrics including funding sources, program strategies, policies, and approaches for health care workforce development. These metrics were measured against the WIOA performance measures which revealed the lack of standard used across the board to measure performance for local, regional, and national programs; with national programs having more similarity in measures than local programs. We know workforce development program measures do not capture full impact on participants – because they don't all measure the same performance measures, and they don't provide thorough enough information for us to see substantial impacts.

WFD Funding

There is myriad of funding sources available for workforce development programs nationally, particularly funding that is available via the Workforce Innovation and Opportunity Act (WIOA). An in depth look at the workforce development programs in DC indicates that most programs are funded through agencies that have access to federal funding including the WIOA. Most of the programs are funded through Title I, II, III and IV of the WIOA through Department of Employment Services and Office of the State Superintendent of Education. However, even with the many funding sources and opportunities, there is a lack of information sharing that may prevent programs from accessing these funding sources.



WFD Measures & Metrics

Regional Programs

The list below shows commonalities among regional and national programs:

- Metrics and measures for individual/participant success and overall program success.
- Key strategies which incorporate public-private partnerships, apprenticeship roles along with traditional training and education for health care roles.
- Focus on career development not just job placements; their goal is to feed the pipeline of health care workers through all levels.
- An emphasis on advocacy for unemployed individuals/residents.

A review of the WIOA performance measure includes employment rate, median earning, credential attainment and measurable skills gained and effectiveness in serving employers in the categories of retention rate and repeat business customers.

Our research revealed 10 regional/national workforce development programs, of which, four programs did not have evaluation measures or metrics; four out of the remaining six programs measure credential attainment; two programs measure employment rate and one program measures median earnings. When it came to measuring the effectiveness in serving employees, three programs track retention rate and measurable skills gained. Looking at the effectiveness of serving employers measures included repeat utilization of the program and employment penetration rate. Worth noting, new hire rate, number of people served, and number of program participants were not recommended by the WIOA performance measures, but were measured by regional best practices.

Local Programs

Local programs in Wards 7 and 8 that cater to workforce development, particularly in the health care industry, a total of 12 programs were identified: most of them in Ward 8. The same descriptions of key metrics including funding sources, program strategies, policies and approaches were collected and assessed. However, compared to the regional and national programs, there were no common themes found between the identified local programs.

Local workforce development programs are funded through various local and federal funding sources including the OSSE, DOES, and Department of Disability Services (DDS), Office of the Mayor and the Department of Human Services (DHS) among others. Each of these organizations, have specific measures which they require the grantees to follow. A few of them including DOES and OSSE can fund certain programs through the WIOA and therefore use the recommended performance measures to monitor and evaluate their current grantees. In Ward 7, two out of five programs are measured based on the WIOA performance measures and in Ward 8, five out of seven identified programs are measured based on the WIOA. The programs funded through the OSSE are also being regulated through the Adult Education and Family Literacy Act. The DDS funds one program in Ward 8 and the program is expected to submit a report card including the data on the providers profile, performance and the consumer's satisfaction levels. Consumer satisfaction levels are measured through a survey that is conducted annually in partnership with the State Rehabilitation Council. The DC Office of the Mayor is a significant funder of workforce development programs. Four out of the 12 programs in Wards 7 and 8 are funded by the Office of the Mayor, however, there was no information about how performance was measured for this agency. Lastly, DHS funds workforce development and adult education through the SNAP Employment and Training (E&T) program. Two out of the five programs in Ward 7 and one out of the seven programs in Ward 8 are funded through this DHS program. Under the SNAP E&T program, performance measures include:

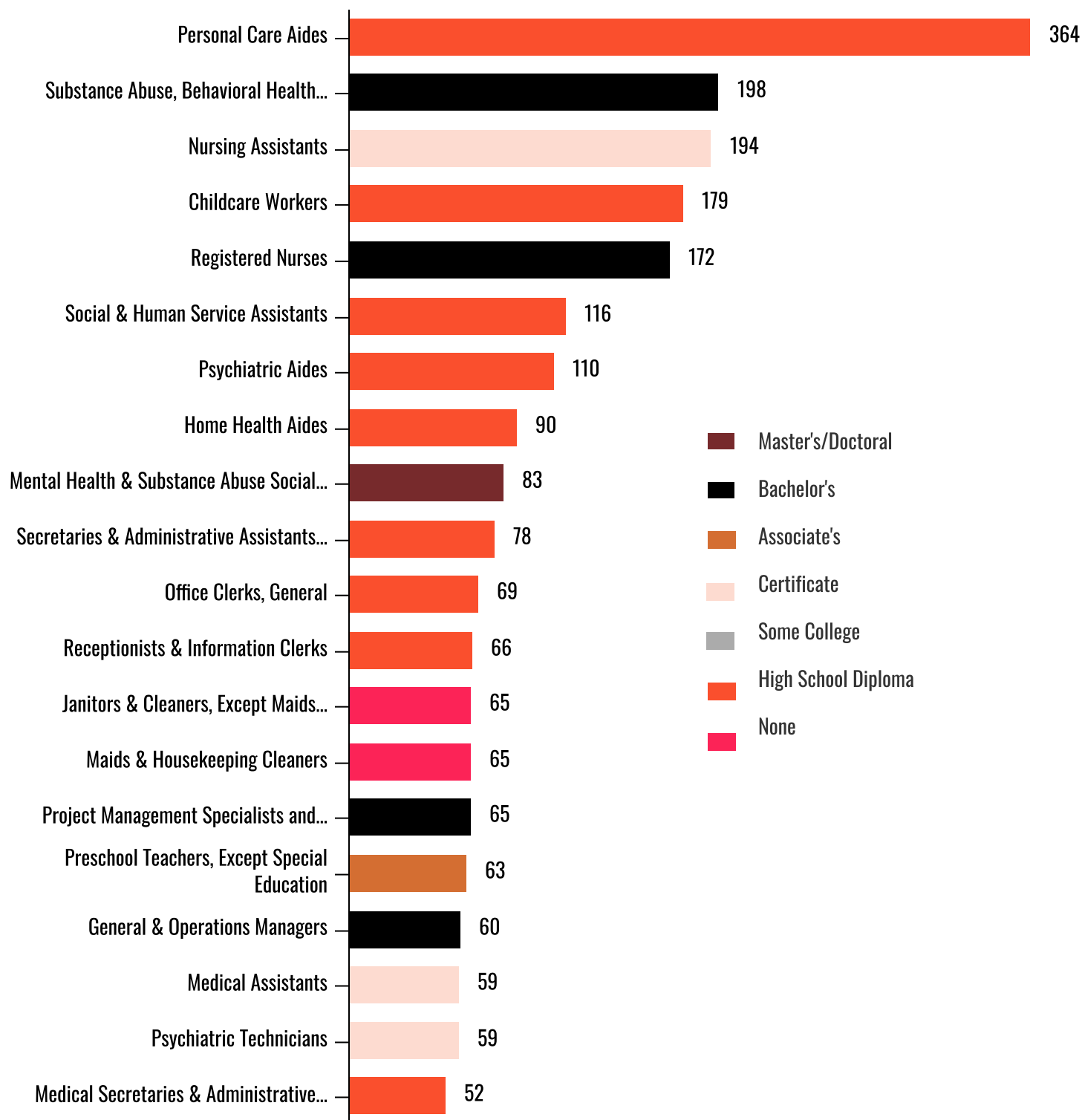
- Data regarding the number of participants in unsubsidized employment during the second and fourth quarter after completion of the program.
- Quarterly earnings of participants and prior participants during the second quarter after completion of participation in E&T.
- Data on the participants that completed training, received an educational certificate or on-the-job training include if they were voluntary or mandatory, if they received a GED prior to participation, gender, disabilities, and age range.

WFD Health-Related Careers

The health-related careers range from clinical assisting roles to custodial and office positions. These roles require neither a formal education nor a high school diploma or equivalent. Those interested in clinical work may find positions as personal care aides, psychiatric aides, and home health aides. Several office and administrative positions are represented including medical secretaries, general secretaries and administrative assistants, and receptionist. Maids and janitorial positions are also among the top positions. The following graphics show labor market information for top health-related occupations in the industry.

Top Fields by Projected Openings

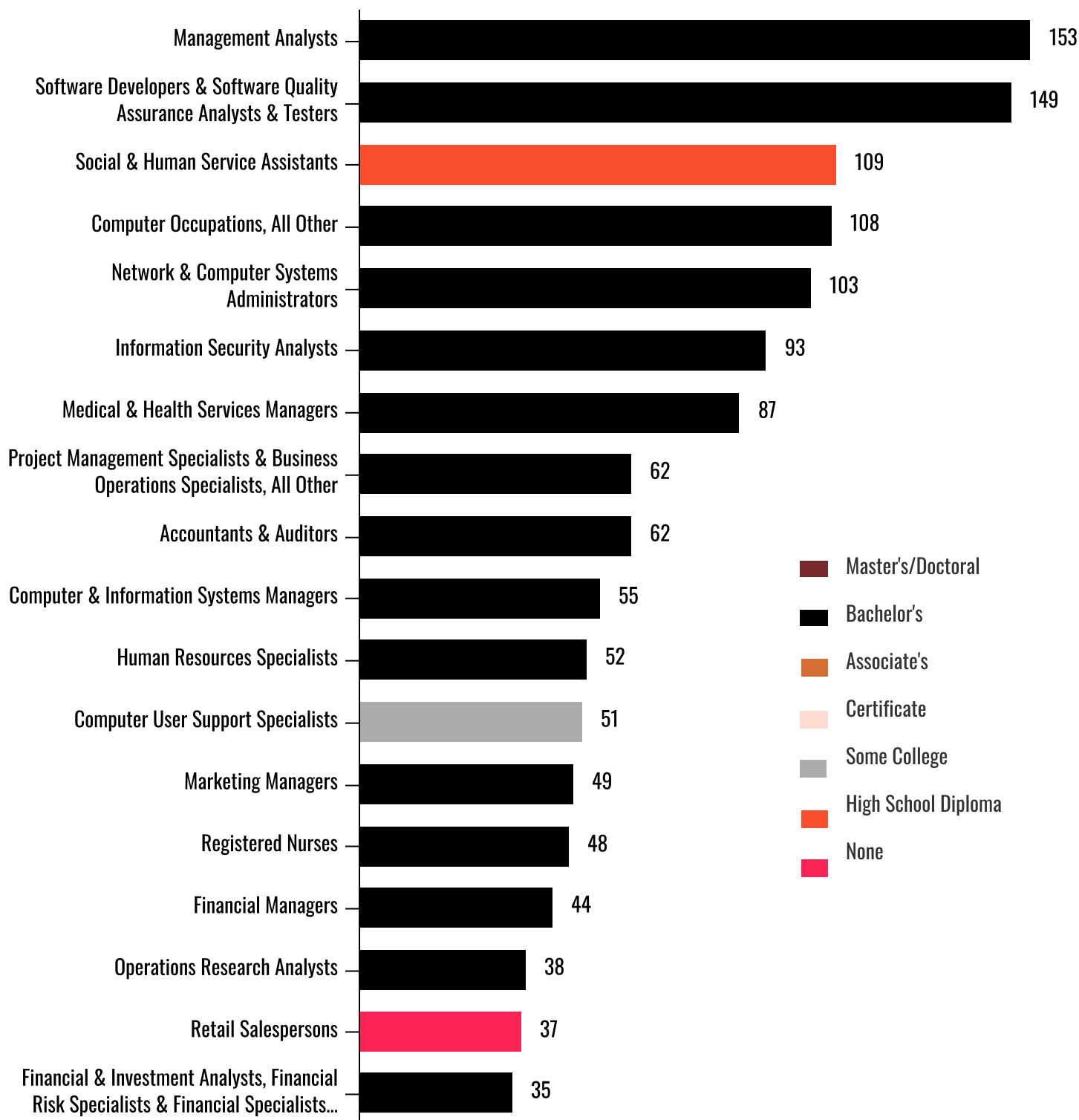
The graph below depicts the top occupations held by workers in the health care industry in DC Wards 7 and 8 by projected five-year job openings 2021-2026. Includes new jobs and replacement.



WFD Health-Related Careers, continued

Top Fields by Current Job Postings

This graph depicts the top health care occupations based on current job postings in Wards 7 and 8, as of January 2022.



WFD Health-Related Careers, continued

Highest Volume of Projected Openings

Based on an analysis of labor market indicators and projections, this heat-map shows the 18 fields with the highest volume of projected openings.

Occupation	Required Education	Average Annual Salary	Vacancies Through 2026	Active Job Postings	Unemployment Rate %
Personal Care Aides	Diploma/GED	\$32,300	191	1	12.8
Nursing Assistants	Certificate	\$37,100	19	5	11.8
Registered Nurses	Bachelor's	\$90,300	170	48	4.9
Substance Abuse, Behavioral Disorder & Mental Health Counselors	Bachelor's	\$66,000	152	15	7.9
Psychiatric Aides	Diploma/GED	\$47,200	109	N/A	12.1
Mental Health & Substance Abuse Social Workers	Master's	\$72,000	72	17	3.4
Maids & Housekeeping Cleaners	None	\$32,100	64	4	25.9
Medical Assistants	Certificate	\$45,000	59	7	11.1
Social & Human Service Assistants	Diploma/GED	\$46,500	58	109	7.8
Psychiatric Technicians	Certificate	\$42,600	58	1	18.7
Receptionists & Information Clerks	Diploma/GED	\$39,500	57	6	19.5
Secretaries & Administrative Assistants, Except Legal, Medical, Executive	Diploma/GED	\$50,100	55	23	10.5
Home Health Aides	Diploma/GED	\$32,400	54	N/A	11.8
Medical Secretaries & Administrative Assistants	Diploma/GED	\$48,300	51	14	9.5
Janitors & Cleaners Except Maids & Housekeeping Cleaners	None	\$35,600	51	12	19.6
Office Clerks, General	Diploma/GED	\$44,900	49	6	16.8
Medical & Health Services Managers	Bachelor's	\$145,000	48	87	4.5
Project Management Specialists & Business Operations Specialists, Other	Bachelor's	\$99,200	47	62	5.8

WFD Health-Related Careers, continued

Top Entry Level

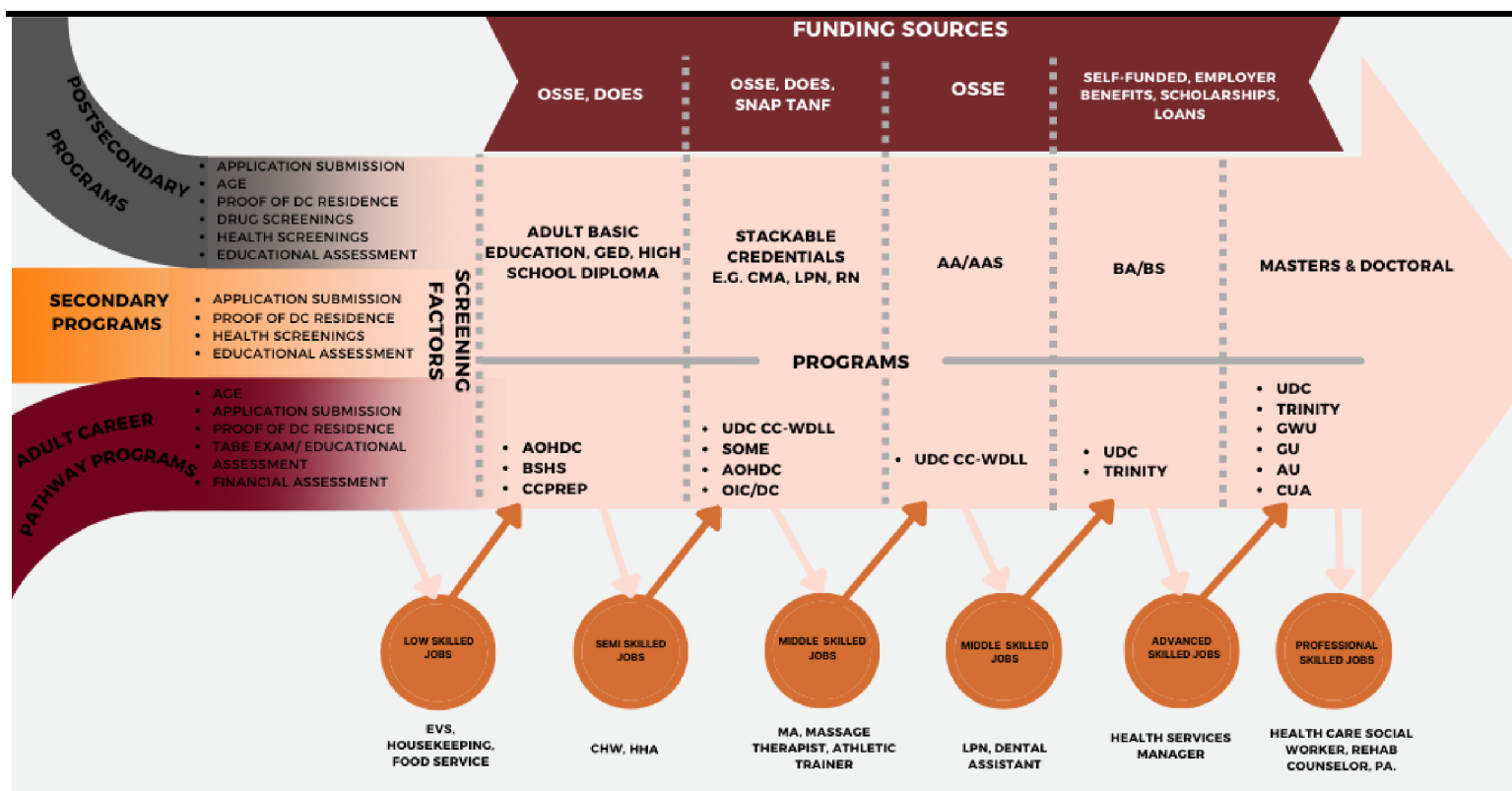
Based on an analysis of labor market indicators and projections, these 18 fields are projected job openings through 2026 requiring no more than a high school diploma or equivalent.

Occupation	Required Education	Average Annual Salary	Vacancies Through 2026	Active Job Postings	Unemployment Rate %
Personal Care Aides	Diploma/GED	\$32,300	191	1	12.8
Psychiatric Aides	Diploma/GED	\$47,200	109	N/A	12.1
Maids & Housekeeping Cleaners	None	\$32,100	64	4	25.9
Social & Human Service Assistants	Diploma/GED	\$46,500	58	109	7.8
Receptionists & Information Clerks	Diploma/GED	\$39,500	57	6	19.5
Secretaries & Administrative Assistants, Except Legal, Medical, Executive	Diploma/GED	\$50,100	55	23	10.5
Home Health Aides	Diploma/GED	\$32,400	54	N/A	11.8
Medical Secretaries & Administrative Assistants	Diploma/GED	\$48,300	51	14	9.5
Janitors & Cleaners, Except Maids & Housekeeping Cleaners	None	\$35,600	51	12	19.6
Office Clerks, General	Diploma/GED	\$44,900	49	6	16.8
Security Guards	Diploma/GED	\$49,600	44	28	13.5
Food Servers, Nonrestaurant	None	\$31,100	37	N/A	30.6
Cooks, Institution & Cafeteria	None	\$38,200	36	4	28.5
Residential Advisors	Diploma/GED	\$41,700	34	N/A	26.2
Customer Service Representatives	Diploma/GED	\$47,000	28	21	17.9
First-Line Supervisors of Office & Administrative Support Workers	Diploma/GED	\$72,900	23	21	7.7
Childcare Workers	Diploma/GED	\$34,800	22	5	25.8
Maintenance & Repair Workers, General	Diploma/GED	\$50,700	20	30	14.3

WFD Health-Related Careers, continued

The workforce development entry point infographic map captures entry points in WFD training in DC, types of screening, connected programs and funding sources. Additionally, the map identifies occupations associated with skill level. Details of the funding sources, programs and occupations are in the appendices.

Figure 1. Workforce Development Entry Point Infographic Map

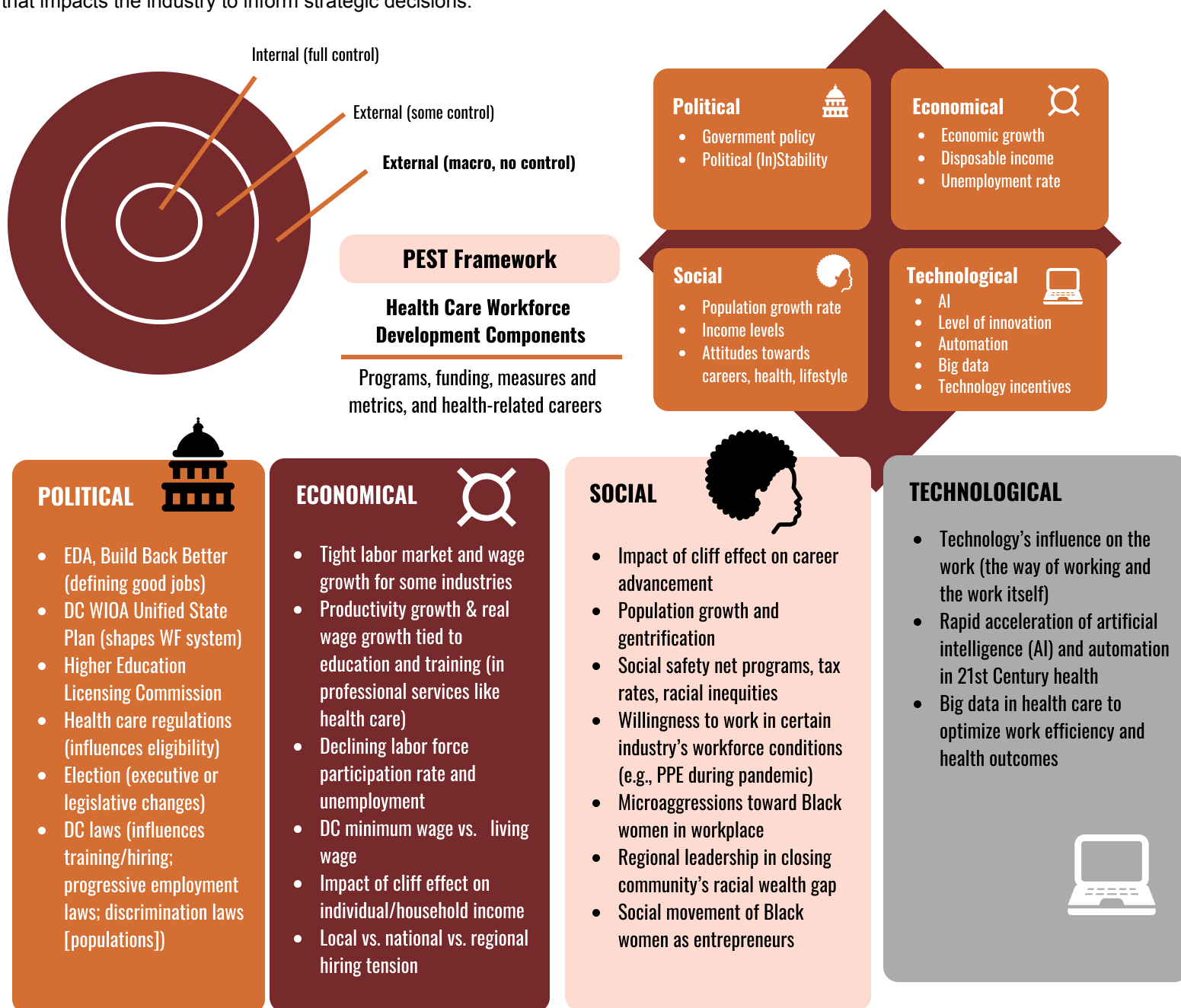


Analysis

In view of the workforce development components — programs, funding, and measures and metrics — and the high-demand, high-growth health-related careers, the health industry's demand competencies and the readiness of District residents are unaligned. This is more notable for Wards 7 and 8 and must not be limited to the quantitative data of supply and demand.

The labor market industry analyses performed by Hanover (2021, 2022) show that potential occupational gaps can be seen primarily with the roles of registered nurses, medical and health services manager and nurse practitioners. In comparison there will be a potential surplus with roles such as massage therapists, pharmacists, nursing assistant, and dental assistants. This illustrates the heterogenous nature of the education and training currently being received by District residents. The greater DC region has a population where 52% of residents have a college degree (DC WIOA, 2022). Even with such a positive trend, thousands of District residents, especially residents in specific neighborhoods are negatively impacted by the workforce industry in the District.

We further viewed the workforce development components through the frame of a PEST (Political, Economic, Social, Technological) analysis. The PEST analysis framework is a methodology that assesses the macro external factors that influence a business/organization or industry (Kenton, 2022). It's designed to be a structured process of identifying what is changing around the industry that impacts the industry to inform strategic decisions.

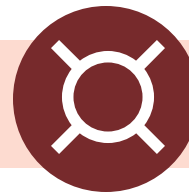


PEST Analysis Findings: Political



- Most of the programs located in Wards 7 and 8 are funded through the WIOA, especially programs funded through the OSSE and the DOES agencies. Ten of the 12 identified programs in Wards 7 and 8 are regulated through the WIOA.
- Some of the same programs are also funded by other agencies, however, the regulations and measures for the other agencies were not as easily distinguishable.
- Programs not funded by the WIOA seemed similar enough to other programs that are funded by the WIOA.
- Majority of the programs follow federal regulations/measures, which are broad/general, and account for 12 months of training and can be a burden on staff resources and their time.
- There are no guarantees for actual job placement across all programs, that is, it's not regulated or required under the WIOA.
- The WIOA legislates the provision of funding for workforce development programs through the Department of Labor. In DC, the federal funding is disbursed through the following agencies: DOES, OSSE, DDS and DHS.
- There are other private and District level funding sources that were identified; however, most of the workforce development provider and training programs receive federal funding.
- As a national standard in workforce, WIOA's measures include six indicators for performance evaluation which are primarily outcomes based. The measures and metrics for the other programs were not as easily identified.
- WIOA training providers are required to offer skills training courses aligned with the needs of in-demand occupations of their state. Labor market research of the District shows growing opportunities for health-related careers is trending upward, especially for entry-intermediate and middle skill positions, particularly after COVID-19 pandemic.

PEST Analysis Findings: Economic



- Lower economic outcomes for African American residents in the District, particularly in Wards 7 and 8 with median income for residents being one-third of residents in the rest of the District.
- Entry-intermediate level health occupations have a median annual wage of \$32,000 in 2021.
- The amount of identified workforce development providers in Wards 7 and 8 is disproportionate to the projected growth of certain industries, particularly health.
- At first glance, three to four of the local programs indicate financial capacity to cater to the substantial number of residents.
- The programs in Wards 7 and 8 might not have capacity to cater to the substantial number of residents that can fill the expected workforce gap for health-related occupations.
- The WIOA's performance indicators requires a report on the earnings of participants after completion of the training.
- Entry-intermediate level occupations pay a median annual wage of \$32,000 in 2021. These positions include home health and personal care aides, nursing assistants and orderlies.
- As part of a competitive and accessible region, there exists a silent "hiring tension" among the District, Maryland and Northern Virginia. The region attracts talent for public and private sector jobs across high-growth industries and at various levels — federal, state/local, and regional. Jurisdictions with lower-skilled workers are disadvantaged in this competitive market.



PEST Analysis Findings: Social



- Research around microaggressions toward Black women in the workplace.
- These programs serve as social support systems for economic advancement; however, their reach into the community is mitigated by the burden of restrictive enrollment policies to have outstanding outcomes.
- The current measures and metrics poorly measure well-being of participants, especially as they go into the workforce.
- The measures also create a limitation on the WFD providers which makes their enrollment policies restrictive to be more aligned with the metrics that make them eligible for funding.
- Basic employment benefits such as health care insurance and paid leave are often not offered for positions considered to be entry-intermediate level. Positions like this are contributors to the “cliff effect.”
- Entrepreneurship is the new Women’s Movement. The movement to advance women of color in leadership and entrepreneurship has been catapulted by the election of the first women of color as Vice President of the United States. The COVID-19 pandemic hit Black women hard. Critical to the sustainability of their families, investments in Black women to empower and support them as entrepreneurs is an essential lever to a more inclusive and equitable economy.

PEST Analysis Findings: Technology



- Technology skills are important in health-related careers, especially since telemedicine/virtual health care is on the rise.
- DC WIOA Unified State Plan indicates modernization and development of the data management and use practices across the DC workforce system.
- Although the measures and metrics for the WIOA are accessible and incorporated in the current workforce development system of the District, there is still a question of what technologies are in place.



Five Prioritized Health Care Occupations

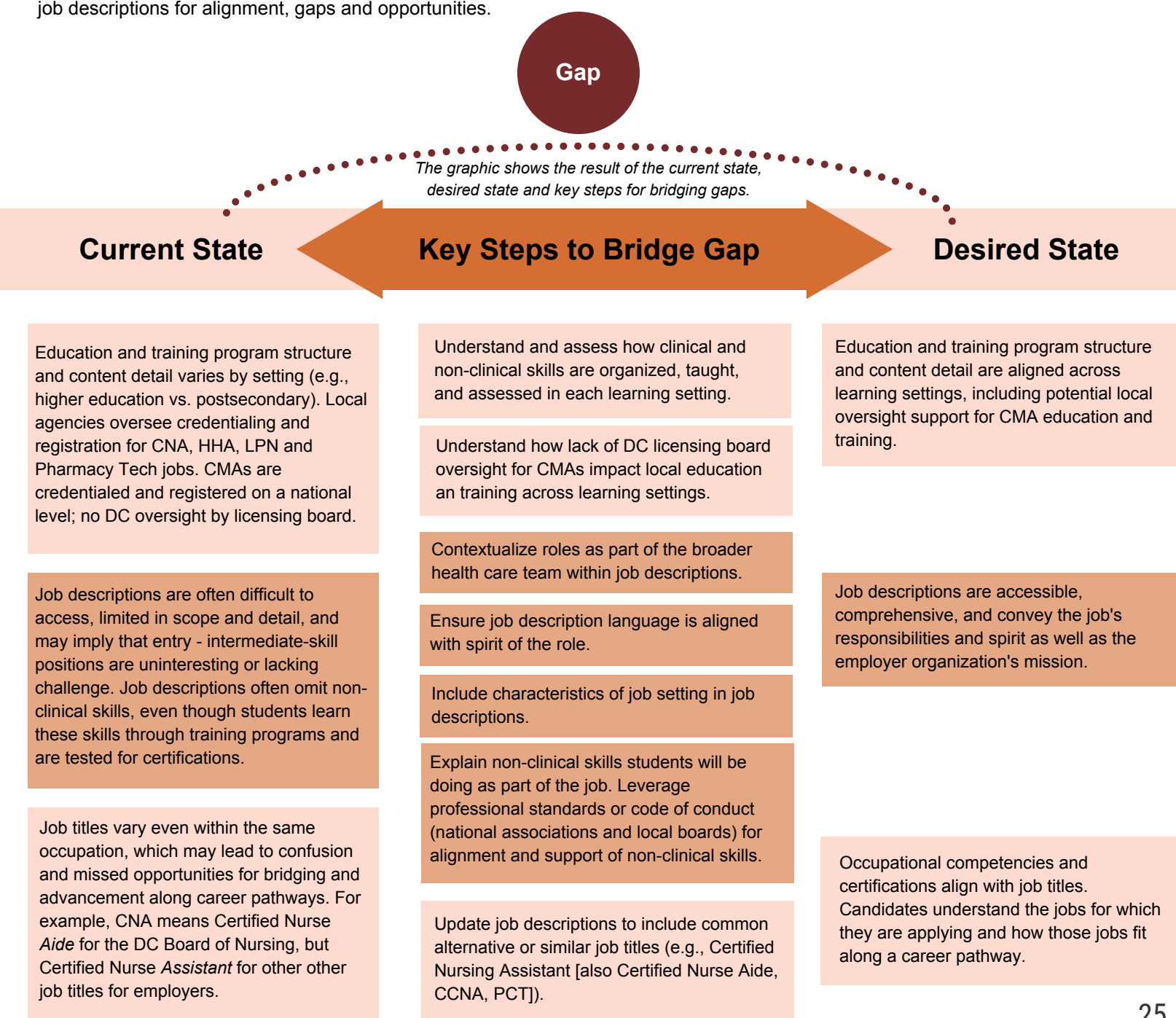
Findings from a Gap Analysis

The DC Health Care Workforce Partnership, a sector-based alliance of District health employers — acute care; ambulatory and behavioral health; and residential, nursing and long-term care services — core partners, and supportive service organizations in the workforce ecosystem.

The Partnership works under a Shared Vision and three Shared Priorities

1. Health Care as a Career Destination
2. Education and Training
3. Career Pathways System

Adjacent work that adds value to this landscape analysis is the findings from a gap analysis of the five prioritized health care occupations. The gap analysis reviewed the education and training curricula, certification and registration process, and employers' job descriptions for alignment, gaps and opportunities.



Workforce Development in Wards 7 and 8

Future State

The future state of workforce development in Wards 7 and 8 must be driven by the true stakeholders who are vested in the East of the Anacostia River community. To achieve the optimal workforce of Black women who live in Wards 7 and 8 thriving in 21st Century health-related careers, we offer these foundational elements:

Strengthen the System. Build a community- and population-focused strategy that will be a contributor to strengthening the District's workforce development system and the health care sector's Career Pathways System where:

- Black women living East of the River are ready, able and empowered through lifelong learning, sustained employment and economic security;
- Health care businesses in the East of the River community (and greater region) are connected to market-responsive skilled East of the River Black women to successfully compete; and
- Education, training and supportive services for Black women East of the River are coordinated, cohesive, and integrated through public and private partners working together (in the East of the River community and region).

Accelerate Investments. Leverage private philanthropic investments to allow more innovation in addressing the systemic socio-economic issues and barriers in workforce development.

Close the Gap. Engage in education and advocacy to enhance standardized measures and metrics for workforce development programs (and the system) based on national best practices and socio-economic indicators related to closing the racial wealth gap.

Conclusion

Recommendations

In view of JBRF's Black Women Thriving East of The River goals and insights as the backbone organization of the DC Health Care Workforce Partnership, we offer the following recommendations.



Women experience occupational and industry segregation defined as overrepresentation or underrepresentation of women in certain jobs and sectors. Black women in the District of Columbia, particularly, Wards 7 and 8 are overrepresented in lower-wage, undervalued health assistance/health support jobs. **Support direct improvements in gender, racial and ethnic equity in the workplace.**

The pandemic further exposed the challenges faced by Black women in these health jobs because of lack of support services and work benefits. Black women were unable to transition to telework or hybrid options in the same way that other workers did because of the inflexibility often associated with low-wage, supportive services positions. **Support access and equity in education and training programs and work with employers to assist in advancement and investment in Black women.**



Black women overwhelmingly described thriving at work to be a place where women are respected and valued for their contributions, where they can advance their careers, and have access to mentors and champions. **Collaborate with employers to support job quality improvements.**

Money isn't everything, but it is a means to closing the wealth gap. Black women expressed interest in health-related careers that are entrepreneurial. **Invest resources to support Black women in entrepreneurial endeavors.**



Glossary of Terms

- 1. Workforce Development** — employment initiatives offered by agencies and government offices that help create, sustain, and retain a viable workforce.
- 2. Career Pathways** — a workforce development approach to build a knowledge workforce. Career pathways are comprehensive — articulating education and training steps between occupations in an industry sector, combined with support services, to enable individuals to enter and exit at various levels and to advance over time to higher skills, recognized credentials, and better jobs with higher pay.
- 3. Career Pathways System** — a broad approach to serve populations seeking employment by reducing systemic barriers and creating opportunities for individuals to advance within specific fields through career pathways programs. It alters the way the workforce system delivers services and enhances the relationship with partner organizations and stakeholders to the development of a skilled knowledge-economy workforce by expanding access in an equitable and inclusive way that produces diverse workers who gain industry-recognized and academic credentials necessary to work in careers that are in-demand.
- 4. Career Pathways Programs** — a clear sequence of connected education coursework, training credentials, short- and long- term work-based learning and sustainable support services aligned with employer-validated work readiness standards and competencies that enable individuals to secure employment with livable wages within a specific industry or occupational sector and advance over time to successively higher levels in that sector; and promote equitable and inclusive access and increase the supply chain of diverse qualified workers in the target industry.
- 5. Skills** — a learned power of doing something competently; a developed aptitude or ability.
- 6. Competencies** — set of demonstrable characteristics and skills that enable and improve the efficiency or performance of a job.
- 7. Health-Related Careers** — professions that deliver medical care, health promotion and wellness.
- 8. Equity, Diversity and Inclusion** — diversity is the presence of differences that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religious commitment or political perspective. Equity is promoting justice, impartiality and fairness within the procedures, processes and distribution of resources by institutions or systems. Inclusion is an outcome to ensure that those that are diverse actually feel and/or are welcomed.
- 9. DC WIC** — a private sector-led board responsible for advising the Mayor, Council, and District government on the development, implementation, and continuous improvement of an integrated and effective workforce investment system.
- 10. East of the Anacostia River** — the region of the District including Wards 7 and 8 with the largest population of Black/African American people and the highest rates of economic depression.
- 11. Ward** — the District of Columbia is divided into eight wards and 37 Advisory Neighborhood Commissions within these wards. Each ward has approximately 75,000 residents.
- 12. Thriving at Work** — working in a professional environment that is safe, free of discriminatory practices, offers equal, competitive pay and timely advancement, autonomy, flexibility and a transparent emotionally mature team/leadership; being energized, feeling valued, and feeling that what you do is valued; being productive, open to challenges presented, and having the opportunity to continuously learn and grow.

Appendices

- A. Quantitative Study: High-Need Healthcare Occupations Scan (Hanover Research)
- B. Quantitative Study: Healthcare Occupations Scan (Hanover Research)
- C. Qualitative Study: Thriving @ Work: Black Women Thriving East of the River Health-Related Career Focus Group Findings
- D. Workforce Development Measures and Metrics
- E. WIOA Performance Metrics
- F. JBRF Comprehensive Workforce Development Landscape Analysis for Health-Related Careers
- G. JBRF Questions & Answers



HIGH-NEED HEALTHCARE OCCUPATIONS SCAN

Prepared for District of Columbia
Hospital Association

November 2021

In the following report, Hanover studies high-need healthcare occupations in District of Columbia Wards 7 and 8, as well as neighboring Prince George's County, Maryland and the City of Alexandria, Virginia. High-need occupations data will inform local workforce training efforts and grant development work by DCHA.



TABLE OF CONTENTS

3 / Executive Summary

4 / Introduction and Research Questions

5 / Demographic Trends

10 / Employment Demand Trends

EXECUTIVE SUMMARY

RECOMMENDED PRIORITY FIELDS

Based on an analysis of labor market indicators and projections for District of Columbia Hospital Association's priority region of DC Wards 7 and 8 and surrounding ZIP codes, Hanover recommends prioritizing the following 18 fields.

Occupation	Required Education	Average Annual Salary	Vacancies Through 2026	Current Active Job Postings	Un-employment Rate
Nursing Assistants	Certificate	\$33,200	2,620	298	6.7%
Registered Nurses	Bachelor's	\$81,100	2,151	1,525	2.5%
Medical Assistants	Certificate	\$40,200	1,278	284	6.3%
Medical and Health Services Managers	Bachelor's	\$133,500	808	493	2.1%
Licensed Practical/Vocational Nurses	Certificate	\$54,700	709	250	4.2%
Dental Assistants	Certificate	\$50,100	590	62	11.5%
Pharmacy Technicians	Diploma	\$38,800	481	135	4.8%
Medical Dosimetrists/Medical Records Specialists	Certificate	\$52,700	330	149	4.0%
Nurse Practitioners	Master's	\$115,800	311	105	1.1%
Healthcare Social Workers	Master's	\$65,100	258	16	1.7%
Dental Hygienists	Associate's	\$87,500	235	42	10.3%
Physicians, All Other and Ophthalmologists	Doctoral	\$196,900	207	83	0.7%
Physical Therapists	Doctoral	\$93,600	193	197	6.2%
Physical Therapist Assistants	Associate's	\$52,300	180	81	11.5%
Phlebotomists	Certificate	\$40,500	173	105	8.3%
Physician Assistants	Master's	\$114,000	172	65	1.3%
Speech-Language Pathologists	Master's	\$92,800	169	94	2.2%
Medical and Clinical Laboratory Technologists	Bachelor's	\$60,200	168	42	4.7%

KEY FINDINGS

The DCHA priority region is majority Black (57.6 percent), with a slightly higher than average proportion of residents in their prime working and education years (aged 25-34). The high-demand health and allied health occupations should be concentrated in fields accessible to residents with a high school diploma, some college but no degree, and bachelor's degree graduates. Most healthcare jobs are concentrated in a few ZIP codes in northwest and southern Prince George's County, southeastern Washington, DC, and the City of Alexandria. Healthcare professionals residing outside of these ZIP codes tend to commute elsewhere for work.

Bureau of Labor Statistics data indicate an estimated 47,913 healthcare-related positions in the Priority Area, with an average annual salary of \$72,000. The number of positions is expected to grow by 0.7 percent per year through 2026, compared to a -0.2 percent-per-year decline across the region's workforce as a whole.

As indicated in the table to the left, the occupations with the highest projected need and (in most cases) strong salary and employment rates are available to residents from a wide range of educational backgrounds. Of the top-18 prospects recommended here, six fields with 5,700 projected openings between them require only a postsecondary certificate or non-degree award and offer salaries ranging from \$33,200 to \$54,700. Three bachelor's-level occupations account for another 3,127 of the 11,033 total projected vacancies across this priority occupation group. Four master's-level occupations have an estimated 910 projected vacancies between them.

We recommend placing less emphasis on associate's, doctoral, and high school diploma-level fields in the grant seeking process. High school diploma (481 vacancies, one occupation), associate's degree (415 vacancies, two occupations), and doctoral (400 vacancies, two occupations) fields are the least-represented in the occupation list. However, additional viable, lower-volume occupations at each of these levels can be found in Section II of this report.

INTRODUCTION AND RESEARCH QUESTIONS

INTRODUCTION

The District of Columbia Hospital Association (DCHA) received a grant to identify high-need healthcare occupations that might be filled by Black women who are residents of the District's seventh and eighth Wards. To help DCHA prioritize and select the occupations that will be included in its grant report, the organization asked Hanover Research (Hanover) to conduct a workforce assessment of regional need for healthcare professionals in roles with varied educational attainment requirements (including associate's, bachelor's and graduate degrees). For this analysis, Hanover focuses on openings in Wards 7 and 8, Alexandria, and Prince George's County.

Based on the extent (volume) of need and potential growth rates in employment volume, this report highlights high-need occupations for DCHA's consideration.

DCHA PRIORITY REGION

The DCHA Priority Region includes the following ZIP codes, which were converted to U.S. Census Bureau ZIP Code Tabulation Areas (ZCTAs):

➤ 20019	➤ 20608	➤ 20722	➤ 20769	➤ 20797	➤ 20738
➤ 20020	➤ 20613	➤ 20724	➤ 20770	➤ 20799	➤ 20741
➤ 20032	➤ 20623	➤ 20735	➤ 20771	➤ 20904	➤ 20749
➤ 22301	➤ 20705	➤ 20737	➤ 20772	➤ 20912	➤ 20750
➤ 22302	➤ 20706	➤ 20740	➤ 20774	➤ 20703	➤ 20752
➤ 22304	➤ 20707	➤ 20742	➤ 20781	➤ 20704	➤ 20753
➤ 22305	➤ 20708	➤ 20743	➤ 20782	➤ 20709	➤ 20757
➤ 22306	➤ 20710	➤ 20744	➤ 20783	➤ 20717	➤ 20768
➤ 22311	➤ 20712	➤ 20745	➤ 20784	➤ 20718	➤ 20773
➤ 22312	➤ 20715	➤ 20746	➤ 20785	➤ 20719	➤ 20775
➤ 22314	➤ 20716	➤ 20747	➤ 20903	➤ 20725	➤ 20787
➤ 20601	➤ 20720	➤ 20748	➤ 20697	➤ 20726	➤ 20788
➤ 20607	➤ 20721	➤ 20762	➤ 20790	➤ 20731	➤ 20791
					➤ 20792

RESEARCH QUESTIONS

Among healthcare career fields, which occupations are likely to have the greatest number of local openings in the next five years? How quickly may these fields grow?

Which fields are the best fit for those with an associate's degree or less?

Which fields are the best fit for those with a bachelor's degree?

Which fields are the best fit for those with a graduate degree?

REPORT CONTENTS AND STRUCTURE

This report is divided into two sections, with findings from both sections synthesized and summarized in the recommendations and key findings presented above. Each section's contents are described below:

- **Section I: Demographic Trends** shows key demographic and economic trends in the DCHA priority region (Wards 7 and 8, and surrounding areas), comparing the region with the broader Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Statistical Area (MSA). The MSA includes the District of Columbia, Calvert, Charles, Frederick, Montgomery, and Prince George's County, Maryland, and Arlington, Fairfax, Loudon, Prince William, and Stafford County, Virginia and their independent cities.
- **Section II: Employment Demand Trends** examines workforce demand trends and projections relating to health care occupations in the DCHA priority region. Its aim is to identify the positions with the highest need in the next five years.





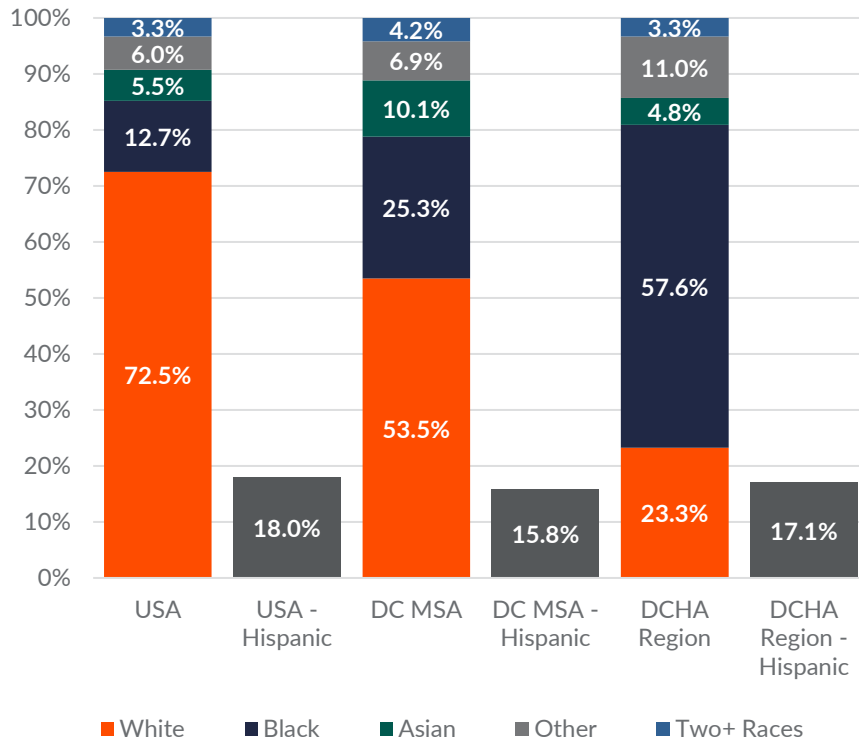
DEMOGRAPHIC TRENDS

District of Columbia Wards 7 and 8 and Surrounding Areas

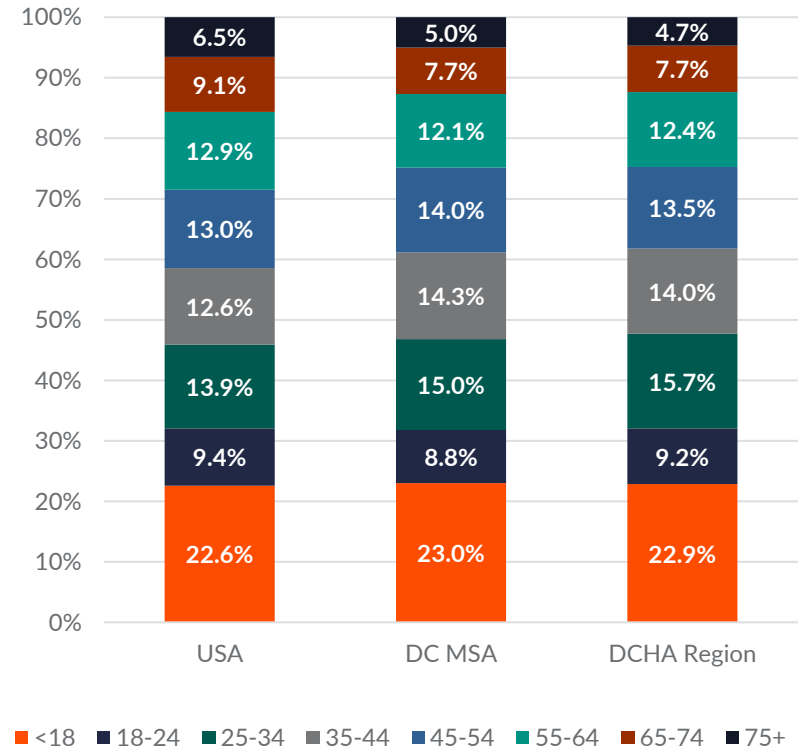
AGE AND RACE/ETHNICITY

The population in DC Wards 7 and 8, as well as the surrounding ZIP codes in Prince George's County, MD, and Alexandria, VA is majority Black (57.6 percent of residents) and has a slightly higher than average proportion of prime working-and-education-age residents in the 25-34 age range. The region's Hispanic population share is comparable to the national average, and its share of "Other" race residents is nearly twice the national average, at 11.0 percent of residents. While overrepresented in the broader Washington, DC Metropolitan Statistical Area (MSA), Asian residents are underrepresented in the target region.

RACIAL DEMOGRAPHICS



AGE DEMOGRAPHICS

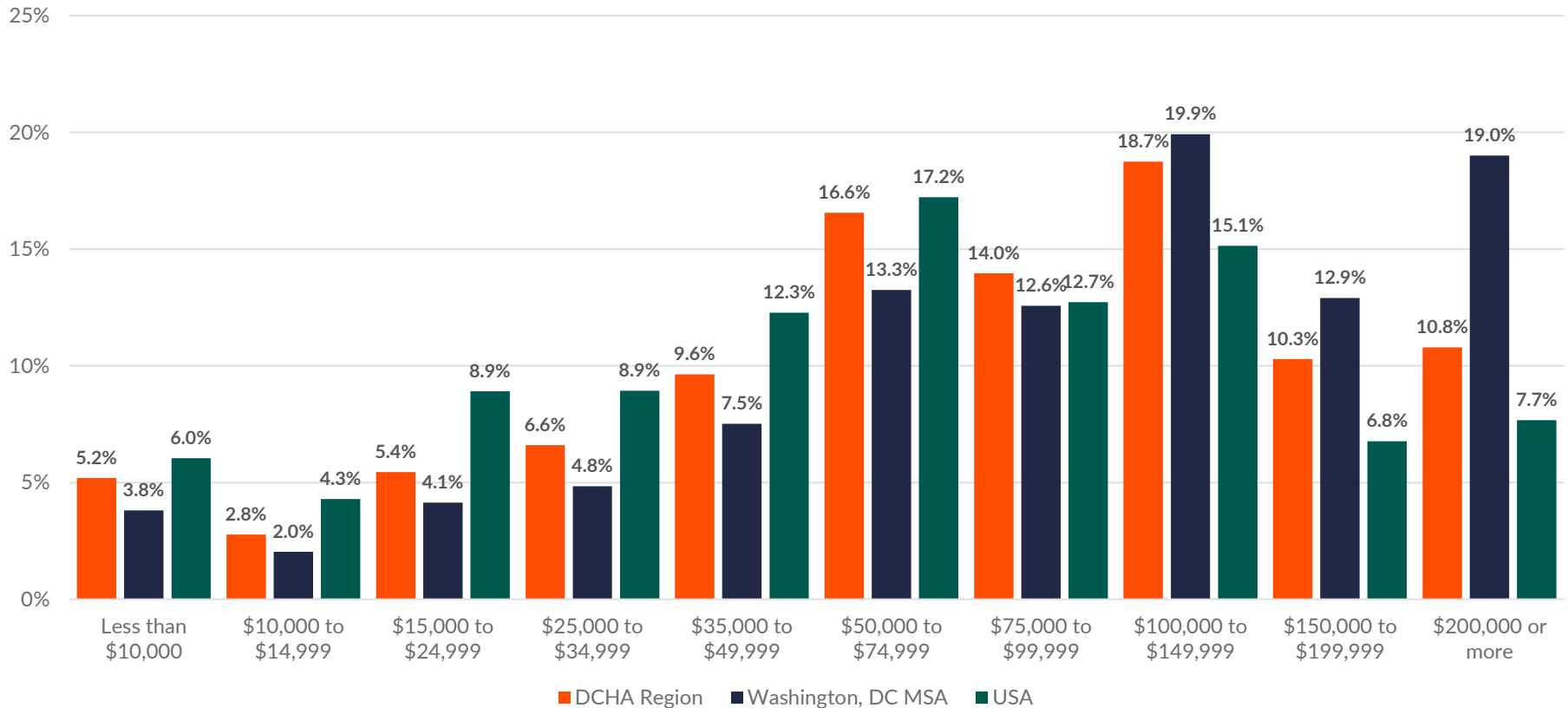


Source: US Census Bureau American Community Survey data accessed via [JobsEQ](#); the "Other" category consolidates the American Indian and Alaska Native, Native Hawaiian and Pacific Islander, and "Some other race" classifications.

MEDIAN HOUSEHOLD INCOME

The median family income for the DCHA target region is \$85,197, which significantly exceeds the national (\$62,843) average but is lower than the median family income in the Washington, DC MSA as a whole (\$105,121). Income distribution for the region is concentrated in the middle-to-upper ranges; the largest share makes between \$100,000 and \$149,000 followed by the \$50,000-\$74,999 income bracket. Just 5.2 percent of households report income of less than \$10,000 per year.

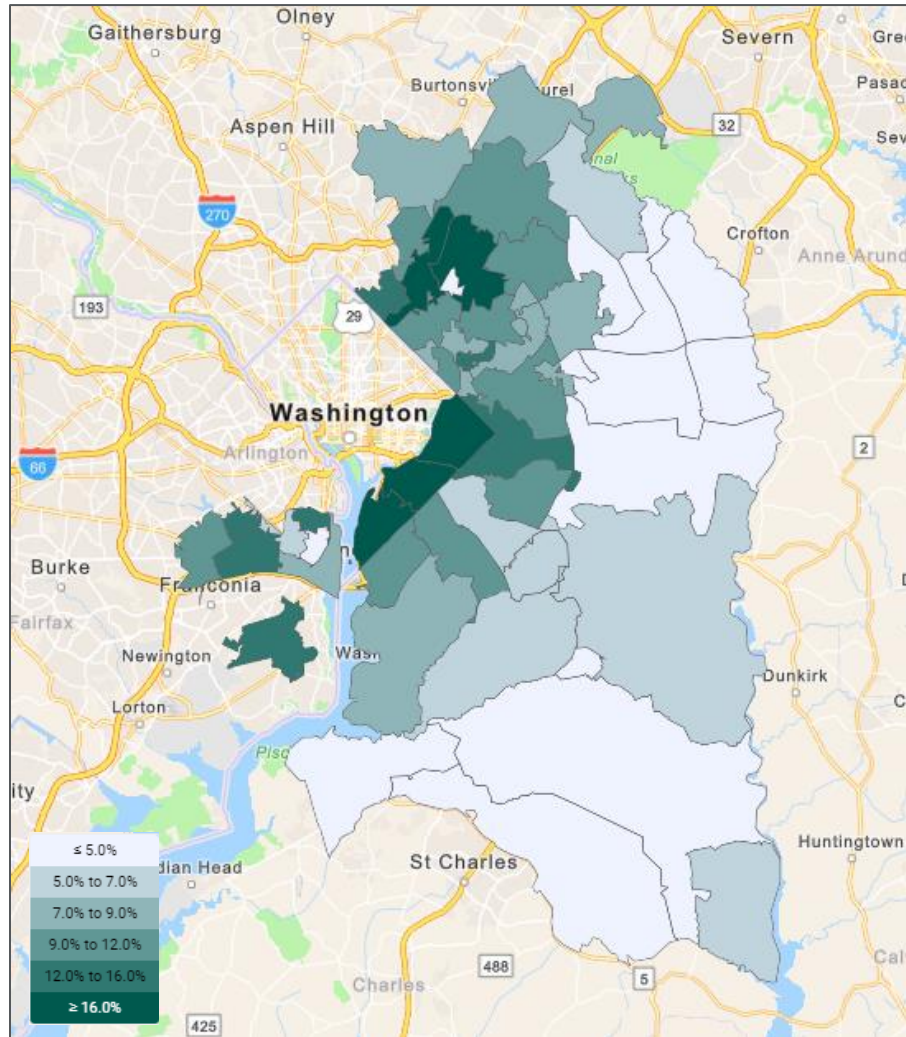
INCOME DISTRIBUTION



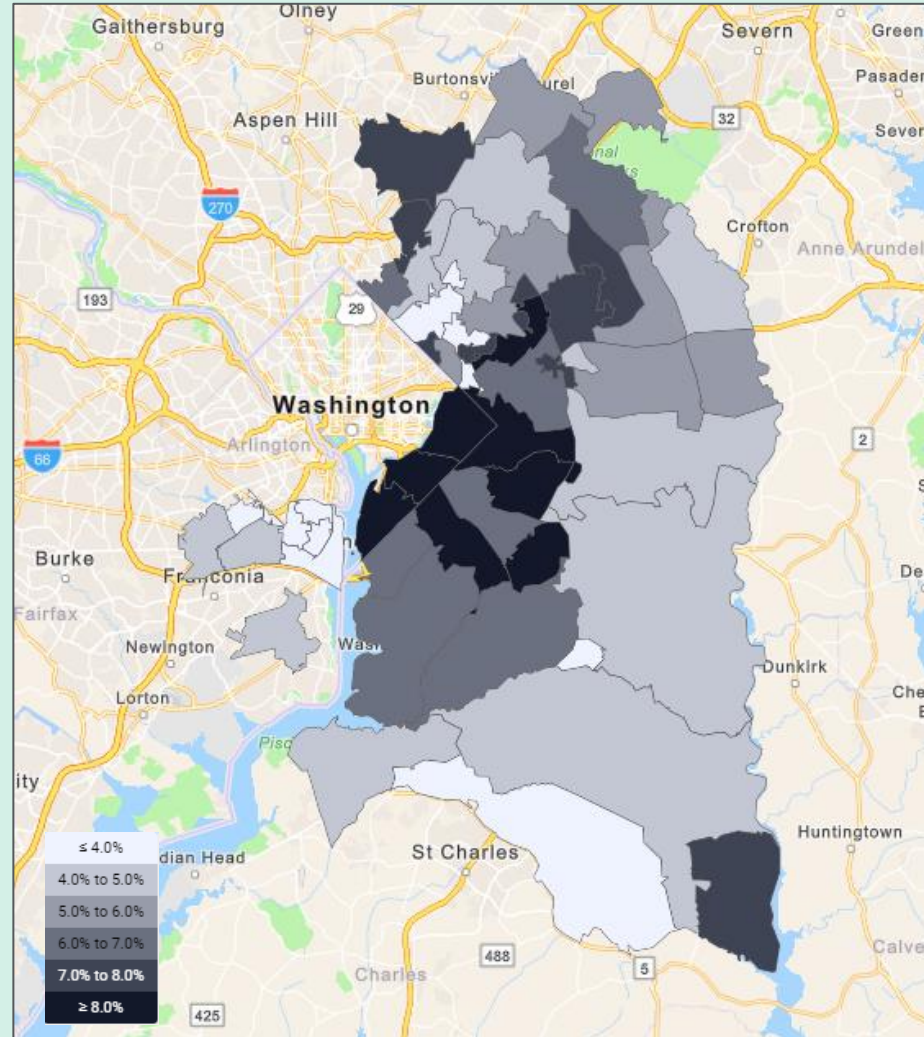
Source: US Census Bureau American Community Survey data accessed via [JobsEQ](#)

MEDIAN HOUSEHOLD INCOME AND EMPLOYMENT RATE

POVERTY RATE BY ZIP CODE



UNEMPLOYMENT RATE BY ZIP CODE



Source: US Census Bureau American Community Survey data accessed via [JobsEQ](#)

EDUCATIONAL ATTAINMENT

Compared to the DC metro area and the nation as a whole, DCHA's priority region has a higher proportion of residents who have not completed high school, a higher share of high school graduates and roughly average proportions of those with "some college, no degree" and bachelor's degree-holding residents. Graduate and professional degrees are overrepresented compared to the national average, but not when compared with the greater DC area. In terms of potential for health care-related career education, the priority region populations with the largest pool of potential candidates are high school graduates, bachelor's degree holders, and residents with some college credits but no degree.



Source: [Census Bureau](#)



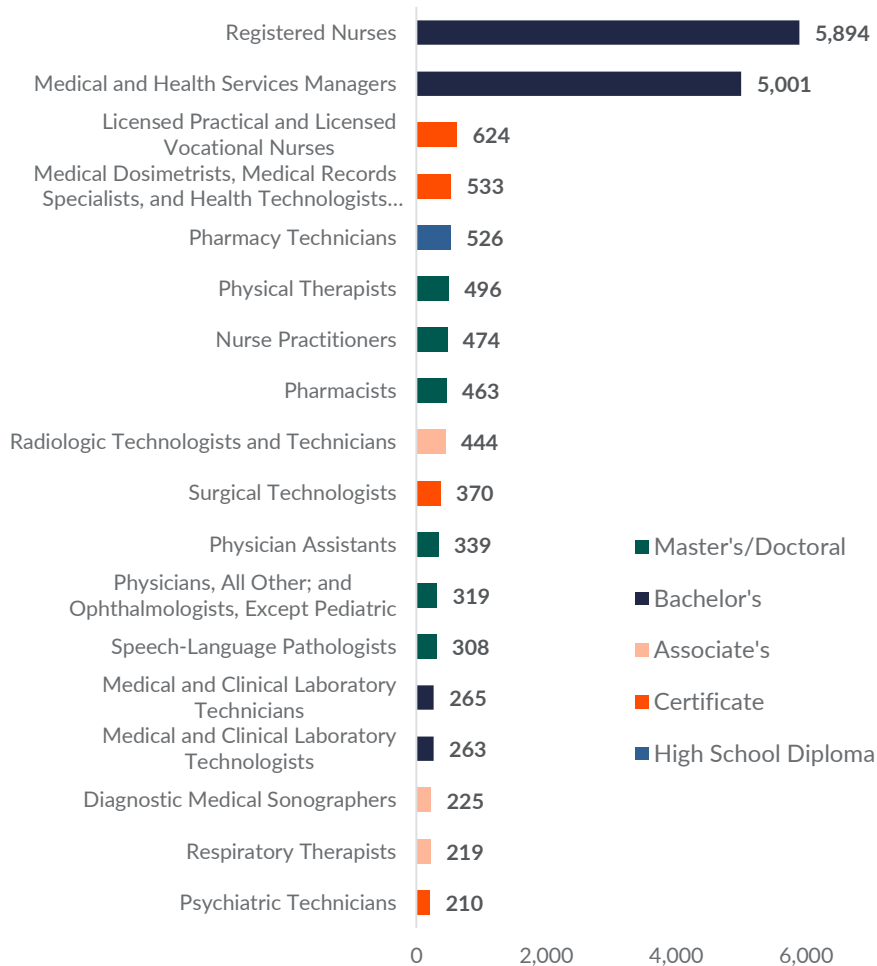
EMPLOYMENT DEMAND TRENDS

Wards 7 and 8 and Surrounding Areas

OVERVIEW – TOP OCCUPATIONS

TOP FIELDS BY CURRENT JOB POSTINGS

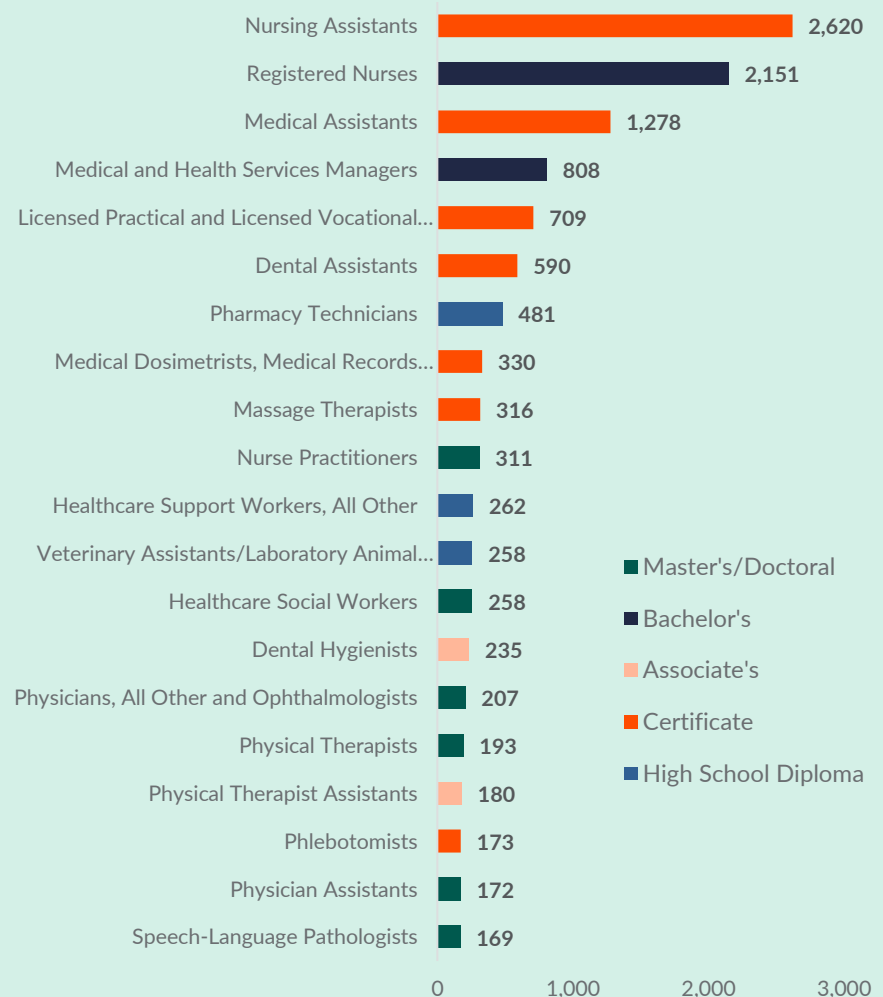
Top healthcare-related occupations in Washington, DC, the City of Alexandria, VA, and Prince George's County, MD by job posting volume, May-November 2021. Staffing company postings are excluded from the analysis.



Source: [JobsEQ](#) Real-Time Intelligence analytic

TOP FIELDS BY PROJECTED NEED IN 2026

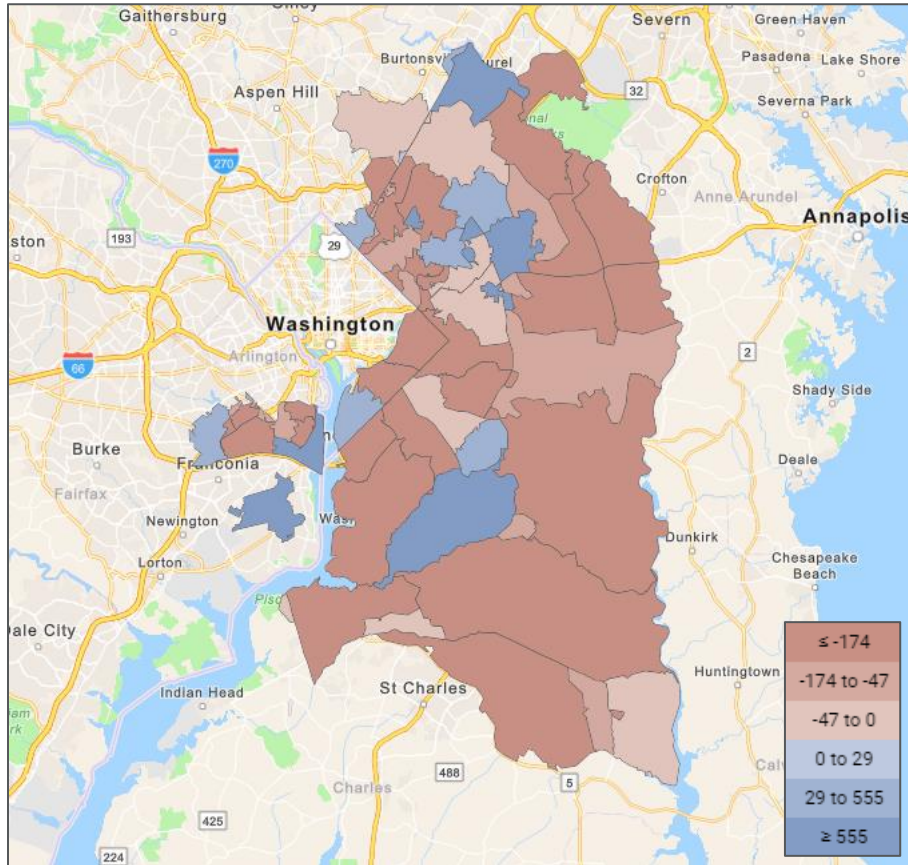
Top healthcare-related occupations in the DCHA priority region by projected five-year workforce need. Staffing company postings are excluded from the analysis.



OVERVIEW – COMMUTING PATTERNS AND OCCUPATION GAPS

NET COMMUTING PATTERNS

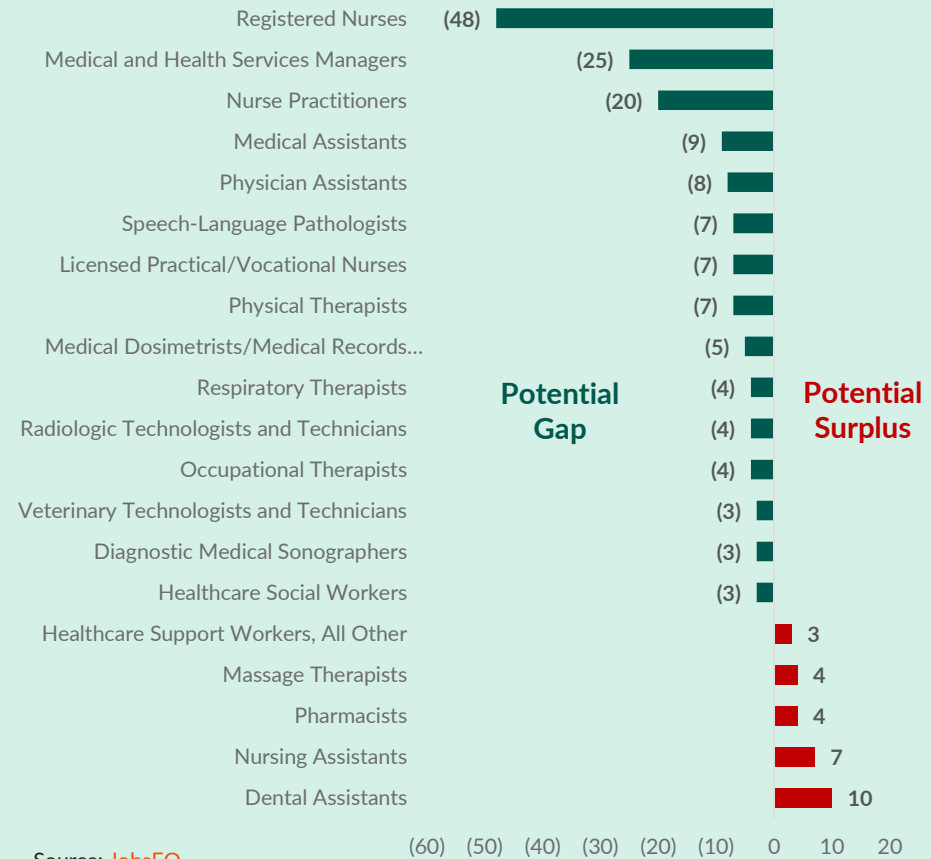
Blue-shaded areas with positive values import more health care professionals from other ZCTAs than the number residing there. Red-shaded areas and negative values show that more resident workers in health care-related occupations are commuting elsewhere to work. Blue-shaded areas should therefore be considered those where healthcare-related jobs are concentrated.



Source: [JobsEQ](#), using American Community Survey data

OCCUPATION GAPS

Healthcare-related occupations in the DCHA priority region by projected five-year workforce gap or surplus. The graph shows occupations with likely shortfalls ranked by projected annual gap (shown in green) between need and supply. Occupations with potential surpluses of workers are shown in red and denoted by positive numbers. Only fields with a gap or surplus of three or more workers per year are shown.



HIGH SCHOOL DIPLOMA OR EQUIVALENT

HIGH SCHOOL DIPLOMA OR EQUIVALENT

Health and allied health occupations requiring a high school diploma, GED, or equivalent are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, and Total Demand columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Fields **outlined and shaded in orange** represent strong opportunities for regional workforce development programs. In addition to high Total Demand volumes, the Annual Percent Growth, Unemployment Rate, and Mean Annual Wage Values (compared to other occupations in the same educational category) are also considered in making our recommendations. For instance, we do not recommend prioritizing Veterinary Assistants/Laboratory Animal Caretaker roles due to comparatively low wages.

Occupation	Current (Q2 2021)						5-Year Forecast					Previous Work Experience	Typical On-the-Job Training
	Employment	Mean Annual Wages	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann % Growth		
Pharmacy Technicians	1,268	\$38,800	0.90	95	4.8%	135	481	180	323	-23	-0.4%	None	Moderate-term OJT
Healthcare Support Workers, All Other	483	\$47,000	1.47	40	4.7%	18	262	116	152	-7	-0.3%	None	None
Veterinary Assistants/Laboratory Animal Caretakers	293	\$31,500	0.83	16	4.2%	19	258	82	163	13	0.9%	None	Short-term OJT
Community Health Workers	219	\$52,000	1.06	18	9.3%	3	140	42	87	11	1.0%	None	Short-term OJT
Psychiatric Aides	230	\$46,500	1.42	30	8.4%	n/a	132	63	67	2	0.2%	None	Short-term OJT
Physical Therapist Aides	130	\$29,800	0.84	7	10.9%	16	95	30	56	9	1.4%	None	Short-term OJT
Opticians, Dispensing	225	\$46,800	0.90	61	14.4%	16	82	43	44	-5	-0.5%	None	Long-term OJT
Orderlies	132	\$30,900	0.86	24	7.0%	4	75	36	38	0	0.1%	None	Short-term OJT
Medical Equipment Preparers	130	\$45,600	0.66	16	4.9%	20	74	32	42	0	0.0%	None	Moderate-term OJT
Pharmacy Aides	121	\$27,900	0.88	15	8.0%	1	56	27	43	-13	-2.3%	None	Short-term OJT
Hearing Aid Specialists	18	\$42,800	0.67	1	3.7%	8	6	2	4	0	-0.2%	None	Moderate-term OJT
Occupational Therapy Aides	9	\$39,200	0.46	1	9.4%	3	6	2	3	1	1.3%	None	Short-term OJT
Healthcare (29, 31, and Other)	47,913	\$72,000	0.86	3,508	5.4%	5,572	22,473	9,688	11,103	1,682	0.7%	n/a	n/a
Total - All Occupations	507,587	\$67,100	1.00	69,688	9.1%	40,196	274,220	106,009	172,202	-3,992	-0.2%	n/a	n/a

Source: Chmura Economics & Analytics JobsEQ database, using imputed data from the Bureau of Labor Statistics Quarterly Census of Employment and Wages.

Online Job Ads, November 2021

Highest: Pharmacy Technicians (135)

Lowest: Pharmacy Aides (1)

2026 Projected Total Demand

Highest: Pharmacy Technicians (481)

Lowest: Hearing Aid Specialists and Occupational Therapy Aides (6)

Employment Growth Value Through 2026

Highest: Veterinary Assistants/Laboratory Animal Caretakers (13)

Lowest: Pharmacy Technicians (-13)

Mean Annual Wages

Highest: Community Health Workers (\$52,000)

Lowest: Physical Therapist Aides (\$29,800)



POSTSECONDARY NON-DEGREE AWARD

POSTSECONDARY NON-DEGREE AWARD/CERTIFICATE

Health and allied health occupations requiring certificate or postsecondary non-degree award below the associate's level are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, and Total Demand columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Fields **outlined and shaded in orange** represent strong opportunities for regional workforce development programs. In addition to high Total Demand volumes, the Annual Percent Growth, Unemployment Rate, Mean Annual Wage Values (compared to other occupations in the same educational category) are also considered in making our recommendations. Despite below-average wages for the occupational cluster, Nursing Assistants are included in the recommended list due to extremely high demand volume.

Occupation	Current (Q2 2021)						5-Year Forecast					Previous Work Experience	Typical On-the-Job Training
	Employment	Mean Annual Wages	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann % Growth		
Nursing Assistants	4,385	\$33,200	0.95	456	6.7%	298	2,620	1,209	1,299	112	0.5%	None	None
Medical Assistants	1,962	\$40,200	0.79	207	6.3%	284	1,278	405	737	136	1.4%	None	None
Licensed Practical and Licensed Vocational Nurses	1,828	\$54,700	0.81	133	4.2%	250	709	312	385	12	0.1%	None	None
Dental Assistants	1,057	\$50,100	0.88	226	11.5%	62	590	242	348	0	0.0%	None	None
Medical Dosimetrists, Medical Records Specialists	979	\$52,700	0.90	52	4.0%	149	330	139	182	9	0.2%	None	None
Massage Therapists	480	\$48,400	0.95	169	18.0%	46	316	157	135	24	1.0%	None	None
Phlebotomists	292	\$40,500	0.65	72	8.3%	105	173	56	103	14	0.9%	None	None
Psychiatric Technicians	260	\$40,600	0.92	43	10.1%	56	113	38	69	6	0.5%	<5 years	Short-term OJT
Surgical Technologists	245	\$60,100	0.67	14	4.1%	96	104	36	64	4	0.3%	None	None
Emergency Medical Technicians	263	\$48,900	0.42	21	3.4%	27	90	24	65	2	0.2%	None	None
Medical Transcriptionists	131	\$39,600	0.75	29	9.7%	1	76	37	48	-10	-1.5%	None	None
Ophthalmic Medical Technicians	153	\$41,800	0.72	19	5.6%	12	68	23	41	5	0.6%	None	None
Paramedics	87	\$49,900	0.37	12	4.3%	10	30	8	21	1	0.1%	<5 years	None
Healthcare (29, 31, and Other)	47,913	\$72,000	0.86	3,508	5.4%	5,572	22,473	9,688	11,103	1,682	0.7%	n/a	n/a
Total - All Occupations	507,587	\$67,100	1.00	69,688	9.1%	40,196	274,220	106,009	172,202	-3,992	-0.2%	n/a	n/a

Source: Chmura Economics & Analytics JobsEQ database, using imputed data from the Bureau of Labor Statistics Quarterly Census of Employment and Wages.

ASSOCIATE'S DEGREE

ASSOCIATE'S DEGREE

Health and allied health occupations requiring an associate's degree are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, and Total Demand columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Fields outlined and shaded in orange represent strong opportunities for regional workforce development programs. In addition to high Total Demand volumes, the Annual Percent Growth, Unemployment Rate, Mean Annual Wage Values (compared to other occupations in the same educational category) are also considered in making our recommendations.

Occupation	Current (Q2 2021)						5-Year Forecast					Previous Work Experience	Typical On-the-Job Training
	Employment	Mean Annual Wages	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann % Growth		
Dental Hygienists	712	\$87,500	0.94	66	10.3%	42	235	149	88	-2	-0.1%	None	None
Physical Therapist Assistants	223	\$52,300	0.71	18	11.5%	81	180	53	100	27	2.3%	None	None
Veterinary Technologists and Technicians	359	\$46,700	0.91	18	5.9%	18	166	54	97	15	0.8%	None	None
Radiologic Technologists and Technicians	576	\$73,400	0.81	14	2.6%	116	158	72	86	0	0.0%	None	None
Respiratory Therapists	242	\$73,400	0.54	3	1.5%	87	78	34	32	13	1.0%	None	None
Occupational Therapy Assistants	100	\$68,300	0.68	5	9.9%	100	73	24	36	13	2.5%	None	None
Diagnostic Medical Sonographers	186	\$82,000	0.73	2	1.5%	54	65	24	29	11	1.1%	None	None
Cardiovascular Technologists and Technicians	125	\$68,800	0.66	13	8.1%	29	34	16	19	0	0.0%	None	None
Magnetic Resonance Imaging Technologists	112	\$80,400	0.84	2	2.5%	17	33	14	17	2	0.3%	<5 years	None
Dietetic Technicians	51	\$36,800	0.59	11	6.2%	24	21	7	13	0	0.0%	None	None
Nuclear Medicine Technologists	46	\$86,000	0.77	1	7.0%	4	13	6	7	0	0.0%	None	None
Radiation Therapists	47	\$89,800	0.76	1	3.0%	1	12	4	8	0	0.2%	None	None
Healthcare (29, 31, and Other)	47,913	\$72,000	0.86	3,508	5.4%	5,572	22,473	9,688	11,103	1,682	0.7%	n/a	n/a
Total - All Occupations	507,587	\$67,100	1.00	69,688	9.1%	40,196	274,220	106,009	172,202	-3,992	-0.2%	n/a	n/a

Source: Chmura Economics & Analytics JobsEQ database, using imputed data from the Bureau of Labor Statistics Quarterly Census of Employment and Wages.

Online Job Ads, November 2021

Highest: Radiological Technologists and Technicians (116)

Lowest: Radiation Therapists (1)

2026 Projected Total Demand

Highest: Dental Hygienists (235)

Lowest: Radiation Therapists (12)

Employment Growth Value Through 2026

Highest: Physical Therapist Assistants (26)

Lowest: Dental Hygienists (-2)

Mean Annual Wages

Highest: Radiation Therapists (\$89,800)

Lowest: Dietetic Technicians (\$36,800)



BACHELOR'S DEGREE

BACHELOR'S DEGREE

Health and allied health occupations requiring a bachelor's degree are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, and Total Demand columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Fields outlined and shaded in orange represent strong opportunities for regional workforce development programs. In addition to high Total Demand volumes, the Annual Percent Growth, Unemployment Rate, Mean Annual Wage Values (compared to other occupations in the same educational category) are also considered in making our recommendations.

Occupation	Current (Q2 2021)						5-Year Forecast					Previous Work Experience	Typical On-the-Job Training
	Employment	Mean Annual Wages	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann % Growth		
Registered Nurses	8,064	\$81,100	0.79	228	2.5%	1,525	2,151	1,122	1,042	-13	0.0%	None	None
Medical and Health Services Managers	1,496	\$133,500	1.06	33	2.1%	493	808	204	449	154	2.0%	<5 years	None
Medical and Clinical Laboratory Technologists	533	\$60,200	0.92	33	4.7%	42	168	74	93	1	0.0%	None	None
Medical and Clinical Laboratory Technicians	500	\$60,300	0.89	30	4.7%	77	159	70	87	1	0.0%	None	None
Health Education Specialists	269	\$82,600	1.39	21	9.2%	3	157	50	103	4	0.3%	None	None
Dietitians and Nutritionists	238	\$67,900	1.01	7	4.1%	42	74	38	36	0	0.0%	None	Internship/residency
Therapists, All Other	157	\$70,600	1.45	3	2.6%	3	51	19	26	7	0.8%	None	None
Athletic Trainers	88	\$61,900	0.95	1	2.1%	7	30	11	15	4	1.0%	None	None
Exercise Physiologists	71	\$56,800	1.06	2	3.4%	1	21	8	11	2	0.5%	None	None
Recreational Therapists	72	\$56,000	1.12	0	n/a	1	17	7	10	0	0.0%	None	None
Healthcare (29, 31, and Other)	47,913	\$72,000	0.86	3,508	5.4%	5,572	22,473	9,688	11,103	1,682	0.7%	n/a	n/a
Total - All Occupations	507,587	\$67,100	1.00	69,688	9.1%	40,196	274,220	106,009	172,202	-3,992	-0.2%	n/a	n/a

Source: Chmura Economics & Analytics JobsEQ database, using imputed data from the Bureau of Labor Statistics Quarterly Census of Employment and Wages.

Online Job Ads, November 2021

Highest: Registered Nurses (1,525)

Lowest: Exercise Physiologists and Recreational Therapists (1)

2026 Projected Total Demand

Highest: Registered Nurses (2,151)

Lowest: Recreational Therapists (17)

Employment Growth Value Through 2026

Highest: Medical and Health Services Managers (154)

Lowest: Registered Nurses (-13)

Mean Annual Wages

Highest: Medical and Health Services Managers (\$133,500)

Lowest: Recreational Therapists (\$56,000)



MASTER'S DEGREE

MASTER'S DEGREE

Health and allied health occupations requiring a master's degree are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, and Total Demand columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Fields **outlined and shaded in orange** represent strong opportunities for regional workforce development programs. In addition to high Total Demand volumes, the Annual Percent Growth, Unemployment Rate, Mean Annual Wage Values (compared to other occupations in the same educational category) are also considered in making our recommendations.

Occupation	Current (Q2 2021)						5-Year Forecast					Previous Work Experience	Typical On-the-Job Training
	Employment	Mean Annual Wages	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann % Growth		
Nurse Practitioners	596	\$115,800	0.80	6	1.1%	105	311	71	120	120	3.7%	None	None
Healthcare Social Workers	468	\$65,100	0.76	8	1.7%	16	258	73	165	20	0.8%	None	Internship/residency
Physician Assistants	415	\$114,000	0.93	4	1.3%	65	172	34	93	45	2.1%	None	None
Speech-Language Pathologists	461	\$92,800	0.91	9	2.2%	94	169	49	83	36	1.5%	None	Internship/residency
Occupational Therapists	424	\$94,500	0.95	11	3.2%	25	145	49	75	21	1.0%	None	None
Nurse Anesthetists	97	\$174,700	0.67	1	1.4%	9	28	8	17	3	0.7%	None	None
Nurse Midwives	32	\$125,100	1.21	1	3.7%	3	10	3	6	1	0.5%	None	None
Orthotists and Prosthetists	27	\$50,900	0.80	2	3.7%	1	9	4	5	0	-0.2%	None	Internship/residency
Genetic Counselors	8	\$85,000	0.90	0	n/a	2	3	1	1	1	1.4%	None	None
Healthcare (29, 31, and Other)	47,913	\$72,000	0.86	3,508	5.4%	5,572	22,473	9,688	11,103	1,682	0.7%	n/a	n/a
Total - All Occupations	507,587	\$67,100	1.00	69,688	9.1%	40,196	274,220	106,009	172,202	-3,992	-0.2%	n/a	n/a

Source: Chmura Economics & Analytics JobsEQ database, using imputed data from the Bureau of Labor Statistics Quarterly Census of Employment and Wages.

Online Job Ads, November 2021

Highest: Nurse Practitioners (105)

Lowest: Orthotists and Prosthetists (1)

2026 Projected Total Demand

Highest: Nurse Practitioners (311)

Lowest: Genetic Counselors (3)

Employment Growth Value Through 2026

Highest: Nurse Practitioners (120)

Lowest: Orthotists and Prosthetists (0)

Mean Annual Wages

Highest: Nurse Anesthetists (\$174,700)

Lowest: Orthotists and Prosthetists (\$50,900)



DOCTORAL OR PROFESSIONAL DEGREE

DOCTORAL OR PROFESSIONAL DEGREE

Health and allied health occupations requiring a doctoral or professional degree are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, and Total Demand columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Fields **outlined and shaded in orange** represent strong opportunities for regional workforce development programs. In addition to high Total Demand volumes, the Annual Percent Growth, Unemployment Rate, Mean Annual Wage Values (compared to other occupations in the same educational category) are also considered in making our recommendations.

Occupation	Current (Q2 2021)						5-Year Forecast					Previous Work Experience	Typical On-the-Job Training
	Employment	Mean Annual Wages	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann % Growth		
Physicians, All Other and Ophthalmologists	1,719	\$196,900	1.26	11	0.7%	83	207	134	109	-37	-0.4%	None	Internship/residency
Physical Therapists	697	\$93,600	0.85	41	6.2%	197	193	66	84	42	1.2%	None	None
Pharmacists	988	\$120,700	0.90	12	1.3%	114	156	112	98	-55	-1.1%	None	None
Veterinarians	255	\$144,700	0.83	2	0.8%	51	61	25	25	11	0.8%	None	None
Dentists, General	464	\$215,100	1.06	22	5.0%	22	58	50	20	-12	-0.5%	None	None
Family Medicine Physicians	289	\$215,600	0.79	2	0.7%	13	42	23	19	0	0.0%	None	Internship/residency
General Internal Medicine Physicians	208	\$207,500	1.10	2	0.7%	13	24	16	13	-5	-0.5%	None	Internship/residency
Psychiatrists	139	\$186,800	1.50	1	0.7%	10	24	11	9	4	0.5%	None	Internship/residency
Chiropractors	145	\$105,900	0.83	4	3.3%	2	18	13	6	-2	-0.2%	None	None
Anesthesiologists	124	\$272,300	1.14	1	0.7%	7	15	10	8	-3	-0.4%	None	Internship/residency
Optometrists	111	\$133,100	0.75	1	0.8%	20	14	10	6	-2	-0.3%	None	None
Surgeons, Except Ophthalmologists	111	\$255,600	0.79	2	1.4%	15	11	9	7	-4	-0.8%	None	Internship/residency
Pediatricians, General	95	\$169,200	0.96	1	0.7%	7	10	7	6	-3	-0.7%	None	Internship/residency
Audiologists	43	\$98,800	0.94	2	3.6%	5	10	4	5	1	0.6%	None	None
Podiatrists	39	\$193,400	1.12	1	3.1%	n/a	9	4	6	-1	-0.7%	None	Internship/residency
Obstetricians and Gynecologists	76	\$194,700	1.08	0	n/a	10	8	6	5	-2	-0.6%	None	Internship/residency
Orthodontists	58	\$249,300	2.39	2	5.1%	n/a	8	6	3	-1	-0.2%	None	Internship/residency
Dentists, All Other Specialists	43	\$154,600	1.97	3	5.3%	3	5	5	2	-2	-0.9%	None	Internship/residency
Oral and Maxillofacial Surgeons	18	\$266,200	0.96	1	5.2%	n/a	2	2	1	0	-0.5%	None	Internship/residency
Prosthodontists	2	\$230,100	0.91	0	n/a	n/a	0	0	0	0	-0.5%	None	Internship/residency
Healthcare (29, 31, and Other)	47,913	\$72,000	0.86	3,508	5.4%	5,572	22,473	9,688	11,103	1,682	0.7%	n/a	n/a
Total - All Occupations	507,587	\$67,100	1.00	69,688	9.1%	40,196	274,220	106,009	172,202	-3,992	-0.2%	n/a	n/a

Source: Chmura Economics & Analytics JobsEQ database, using imputed data from the Bureau of Labor Statistics Quarterly Census of Employment and Wages.




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HEALTHCARE OCCUPATIONS SCAN

Prepared for District of Columbia
Hospital Association

January 2022

In the following report, Hanover identifies healthcare occupations in Wards 7 and 8 to inform local workforce training efforts and grant development work by DCHA.



TABLE OF CONTENTS

3 / Executive Summary

5 / Introduction and Research Questions

6 / Demographic Trends

10 / Employment Demand Trends

EXECUTIVE SUMMARY

RECOMMENDED PRIORITY FIELDS

Based on an analysis of labor market indicators and projections, Hanover recommends prioritizing the following 18 fields with the highest volume of projected openings.

Occupation	Required Education	Average Annual Salary	Vacancies Through 2026	Active Job Postings	Unemployment Rate
Personal Care Aides	HS Diploma/GED	\$32,300	191	1	12.8%
Nursing Assistants	Certificate	\$37,100	191	5	11.8%
Registered Nurses	Bachelor's	\$90,300	170	48	4.9%
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	Bachelor's	\$66,000	152	15	7.9%
Psychiatric Aides	HS Diploma/GED	\$47,200	109	n/a	12.1%
Mental Health and Substance Abuse Social Workers	Master's	\$72,000	72	17	3.4%
Maids and Housekeeping Cleaners	None	\$32,100	64	4	25.9%
Medical Assistants	Certificate	\$45,000	59	7	11.1%
Social and Human Service Assistants	HS Diploma/GED	\$46,500	58	109	7.8%
Psychiatric Technicians	Certificate	\$42,600	58	1	18.7%
Receptionists and Information Clerks	HS Diploma/GED	\$39,500	57	6	19.5%
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	HS Diploma/GED	\$50,100	55	23	10.5%
Home Health Aides	HS Diploma/GED	\$32,400	54	n/a	11.8%
Medical Secretaries and Administrative Assistants	HS Diploma/GED	\$48,300	51	14	9.5%
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	None	\$35,600	51	12	19.6%
Office Clerks, General	HS Diploma/GED	\$44,900	49	6	16.8%
Medical and Health Services Managers	Bachelor's	\$145,000	48	87	4.5%
Project Management Specialists and Business Operations Specialists, All Other	Bachelor's	\$99,200	47	62	5.8%

KEY FINDINGS

DC's seventh and eighth wards are mostly Black (91.2 percent), with a slightly higher than average proportion of residents in their prime working and education years (aged 25-34). The share of Hispanic-identifying residents is small, at only 3.6 percent.

Data from the Bureau of Labor Statistics indicates that a total of 5,757 individuals in the two wards are employed in the healthcare industry in a range of occupational roles. The number of positions is expected to grow by 0.4 percent per year through 2026, compared to a 0.1 percent-per-year increase across the region's workforce as a whole.

As indicated in the table to the left, the occupations with the highest projected need and (in most cases) strongest employment rates are available to residents from a wide range of educational backgrounds. Of the top-18 prospects recommended here, eight fields (comprising 625 openings) require only a high school diploma. Three of these fields are more clinically-aligned, while another three are largely office-based. Three fields, with an expected 308 openings through 2026, require a postsecondary non-degree award. All of these are clinically-oriented medical assistant or technician roles.

Of the top overall fields based on projected openings, those with no formal educational requirement are custodial roles. Both *Maids and Housekeeping Cleaners* and *Janitors and Cleaners, Except Maids and Housekeeping Cleaners* are among the top occupations held by individuals working in healthcare settings based on five-year projected job openings, with 115 positions expected to become available.

Associate's-level positions within the healthcare sector are expected to have limited openings over the next five years within Wards 7 and 8. Hanover identified no associate's-level positions that reported more than 10 projected job openings. Low-volume occupations at this level include clinical assistant and technician roles, as well as *Respiratory Therapists*.



EXECUTIVE SUMMARY

TOP ENTRY-LEVEL FIELDS

Based on an analysis of labor market indicators and projections, Hanover identifies the top 18 fields by projected job openings through 2026 requiring no more than a high school diploma or equivalent.

Occupation	Required Education	Average Annual Salary	Vacancies Through 2026	Active Job Postings	Unemployment Rate
Personal Care Aides	HS Diploma/GED	\$32,300	191	1	12.8%
Psychiatric Aides	HS Diploma/GED	\$47,200	109	n/a	12.1%
Maids and Housekeeping Cleaners	None	\$32,100	64	4	25.9%
Social and Human Service Assistants	HS Diploma/GED	\$46,500	58	109	7.8%
Receptionists and Information Clerks	HS Diploma/GED	\$39,500	57	6	19.5%
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	HS Diploma/GED	\$50,100	55	23	10.5%
Home Health Aides	HS Diploma/GED	\$32,400	54	n/a	11.8%
Medical Secretaries and Administrative Assistants	HS Diploma/GED	\$48,300	51	14	9.5%
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	None	\$35,600	51	12	19.6%
Office Clerks, General	HS Diploma/GED	\$44,900	49	6	16.8%
Security Guards	HS Diploma/GED	\$49,600	44	28	13.5%
Food Servers, Nonrestaurant	None	\$31,000	37	n/a	30.6%
Cooks, Institution and Cafeteria	None	\$38,200	36	4	28.5%
Residential Advisors	HS Diploma/GED	\$41,700	34	n/a	26.2%
Customer Service Representatives	HS Diploma/GED	\$47,000	28	21	17.9%
First-Line Supervisors of Office and Administrative Support Workers	HS Diploma/GED	\$72,900	23	21	7.7%
Childcare Workers	HS Diploma/GED	\$34,800	22	5	25.8%
Maintenance and Repair Workers, General	HS Diploma/GED	\$50,700	20	30	14.3%

KEY FINDINGS

Occupations requiring either no formal education or a high school diploma or equivalent within healthcare settings range from clinical assisting roles to custodial and office positions. Those interested in clinical work may find positions as *Personal Care Aides*, *Psychiatric Aides*, and *Home Health Aides*. Several office and administrative positions are represented, including medical secretaries, general secretaries and administrative assistants, and receptionists. As noted on the prior page, maid and janitorial positions are also among the top based on projected openings.

Administrative assistants, office worker supervisors, and maintenance and repair workers earn the highest salaries among identified entry-level positions. Each of these roles pays at least \$50,000 per year on average within the healthcare sector. The majority of positions at this education level pay between \$30,000 and \$50,000.

INTRODUCTION AND RESEARCH QUESTIONS

INTRODUCTION

The District of Columbia Hospital Association (DCHA) received a grant to identify high-need healthcare occupations that might be filled by Black women who are residents of the District's seventh and eighth Wards. To help DCHA prioritize and select the occupations that will be included in its grant report, the organization asked Hanover Research (Hanover) to conduct a workforce assessment of regional need for health-related occupations.

Following on a prior analysis of clinical occupations, this report focuses on entry-level non-clinical positions. This report includes all occupations held by individuals who report working in the healthcare industry (NAICS industry codes 621 Ambulatory Health Care Services, 622 Hospitals, and 623 Nursing and Residential Care Facilities).

Based on the extent (volume) of need and potential growth rates in employment volume, this report highlights occupations for DCHA's consideration.

DC SEVENTH AND EIGHTH WARDS

DC Wards 7 and 8 includes four ZIP codes, which were converted to U.S. Census Bureau ZIP Code Tabulation Areas (ZCTAs): 20032, 20020, 20019, 20373 (Bolling Air Force Base)

RESEARCH QUESTIONS

Which healthcare occupations present the greatest opportunities for Black women living in Wards 7 & 8? How quickly may these fields grow?

Specifically, which entry level health related (non-clinical) positions are strong opportunities?

Are there other health related positions (i.e., food services, building ground maintenance, environmental services, etc.) that present strong opportunities?

REPORT CONTENTS AND STRUCTURE

This report is divided into two sections, with findings from both sections synthesized and summarized in the key findings presented on pages three and four. Each section's contents are described below:

- **Section I: Demographic Trends** shows key demographic and economic trends in Wards 7 and 8, comparing the region with the broader Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Statistical Area (MSA). The MSA includes the District of Columbia, Calvert, Charles, Frederick, Montgomery, and Prince George's County, Maryland, and Arlington, Fairfax, Loudon, Prince William, and Stafford County, Virginia and their independent cities.
- **Section II: Employment Demand Trends** examines workforce demand trends and projections relating to occupations held by workers in the healthcare sector within Wards 7 and 8. Its aim is to identify the positions with the highest need in the next five years.



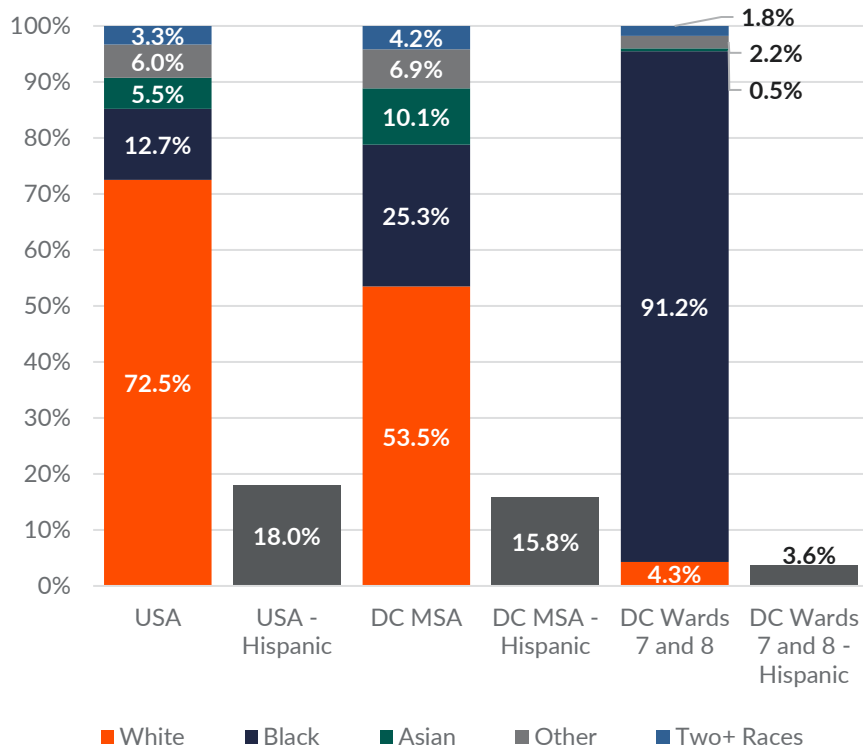
DEMOGRAPHIC TRENDS

District of Columbia Wards 7 and 8

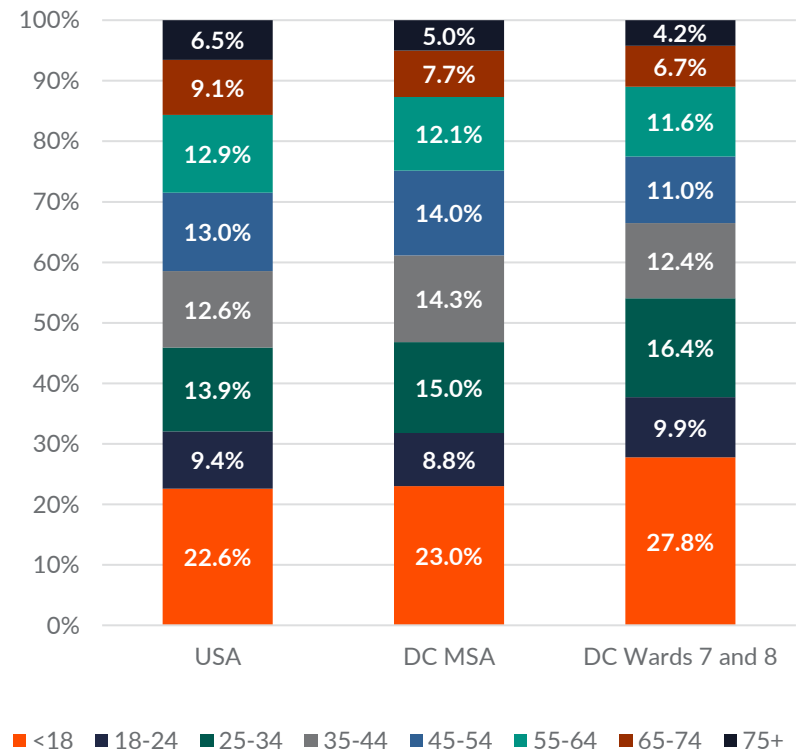
AGE AND RACE/ETHNICITY

The population in DC Wards 7 and 8 is mostly Black (91.2 percent of residents) and has a slightly higher than average proportion of prime working-and-education-age residents in the 25-34 age range. The region's Hispanic population share is less than a quarter of the national average. While overrepresented in the broader Washington, DC Metropolitan Statistical Area (MSA), Asian residents are underrepresented in the target region at only 0.5 percent.

RACIAL DEMOGRAPHICS



AGE DEMOGRAPHICS

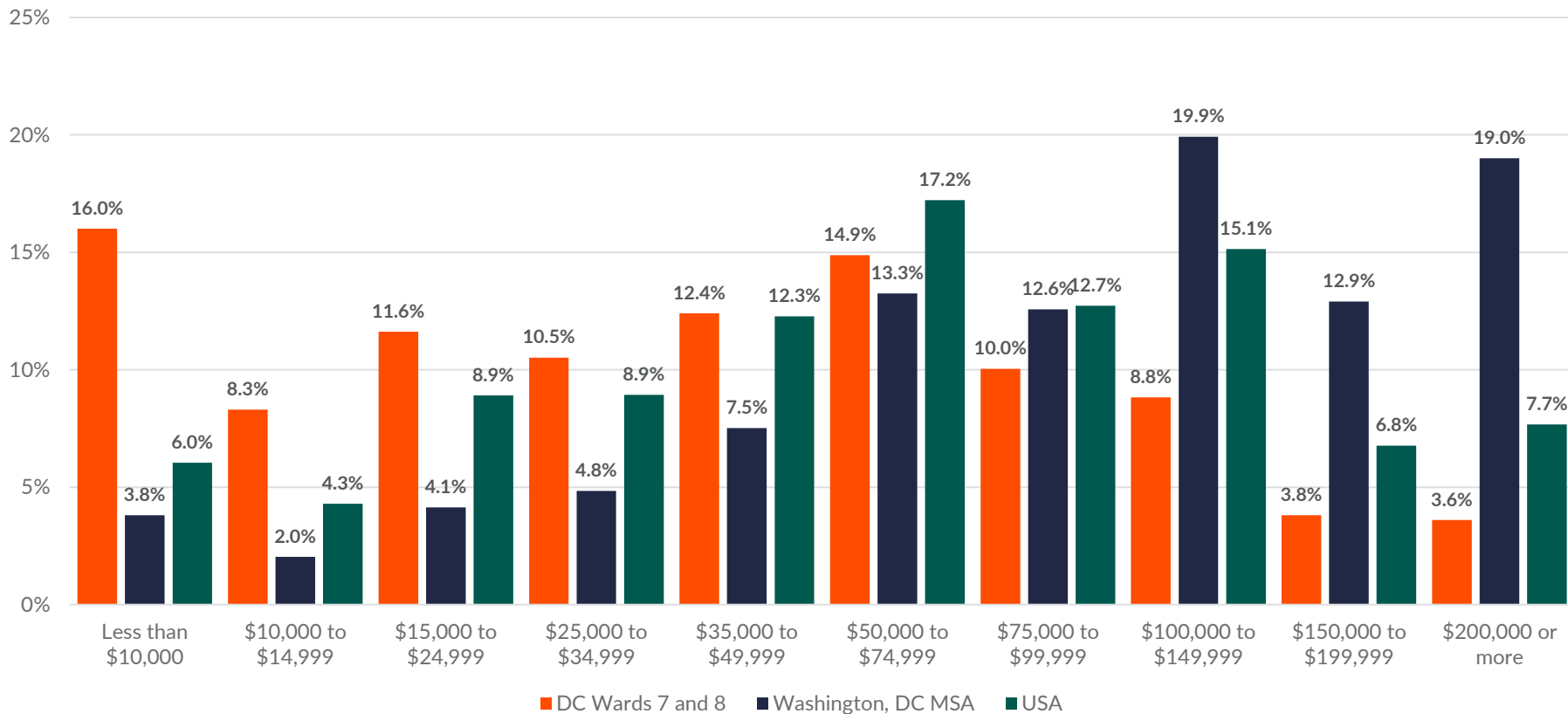


Source: US Census Bureau American Community Survey data accessed via [JobsEQ](#); the "Other" category consolidates the American Indian and Alaska Native, Native Hawaiian and Pacific Islander, and "Some other race" classifications.

MEDIAN HOUSEHOLD INCOME

The median family income for the DC Wards 7 and 8 is \$38,792, significantly lower than the national (\$62,843) average and the Washington, DC MSA as a whole (\$105,121). Income distribution for the region is concentrated in the lower-to-middle ranges; the largest share of residents makes less than \$10,000 followed by the \$50,000-\$74,999 income bracket.

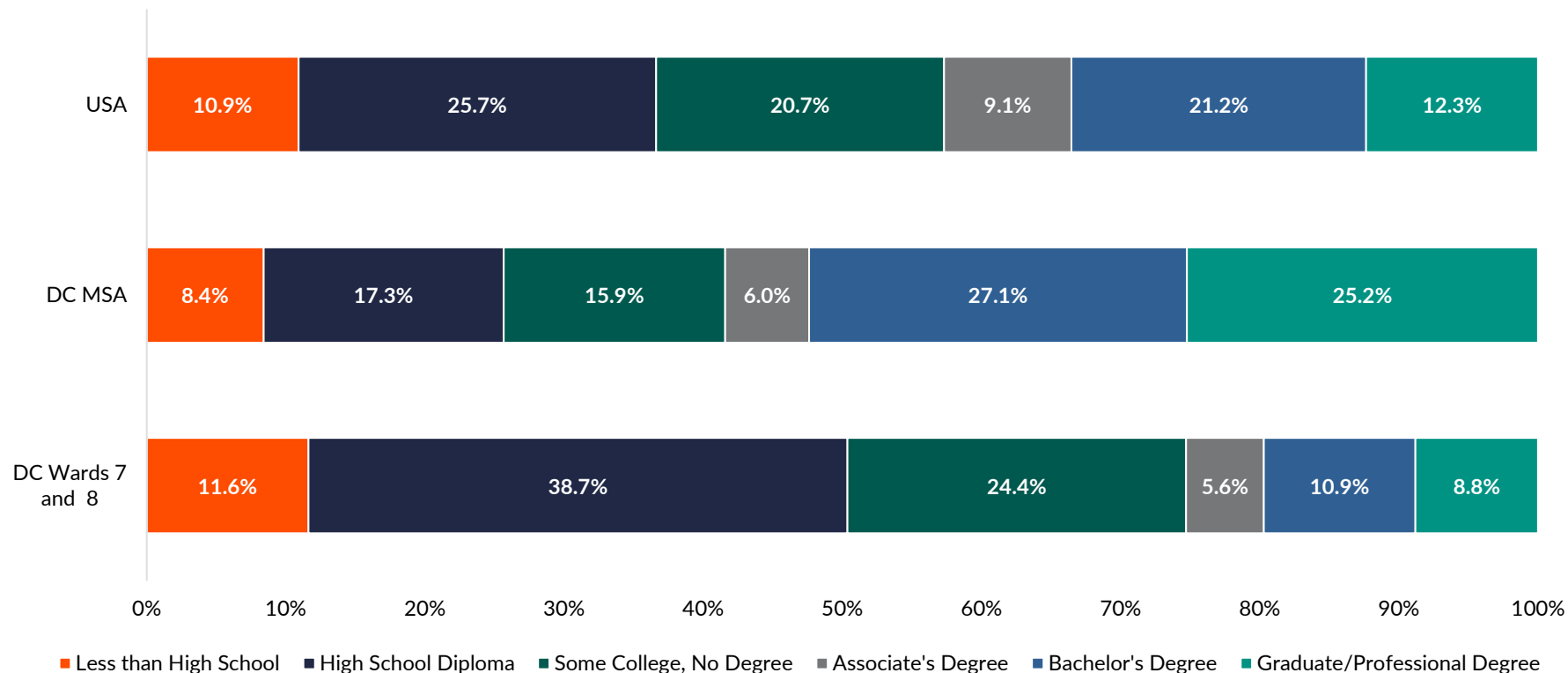
INCOME DISTRIBUTION



Source: US Census Bureau American Community Survey data accessed via [JobsEQ](#)

EDUCATIONAL ATTAINMENT

Compared to the DC metro area and the nation as a whole, DC Wards 7 and 8 have a higher share of high school graduates and those with “some college, no degree.” A slightly higher share of residents have less than a high school diploma than nationally, with a bigger gap between the wards (11.6 percent) and the greater DC area (8.4 percent). In terms of potential for healthcare-related career education, the Ward 7 and 8 populations with the largest pool of potential candidates are high school graduates and residents with some college credits but no degree.



Source: US Census Bureau American Community Survey data accessed via [JobsEQ](#)



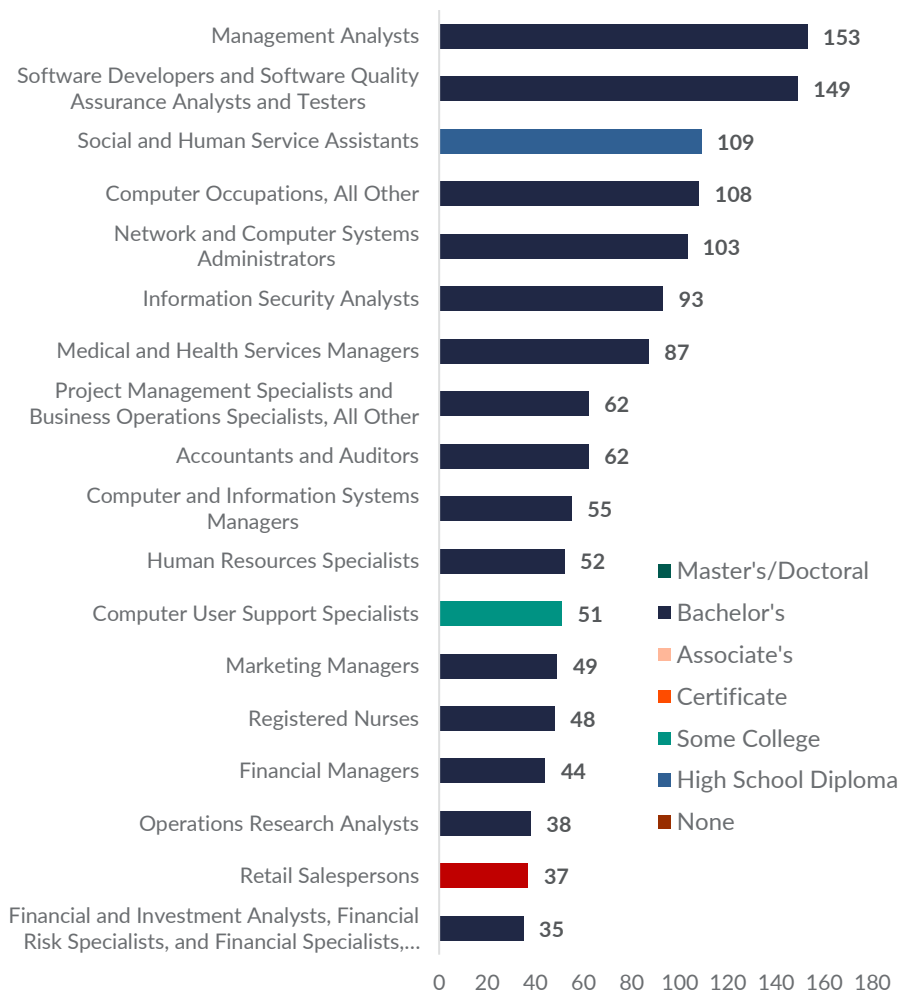
EMPLOYMENT DEMAND TRENDS

Wards 7 and 8

OVERVIEW – TOP OCCUPATIONS

TOP FIELDS BY CURRENT JOB POSTINGS

Top occupations held by workers in the healthcare industry in Washington, DC Wards 7 and 8 by job posting volume, 30-day period as of January 2022.

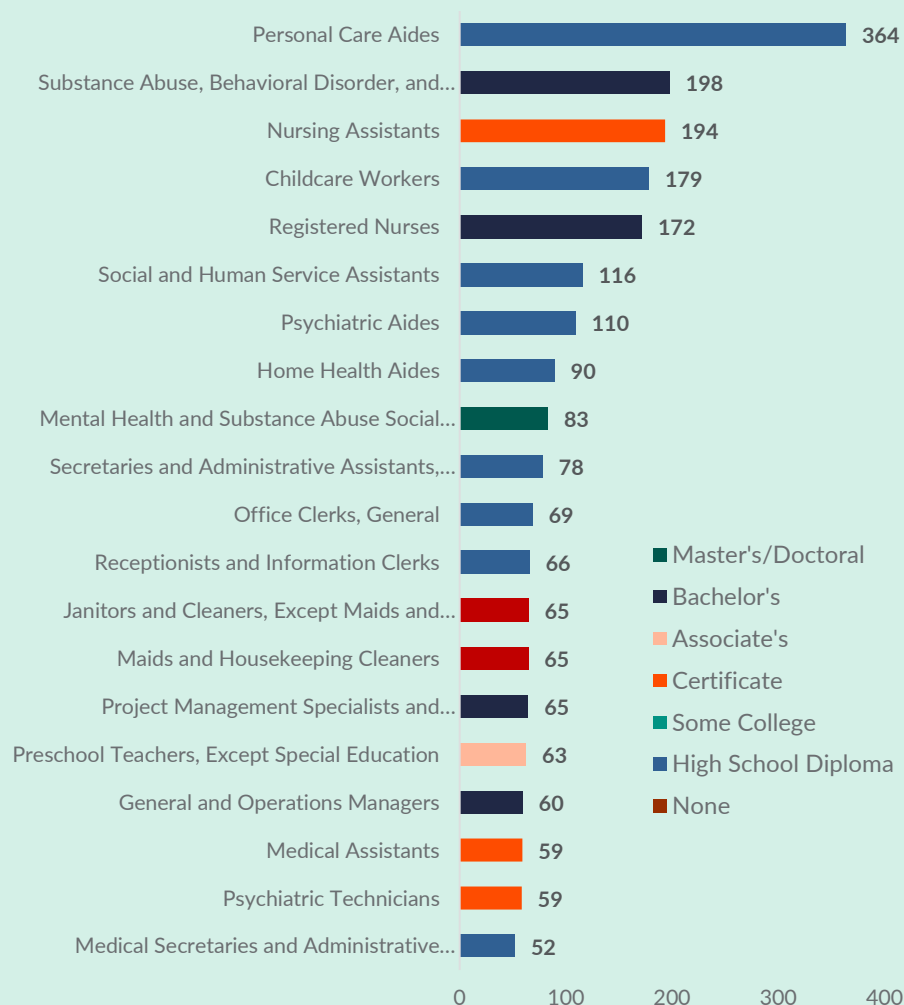


Source: [JobsEQ](#)

Note: Occupation statistics reflect workers in the healthcare subsectors under NAICS 62 Health Care and Social Assistance; the social assistance subsector is excluded.

TOP FIELDS BY PROJECTED OPENINGS

Top occupations held by workers in the healthcare industry in DC Wards 7 and 8 by projected five-year job openings 2021-2026. Includes new jobs and replacement.



HIGHER EDUCATION

HIGH SCHOOL DIPLOMA OR EQUIVALENT

HIGH SCHOOL DIPLOMA OR EQUIVALENT

Occupations held by workers in the healthcare industry requiring a high school diploma, GED, or equivalent are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, Total Demand, and Share Female columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Occupation	Employment (Healthcare Only)	Current (Q2 2021)					5-Year Forecast									
		Mean Annual Wage	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann. % Growth	Previous Work Exp.	Typical On-the-Job Training	Share Female		
Personal Care Aides	<div><div></div></div> 256	\$32,300	1.00	170	12.8%	1	<div><div></div></div> 191	97	85	9	0.7%	None	Short-term OJT	89.7%		
Psychiatric Aides	<div><div></div></div> 198	\$47,200	23.52	15	12.1%	n/a	<div><div></div></div> 109	53	57	-1	-0.1%	None	Short-term OJT	72.6%		
Social and Human Service Assistants	<div><div></div></div> 92	\$46,500	2.50	11	7.8%	<div><div></div></div> 109	<div><div></div></div> 58	19	37	3	0.6%	None	Short-term OJT	88.5%		
Receptionists and Information Clerks	<div><div></div></div> 81	\$39,500	0.87	151	19.5%	<div><div></div></div> 6	<div><div></div></div> 57	24	31	2	0.4%	None	Short-term OJT	93.7%		
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	<div><div></div></div> 118	\$50,100	1.64	163	10.5%	<div><div></div></div> 23	<div><div></div></div> 55	28	34	-7	-1.2%	None	Short-term OJT	96.3%		
Home Health Aides	<div><div></div></div> 88	\$32,400	0.87	63	11.8%	n/a	<div><div></div></div> 54	24	26	3	0.7%	None	Short-term OJT	94.9%		
Medical Secretaries and Administrative Assistants	<div><div></div></div> 89	\$48,300	0.86	30	9.5%	<div><div></div></div> 14	<div><div></div></div> 51	23	27	1	0.2%	None	Moderate-term OJT	96.5%		
Office Clerks, General	<div><div></div></div> 91	\$44,900	0.97	265	16.8%	<div><div></div></div> 6	<div><div></div></div> 49	25	28	-3	-0.7%	None	Short-term OJT	90.6%		
Security Guards	<div><div></div></div> 74	\$49,600	3.98	217	13.5%	<div><div></div></div> 28	<div><div></div></div> 44	18	28	-2	-0.6%	None	Short-term OJT	39.9%		
Residential Advisors	<div><div></div></div> 43	\$41,700	3.98	27	26.2%	n/a	<div><div></div></div> 34	12	21	0	0.2%	None	Short-term OJT	86.8%		
Customer Service Representatives	<div><div></div></div> 46	\$47,000	0.56	206	17.9%	<div><div></div></div> 21	<div><div></div></div> 28	11	19	-2	-0.7%	None	Short-term OJT	77.7%		
First-Line Supervisors of Office and Administrative Support Workers	<div><div></div></div> 46	\$72,900	0.74	41	7.7%	<div><div></div></div> 21	<div><div></div></div> 23	9	15	-1	-0.5%	<5 years	None	81.6%		
Childcare Workers	<div><div></div></div> 31	\$34,800	1.97	220	25.8%	<div><div></div></div> 5	<div><div></div></div> 22	11	11	-1	-0.3%	None	Short-term OJT	97.3%		
Maintenance and Repair Workers, General	<div><div></div></div> 42	\$50,700	1.23	147	14.3%	<div><div></div></div> 30	<div><div></div></div> 20	7	13	0	0.0%	None	Moderate-term OJT	8.3%		
Billing and Posting Clerks	<div><div></div></div> 30	\$55,300	0.66	34	12.3%	<div><div></div></div> 2	<div><div></div></div> 17	6	10	1	0.4%	None	Moderate-term OJT	94.1%		
Executive Secretaries and Executive Administrative Assistants	<div><div></div></div> 40	\$72,900	1.89	36	8.2%	<div><div></div></div> 10	<div><div></div></div> 15	9	11	-5	-2.4%	<5 years	None	96.1%		
Recreation Workers	<div><div></div></div> 17	\$38,700	0.64	42	31.1%	<div><div></div></div> 7	<div><div></div></div> 14	5	9	0	0.0%	None	Short-term OJT	77.6%		
Community Health Workers	<div><div></div></div> 21	\$53,000	3.87	1	15.9%	n/a	<div><div></div></div> 13	4	8	1	0.8%	None	Short-term OJT	87.1%		
Interviewers, Except Eligibility and Loan	<div><div></div></div> 22	\$45,300	1.13	30	28.0%	n/a	<div><div></div></div> 13	6	8	0	-0.4%	None	Short-term OJT	87.6%		
First-Line Supervisors of Food Preparation and Serving Workers	<div><div></div></div> 13	\$48,700	0.33	127	20.9%	<div><div></div></div> 16	<div><div></div></div> 10	3	7	0	-0.3%	<5 years	None	74.4%		
Total, All Healthcare Industry	5,757	N/A	N/A	N/A	N/A	2,200	2,779	1,131	1,605	45	N/A	N/A	N/A			
Total, All Occupations	26,780	\$95,600	1	\$13,611	17.4%	2,594	13,775	5,030	8,552	193	N/A	N/A	58.1%			

POSTSECONDARY NON-DEGREE AWARD

POSTSECONDARY NON-DEGREE AWARD/CERTIFICATE

Occupations held by workers in the healthcare industry requiring a certificate or postsecondary non-degree award below the associate's level are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, Total Demand, and Share Female columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Occupation	Current (Q2 2021)							5-Year Forecast							
	Employment (Healthcare Only)	Mean Annual Wage	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann. % Growth	Previous Work Exp.	Typical On-the-Job Training	Share Female	
Nursing Assistants	<div><div></div></div> 352	\$37,100	1.54	108	11.8%	5	<div><div></div></div> 191	94	101	-4	-0.2%	None	None	94.3%	
Medical Assistants	<div><div></div></div> 91	\$45,000	0.73	45	11.1%	7	<div><div></div></div> 59	19	34	6	1.3%	None	None	94.8%	
Psychiatric Technicians	<div><div></div></div> 143	\$42,600	9.73	7	18.7%	1	<div><div></div></div> 58	21	37	0	0.0%	<5 years	Short-term OJT	90.2%	
Licensed Practical and Licensed Vocational Nurses	<div><div></div></div> 119	\$61,300	1.12	35	7.3%	13	<div><div></div></div> 44	20	25	-1	-0.1%	None	None	94.6%	
Medical Dosimetrists, Medical Records Specialists, and Health Technologists and Technicians, All Other	<div><div></div></div> 53	\$58,600	1.12	4	7.9%	12	<div><div></div></div> 18	8	10	0	0.1%	None	None	76.1%	
Dental Assistants	<div><div></div></div> 29	\$56,600	0.54	49	19.5%	5	<div><div></div></div> 17	7	10	0	0.3%	None	None	96.6%	
Phlebotomists	<div><div></div></div> 26	\$45,600	1.12	18	13.8%	5	<div><div></div></div> 15	5	9	1	0.8%	None	None	91.5%	
Total, All Healthcare Industry	5,757	N/A	N/A	N/A	N/A	2,200	2,779	1,131	1,605	45		N/A	N/A	N/A	
Total, All Occupations	26,780	\$95,600	1	\$13,611	17.4%	2,594	13,775	5,030	8,552	193		N/A	N/A	58.1%	

BACHELOR'S DEGREE

BACHELOR'S DEGREE

Occupations held by workers in the healthcare industry requiring a bachelor's degree are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, Total Demand, and Share Female columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Occupation	Current (Q2 2021)							5-Year Forecast							
	Employment (Healthcare Only)	Mean Annual Wage	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann. % Growth	Previous Work Exp.	Typical On-the-Job Training	Share Female	
Registered Nurses	<div><div></div></div> 638	\$90,300	1.31	32	4.9%	<div><div></div></div> 48	<div><div></div></div> 170	89	83	-1	0.0%	None	None	93.2%	
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	<div><div></div></div> 263	\$66,000	5.58	5	7.9%	<div><div></div></div> 15	<div><div></div></div> 152	44	96	12	0.9%	None	None	86.9%	
Medical and Health Services Managers	<div><div></div></div> 88	\$145,000	1.46	2	4.5%	<div><div></div></div> 87	<div><div></div></div> 48	12	27	10	2.2%	<5 years	None	82.3%	
Project Management Specialists and Business Operations Specialists, All Other	<div><div></div></div> 95	\$99,200	4.41	110	5.8%	<div><div></div></div> 62	<div><div></div></div> 47	13	33	1	0.1%	None	None	64.9%	
General and Operations Managers	<div><div></div></div> 67	\$134,600	2.03	207	11.2%	<div><div></div></div> 9	<div><div></div></div> 31	7	22	2	0.5%	5 years or	None	46.6%	
Child, Family, and School Social Workers	<div><div></div></div> 54	\$75,000	1.96	0	n/a	<div><div></div></div> 8	<div><div></div></div> 28	8	19	1	0.5%	None	None	94.5%	
Human Resources Specialists	<div><div></div></div> 45	\$82,600	1.94	54	13.2%	<div><div></div></div> 52	<div><div></div></div> 23	6	17	0	0.0%	None	None	85.1%	
Personal Service Managers, All Other; Entertainment and Recreation Managers, Except Gambling; and Managers, All Other	<div><div></div></div> 44	\$139,200	3.62	90	6.3%	<div><div></div></div> 6	<div><div></div></div> 17	6	11	1	0.2%	<5 years	None	54.3%	
Management Analysts	<div><div></div></div> 33	\$111,400	4.03	72	9.4%	<div><div></div></div> 153	<div><div></div></div> 16	5	10	0	0.1%	<5 years	None	59.6%	
Medical and Clinical Laboratory Technologists	<div><div></div></div> 47	\$67,700	1.79	3	8.6%	<div><div></div></div> n/a	<div><div></div></div> 15	7	8	0	0.1%	None	None	82.5%	
Medical and Clinical Laboratory Technicians	<div><div></div></div> 43	\$67,600	1.70	3	8.5%	<div><div></div></div> n/a	<div><div></div></div> 14	6	8	0	0.1%	None	None	82.5%	
Accountants and Auditors	<div><div></div></div> 27	\$91,900	1.10	25	7.6%	<div><div></div></div> 62	<div><div></div></div> 13	4	9	0	0.3%	None	None	74.5%	
Public Relations Specialists	<div><div></div></div> 24	\$85,500	6.11	28	5.4%	<div><div></div></div> 16	<div><div></div></div> 13	4	9	0	0.3%	None	None	74.3%	
Training and Development Specialists	<div><div></div></div> 19	\$76,200	1.28	10	11.3%	<div><div></div></div> 29	<div><div></div></div> 10	3	7	0	0.2%	<5 years	None	72.3%	
Social and Community Service Managers	<div><div></div></div> 20	\$95,000	1.87	1	7.3%	<div><div></div></div> 2	<div><div></div></div> 10	3	6	1	0.5%	<5 years	None	83.8%	
Financial Managers	<div><div></div></div> 20	\$158,300	1.60	17	5.8%	<div><div></div></div> 44	<div><div></div></div> 10	2	6	1	1.4%	5 years or	None	68.7%	
Total, All Healthcare Industry	5,757	N/A	N/A	N/A	N/A	2,200	2,779	1,131	1,605	45	N/A	N/A	N/A		
Total, All Occupations	26,780	\$95,600	1	\$13,611	17.4%	2,594	13,775	5,030	8,552	193	N/A	N/A	58.1%		

GRADUATE DEGREE

GRADUATE DEGREE

Occupations held by workers in the healthcare industry requiring a master's or doctoral/professional degree are shown below, ranked by total predicted regional demand in 2026. The Employment, Online Job Ads, Total Demand, and Share Female columns are heat-mapped green (highest values) to white (lowest values), with data bars indicating the number of current workers, online ads, and predicted five-year total demand. The Mean Annual Wages, Unemployment Rate, and Annual Percent Growth values are heat mapped red (worst) to green (best). The Location Quotient metric, which measures the relative prevalence of the occupation in the region compared to a national average of 1.0, is heat mapped blue (highest) to red (lowest). An LQ value above 1.25 indicates that the occupation is substantially more important in the region than nationally. All data bar and heat map outputs are standardized across tables.

Occupation	Current (Q2 2021)							5-Year Forecast									
	Employment (Healthcare Only)	Mean Annual Wage	Location Quotient	Unempl	Unempl Rate	Online Job Ads	Total Demand	Exits	Transfers	Empl Growth	Ann. % Growth	Previous Work Exp.	Typical On-the-Job Training	Share Female			
Mental Health and Substance Abuse Social Workers	<div><div></div></div>	134	\$72,000	7.20	1	3.4%	<div><div></div></div>	17	<div><div></div></div>	72	21	47	4	0.7%	None	Internship/residency	91.8%
Clinical, Counseling, and School Psychologists	<div><div></div></div>	84	\$108,900	3.38	1	4.7%	<div><div></div></div>	3	<div><div></div></div>	28	9	20	-1	-0.2%	None	Internship/residency	88.9%
Rehabilitation Counselors	<div><div></div></div>	46	\$48,900	4.70	0	n/a	<div><div></div></div>	1	<div><div></div></div>	25	8	16	1	0.4%	None	None	84.1%
Nurse Practitioners	<div><div></div></div>	50	\$132,600	1.39	0	n/a	<div><div></div></div>	5	<div><div></div></div>	22	6	10	7	2.7%	None	None	93.2%
Marriage and Family Therapists	<div><div></div></div>	24	\$56,000	3.25	0	n/a	<div><div></div></div>	n/a	<div><div></div></div>	14	4	9	1	1.1%	None	Internship/residency	83.6%
Healthcare Social Workers	<div><div></div></div>	27	\$70,600	1.03	0	n/a	<div><div></div></div>	3	<div><div></div></div>	14	4	9	0	0.2%	None	Internship/residency	93.1%
Physician Assistants	<div><div></div></div>	23	\$129,200	1.14	0	n/a	<div><div></div></div>	3	<div><div></div></div>	10	2	5	3	2.3%	None	None	78.1%
Total, All Healthcare Industry		5,757	N/A	N/A	N/A	N/A		2,200	2,779	1,131	1,605	45		N/A	N/A	N/A	N/A
Total, All Occupations		26,780	\$95,600	1	\$13,611	17.4%		2,594	13,775	5,030	8,552	193		N/A	N/A		58.1%



THRIVING @WORK

**Black Women Thriving
East of the River
Health-Related Career Focus
Group Findings
3.11.22**





TABLE OF CONTENTS

SECTION	PAGES
RECRUITMENT EFFORTS	3 to 4
EXECUTIVE SUMMARY	5 to 14
THRIVING AT WORK	15 to 20
AWARENESS AND INTEREST IN HEALTH RELATED CAREERS	21 to 32
TRAINING CONTENT AND APPROACH	33 to 41
TRAINING LOGISTICS	42 to 51
CAREER DEVELOPMENT NEEDS	52 to 59
SUPPORT SERVICE NEEDS	60 to 65
COMMUNICATION RECOMMENDATIONS	66 to 72

THRIVING @WORK

Share your experiences and perceptions of health-related careers to inform potential solutions, helping DC Black women in Wards 7 and 8. If selected, you can earn \$25 for completing a 15-minute survey.



APPLY HERE:
bit.ly/healthjobsDC



RECRUITMENT EFFORTS

Tracked and adjusted recruitment efforts to increase participation

Worked closely with the Dress for Success DC (DFSWDC) team to track completes. Identified recruitment gaps and needs such as new ways to reach participants through text messaging, social media and word of mouth referrals. Developed recruitment social media images for DFSWDC team's outreach.

Increased the number and length of sessions

Offered additional sessions (11 instead of 3) to meet scheduling needs of participants, thus increasing participation. Facilitators adapted to participant needs and adjusted discussion flow to ensure all session participants were included in conversation, all research areas were covered, while being respectful of each participant's time.

Leveraged DCHCWP Participants

Utilized participant pool from another DCHA study, by inviting 5 qualified participants from the "DC Health Care Career Path" study, resulting in 4 additional participants.

Launched a referral program

Referral program: \$25 gift card incentive was given to anyone who referred a qualified participant who completed both the application and self-paced form, resulting in 55 additional participants.

RECRUITMENT LEARNINGS

TOP RECRUITMENT TAKEAWAYS

- A referral program helped increase participation (29% out of all participants were referred)
- Self-paced exercise made research more accessible and offered high-quality responses
- Health-related career respondents were easier to reach
- Live sessions were difficult to schedule and required 11 Live Sessions for 23 participants
- Text messages appeared to improve recruitment

RESEARCH RESPONDENTS	#	GOAL
Screeners	187	100 participants
Health Experience: defined as “work in health-related career today” or “used to work in health-related career” Self-Paced Live Session	59 12	50 participants
Non-Health Experience: defined as “never have worked in health-related career” or “not familiar with health-related careers” Self-Paced Live Session	22 11	50 participants



EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

Thriving at Work

Black Women East of the River are committed to meeting and exceeding employer expectations. They take great pride in “doing a great job” and in their care for patients. In return, they want to receive opportunities to grow, recognition and fair wages.

A disconnect exists between what Black Women East of the River are doing to support employers and what those employers are doing to support them, especially in traditional health care settings.

Understaffing, lack of respect for what they do, limited to no career help and low wages are key gaps for thriving in health-related careers today.

THRIVING AT WORK WISH LIST

Enough time, training and support to offer optimal care:

“Completing my daily tasks, ensuring my clients have received all medication, medical equipment, update lab results, appointments/referrals. And to help them become responsible for their health, how to gain knowledge on diseases, health issues, health preventive education, know what questions to ask that are directly connected to their health.” Health Related (Self Paced)

A living wage and growth opportunities: “Thriving at work means that I am performing beyond my employer’s expectations and growing in my role and career field while being paid adequately for my efforts.” Health Related (Self Paced)

Empowerment: “Thriving at work means autonomy, flexibility and a transparent emotionally mature team/leadership.” Health Related (Self Paced)

Respect: “Working in a professional environment that is safe, free of discriminatory practices, offers equal, competitive pay and timely advancement.” Health Related (Self Paced)



EXECUTIVE SUMMARY

Interest and Awareness in Health-Related Careers

84%

Interested

Most respondents expressed interest in health-related careers, mostly because they wanted a career based on “helping others.”

“I am interested in health-related career because since I was a child I've had so much respect and zeal for health-related careers. It has been my dream to [be] a part of the betterment of man and our surroundings through good health practices” Health Related (Screener)

“I am interested in the health-related field because I want to be able to help others through whatever ailments they have. Helping by listening, comforting, and just being someone to lean on when they are not feeling their best.” Non-Health Related (Screener)

16%

**Not
Interested**

Low pay, misunderstanding about opportunities and negative personal experiences with the health care system were top reasons.

“I have [too] many responsibilities to change careers right now.” Non-Health Related (Screener)

“Not interested simply because I am not passionate about it and I feel you need that drive to do that. I am very creative and love being a mentor and entrepreneur.” Non-Health Related (Screener)

“I am not interested in patient-care related jobs because one time I was interested in being a home health aide but couldn't find classes that fit my schedule.” Non-Health Related (Self Paced)



EXECUTIVE SUMMARY

Interest and Awareness
in Health-Related Careers

ACROSS GROUPS, PARTICIPANTS EXPRESSED HIGH INTEREST IN A HEALTH-RELATED CAREER. HALF OF RESPONDENTS WITHOUT HEALTH-RELATED EXPERIENCE HAD LIMITED AWARENESS OF OPPORTUNITIES.

Health-Related Career Job Opportunity Awareness

High (4,5)

Medium (3)

Low (1,2)

Health-Related Career Interest

High (4,5)

Medium (3)

Low (1,2)

Health Related Experience	Non-Health Related Experience	Total
84%	26%	71%
7%	17%	9%
7%	45%	16%
90%	43%	78%
5%	21%	9%
4%	29%	5%

Source: N = 187 Screener Q: How much do you know about health related career job opportunities?
Q: How interested are you in starting or progressing in a health related career?



EXECUTIVE SUMMARY

Interest and Awareness
in Health-Related Careers

ABOUT 50% OF PARTICIPANTS EXPRESSED INTEREST IN WELLNESS RELATED POSITIONS, THE HIGHEST PERCENTAGE OF INTEREST AMONG ALL POSITIONS. HOME HEALTH AIDE (9) AND PHARMACY TECHNICIAN POSITIONS (8) WERE THE HIGHEST RANKED OF THE PRIORITIZED HEALTH RELATED OCCUPATIONS.

HIGHEST INTEREST HEALTH RELATED CAREERS AMONG NON-HEALTH EXPERIENCE PARTICIPANTS

Wellness

50%

Home Health Aide (HHA)

41%

Pharmacy Technician (Pharm. Tech)

36%

Community Health Worker (CHW)

36%

Admin/Clerical Position

36%

Social Worker

36%

**TOP RANKING PRIORITY
OCCUPATIONS BASED ON HIGH
DEMAND AND GROWTH FOR
NON-DEGREE AND ENTRY LEVEL
HEALTH RELATED POSITIONS**



EXECUTIVE SUMMARY

Training Content

Flexible and personalized training will be critical to meeting the needs of Black Women East of the River.

Due to various learning styles, needs and scheduling preferences, a training program that allows participants to “choose their own adventure” is recommended, where participants could curate their own program based on the options available to them and stage of life.

This would allow participants to choose when and how to access the information most relevant to them such as computer basics, work/life balance, and mentoring.

Unique Needs: “Talk to me. Tell me what you need because everything equal is not equitable. So you might need one thing, and I might need something else. Not everybody needs the same thing. So being able to know what each person needs, not grouping people into, you know, this certain category. You’re not generalizing what you think I need versus asking me what I need and giving me that.” Non-Health Related (Live Session)

Mix of Training Methods: “I think all three. Instructor-led allows for the expertise of a set of people to be distributed and learned. Group discussions allow for all perspectives to be heard. Hands-on learning gives you the opportunity to do it in real-time and see your success and/or mistakes.” Non-Health Related (Self Paced)

Different Learning Styles: “Instructor-led and hands-on learning are the best because that is the best way some people can learn and take part.” Health Related (Self Paced)



EXECUTIVE SUMMARY

Training Logistics

Most participants felt that a hybrid format of in-person and virtual learning options would be the best way to make a training accessible for women in their community.

Preferences for in-person and virtual learning vary by the person and the content taught, therefore giving participants the option to choose the topic and the learning environment (virtual or in-person) is imperative.

Flexible: “Flexibility, I believe is going to be key because I forget which participant said this but as far as their personal lives and their priorities, they may have to have certain flexibilities where they may instead of going like, say, every Wednesday, it may have be that they need to go on a Saturday or Sunday.” Health Related (Live Session)

Hybrid: “It will be best if it was done both online and virtually....and the internet has served as a safe zone for people who can't make it in to attend in person.. activities online make it easier....some people are not comfortable speaking face to face.” Health Related (Self Paced)

Personalized: “I would like to say for the most part an environment that also takes the person into account, and their priorities. Say, they have children, or they're taking care of a parent or something like that, and [being] able to work and be flexible with that.” Health Related (Live Session)



EXECUTIVE SUMMARY

Career Development Support

Black Women East of the River need opportunities to access training that don't compete with job demands or income (e.g. training on the job, paid time off dedicated to professional development).

Developing a relationship with someone who understands their experiences and has "been there" is essential to motivating and giving women tools they need.

Shared Lived Experiences "You're going to need somebody who's like, hey, look, I've been where you been, I've been homeless, I've been in an abusive marriage, I've been through it. But you can still thrive and excel in your life. You can, if you want to." Non-Health Related (Live Session)

Advice "I believe that most people do not know their value and how to negotiate for fair pay at work." Health Related (Self Paced)

Emotional Support "Even if somebody, you know, maybe got a great job offer, they may be afraid to take it. They may need to talk to somebody on how to work through those skills. So it's not necessarily well, I'm not prepared. No, I am prepared. But I'm just scared." Non-Health Related (Live Session)

Mentorship "Networking kind of helps you know your worth and the boundaries that people should not cross. Because sometimes if a person hasn't already made that journey, they may not know and you don't really want to have every experience be baptism by fire." Health Related (Live Session)



EXECUTIVE SUMMARY

Support Services

Financial incentives, childcare and transportation are the biggest support services needed for participants to take advantage of a program.

Women also expressed the need for emotional support services to engage in one-on-one therapy sessions and support groups, offered at the job location or through partnering community organizations.

Built-in dedicated self-care time for women to regroup mentally and emotionally are also important for mental health.

Quality Childcare: “Childcare services would really be lifting a burden off me, helping me participate in the training program without being distracted or losing focus from thinking if my child is okay.” Health Related (Self Paced)

Comprehensive Childcare “Childcare is needed past normal business hours.” Non-Health Related (Self Paced)

Safe Transportation “Transportation to the premise would help me take advantage of a training program because it helps save [on] cost and also [I would feel] safe traveling with people who are going to same destination” -Health Related (Self Paced)

Counseling “They can be like, oh we match you with a counselor, psychologist to come and educate you. Or they can even add something like monthly benefits. I think that would be very good, because people feel like therapy will be very expensive. So if the company is [covering] part of it, it will be very good.” Health Related (Live Session)



EXECUTIVE SUMMARY

Communication Strategies

Local institutions have the trust and the relationships to reach Black Women East of the River.

To get their attention, participants need to know what they will get out of a training and how it will help them advance their career.

Making the message inclusive (“we will meet you where you are”) will be important, especially for reaching the most vulnerable women in Ward 7 and 8.

In the past, participants have paid attention to training information shared via social media or email. Videos and flyers that offer details on the program were viewed as helpful for motivating respondents to sign up for a program.

Inclusive Messaging “We’ll meet you where you’re at, we will meet you where you are, we’ll meet you at your point of need.” Health Related (Live Session)

Clear Benefits “At the end of the training or program you would get a certificate, or a license or it can go further.” Non-Health Related (Live Session)

Job Opportunities “I think if that [job placement] could be added to the [training, it would be an] advantage of attending the training program. You can actually get people to attend.” Health Related (Live Session)

Long-term Impact “Get the best job ever after you complete this training’, ‘Lifelong networks after completing this training,’ ‘If you want a life-changing experience, attend this training.” Health Related (Self Paced)

THRIVING AT WORK





THRIVING AT WORK

KEY TAKEAWAYS

THRIVING AT WORK

Black Women East of the River are committed to meeting and exceeding employer expectations. They take great pride in “doing a great job” and in their care for patients. In return, they want to receive opportunities to grow, recognition and fair wages.

A disconnect exists between what Black Women East of the River are doing to support employers and what those employers are doing to support them, especially in traditional health care settings.

Understaffing, lack of respect for what they do, limited to no career help and low wages are key gaps for thriving in health-related careers today.



THRIVING AT WORK KEY TAKEAWAYS

GROWTH POTENTIAL, PRIDE IN CAREER AND FEELING VALUED WERE IMPORTANT FACTORS FOR PARTICIPANTS TO FEEL LIKE THEY WERE THRIVING AT WORK.

75%

When asked what thriving at work means to them, 75% of women (61 of 81) shared responses centering around growth potential and opportunities to develop both professionally and personally. This is especially prominent among women with health-related experience (85%).

Themes	Total (81)	Health Experience (59)	Non-Health Experience (22)
Growth Potential/Opportunities (Professional Development/Advancement, Personal Growth, Accepting Challenges/Going Above and Beyond)	75%	85%	50%
Pride in Career (Accomplishing Goals/Tasks, Quality Jobs with Good Pay and Benefits, Making a Difference)	44%	47%	36%
Being Recognized/Valued/Supported (Quality Environment, Recognition from Supportive Leadership, Vibrant Organizational Culture/Teamwork, Being Seen and Heard)	22%	17%	36%

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced)

Q: Share what “thriving” at work means to you.



THRIVING AT WORK KEY TAKEAWAYS

OPPORTUNITIES TO LEARN AND A PATH TO ADVANCE ARE CRITICAL TO WOMEN THRIVING IN THE WORKPLACE.

75%

Mentions

**Growth
Potential/
Opportunities**

Source: N = 81: 59 Health
Related (Self Paced) and
22 Non-Health Related
(Self Paced)
Live Session Quotes
Q: Share what “thriving” at
work means to you.

Professional Development / Advancement	<p>“Thriving at work means having the ability to grow with your job, learning and developing as the system develops.” Health Related (Self Paced)</p> <p>“Motivation to outline your motives, and desires, or to better improve your skills.” Non-Health Related (Live Session)</p> <p>“A lot of employment places ask for experience. My question is if no one gives you an opportunity, how do you gain experience? [What’s] useful to me is a place of employment willing to give me a chance.” Health Related (Screener)</p> <p>“Thriving at work means progression to me.” Non-Health Related (Self Paced)</p>
Personal Growth	<p>“Thriving at work means to me that you are trying to do well and make your situation better. Trying to beat the odds.” Non-Health Related (Self Paced)</p> <p>“Thriving at work to me means [becoming] a better version of yourself while still working.” Health Related (Self Paced)</p>
Accepting Challenges / Going Above and Beyond	<p>“I feel like if it’s not a challenge, it’s not worth it. I love a challenge.” Health Related (Live Session)</p> <p>“Thriving means going above and beyond” Non-Health Related (Self Paced)</p> <p>“I think thriving at work means to flourish or exceed in your work.” Health Related (Self Paced)</p>



THRIVING AT WORK KEY TAKEAWAYS

DELIVERING GREAT WORK, ACHIEVING GOALS, BEING WELL-COMPENSATED AND MAKING A DIFFERENCE ARE ALL ESSENTIAL TO HAPPINESS AND PRODUCTIVITY.

44%

Mentions

**Pride in
Career**

Source: N = 81: 59 Health
Related (Self Paced) and
22 Non-Health Related
(Self Paced)

Live Session Quotes

Q: Share what “thriving” at
work means to you.

Accomplishing Goals/Tasks

“Thriving at work means to progress toward or realize a goal despite or because of circumstances.” Health Related (Self Paced)

“Thriving is being productive and having the opportunity to continuously learn and grow.” Health Related (Self Paced)

“Completing my daily tasks, ensuring my clients have received all medication, medical equipment, update lab results, appointments/referrals. And to help them become responsible for their health, how to gain knowledge on diseases, health issues, health preventive education, know what questions to ask that are directly connected to their health.” Health Related (Self Paced)

Quality Jobs: Good Pay, Benefits

“Thriving at work means that I am performing beyond my employer's expectations and growing in my role and career field while being paid adequately for my efforts.” Health Related (Self Paced)

“Having a career where I can retire is #thrivinggoals.” Health Related (Self Paced)

Making a Difference

“Thriving at work has a significant meaning of fulfilling the mission of the workplace, clients/community being served along with self-fulfilling personal goals.” Health Related (Self Paced)

“Knowing that what I'm doing is making a difference.” Health Related (Self Paced)



THRIVING AT WORK

KEY TAKEAWAYS

22%

Mentions

**Being
Recognized,
Valued, and
Supported**

Source: N = 81: 59 Health
Related (Self Paced) and
22 Non-Health Related
(Self Paced)

Live Session Quotes

Q: Share what “thriving” at
work means to you.

THRIVING MEANS A QUALITY WORK ENVIRONMENT THAT VALUES EQUITY AND RESPECT. WOMEN MUST BE SEEN AND HEARD.

Quality Environment / Vibrant Culture / Teamwork	<p>“Working in a professional environment that is safe, free of discriminatory practices, offers equal, competitive pay and timely advancement.” Health Related (Self Paced)</p> <p>“Making sure that you treat the people the same way. We go through different situations and different things. So we have to have that understanding as a person that we go through different kinds of situations and different kind[s] of outlook[s] on different things about us. So just making sure you get a physical understanding of that person.” Health Related (Live Session)</p> <p>“Teamwork working hard.” Non-Health Related (Self Paced)</p> <p>“Thriving is being energized, feeling valued, and feeling that what you do is valued.” Health Related (Self Paced)</p>
Recognition and Support from Leadership	<p>“Thriving at work means autonomy, flexibility and a transparent emotionally mature team/leadership.” Health Related (Self Paced)</p> <p>“Everybody don't learn the same. I learn hands on. I don't learn if a person telling me something. I got to see it and then do it in order to, you know, to be successful at it.” Non-Health Related (Live Session)</p> <p>“Doing what makes me happy and my superiors noticing my hard work.” Non-Health (Self Paced)</p> <p>“Loving what I do in an environment of people who don't micromanage me.” Health Related (Self Paced)</p>

AWARENESS AND INTEREST IN HEALTH RELATED CAREERS





OVERALL HEALTH RELATED CAREER KEY TAKEAWAYS

AWARENESS AND INTEREST

Most respondents expressed interest in health-related careers, mostly because they wanted a career based on “helping others.”

Low pay, misunderstanding about opportunities and negative personal experiences with the health care system were top barriers to entering health-related careers.

Community health worker, admin/clerical positions, and social worker were of top interest.

Wellness jobs topped the list on jobs they were interested in because they allowed participants to serve their community/help people directly.



OVERALL HEALTH RELATED CAREER AWARENESS AND INTEREST

ACROSS GROUPS, PARTICIPANTS EXPRESSED HIGH INTEREST IN A HEALTH-RELATED CAREER. HALF OF RESPONDENTS WITHOUT HEALTH-RELATED EXPERIENCE HAD LIMITED AWARENESS OF OPPORTUNITIES.

Health-Related Career Job Opportunity Awareness

High (4,5)

Medium (3)

Low (1,2)

Health
Related
Experience

Non-Health
Related
Experience

Total

84%

26%

71%

7%

17%

9%

7%

45%

16%

Health-Related Career Interest

High (4,5)

Medium (3)

Low (1,2)

90%

43%

78%

5%

21%

9%

4%

29%

5%



OVERALL HEALTH RELATED CAREER Interest

**BUILDING A CAREER TO HELP OTHERS WAS A
TOP MOTIVATOR FOR ALL PARTICIPANTS,
FOLLOWED BY GROWTH OPPORTUNITIES.**

84%

**Interested
because ...**

Love helping others

"I am interested in health-related career because since I was a child I've had so much respect and zeal for health-related careers. It has been my dream to [be] a part of the betterment of man and our surroundings through good health practices" Health Related (Screener)

"I am interested because I love helping others and with my passion for IT, I know my knowledge will be extremely helpful during these times." Non-Health Related (Screener)

"I am interested in the health-related field because I want to be able to help others through whatever ailments they have. Helping by listening, comforting, and just being someone to lean on when they are not feeling their best." Non-Health Related (Screener)

"Because I love and care about people's wellbeing." Health Related (Screener)

Professional Growth

"I am interested because at some point I want to be off of disability and back in school pursuing a career in healthcare." Health Related (Self Paced)

"Motivation to outline your motives, and desires, or to better improve your skills, or look for ways to improve your skills, and to better yourself and to do what you can do to help better your skills." Non-Health Related (Live Session)



OVERALL HEALTH RELATED CAREER

Barriers

**LOW PAY, MISUNDERSTANDING ABOUT
OPPORTUNITIES AND NEGATIVE PERSONAL
EXPERIENCES WITH THE HEALTH CARE SYSTEM
REDUCED INTEREST.**

16%

**Not
Interested
because ...**

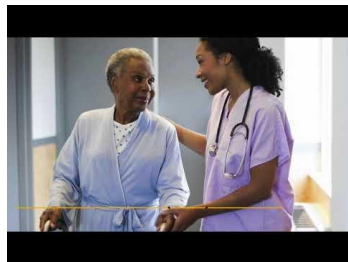
Low Wages	"Poorly paid employees." Non-Health Related (Screener)
Barriers to Entry	"I have [too] many responsibilities to change careers right now." Non-Health Related (Screener) "Sometimes people need a little extra help and encouragement to get out there. I know I did. I needed a whole lot of encouragement and help. I suffer from social anxiety and depression, and so I greatly benefited from having a mentor at the training program." Non-Health Related (Live Session)
Potential misunderstanding about the varied opportunities	"Not interested simply because I am not passionate about it and I feel you need that drive to do that. I am very creative and love being a mentor and entrepreneur." Non-Health Related (Screener)
Personal experience with health system	"I have health issues and I'm exhausted of the healthcare system." Non-Health Related (Screener) "Yes, I will say what, if I see a program that I'm familiar with...I'm more inclined to want to do it just based off of my past experience with that organization. And if that past experience was a successful one, then it does make me want to either volunteer or learn the information or see you know, how it will be beneficial to my future, things like that." Non-Health Related (Live Session)



PATIENT-CARE POSITIONS NON-HEALTH RELATED EXPERIENCE

Awareness And Interest in
Traditional Health Care Jobs

AMONGST PARTICIPANTS W/O HEALTH RELATED EXPERIENCE, INTEREST IN HOME HEALTH AIDE POSITIONS RANKED HIGHEST, WHILE INTEREST IN EMT AND LPN POSITIONS WAS LOWER FOR HEALTH CARE POSITIONS.



Source: N = 22 Non-Health
Related (Self Paced)
Q: I had heard of the following
patient-care related jobs before
watching the video. Select all that
apply

	Aware	Interest
Certified Nursing Assistant (CNA)	50%	32%
Certified Medical Assistant (CMA)	45%	23%
Home Health Aide (HHA)	55%	41%
Licensed Practical Nurse (LPN)	55%	18%
Pharmacy Technician (PT)	68%	36%
Emergency Medical Technician (EMT)	64%	14%



OTHER TRADITIONAL HEALTH
CARE SETTING JOBS
NON-HEALTH RELATED EXPERIENCE
Interest

RESPONDENTS WITHOUT HEALTH RELATED EXPERIENCE HAD SIMILAR MOTIVATIONS FOR BEING INTERESTED, BUT WERE MORE LIKELY TO FEEL A LACK OF TRAINING OPPORTUNITIES WAS A BARRIER.

45%

Mentions

**Interested
because ...**

Helping People

"I am interested because my mother used to help people and I want to follow [her] footsteps." Non-Health Related (Self Paced)

"Love helping and taking care of people." Non-Health Related (Self Paced)

Career Growth

"I am interested in CNA and Pharmacy Technician [because] I do want to work in a hospital and I do want to work on medication to learn more about it." Non-Health Related (Self Paced)

18%

Mentions

**Not
Interested
because ...**

Lack of training

"I'm not interested because I don't have any formal training in this field." Non-Health Related (Self Paced)

Couldn't find classes

"I am not interested in patient-care related jobs because one time I was interested in being a home health aide but couldn't find classes that fit my schedule." Non-Health Related (Self Paced)



OTHER TRADITIONAL HEALTH CARE SETTING JOBS

NON-HEALTH RELATED EXPERIENCE
Awareness and Interest



Source: N = 22 Non-Health Related (Self Paced)

Q: I had heard of the following health related jobs before watching the video. Select all that apply/I am interested in the following health related jobs before watching the video. Select all that apply

COMMUNITY HEALTH WORKER, ADMIN/CLERICAL POSITIONS, AND SOCIAL WORKER WERE OF TOP INTEREST FOR RESPONDENTS WITHOUT HEALTH RELATED EXPERIENCE.

	Aware	Interest
Community Health Worker (CHW)	41%	27%
Admin/Clerical Position	41%	27%
Food Services Position	50%	9%
HVAC position/facility maintenance	36%	5%
Housekeeping/Environmental Service	55%	9%
Information Technology (IT)	55%	9%
Managerial	50%	9%
Social Worker	45%	27%
Health Education	45%	18%



OTHER TRADITIONAL HEALTH
CARE SETTING JOBS
NON-HEALTH RELATED EXPERIENCE
Interest

**COMMUNITY HEALTH WORKER AND SOCIAL WORK
POSITIONS WERE APPEALING TO PARTICIPANTS
INTERESTED IN SERVING THEIR COMMUNITY. OUT
OF THOSE NOT INTERESTED, MOST DIDN'T FEEL THE
JOB WAS A GOOD FIT OR THEM.**

64%

Mentions

**Interested
because ...**

**Community Health
Worker**

"I am interested because I think it would be good to be a community health worker because [there aren't] too many health workers in the community and I want to teach others about healthcare whenever I learn more." Non-Health Related (Self Paced)

"I would be interested in opportunities to provide educational information to empower members of the community and raise awareness of various health-related issues." Non-Health Related (Self Paced)

Social Worker

"I love being a social worker because I see the need in the day to day life of people which always gives me [a] kick." Non-Health Related (Self Paced)

"I would be interested in being a social worker. I enjoy helping people." Non-Health Related (Self Paced)

27%

Mentions

**Not
Interested
because ...**

**Limited interest in the
positions available**

"Literally I couldn't figure any job here that I can really do with passion and enthusiasm." Non-Health Related (Self Paced)

"No formal training or interest in the field." Non-Health Related (Self Paced)



OTHER HEALTH RELATED JOBS NON-HEALTH RELATED EXPERIENCE Interest

**WHEN ASKED ABOUT ADDITIONAL
HEALTH RELATED JOBS, 50% OF NON-
HEALTH PARTICIPANTS WERE
INTERESTED IN WELLNESS POSITIONS.
ENTREPRENEUR RANKED LOWEST.**

Interest	
9%	Entrepreneur (running a health-related business)
50%	Wellness (Health Coach/Nutritionist/Dietician/Esthetician/Personal Trainer/Yoga Instructor/Masseuse)
23%	Childbirth Practitioner (Midwife/Doula/Lactation Specialist)
23%	Medical Supply Field

Source: N = 22 Non-Health Related
(Self Paced)

Q: Additional health related jobs that I
would be interested in are _____.
(Select all that apply):



OTHER HEALTH RELATED JOBS NON-HEALTH RELATED EXPERIENCE Interest

WELLNESS JOBS WERE SEEN AS A WAY TO ENGAGE WITH FELLOW COMMUNITY MEMBERS. WOMEN WITH CHILDREN EXPRESSED INTEREST IN CHILDBIRTH PRACTITIONER JOBS AND SAW THEM AS A WAY TO HELP OTHER PARENTS.

50%

Mentions

Wellness

Wellness

"I would be interested in opportunities to provide wellness information to members of the community."
Non-Health Related (Self Paced)

"I do enjoy personal and mental stability so careers such as yoga or fitness instructors and therap[y] interest me." Non-Health Related (Self Paced)

23%

Mentions

**Childbirth
Practitioner**

Childbirth

"I've always had interest in being a lactation consultant. Sometimes breast feeding can be a struggle and I would like to show moms that you can overcome that struggle; and help them find tools that would benefit them on their journey." Non-Health Related (Self Paced)

"As a mother of four, I would like to learn about becoming a Doula." Non-Health Related (Self Paced)



PATIENT-CARE POSITIONS
NON-HEALTH RELATED EXPERIENCE
Interest in
Health Related Jobs

ABOUT 50% OF PARTICIPANTS EXPRESSED INTEREST IN WEILNESS RELATED POSITIONS, THE HIGHEST PERCENTAGE OF INTEREST AMONG ALL POSITIONS. HOME HEALTH AIDE (9) AND PHARMACY TECHNICIAN POSITIONS (8) WERE THE HIGHEST RANKED OF THE PRIORITIZED HEALTH RELATED OCCUPATIONS.

**HIGHEST INTEREST HEALTH RELATED CAREERS
AMONG NON-HEALTH EXPERIENCE PARTICIPANTS**

Wellness 50%

Home Health Aide (HHA) 41%

Pharmacy Technician (Pharm. Tech) 36%

Community Health Worker (CHW) 36%

Admin/Clerical Position 36%

Social Worker 36%

**TOP RANKING PRIORITY
OCCUPATIONS BASED ON HIGH
DEMAND AND GROWTH FOR
NON-DEGREE AND ENTRY LEVEL
HEALTH RELATED POSITIONS**

TRAINING CONTENT AND APPROACH



KEY TAKEAWAYS



TRAINING CONTENT AND APPROACH

Flexible and personalized training will be critical to meeting the training needs of Black Women East of the River. Due to various learning styles, needs and scheduling preferences, a training program that allows participants to “choose their own adventure” is recommended, where participants could curate their own program based on the options available to them and stage of life. This allows participants to choose when and how to access the information most relevant to them such as computer basics, work/life balance, and mentoring.

Experienced health workers were seen as trusted sources of information, especially if they came from similar backgrounds/lived experiences of trainees.

Participants want instructors with expertise, similar lived experience (professionally and/or personally “someone who is a success story”) who can relate the content to a real-life scenario.

Participants felt strongly that an instructor must be engaging and incorporate group discussion for participants to process what they’re learning and learn from others.



KEY TAKEAWAYS

TRAINING CONTENT AND APPROACH

Most participants valued hands-on learning. More experienced health care workers were more likely to also want a mix of instructor-led and group discussions to accommodate different learning styles.

Computer basics and mentoring were seen as important pieces of content for potential employees of any industry, while work/life balance was cited as particularly important for health related workers due to the high-intensity nature of the industry.

For those who need more support during class, a teaching assistant and/or office hours are options to address individual questions without disrupting class flow.



TRAINING CONTENT Format

PARTICIPANTS CURRENTLY WORKING IN A HEALTH RELATED JOB PREFERRED A VARIETY OF TRAINING APPROACHES, WHILE NON-HEALTH RELATED WORKERS FELT HANDS-ON LEARNING WORKED THE BEST.

	Health Related	Non-Health Related	Total
Hands-on Learning	69%	86%	74%
Group Discussion	69%	59%	67%
Instructor-led	69%	50%	64%

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)

Q: Format of the class. Select All That Apply



TRAINING CONTENT Format

**HANDS-ON LEARNING HELPED PARTICIPANTS
PICK UP TECHNICAL SKILLS EFFECTIVELY. A
MIXED APPROACH WAS SEEN TO BENEFIT THOSE
WITH DIFFERENT LEARNING STYLES.**

74%

Mentions

**Hands-on
Learning**

Hands-on Learning

"The hands-on learning gives me a sense of purpose and can be brought home and can be amplified and magnified." Health Related (Live Session)

"That when I go home, like if you're doing something that's related to blood pressure, and you go home with that stethoscope in the sphygmomanometer, and practice on your kids, that hands on training that you learned in the class, you can bring it home, and you can just amplify and keep magnifying.." Health Related (Live Session)

"The hands-on learning has been a tested and trusted class format because it appears more practical and engaging." Health Related (Self Paced)

"I'm the person [if I don't learn] hands on, I don't learn. If a person [is] telling me something, I [have] to see it. And then do it in order to be successful at it." Non-Health Related (Live Session)

51%

Mentions

**Different
approaches**

Mixed approach

"You have people who are visual, there are people who if you showed [them] how to do it, nine times out of ten [they] understand it." Non-Health Related (Live Session)

"I think all three. Instructor-led allows for the expertise of a set of people to be distributed and learned. Group discussions allow for all perspectives to be heard. Hands-on learning gives you the opportunity to do it in real-time and see your success and/or mistakes." Non-Health Related (Self Paced)

"Instructor-led and hands-on learning are the best because that is the best way some people can learn and take part." Health Related (Self Paced)

"All of them, as there are different learning types that can compliment skill mastery." Health Related (Self Paced)

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)

Live Session Quotes

Q: Format of the class. Select All That Apply



TRAINING CONTENT Format

TRAINING DELIVERY, ENGAGEMENT AND ADAPTABILITY ARE KEY. EXPERIENCED HEALTH WORKERS WERE SEEN AS TRUSTED SOURCES OF INFORMATION, ESPECIALLY IF THEY CAME FROM SIMILAR BACKGROUNDS/LIVED EXPERIENCES OF TRAINEES.

	Health Related	Non-Health Related	Total
Experienced Health Worker	75%	55%	79%
Similar Lived Experience	33%	18%	26%
Professional Trainer	8%	9%	16%



TRAINING CONTENT Format

RESPONDENTS WANT TRAINERS WITH EXPERTISE AND HANDS-ON EXPERIENCE THAT IS RELATABLE.

52%

Mentions

**Experienced
Health
Worker**

Experienced Health Worker

"The most important thing is to have someone with experience. Someone who is a subject matter professional." Non-Health Related (Live Session)

The "core and the foundation of any medical career... you have to have CPR and AED, you have to know the vital signs, the blood pressure and the heart rate and how the normal respirations per minute, because those are vital to one's existence." Health Related (Live Session)

"Someone who has been there in this position, [knows] what it feels like, not just a trainer, it's someone who's worked in that health industry." Non-Health Related (Live Session)

"I find that in previous careers, I have had mentors that actually worked in the field. They are knowledgeable. They just have [the] education behind them and I found that a mentor [that] I've had previously when they worked in the field, I got the most information and the best way to navigate that field [was] through them." Non-Health Related (Live Session)

22%

Mentions

**Similar Lived
Experience**

Similar Lived Experience

"But sometimes I see for some of these women who don't have any higher level education, it is helpful if you have someone that is a success story, for lack of a better term that opens up or initiates the training." Health Related (Live Session)

"I think someone with similar lived experience. So for instance, maybe someone who has been bullied at work can come and talk to people [at the] company [telling them] they should not give up? Because he was once like them? And he was able to progress? I think the important one is experience [with a] health related career [and] mental health." Health Related (Live Session)

"Someone who is knowledgeable in that specific topic. [Someone with] some lived experience, [but] if not, I mean, [if] you have [the] knowledge, to me, that's okay." Health Related (Live Session)



TRAINING CONTENT

Content/Info Offered

WHEN ASKED ABOUT TRAINING CONTENT/INFORMATION, COMPUTER BASICS, WORK/LIFE BALANCE, AND MENTORING, EACH RANKED HIGHEST AMONG HEALTH RELATED WORKERS. NON-HEALTH RELATED WORKERS ADDITIONALLY EXPRESSED INTEREST IN WRITING FOR WORK.

	Health Related	Non Health Related	Total
Computer Basics	68%	59%	65%
Work/Life Balance	68%	86%	73%
Mentoring	68%	50%	63%
On-the-job basics	62%	55%	60%
Dress Code	59%	45%	56%
Writing for Work	58%	64%	59%
Math/Interview/Resume	53%	55%	53%
Career Path	56%	41%	53%

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)
Q: Training content/info offered



TRAINING CONTENT Content/Info Offered

COMPUTER BASICS AND MENTORING WERE SEEN AS IMPORTANT PIECES OF CONTENT FOR POTENTIAL EMPLOYEES OF ANY INDUSTRY, WHILE WORK/LIFE BALANCE WAS CITED AS PARTICULARLY IMPORTANT FOR HEALTH RELATED WORKERS DUE TO THE HIGH-INTENSITY NATURE OF THE INDUSTRY.

72%

Mentions

**Work/Life
Balance**

Work/Life Balance

"The healthcare industry never sleeps. Work/life balance is so important because depending on your role, you can work 24/7 and not take care of yourself." Health Related (Self Paced)

"To me work life balance, you have to be able to deal with your regular life in your work life. Basically, I guess, whatever is going on at home, when you get to work, you have to leave that at home. And what was going on at work, you know, you deal with for while you're at work. Don't take it home with you, or don't take your life to work with you." Non-Health Related (Live Session)

"As a mom with two kids, my mom kind of said, you know, nursing is really good. You know, a lot of people are in it for the money, but you know, their long hours if you have kids, you know, it's not that traditional nine to five if you're unfortunate to, for lack of a better term, be a baby mom, you don't have that support in house, that everything kind of falls on you. And so, now that I have this nine to five, no [working on the] weekends, it gives me that work/life balance that I need for myself, but also to give to my children with coronavirus happening." Health Related (Live Session)

65%

Mentions

**Computer
Basics**

Computer Basics

"Computer basics; The universe evolves every day making computers and technology an asset. Training individuals on computer basics is actually preparing them for future evolution." Health Related (Self Paced)

"Computer basics is not to be overlooked. With the advancement in technology, it is only right to be sure that the applicant is updated on the tech side of things." Health Related (Self Paced)

"Computer basics is really important for my job because we are going strictly digital and we need to be trained with more modern technology equipment and software for plan[ning] and organization." Health Related (Self Paced)

63%

Mentions

Mentoring

Mentoring

"Mentoring is a keynote to consider if a person is to advance far into this field. It takes a lot to stay on this path as there are a lot of challenges." Health Related (Self Paced)

"Having a mentor to keep you accountable." Non-Health Related (Self Paced)

"Mentoring is [a] beneficial skill [for] development and growth." Non-Health Related (Self Paced)

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced) Live Session Quotes Q: Training content/info offered

TRAINING LOGISTICS





KEY TAKEAWAYS

TRAINING LOGISTICS

Most participants felt that a hybrid format of in-person and virtual learning options would be the best way to make a training accessible for women in their community. Preferences for in-person and virtual learning vary by the person and the content taught, therefore giving participants the option to choose the topic and the learning environment (virtual or in-person) is imperative.

Covid and travel issues are reasons why having part of the program be virtual was important, but adding that in-person sessions were a must-have for many practical/hands-on training programs.

When asked about length of program, half day was ranked top by both health related and non-health related workers.



TRAINING LOGISTICS TIME OF DAY

MORNING WAS RANKED THE BEST TIME TO HOST TRAINING SESSIONS BY BOTH HEALTH RELATED AND NON-HEALTH RELATED WORKERS. MORNINGS WERE SEEN AS AN IDEAL TIME BECAUSE IT ALLOWS PARTICIPANTS TO “HAVE SOME PORTION OF THE DAY BACK.”

	Health Related	Non-Health Related	Total
Morning	64%	55%	62%
Mid Day	46%	27%	41%
Afternoon	37%	14%	31%
Evening	46%	32%	42%

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)

Q: Choose what time(s) of day would work best



TRAINING LOGISTICS TIME OF DAY

**PARTICIPANTS FELT THAT MORNING TRAININGS
MEANS THAT THEY COULD COME TO THE SESSION
REFRESHED AND READY TO LEARN.**

62%

Mentions

Mornings

Finishing important action items in the morning

"Mornings or a half-day allow individuals to have some portion of the day back." -Non-Health Related (Self Paced)

"I like to do important stuff in the morning, to get it over with." -Non-Health Related (Live Session)

"It's best to have a daily morning training so that you can get use[d] to getting up and starting a morning routine." Non-Health Related (Self Paced)

"Trainings in the morning are more effective." Health Related (Self Paced)

Night time harder, people lose energy/focus

"Mornings should be better because most people would be more eager to learn in the morning...at night more people are stressed from the day." Non-Health Related (Live Session)

Source: N = 81: 59
Health-Related (Self
Paced) and 22 Non-
Health Related (Self
Paced)

Live Session Quotes
Q: Choose what time(s)
of day would work best



TRAINING LOGISTICS

TIME OF DAY

WHEN ASKED ABOUT LENGTH OF PROGRAM, HALF DAY WAS RANKED TOP BY BOTH HEALTH RELATED AND NON-HEALTH RELATED WORKERS, WITH NEARLY 50% OF NON-HEALTH RELATED WORKERS SELECTING HALF DAY.

	Health Related	Non-Health Related	Total
Less than an hour	14%	14%	14%
One hour	36%	5%	27%
Two Hours	41%	9%	32%
Half day	53%	41%	29%
All day	24%	18%	22%

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)
Q: Choose what length(s) of time would work best



TRAINING LOGISTICS

TIME OF DAY

HALF DAYS APPEALED TO FOLKS INTERESTED IN BLOCKING OFF A LARGER PIECE OF TIME TO FINISH A TRAINING BUT WERE NOT SO LONG THAT THE TRAINING WAS SEEN AS TOO TIRING.

50%

Mentions

Half Day

Flexibility Important

“And if you were really like, oh, well, I just don't want to do class all day, I just want to take that one class a week, for just four hours, or five hours. That gave me the flexibility, to have a part-time job in high school, because I was helping out, you know, my mom [with] paying her bills, because she was a single mom. So I think, if that worked in high school, for children, why can't it work for adults?” Health Related (Live Session)

“I would like to say for the most part an environment that also takes the person into account, and their priorities. Say, they have children, or they're taking care of a parent or something like that, and [being] able to work and be flexible with that.” Health Related (Live Session)

“Flexibility, I believe is going to be key because I forget which participant said this but as far as their personal lives and their priorities, they may have to have certain flexibilities where they may instead of going like, say, every Wednesday, it may have to be that they need to go on a Saturday or Sunday.” Health Related (Live Session)

Shorter sessions better for focus/engagement

“A training that takes the whole day is usually very tiring.” Health Related (Self Paced)

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)
Lise Session Quotes
Q: Choose what length(s) of time would work best



TRAINING LOGISTICS

Class Frequency

WHEN ASKED ABOUT FREQUENCY OF PROGRAM, BOTH HEALTH RELATED AND NON-HEALTH RELATED WORKERS SELECTED A FEW TIMES A WEEK AS A TOP CHOICE. DAILY RANKED SECOND AMONG HEALTH RELATED AND NON-HEALTH RELATED WORKERS.

	Health Related	Non-Health Related	Total
Daily	34%	36%	35%
Once a week	25%	18%	23%
Few times/week	47%	40%	46%
Monthly	24%	18%	22%

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)
Q: Choose what frequency would work best



TRAINING LOGISTICS

Class Frequency

FREQUENT CLASSES THAT WERE LONGER APPEALED TO PARTICIPANTS, WHO ALSO NOTED THAT LONGER CLASSES MADE IT EASIER TO MAKE TIME FOR STUDENTS AT DIFFERENT POINTS IN THEIR CAREER PATH.

46%

Mentions

**Few
times/week**

**Frequent classes in a longer
chunk of time**

"If it was maybe one or two days a week, and the classes were longer, and you're still getting the same quality...I wouldn't be opposed to that." Health Related (Live Session)

**Understanding learning
styles important**

"If it's training, then I would want personally, I would want that a few times a week. Everybody's understandability meter is different. So somebody may [understand] something in 2.5 seconds compared to somebody else, [where it] may take them 10 minutes or 15 minutes." Non-Health Related (Live Session)

"Everyone needs to understand that everyone is not the same and not at the same level in terms of the support being offered." Non-Health Related (Live Session)

"What I find lacking is [when] I've tried to go into a program or just a program I can say, oh, just the support system. I needed more advanced support. I wasn't on the level of my peers, to be honest. So I just want everybody to look at people individually." Non-Health Related (Live Session)

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)
Live Session Quotes
Q: Choose what frequency would work best



TRAINING LOGISTICS

Virtual/In Person

HYBRID LEARNING WAS BY FAR THE MOST POPULAR OPTION AMONG BOTH HEALTH RELATED (38) AND NON-HEALTH RELATED WORKERS (14), WHO CITED COVID AND TRAVEL ISSUES AS REASONS WHY HAVING PART OF THE PROGRAM BE VIRTUAL WAS IMPORTANT, BUT ADDING THAT IN-PERSON SESSIONS WERE A MUST-HAVE FOR MANY PRACTICAL/HANDS-ON TRAINING PROGRAMS.

	Health Related	Non-Health Related	Total
Virtual	22%	27%	23%
In-Person	22%	14%	20%
Both/Hybrid	64%	64%	64%

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)

Q: Choose whether in-person or virtual would work best



TRAINING LOGISTICS

Virtual/In Person

HYBRID CLASSES WERE SEEN AS BETTER FOR WORK/LIFE BALANCE, ESPECIALLY DURING THE ONGOING COVID-19 PANDEMIC WHERE SOME DO NOT FEEL SAFE ATTENDING IN-PERSON TRAININGS.

64%

Mentions

Hybrid

Source: N = 81: 59 Health-Related (Self Paced) and 22 Non-Health Related (Self Paced)
Live Session Quotes
Q: Choose whether in-person or virtual would work best

Better for work/life balance

“For work/life balance that would be [great]. Yes, I'm loving this hybrid.” Health Related (Live Session)

“It will be best [if] the class can be done both online and in person...clients can choose the one they want.” Health Related (Self Paced)

“For example, I think CPR courses should be in person, while computer skills classes can be done off-site and online.” Health Related (Self Paced)

COVID makes virtual option more appealing

“COVID has kind of changed everything, and how people work, how people communicate. In a way, I don't want to sound like COVID, it's not a good thing...I know for me, if kids are virtual, the kids get extra sleep, the parents can get extra sleep, because they're not getting up at six o'clock in the morning to get the kids to school on the bus and all of that, [hybrid] would work.” Health Related (Live Session)

“Some people are not ready for in-person interaction.” Non-Health Related (Self Paced)

“It will be best if it was done both online and virtually....and the internet has served as a safe zone for people who can't make it in to attend in person.. activities online make it easier....some people are not comfortable speaking face to face.” Health Related (Self Paced)

CAREER DEVELOPMENT NEEDS





KEY TAKEAWAYS

CAREER DEVELOPMENT NEEDS

Black Women East of the River need opportunities to get training that don't compete with job demands or income (e.g. training on the job, paid time off dedicated to professional development).

Developing a relationship with someone who understands and has “been there” is essential to motivating and giving women tools they need.

Networks are important for navigating the workplace, accessing opportunities and feeling supported.

Job placement support can be the difference between a great resume/interview and landing the job.



CAREER DEVELOPMENT KEY TAKEAWAYS

TRAINING AND CERTIFICATION ARE OPPORTUNITIES TO ADVANCE CAREERS AND INCREASE RETENTION.

46%

Mentions

**Training is
Helpful for
Career
Growth**

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Sessions
Q: Tell us which of the following career development support think you are most helpful ...

Earn and Learn: Opportunities to get training that don't compete with job demands or income (e.g. training on the job, paid time off dedicated to professional development).	<p>"Money is always a good incentive. But once you get in that environment, your training environment, and you see that you're getting help, that's gonna help you get out there and get a job. I think that's a big motivator." Health Related (Live Session)</p> <p>"Participation in a leadership training program was vital to understanding my leadership style, workplace strengths and areas for improvement." Non-Health Related (Self Paced)</p>
Certifications upon completion of a training program can help incentivize participants to join, particularly those who are already in health related jobs.	<p>"At the end of the training or program, [if] you would get a certificate, or a license, it can go further." Non-Health Related (Live Session)</p> <p>"Training was the most useful because I received certifications afterwards." -Health Related (Self Paced)</p> <p>"My job offers online recertification CPR, biohazards handling, ways to prevent needles, and the benefits and union[s] are awesome." -Health Related (Self Paced)</p> <p>"For me I had issues to acquire more trainings and certifications to get more relevance in the job search market." -Health Related (Self Paced)</p>
Financial support is also needed to pay for training and certification.	<p>"So if an employer isn't going to pay for you to get that training, that's another expense, both financially as well as personally, because you never know when you're going to save a life." -Health Related (Live Session)</p> <p>"[Support] paying for the certification exam." -Health Related (Self Paced)</p>



CAREER DEVELOPMENT
SUPPORT OFFERED

WHEN ASKED WHAT KIND OF SUPPORT WOULD BE MOST HELPFUL, MENTORING/COACHING WAS MOST POPULAR AMONG HEALTH RELATED WORKERS. NON-HEALTH RELATED WORKERS EXPRESSED INTEREST IN NETWORKING AND JOB PLACEMENT.

	Health Related	Non Health Related	Total
Mentoring/Coaching	76%	45%	68%
Job Counseling	68%	20%	60%
Networking	56%	68%	59%
Job Placement	58%	59%	58%

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes
Q: Tell us which of the following career development support think you are most helpful (job placement, job counseling, mentoring/coaching, networking).



CAREER DEVELOPMENT
SUPPORT OFFERED

DEVELOPING A RELATIONSHIP WITH SOMEONE WHO
UNDERSTANDS AND HAS “BEEN THERE” IS ESSENTIAL TO
MOTIVATING AND GIVING WOMEN TOOLS THEY NEED.

68%

Mentions

One-on-One
Mentoring/
Coaching

One-on-one mentoring
and coaching from
someone with similar
lived experience to
help with confidence
building, life skills, and
to share their
experiences
(career/life).

“You’re going to need somebody who’s like, hey, look, I’ve been where you been, I’ve been homeless, I’ve been in an abusive marriage, I’ve been through it. But you can still thrive and excel in your life. You can, if you want to.” Non-Health Related (Live Session)

“I believe that most people do not know their value and how to negotiate for fair pay at work.” Health Related (Self Paced)

“In the terms of mentorship, I met people who have been practicing pharmacist[s] and it boosted my morale for the job.” Health Related (Screener)

“You’ll learn from those that have deep experience on the job.” Non-Health Related (Self Paced)

“Access to mentors and people with lived experience who have started from the bottom [and] now they are successful.” Health Related (Self Paced)

“Even if somebody, you know, maybe got a great job offer, they may be afraid to take it. They may need to talk to somebody on how to work through those skills. So it’s not necessarily well, I’m not prepared. No, I am prepared. But I’m just scared.” Non-Health Related (Live Session)

“I thrive in the more intimate one-on-one exchanges where I can get specialized and direct feedback on my strengths and areas for improvement enhancement.” Health Related (Self Paced)

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes
Q: Tell us which of the following career development support think you are most helpful (job placement, job counseling, mentoring/coaching, networking).



CAREER DEVELOPMENT
SUPPORT OFFERED

INDIVIDUALIZED, CARING AND PERSONALIZED GUIDANCE
IS CRITICAL TO HELPING WOMEN ENTER AND PROGRESS
IN A HEALTH RELATED CAREER.

60%

Mentions

One-on-One
Counseling

One-on-one
counseling for
guidance in
understanding needs,
career path options
and developing a plan.

"Talk to me. Tell me what you need because everything equal is not equitable. So you might need one thing, and I might need something else. Not everybody needs the same thing. So being able to know what each person needs, not grouping people into, you know, this certain category. You're not generalizing what you think I need versus asking me what I need and giving me that." Non-Health Related (Live Session)

"Career counseling has gone a long way to prepare me for the present. I was quite pre-informed about my path which gave me the perfect plan to follow." Health Related (Screener)

"Counseling helps enlighten the individual and channel you to the right path." Health Related (Self Paced)

"Counseling will be good. This creates and opens [a] view to the worker for them to share their experience and point of weakness." Non-Health Related (Self Paced)

"It may not be easy to decide what type of job will be the best fit, and since career counseling helps people assess their skills, needs, and desires in order to find a career that works for them, this type of counseling is considered to be an important step to take before deciding on a permanent career." Health Related (Self Paced)

"It really helps the learner and makes her want to be better." Health Related (Self Paced)



CAREER DEVELOPMENT
SUPPORT OFFERED

NETWORKS ARE IMPORTANT FOR NAVIGATING THE
WORKPLACE, ACCESSING OPPORTUNITIES AND
FEELING SUPPORTED.

59%

Mentions

Networking to
empower
women and
give them
access for
career
growth.

Networking that empowers women and understands lived experience.	<p>“Networking kind of helps you know your worth and the boundaries that people should not cross. Because sometimes if a person hasn't already made that journey, they may not know and you don't really want to have every experience be baptism by fire.” Health Related (Live Session)</p> <p>“You’re selling yourself, you’re introducing yourself, in 30 seconds letting that person know what you can bring to the table, what you have to offer as an individual.” Health Related (Live Session)</p>
Networking that helps women navigate the market and access opportunities.	<p>“Industry experience, career experience and the way different organizations handle business.” Health Related (Live Session)</p> <p>“Networking, because if I know one person who [knows] fifty, that’s fifty opportunities.” Health Related (Self Paced)</p> <p>“One of my mottos is [to] expand always in all ways. So, network, you have training in this but I wouldn't have known if I didn't meet so and so or, you know, just be able to rub shoulders with people. Just networking, in general meeting other people like-minded people as me. You never know who you'll meet, and what advice they might have.” Non-Health Related (Live Session)</p>



CAREER DEVELOPMENT
SUPPORT OFFERED

JOB PLACEMENT SUPPORT CAN BE THE DIFFERENCE
BETWEEN A GREAT RESUME/INTERVIEW AND
LANDING THE JOB.

58%

Mentions

Job Placement
Helps Women
Get Hired

Job placement support
guides women in
getting through the
door.

“Job placement support is amazing. Some people don't know where to start to look for a job. Or maybe they don't have the support and think they don't qualify or don't know how to fill out applications. Offering that help is amazing and can help them get ahead in life to reach their goals and become successful.” Health Related (Self Paced)

“Finding a job hiring isn't hard. It's actually getting hired because your competition is the best of the best. You know, you get the skills to interview, your resume looks great. You may go in there and kill the interview but they may not be inclined to call you back for whatever reason. I feel like if you know you're working with the right organization, right people to make sure you have all the skills and then are able to help you get placed into that profession so that you can hone your skills and you know, progress.” Non-Health Related (Live Session)

“Job placement to learn employability skills as well as improving your technical skills. A work placement can help you to learn what employers call ‘transferable’ skills.” Health Related (Self Paced)

“The competition for jobs is at an all-time high. The opportunity to be selected and placed is awesome.” Non-Health Related (Self Paced)

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes
Q: Tell us which of the following career development support think you are most helpful (job placement, job counseling, mentoring/coaching, networking).

SUPPORT SERVICE NEEDS





KEY TAKEAWAYS

SUPPORT SERVICE NEEDS

Financial incentives, childcare and transportation are the biggest support services needed for participants to take advantage of a program.

Lack of access to childcare that is trusted, accessible and covers the hours required for the job is a gap.

Subsidizing transportation costs and making it more accessible will be required for a successful program.

Women also expressed the need for emotional support services to engage in one-on-one therapy sessions and support groups, offered at the job location or through partnering community organizations.

Built-in dedicated self-care time for women to regroup mentally and emotionally are also important for mental health.



SUPPORT OFFERED SERVICES

WHEN ASKED WHAT SUPPORT SERVICES WOULD BE MOST HELPFUL TO OFFER, COUNSELING/MENTAL HEALTH SUPPORT RANKED HIGHEST AMONG PARTICIPANTS WHO WORK IN HEALTH RELATED CAREERS.

	Health Related	Non Health Related	Total
Transportation	59%	73%	63%
Childcare	73%	68%	72%
Counseling/Mental Health Support	75%	45%	68%



SUPPORT OFFERED SERVICES

LACK OF ACCESS TO CHILDCARE THAT IS TRUSTED, ACCESSIBLE AND COVERS THE HOURS REQUIRED FOR THE JOB IS A GAP.

72%

Mentions

**Trusted,
Flexible and
Accessible
Childcare**

Trusted childcare with flexible hours gives women the time they need to take advantage of training opportunities. It also gives them peace of mind while working and pursuing their education.

"Childcare services would really be lifting a burden off me, helping me participate in the training program without being distracted or losing focus from thinking if my child is okay." Health Related (Self Paced)

"If I have a trustworthy childcare service, I don't think there'd be anything holding me back from attending a training program." Health Related (Self Paced)

"Childcare is needed past normal business hours." Non-Health Related (Self Paced)

"Parents of young children may need to work evenings. Reliable care is important." Non-Health Related (Self Paced)

"Sometimes not having the appropriate childcare can stall/hinder you from current and future goals." Non-Health Related (Self Paced)

"With all that's happening around us, we feel better knowing our children are in the care of individuals we trust." Non-Health Related (Self Paced)

"It's usually difficult concentrating at a training session when my mind keeps wandering and wondering how my children are fairing and what they may be up to. The distraction gets worse [when] it's getting late in time and the training is still going on." Health Related (Self Paced)

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes
Q: Tell us what support services would be most helpful to offer.



SUPPORT OFFERED SERVICES

SUBSIDIZING TRANSPORTATION COSTS AND MAKING THE TRAINING MORE ACCESSIBLE WILL BE REQUIRED FOR A SUCCESSFUL PROGRAM.

63%

Mentions

**Affordable
and
Accessible
Transportation**

Transportation stipends encourage women to pursue training opportunities.	<p>"After training, and when I started school, I was still afforded stipends for transportation, which was great. And I basically just had to turn in timesheets to receive my stipend every week for transportation to and from school, and to and from the training site. So that was helpful." Health Related (Live Session)</p> <p>"I would grab any training opportunity that takes care of transportation cost." Health Related (Screener)</p>
Transportation needs to be more accessible. A program that provides transportation allows women to feel safer traveling, especially at night.	<p>"Because of transportation, I will need a family member to take me down. Then when you leave, it's night time. So I don't want to stand out there waiting on a bus." Health Related (Live Session)</p> <p>"If I get a free accommodation very close to the training area, I would definitely take advantage of the program as I would not be bothered of how long it takes [or] miss out on some essential part of the program." Health Related (Self Paced)</p> <p>"Transportation to the premise would help me take advantage of a training program because it helps save [on] cost and also [I would feel] safe traveling with people who are going to same destination" -Health Related (Self Paced)</p>



SUPPORT OFFERED SERVICES

MENTAL HEALTH BENEFITS HELP WOMEN FOCUS ON SELF CARE, ENABLING THEM TO PROCESS WORK/LIFE EXPERIENCES.

30%

of Live
Session
Participants
Mentioned
Need for
Mental
Health
Support

Source: N = 23
Live Session

Emotional support services for women to engage in one-on-one therapy sessions and support groups, offered at the job location or through partnering community organizations.

"You're seeing people dying every day or people getting hurt, or bodily fluids and you go home to your family and it replays in your head. Maybe I need someone to talk to after a certain situation. Once a week, once every other week or whatever. Just let it out, all the frustration or whatever I had at work. Then revamp and get myself back together." Health Related (Live Session)

"They can be like, oh we match you with a counselor, psychologist to come and educate you. Or they can even add something like monthly benefits. I think that would be very good, because people feel like therapy will be very expensive. So if the company is [covering] part of it, it will be very good." Health Related (Live Session)

Dedicated self-care time for women to regroup mentally and emotionally.

"You work from morning to such an hour and then you go for lunch breaks. In most places of work, though, you know, lunch breaks are actually not really mandatory. I think making the lunch break mandatory would help and add to the self care, to go refresh yourself, refresh your body, your mind and everything about you." Health Related (Live Session)

"Just like a decompression space, that, you know, like a quiet room where you can just put on some headphones and listen to quiet, you know, the Calm app, those things. Just hearing from family members and us being on the same page, those things are helpful to them." Health Related (Live Session)

COMMUNICATION RECOMMENDATIONS





COMMUNICATIONS

KEY TAKEAWAYS

Communication Recommendations

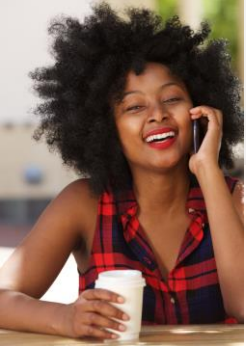
Local institutions have the trust and the relationships to reach Black Women East of the River.

To get their attention, participants need to know what they will get out of a training and how it will help them advance their career.

Making the message inclusive (“we will meet you where you are”) will be important, especially for reaching the most vulnerable women in Ward 7 and 8.

In the past, participants have paid attention to training information shared via social media or email.

Videos and flyers that offer details on the program were viewed as helpful for motivating respondents to sign up for a program.



COMMUNICATIONS

Community Groups

LOCAL INSTITUTIONS HAVE THE TRUST AND THE RELATIONSHIPS TO REACH BLACK WOMEN EAST OF THE RIVER.

68%

Mentions

**Local
Institutions**

Local Community Organizations

"You can have, Martha's Table with Bread for the City. Organizations that deal with a lot of programs, because a lot of people go to those types of places for groceries for clothes..." Non-Health Related (Live Session)

Colleges/Universities

"UDC has a workforce development program that I plan to take advantage of this spring." Non-Health Related (Self Paced)

"Working with UPO and The Genius Group." Non-Health Related (Self Paced)

Training Centers

"Some CET offer amazing programs for adults. they have medical training programs and also HVAC." Health Related (Self Paced)

"CPR National Foundation, the training helped in learning and identifying possible danger zones that could potentially save someone's life." Health Related (Live Session)

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes
Q: Community groups that might be good to include in communications.



COMMUNICATIONS

High-Priority Messages

PARTICIPANTS NEED TO KNOW WHAT THEY WILL GET OUT OF A TRAINING AND HOW IT WILL HELP THEM ADVANCE THEIR CAREER.

54%

Mentions

High Priority Messages

Being clear in what participants will receive for taking part in the training.

"Effective information dissemination, incentive/encouragement." Non-Health Related (Live Session)

"It's free...it has helped a lot of individuals presently and it can really help you too...it's the best way to communicate freely." Health Related (Self Paced)

"Provide some form of recognition. [Provide] a small incentive to motivate others." Health Related (Live Session)

"At the end of the training or program you would get a certificate, or a license or it can go further." Non-Health Related (Live Session)

Listing the types of jobs that are available, and job placement opportunities.

"I think if that [job placement] could be added to the [training, it would be an] advantage of attending the training program. You can actually get people to attend." Health Related (Live Session)

"Get the best job ever after you complete this training', 'Lifelong networks after completing this training,' 'If you want a life-changing experience, attend this training.'" Health Related (Self Paced)

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes
Q: What is really important for people to know about the training program?
Q: What message will get people interested in the program?



COMMUNICATIONS

High Priority Messages

MAKING THE MESSAGE INCLUSIVE (“WE WILL MEET YOU WHERE YOU ARE”) WILL BE IMPORTANT, ESPECIALLY FOR REACHING THE MOST VULNERABLE WOMEN IN WARD 7 AND 8.

49%

Mentions

**High Priority
Messages**

Understanding and catering to individual levels of career advancement when offering support.

“We’ll meet you where you’re at, we will meet you where you are, we’ll meet you at your point of need.” Health Related (Live Session)

“Everyone needs to understand that everyone is not the same and not at the same level in terms of the support being offered.” Non-Health Related (Live Session)

“Have an array of options because every single person is on their own journey so assistance shouldn't be cookie cutter either.” Non-Health (Self Paced)

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes

Q: What is really important for people to know about the training program?

Q: What message will get people interested in the program?



COMMUNICATIONS

Channels

IN THE PAST, PARTICIPANTS HAVE PAID ATTENTION TO TRAINING INFORMATION SHARED VIA SOCIAL MEDIA OR EMAIL.

49%

Mentions

Getting the Word Out

Social Media Marketing

“Using a video ad would be beneficial or a pop up ad on social media, [it can therefore reach a wider audience.]” Health Related (Live Session)

“The communication that really got my attention was an ad in social media. It was a picture that spelled out everything concerning the training.” Health Related (Self Paced)

Email Marketing

“Once I wasn't aware of a training program coming up for people in my department, then I noticed an email that kept popping up and I was compelled to open it.” Health Related (Self Paced)

“One training invitation I got was a very detailed email. It was in a conversation format, like FAQ and answers. Actually the questions and answers made me decide to attend, because most of the questions were actually questions I would have asked.” Health Related (Self Paced)

“An email; I once received an email relating a training program to me and I actually considered going. I went on ahead to ask for more information.” Health Related (Self Paced)

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes

Q: What is the best way to get the word out about the program?

Q: Discuss any ideas for reaching and motivating Ward 7 and 8 residents to participate in the training.



COMMUNICATIONS

Content / Format

VIDEOS AND FLYERS THAT OFFER DETAILS ON THE PROGRAM WERE VIEWED AS HELPFUL FOR MOTIVATING RESPONDENTS TO SIGN UP FOR A PROGRAM.

49%

Mentions

**Getting the
Word Out**

Video	<p>"I got a link that took me to a video platform where the training program was advertised and some activities that would be carried out in the training were briefly illustrated. That caught my attention." Health Related (Self Paced)</p> <p>"The visual however has always stood out for me because I learn better and relate more when I see things in forms of pictures, videos and the likes." Health Related (Self Paced)</p>
Flyers	<p>"I was invited to a training session with a flyer, it was really amazing. It had unique colors and graphic design." Health Related (Self Paced)</p> <p>"Trying the social media ad and maybe billboards and flyers could help." Health Related (Self Paced)</p> <p>"You [could] do flyers, you could even put the flyers in the library... even submit [to] some of the businesses in the area, bulletin [boards], they have community boards, or you know, you can put something up on a window. They have all types of things that you can do." Non-Health Related (Live Session)</p> <p>"A flyer [in] the workplace, because so many people may be too busy to actually see them [in their] email. Well, the posters and the flyers can actually catch the eye. A very good poster and a very [good] flyer can actually catch the eye when walking past, so I think that's another good one." Health Related (Live Session)</p>

Source: N = 81: 59 Health Related (Self Paced) and 22 Non-Health Related (Self Paced), Live Session Quotes

Q: What is the best way to get the word out about the program?

Measures and Metrics
(Funding Sources and Local Programs)

Funding Sources:	OSSE	DOES	DDS	DMPED	DCOA	DHS SNAP
Funding Metric:	A. Employment Rate – 2nd Quarter After Exit B. Employment Rate – 4th Quarter After Exit C. Median Earnings – 2nd Quarter After Exit D. Credential Attainment E. Measurable Skill Gains F. Effectiveness in Serving Employers"	A. Employment Rate – 2nd Quarter After Exit B. Employment Rate – 4th Quarter After Exit C. Median Earnings – 2nd Quarter After Exit D. Credential Attainment E. Measurable Skill Gains F. Effectiveness in Serving Employers The percent of participants employed at the second and fourth quarters after exit; median earnings; the percent of participants who obtain a secondary diploma or postsecondary credential during participation or within one year after exit; the percent of participants in education or training programs leading to work or a postsecondary credential who are making a measurable skill gain; and effectiveness in serving employers.	DDS RSA develops a Provider Report Card for each Community Rehabilitation Program and other DDS RSA providers and vendors. The report card will include data on the provider's profile, performance, and consumer satisfaction levels. The State Rehabilitation Council works in partnership with DDS RSA to measure the level of consumer satisfaction with the services provided by DDS RSA. The Consumer Satisfaction Survey will be conducted on an annual basis.	Not Available	Not Available	A. The number and percentage of E&T participants and former participants who are in unsubsidized employment during the second quarter after completion of participation in E&T B. The number and percentage of E&T participants and former participants who are in unsubsidized employment during the fourth quarter after completion of participation in E&T C. The median quarterly earnings of all the E&T participants and former participants who are in unsubsidized employment during the second quarter after completion of participation in E&T. D. The number and percentage of participants that completed a training, educational, work experience or an on-the-job training component. The number of all E&T participants who: a. Are voluntary vs. mandatory participants. b. Have received a high school degree (or GED) prior to being provided with E&T services. c. Are able-bodied adults without dependents (ABAWDs). d. Speak English as a second language. e. Are male or female. f. Are within each of the following age ranges: 16-17, 18-35,

						36-49, 50-59, 60 or older. • Of the number and percentage of E&T participants to be reported in the first four measures above, a disaggregation of the number and percentage of those participants by the characteristics listed in a, b, and c. A participant may have more than one characteristic.
Departments/ Agencies	N/A	Wagner-Peyser Individual Training Accounts (ITA) The Office of Youth Programs (OYP)	N/A	Neighborhood Investment Fund New Communities	N/A	N/A
Departmental Metric		A. Total Enrolled B. Total Exited C. Completion Number and Rate. D. Credential Number and Rate. E. Employment Number and Rate 6 months after exit. F. Employment Number and Rate 12 months after exit. G. Median Earnings 6 months after exit. H. The total number of participants, disaggregated by ward, grade, school, age, and, if known, at-risk status; I. Each program's total expenditures, disaggregated by fund type (federal, local, intra-District, or special purpose revenue funds); and.	N/A	N/A	N/A	N/A

		J. The names of any vendors, grantees, host employers (including public schools and public charter schools for the High School Internship Program), host sites, or other organizations providing services to youth.				
Local Programs (Entry Points into Healthcare Related Careers)						
Ward 7						
Coalition For the Homeless D.C.						X
East River Family Strengthening Collaborative				X		
Far Southeast Family Strengthening Collaborative				X		
Martha's Table/Urban Alliance		X				X
UDC Community College Workforce Development Lifelong Learning (Title I & II)	X					
Ward 8						
DC Disability Service/DC RSA (Title IV)			X			
So Others Might Eat (Title I, II, IV)	X	X				X
Academy of Hope (Title II)	X			X		
Ballou Stay High School (Title II)						

Community College Prep Academy (Title II)		X				
Congress Heights Community Training and Development Program (Title I & II)	X	X				
Opportunities Industrialization Center (Title I & II)	X	X		X		

Regional or National (Best Practice)	Regional or National (Best Practice) Metrics	WIOA Performance Measures						
		Employment Rate	Median Earnings	Credential Attainment	Measurable Skills Gain	Effectiveness in Serving Employers		
						Retention Rate	Repeat Business Customers	Employer Penetration Rate (% of employers used in services out of all employers in the state)
University Hospitals (UH) of Cleveland, Step Up to UH	New hire rates,							
	Retention rates					X		
West Philadelphia Skills Initiative (WPSI)	# of people served							
	# of people connected to employment	X						
	Hourly wage of participants		X					
	# of program participants							
	Employment retention rate					X		
Alameda County Health Pathway Partnership (ACHPP)	High school graduation rates			X				
	College/university matriculation rates			X				
Health and Medicine Policy Research Group: Healthcare Workforce Initiative	Not Available							
Hospital Association of Southern California	Not Available							
Boston Foundation: Project Catapult	Tracking Longitudinal success			X				
Staten Island Performing Provider System	Program graduation rate			X				
	Scholarship recipients/intern full time employment rate	X						
Washington Association of Community and Migrant Health Centers	Apprenticeship completion rates			X				
	Certification exam pass rate			X				
	Employment retention rates					X		
District 1199C Training & Upgrading Fund	Not Available							
St. Louis Agency on Training and Employment (SLATE)	Not Available							

JBRF Comprehensive Workforce Development Landscape Analysis for Health-Related Careers
Selected Local, Regional and National Workforce Development Programs

Program Name	Location	Brief Description	Type of Program	Target Population	Partners	Industry (if applicable)	Staffing & Budget	Funding	Key Metrics	Key Strategies	Polices & Practices/Approach	Sustainability	Lessons Learned
Local													
Academy Of Hope	2315 18th pl ne, Washington, D.C. 20018	An adult public charter school in Washington D.C., offering excellence in adult education since 1985. Work focuses on helping dc residents gain skills and knowledge through education and career training that will enable them to pursue viable paths to economic self-sufficiency.	Adult education	Dc residents over the age of 18				Net assets: 4,295,972 Total revenue: 7,325,203 Total net income: 933,053		Provide a variety of programs and services to meet the needs of adult learners. Offering of additional services to assist adult learners in attaining educational goals and support services to help break down barriers that may stand in the way of students meeting their goals.	Having a learning community where everyone is valued, adds value and is both a teacher and learner. The curriculum is experiential and focuses on life skills. Outstanding training for teachers, tutors, and volunteers. Flexible class schedule. Allowing students to take as much time as needed to learn and integrate instructional material.	The benefits of improving adult learners' skills will reach beyond the individual to their families, employers, and the community at large.	
Amerihealth DC	Amerihealth caritas District of Columbia 1250 Maryland avenue SW, suite 500 Washington, dc 20024	Committed to quality health care and outstanding enrollee services	Multicultural health care, case management, health plans	Residents of all 8 wards of dc, with a focus on those residents who are low income	Amerihealth caritas partnership: united way, boys & girls club of America, YMCA of the USA, head start programs, city and state health departments	Full risk Medicaid managed services, health care, workforce development	7,300 employees, \$6.5b in annual revenue	Part of independence blue cross, they receive government funding	Hedis and ncqa assessments yearly	Healthy living, community building, customer satisfaction	Healthy hoops, health empowerment tour, professional development, power of partnerships	We look beyond physical health to the environment in which our members live and to the resources and opportunities they need to become self-sufficient.	Amerihealth is so successful due to their wide lens in which they view health care
Bread for the City https://breadforthe.city.org/	1700 Good hope road SE, Washington D.C. 20020; 1525 7th street NW, Washington dc 2001	Provides food, clothing, medical care, and legal and social services to reduce the burden of poverty. We seek justice through community organizing and public advocacy. We work to uproot	Food, clothing, health care, social services, advocacy, legal services	Low income African descent	Nestle, Pepsico, Pillsbury, Steptoe, Verisign, skadden, Sidley, Mintz, No kid hungry, Perkins COIE MCN build, Linklaters, Kirkland 7 Ellis, Lewis Baach, Kaufman, Middlemis,	Health care	129 employees, 22,697,832	Grants provided by	Gross receipts 18,385,227 Assets 43,674,023	Advocacy, leadership, and expansion	Amplify client voice and build client power through community organizing and the creation of a shared community interest increase political will to fund the creation and preservation of safe, healthy affordable housing cultivate strong leaders by providing opportunities to further	Covid testing, covid vaccine This facility brings our medical, dental, and vision services to southeast dc	Fighting poverty cannot be done on just one front, but multiple

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		racism, a major cause of poverty. We are committed to treating our clients with the dignity and respect that all people deserve.			jones day, Katten, Covington, Inovalon, grosvenor, Eversheds Sutherland, Pla piper, costar group, Clark construction, carpe dc, Alston & bird, American airlines, Aronson, Avalere, Bernstein						develop inherent gifts and abilities		
Calvary Women's Services https://www.calvaryservices.org/	1217 good hope road SE Washington, DC 20020	Ending homelessness. Inspiring hope. Transforming lives.	Personalized services and peer support	Women who are survivors of violence and trauma	United bank, united way, Walmart, Wells Fargo, Bank of America, Bakertilly, Hilton, Capitol One, Koons Tyson Toyota, td bank, world bank, AAMC, wawa foundations, WC Smith, Carefirst		53 emp	47% public funding 22% corp 31% other(donations, individuals, families)	Gross receipts 3,920,518 Assets 5,071,477	Housing, health, employment, and education	Respect and treat all people with respect by honoring their skills, knowledge, talents and inherent dignity. Empowerment offer everyone support to reach their own highest potential. We value self-sufficiency, independence, and the accomplishment of personal goals Collaboration, diversity & inclusivity, and excellence	84% of women who attended calvary's relapse prevention group meetings maintained their sobriety.	Women deserve and need respect, understanding and in their assistive services
Capital Community Services	3215 Cathedral Ave NW Washington, D.C., 20008-3410 united states	Provides a full array of outpatient mental health services with the goal to improve the quality of life for those served	Behavioral health resource link		Offices of physicians industry	Mental health care	18 employees Generates \$577,312 in sales						
Child and Family Services Agency, Office of Youth Empowerment	3350 9th Street, NE Washington, DC 20017	Programs and growth experiences for District teens and young adults in foster care	Finding permanent homes for youth and preparing them for adulthood	Young people in foster care, ages 15-20 especially	Social workers, foster care givers, local communities	Programs and growth services for those in foster care		Federally funded	Helps 59% of youth in foster care in dc (total 2,000)	Financial literacy, educational support and research development services,	CFSA's Office of Youth Empowerment (OYE) provides a host of programs and growth experiences for District teens and young adults in foster care. In partnership with social workers, foster caregivers, and the community, OYE's goals are to teach,		

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											train, and guide these young people—and ultimately to help each one begin to recognize and develop his/her unique potential.		
Coalition for the Homeless	1234 Massachusetts Ave, NW, suite c-1015 Washington D.C. 20005	Non-profit organization that provides temporary shelter and supportive services to more than 500 homeless individuals and families in dc	Helping to end homelessness in dc	Dc residents who are victims of homelessness or housing insecurity	Network for good	Ending homelessness	140 employees	Network for good, donations received, department of justice	Gross receipts: \$6,964,411 Assets: \$8,011,256	Family services, permanent housing, transitional housing, employment services	Case management, employment training, housing, job placement assistance, substance abuse counseling, life skills training, substance abuse prevention and social skills development	Increase homeless prevention services. Transition individuals and families to affordable permanent housing. Increase public awareness and support of homeless issues. Maximize vital educational and job readiness support for homeless citizens. Provide access to job training and employment placement services. Reduce the number of homeless people in shelters. Strengthen and develop partnerships with other organizations.	
Community College Preparatory Academy	2405 Martin L. King jr. Ave SE Washington, D.C. 20020; 3301 wheeler rd SE Washington, D.C. 20032	Provide an innovative and rigorous education environment	Educational	Under-credited adults who have aged out of the traditional k-12 public education system	A wider circle, better futures enterprises, calvary women's services, bread for the city,	Education			Adult education performance framework to assess school wide performance, school quality				

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					community of hope, bc di, central union mission, far southeast collaborative, new beginnings				report to assess attendance and retention rates				
Community Education Group		Non-profit organization working to eliminate disparities in health outcomes and improve public health	Research, training community health workers, educating and testing people, and advocacy	DC residents in disadvantaged populations and under-served communities									
Contemporary Family Services (permanently closed)	3300 Pennsylvania Ave SE Washington, D.C. 20003	A community-based comprehensive mental health agency	Counseling, psychiatric treatment, case management and medication management									Our continuum of care fosters growth and facilitates sustainable change for individuals, families, and communities including families with children experiencing intensive needs that require cross-agency and cross-disciplinary interventions health and wellness	
Covenant House http://www.covenanthousedc.org/	2001 Mississippi Ave, SE Washington, D.C.	Providing youth with safe haven, care and the supportive services needed to achieve housing, job and economic stability	Housing, workforce readiness, job/career placement, post-secondary support, case management, mental health support, drop-in services, child development center (for	Youth ages 18-24 experiencing homelessness, disconnection, and exploitation	Giant, DHA, AOBA, AHLA, Cisco, Accenture, Jet Blue, Pepco holdings		Emp 108		Gross receipts 6,133,182 Assets 2,638,216	Providing emergency safe shelter Transitional housing Build and educate young adults with support in life skills, job training for independent sustainable living	Transitional living program rights of passage "rop." - covenant house's transitional living programs, are where young men and women take steps toward independence, Emergency housing and crisis care welcomes all young people facing homelessness with unconditional love, absolute		

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			youth with children)								Respect, and relentless support, and our shelter doors are always open, 24/7. Even during the worst public health crisis in a century,		
DC Dept of Human Services, Office of Work Opportunity	2100 Martin Luther king jr. Avenue suite 400 Washington DC 20032	Helps heads of households applying for TANF seek jobs while their applications are under review. Assists customers in choosing cost-effective and appropriate training that will lead to employment. Customers are assessed and tested prior to being referred to training sites, TANF job clubs and work first programs.											
East River Family Strengthening Collaborative https://www.erfsc.org/	3917 Minnesota avenue NE Washington, D.C. 20019	Empowering people to be more self-sufficient through integrated and collaborative community-based services utilizing evidence-based practices that are family focused and person-centered	Case management, referrals/linkage, network/coordination, and capacity building	Youth, families, seniors, and low-income communities	Partners with community-based organizations	Community improvement Family services Housing services Community and economic development Basic and emergency aid	50 key employees	Grants provided by the united way of the national capital area, dc child and family services	Gross receipts: \$8,797,582 Assets: \$2,452,764	Families first dc: an initiative focusing on empowering communities, integrate services, and focus upstream	Collaboration with community residents and organizations to improve the quality of life for ward 7 residents	Partnerships and continued support	Family-focused and person-centered: two essential strategies
Far Southeast Family Strengthening Collaborative https://www.fsfsc.org/aboutus	2041 Martin Luther King jr. Ave se suite 304 Washington, D.C 20020	Act as a catalyst to develop, nurture and sustain partnerships of residents, agencies, and institutions in	Family services, family rehousing stabilization, community impact, violence intervention,	Residents of southeast dc	The collaborative is organized as a partnership of residents, agencies, government bodies and	Community impact centers, peacebuilding, school-based programs, harm reduction	14 key employees	Grants provided by the cpmg foundation	Gross receipts: \$6,585,931 Assets: \$19,480,969 Expenses: \$5,682,901	Visibility, investing in community, networking, and volunteerism, leveraged through public relations, special projects, social	In house quality assurance division focused on training, monitoring, and accountability	Harm reduction program, mini grant, covid vaccine ambassadors' program, capacity building	Community support is essential for community change

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		the southeast community and to create a healthy socioeconomic environment through which every child and family has an opportunity to achieve their maximum potential and to lead a productive life.	other direct services		institutions located in or doing business in the southeast community	program, neutering parent program				media, marketing			
HIPS https://www.hips.org/mission.html	906 H street NE, Washington D.C, 20002	Advancing the health rights and dignity of people and communities impacted by sex work and drug use	Health supportive services	Those whose lives are impacted by sex work and drug use	Amara legal center, uber, dash, Ayuda, Whitman-Walker health, D.C. rape crisis center, Department of Health, National Institutes of Health,	Advocacy and health services	20 emp	Donations Merchandise proceeds	Total revenues: \$2,672,070 total expenses: \$2,278,957 total assets: \$1,366,215	Hips promotes the health, rights, and dignity of individuals and communities impacted by sexual exchange and/or drug use due to choose, coercion, or circumstance. Hips provides compassionate harm reduction services, advocacy, and community engagement that is respectful, non-judgmental, and affirms and honors individual power and agency.	Advocacy, harm reduction, housing resources, syringe exchange,	Continued political advocacy	Non-judgmentally assisting people is the only way to let people feel comfortable enough to ask for help or use services
Homes for Hope Inc	3009 g street se Washington D.C. 20019	Present affordable housing for those challenged with chronic illness create an environment that fosters personal growth and development,	Linkages/referrals, support groups, family atmosphere, transitional housing	Residents of se dc			16 staff members, as well as an expensive volunteer program		In 2020 hips provided 12,000 overdose prevention kits, 96 new drug treatment clients, 551,468 syringes exchanged,	Drop in center, case management, prep, mat clinic, legal clinics,			

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		finding housing and securing employment?											
The Women's Collective	3230 Pennsylvania Ave SE ste 213 Washington, dc 20020(original address) 1818 New York Ave NE, Washington, dc 20002	Providing education, care, support, and advocacy services	Education, career development, health care and advocacy	women and girls' ages 12 and older									
Transgender Health Empowerment *no longer participating*	1414 North Capitol st NW, Washington, dc 20002	Provide emergency shelter, free and confidential HIV testing, counseling, referrals to medical care, substance abuse and mental health services, and educational opportunities.	Advocacy and support continuum health and social services	The transgender population, their families, and youth ages 16 to 24		Housing and supporting services				Educate and communicate matters by having group meetings, discussions, workshops, conferences, training and lectures on topics related to transgender issues			
UDC- Community College https://www.udc.edu/cc/workforce-development/ https://www.udc.edu/social-udc/2018/01/09/what is workforce development/	801 North Capitol st ne, Washington, dc 20002	Provide opportunities for students to obtain the requisite skills of today's workforce, offer accessible, affordable, and high-quality programs to the residents of the district of Columbia and the region.	Education and workforce development	Students adults, ages 18 and over	Dc public schools, Thurgood Marshall college fund, department of energy and environment, Meyer foundation, Siap, Gallup	Workforce development and lifelong learning	Fall 2020 undergraduate enrollment was 3,385 students	Partners listed also provide funding	Washington, D.C. — the university of the District of Columbia (UDC) announced the results of an independent economic impact study that showed the university generated \$406 million within the District of Columbia and \$523 million in annual financial impact in the Washington metropolitan region.	The university of the District of Columbia will be a diverse, selective, teaching, research and service university in the land-grant tradition, serving the people of Washington, dc, the nation and the world.	Programs operate differently but under the same three strategies: evaluation, employer ties, adapt. Approaches include the place-based approach and the sector-based approach	Provides student adults with the skills that enables them to pursue employment opportunities	Workforce development is a vital and effective strategy

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		organizational missions, career and occupational development, and the personal ambitions of adult learners.											
Southeast Ministry	3111 Martin Luther King Jr Ave se, Washington, dc	Provide a ministry of hope for men and women in a safe and respectful environment through education, job readiness, and other programs that build self-esteem, transform lives, and help those involved realize their God-given abilities	Faith based, care development	Adults									
UDC- Workforce Development Division	3100 Martin Luther king jr se Washington, dc 20032	To reduce unemployment and underemployment in the district of Columbia by enhancing the skills of its residents. The program provides training to dc residents aimed at helping them earn jobs, get promoted, and train for careers in new industries.	Support workforce development	Adults 18 & up									
Regional or National (Best Practice)													
Alameda County Health Pathway Partnership (ACHPP)	Alameda county, ca	A consortium of pathway programs and organizations	Workforce development	Disadvantaged and minority youth	Alameda county health coach program, bay	Health care			High school graduation rates	Utilize scaling strategies- scale up: inform and influence policy	Cross-sector coordination and capacity building with a 3- pronged		

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https://acphd.org/pipeline/		that aim to increase the diversity of the healthcare workforce by providing mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth			EMT program, Berkeley scholars' program, community health and adolescent mentoring program for success(champs)....				College/ university matriculation rates	makers, scale out: increase diversity, scale deep: make direct impact on student lives to break the cycle of poverty.	approach: 1) work closely with partners to promote diverse, culturally responsive, and clinically effective future workforce. 2) collect and leverage data. 3) translate data to actionable outcomes for advocacy		
District 1199C Training & Upgrading Fund https://www.1199ctraining.org/about	Philadelphia, PA	Training Fund Youth Programming opens the door to the full spectrum of life skills, and offers students exposure to dynamic, comprehensive real-world situations. This not only includes the In School, Out of School and Summer programs, but also participation in career fairs, internships, employer panel programs and tours of local hospitals and nursing homes.	Education & Job training	Youth/young adults (17-24)		Healthcare, Education	https://1199ctraining.org/docs/sar2019.pdf			-student-centered approach to education and training. - individualized career coaching and case management - Fund training programs are designed on an integrated educational model - incorporating contextualized workforce preparation into academic courses	Principles: Dual accountability, lifelong learning, building career pathways, work-based education		
Health and Medicine Policy Research Group: Healthcare Workforce Initiative	Chicago, il	Promotes policies and strategies to ensure that Illinois has the workforce necessary to meet the needs of a rapidly changing health system	Support workforce development, education,	High-school students, college students, graduate students, health professionals, employers	State agencies: Illinois workforce investment board health care workforce committee Illinois department of public health	Health care, all industries	Not-for-profit org. Not available to public	Chicago community trust and Illinois department of public health, Michael Reese health	Healthcare workforce is relatively new and they are still creating a comprehensive metric system	Significant number of research briefs to help advance health workforce development, Collaboration across healthcare systems	Focused on improved collection and use of data, Changing incentives to match the state's needs, and providing resources to improve the health workforce. Comparable salaries for healthcare workforce	HMPRG lends a voice to people without the capability to. They work with various organizations that advocate for equity. Collaborative effort with is	Always be ready and have action plan ahead of time in preparation for possible funding. Be intentional about the

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		and an increasingly diverse population. Https://www.hmprg.org/programs/health-care-workforce-initiatives/			workforce core group Governor's office of health innovation and transformation health workforce workgroup City of Chicago organizations, Chicago AHEC, CHW's.			trust, Illinois county, Christopher family foundation , rush health system, blue cross blue shield of Illinois Individual donors				elevated in order to maintain sustainability	plan and execution of it. Building a workforce
Hospital Association of Southern California https://www.hasc.org/workforce-development	California	A multi-pronged effort to support workforce needs across the region — especially in areas with a shortage of trained and qualified employees.	Health workforce training, education, development	Low-income jobseekers	Member Hospitals • California Hospital Association (CHA) • American Hospital Association (AHA) • K-12 School Districts • Community Colleges (CCC) • Cal State Universities (CSU) • University of California (UC) • Private Universities • Training Providers • Workforce Development Boards • Chambers of Commerce • Health Care Collaboratives • Non Profit Organizations • Economic Development Corporations	Healthcare				Lead a coordinated regional effort to identify And implement sustainable solutions that ensure A sufficient supply of well-trained health care Professionals at all levels of the care continuum	Identify, support and prioritize workforce needs across the region • Conduct a regional analysis of the workforce supply and industry demands • Identify and facilitate new partnerships between schools and hospitals • Address urgent workforce shortages • Engage the CHA Workforce Committee on key statewide public policy		

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JVS https://www.jvs-boston.org/ https://www.jvs-boston.org/who-we-are/our-mission-and-our-values)	Boston, MA	<p>To empower individuals from diverse communities to find employment and build careers, while partnering with employers to hire, develop, and retain productive workforces.</p> <p>The goal of Catapult is to invest in the exponential growth of Greater Boston's most effective, market-driven training and education organizations in partnership with the region's most savvy businesses to build and sustain the region's talent pipeline. Catapult will create a new way of doing business as usual in workforce development that is at the intersection of social/economic mobility, business needs and job seeker opportunities</p>	<p>Workforce development, adult education with various services: Advance Your Education (English language skills, diploma pathway, prepare for college; Build Your Skill – certification training; Advance Your Career; Secure Your Financial Future; Refugee & Immigrant Services; Disability Services; and Jewish Community Services</p> <p>Boston Foundation: Project Catapult https://www.tbforums-and-covers/20190307-catapult-report_final.pdf?La=en </p>	Individuals from diverse communities; non-native English speakers	<p>Boston Foundation – Catapult Project</p> <p>Employer Partners aligned with sectors and supportive services. Notable: Boston Children's Hospital, Beth Israel Deaconess Medical Center, Brigham and Women's Faulkner Hospital, Mass General Hospital, Newton-Wellesley Hospital, Partners Healthcare, Spaulding Rehab Network, South Shore Health System</p> <p>Community partners https://www.jvs-boston.org/our-community-partners-2/ </p> <p>Academy for Healthcare Careers</p> <p>Boston Foundation</p> <p>MA State welfare department</p>	Health care Education Financial Hospitality	<p>Total revenue \$16.9M; program services expense \$12.4M; total expense \$16.2M (2019 990) Career Center Services\$ 2.4M; Career Pathway \$1.9M; English for Advancement \$1.4M Business Services \$1.3M Education \$1.2M Refugee Employment \$1.8M Bridges to College \$985K; Disability Services \$799K;</p>	<p>Contracted services and programs; grants; federal and state contracts; and donors – individuals, foundations, corporations, and organizations</p>	<p>Tracking Longitudinal success</p> <p>Job quality index</p>	<p>JVS Healthcare training institute, Essential skill training programs, Career development program at BCH to help employees in support services move up and be hired in admin and clinical positions</p> <p>JVS Job Quality Benchmarking Index https://www.jvs-boston.org/for-employers/job-quality-initiative/ </p>	<p>JVS bridges the gap between a wide range of healthcare providers, including major hospitals and long-term care facilities, and a large range of employees with different skill levels looking to get their foot in the door in careers in healthcare.</p>	<p>Services to Employers – JVS offers a paid services to employers including training services, consultation, and other services; JVS Job Quality Benchmarking tool; active \$18M fundraising campaign “The Work Ahead”</p>	<p>Within the labor market is a sweet spot, where The interests of employers and workers do align, and It is in this sweet spot that truly effective workforce Development succeeds. In tight labor markets employers will change their Practices and consider alternate sources of workers, And workforce solutions that they would never Consider in periods of high unemployment</p>

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Staten Island Performing Provider System https://nationalfund.org/wp-content/uploads/2018/09/Champions_SI_PPS_2018_M2.pdf https://statenislandpps.org/workforce-development/	New York	An alliance of clinical and social service providers focused on improving the quality of care and overall health for more than 180,000 Staten island residents who receive Medicaid or are uninsured. Since 2015, SI PPS has convened more than 75 partner organizations to offer more than 70,000 hours of training, for more than 20,000 partner staff.	Workforce development education, apprenticeship	Economically disadvantaged students	College of Staten Island			NY's workforce grants	Program graduation rate, Scholarship recipients/interim full time employment rate	Provide scholarships to economically disadvantaged students who want to pursue education in social work and mental health counseling.			
St. Louis Agency on Training and Employment (SLATE) https://www.stlouis-mo.gov/government/departments/slate/saint-louis-wdb/index.cfm	City of St. Louis, Missouri	The City of St. Louis government agency that offers job seekers and businesses a variety of no-cost services related to employment, job training, and career advancement.	Workforce development	Job seekers and businesses in Missouri	Missouri State Department of Economic Development (DED), Division of Workforce Development (DWD), the City of St. Louis Mayor's office	Healthcare, all industries		Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice		Provide leadership and promoting collaboration between public, private and elected official partners. Connect employers to a skilled workforce and provide training and placement services to the City's adult workforce	Provide high quality services that: Increase employment, Increase retention, Increase earnings, Increase the skills of individuals, Enhance the productivity and competitiveness of the region		
Towards Employment https://www.towardsemployment.org/step-up-to-uh/	Cleveland, OH	Step Up to University Hospitals is in year six of serving as a neighborhood pipeline into	Support Workforce development in community and career advancement through	University Circle neighborhood residents; persons experiencing homelessness	University Hospitals (UH) of Cleveland	Health care	TE – outreach / recruiter; case manager, career coach	TE - Initial funding through The Cleveland Foundation; UH	New hire rates Retention rates, ROI 1.5 to 1	Work advance model where long-term career coaching is paired with technical and non-technical	TE - The program assists people to qualify for entry level positions. Then supports through program; with high percent of population	The program is geared towards the residents of the neighborhood where the	Always comes back to relationship ; dual customer-participant

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		entry level jobs at University Hospitals. Towards Employment connects people with jobs and companies with good workers.	career pathway. Work advance model is a rigorously evaluated industry-driven Career Pathway model with proven results. It includes sector-specific recruitment and screening; career readiness training, work experience and career planning; wraparound supports, in-house legal services; in-demand technical training; job placement; and post-employment coaching for advancement	and returning citizens)				funds the health care programs	(about 10:1 for hospitals) # of people credentialed training or OJT training Average starting wage for TE participants above OH minimum wage Advancement # # of employers hiring TE graduates Other resources – supportive services and legal cases	training; career advancement from day 1 – growing a career not just a job	as returning citizens, addressing barriers to hire in health care	hospital is located. This helps the economy of the neighborhood UH investment in the program Relationships that the career coaches have with TE graduates who are workers and managers Career coaches have small onsite presence	and employer; building trust from day 1 with participant and employer. Engaging with employers who are willing to be flexible. Ensure that WFD program is resource-rich (if program X can't help, what program can?) Advocated for hospitals to formalize career pathways
Washington Association of Community Health Centers (local FQHC) Contact: Alyssa Burgess (WFD coordinator) aburgess@wacommunityhealth.org	Olympia, WA	The Association works with Washington's Community Health Centers to recruit health professionals and improve Community Health Centers' ability to retain highly skilled staff. 1year long program Established in 2014	Apprenticeship programs (Dental assistant and medical assistant) Medical Assistant Program established in 2014 in response to the state requiring certification for MA; 1 st health care apprenticeship	Residents living near the health center. Current workers identified by the health care organization that may be new skill, reskill or upskill MA – higher percentage of female; racial diversity reflects WA state	Partner with 27 health centers in WA from urban to rural settings; now offer services to health care employers; 45 employers and over 60 registered employers; 350 active apprentices; graduated more than 500	Health care	4 staff funded by fees from tuition. Use independent contractors (ics) as instructors	Initial funding from federal grants Fee from tuition paid 100% by the employer Workforce Development Council helped	Apprenticeship completion rates. Certification exam pass rate. Employment retention rates Program works well for new skill and upskill and reskill 84% retention rate	Allow incumbent workers to obtain medical assistant and dental assistant certification without leaving their jobs. Expand rural access to learning opportunities to address workforce challenges faced by rural employers.	Work-based learning Some employers require commitment contracts IC conducts all training and education WACHC owns curricula and learning system Wage standards are regulated, however WACHC keeps wage scale on lower end to help support the	Self-sustaining program at this point; initially relied on grants from DOL in the past for funding Monetized services by providing consulting and TA to other states (WA, D, MN, & coming soon to WI)	Employers view apprenticeship as staff development tool Marketing to existing employees seeking upward mobility (e.g., receptionist, medical and billing, HHA, EMT,

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			p program in WA; act as program sponsor – administration, tracking data and reporting back to the state; recruitment is up to employers – must be 18 years old and have basic education. The association doesn't do the recruitment.		Partners with some community colleges			identify funding Area Health Education Center (AHEC)			employers in terms of their sponsorship In turn, workers receive extra support and hands on encouragement by employer Because employers recruit and select the apprentices and pay 100% of tuition, the employers promote apprenticeship as a benefit. Feedback from apprentices is that they stay because the employer wants them there (i.e., because they were selected by the employer for a growth opportunity).	Licensed their curricula and sells as a product with TA Keeping wage requirements on low end of regulated scale	EVS, moms getting back to work-reskill; don't have transportation and can't pay tuition at local community college; all tuition paid by the employer on students) Career development is key Advocate for student loan repayment and other resources Successful partnerships with community colleges based on the ROI, such as, co-enroll some students at the college (helps CC's funding); and builds relationships for instructors and curricula development

Program Name	Location	Brief Description	Type of Program	Target Population	Partners	Industry (if applicable)	Staffing & Budget	Funding	Key Metrics	Key Strategies	Polices & Practices/Approach	Sustainability	Lessons Learned
													Market apprentice's ability to be up and fully functional at 9 months and not just a "shadow" like externships
West philadelphia skills initiative (wpsi) https://www.philadelphiaskills.org/	Philadelphia, pa	<p>Builds customized talent solutions that bridge the divide between unemployed Philadelphians seeking opportunity and employers seeking talent. The skills initiative runs year-round, cohort-based, jobs-driven training models that harness the hiring power of our area's major employers, while cultivating our neighbors' talent.</p> <p>Mariya: They work with hospitals, to identify entry level jobs that don't require more than high school degrees that hire more than 20 ppl at a time. Work to lower the barriers to entry for those jobs.</p>	Workforce development	<p>Unemployed Philadelphians, black and minority Philadelphians, low-income Philadelphians</p> <p>Mariya: (Expanding to the whole city because they have city-wide employers)</p> <p>Their model can be used geographically.</p>	<p>Employer partners: septa, Penn medicine, Philadelphia fire department, temple university, PIDC navy yard, Philadelphia shipyard, tasty baking company, Drexel university, university of Pennsylvania</p>	Major local employers	<p>Started w/ budget of 50,000-100,000 with 1-2 staff member. Then 100k-700k with 5 staff members. Then 700k-1.5 million with 10 staff (requested to not be released)</p>	<p>Funding partners: JP Morgan Chase foundation , Lenfest foundation , Bank of America, Citizens Bank, Connelly Foundation, Lincoln Financial Foundation, LISC Philly Pew charitable trusts United way of greater Philadelphia and southern new jersey Wells Fargo foundation</p>	<p>Number of people served. Number of people connected to employment Hourly wage of participants. Number of program participants. Employment retention rate</p> <p>Under results and impact: most important: number of graduates connected to employment, average hourly starting wage and percentage of participants retaining employment for 12 or more months</p>	<p>Customized pipeline training for new staff. Understand talent challenges and aspirations of employers. Understand barriers and career goals of west Philadelphia residents</p> <p>Mariya: balance needs of participants and employer partners, i.e knowing wages that participants are comfortable with and knowing where employers need support the most in terms of hiring.</p> <p>2. Flexibility & adaptability: very agile, they can change their curriculum around as needed.</p> <p>3. Detailed about supporting participants in completing all the application requirements as well as being</p>	<p>3 pillars of principles and approach: 1) high unemployment within WPSI's programmatic boundaries is caused by a lack of access to opportunities, not a lack of skilled individuals. 2) local employers struggle to fill entry-level jobs because of their selection process, not because of a lack of qualified candidates. 3) working with WPSI is a good business decision for employer partners.</p>	<p>Employer engagement Customized solutions Interviewing and onboarding support Commitment to results and continual improvement</p> <p>Mariya: continuous fundraising. They work with private funders in order to maintain some control in their processes. 2. Always in tune with employer needs 3. Keep track of market demands 4. Make sure wages are high quality, make sure they are making not just a living wage but a thriving wage. They should be able to have some</p>	<p>Rigorous data analysis Feedback from alumni and employer partners and research in human resource development.</p> <p>Mariya: The first few cohorts don't usually have good jobs. But this is unavoidable as they have seen when they consult for other organization. It does eventually lead to better trust between the WFD program and their employer partners.</p>

Program Name	Location	Brief Description	Type of Program	Target Population	Partners	Industry (if applicable)	Staffing & Budget	Funding	Key Metrics	Key Strategies	Polices & Practices/Approach	Sustainability	Lessons Learned
										prepared for everything that the job needs. 3. Facilitation rather than teaching in their training spaces		pride in their workplace	

APPENDIX G

The Jane Bancroft Robinson Foundation (JBRF) Black Women Thriving East of the River (BWTEotR) posed the questions below. Some of which are organized and combined for similarity. We offer the following answers based on the scope of the work and findings.

Organizational Best Practices

Cross-reference: Appendix F WFD Programs Matrix

- Identify best practices for providing wrap-around supports for Black women during WFD training and post-employment placement that will inform what we require of future WFD programs funded by the SDI. What are best practices for wrap-around supports for Black women transitioning from WFD training programs to longer-term employment?

Best practices for providing support for Black women during WFD training begins with equitable analysis of the local WFD system. Secondly, having a two-pronged approach that considers the mitigation of the barriers faced by Black women who are in WFD training and/or seeking post-employment placement. An example of this approach would be: 1. partnering with a childcare service especially for evening or night classes or having transportation services to transport participants to on-site trainings. 2. Other best and promising practices were career coaches, on-site advocates, and mentors, specifically, when extended into the post-employment placement period. On-site advocates are WFD staff located on the employer's site to support transition to work. These wrap-around supports have been successful in long-standing WFD programs targeting persons of color.

- Discover how other states implement WFD programs focused on the needs of Black women?

Based on the research of the regional and national workforce development programs, most of the workforce development programs have similar approaches. When asked about the lessons learned, there was a common theme of the benefits of public-private partnerships for workforce development programs.

- Assess best practices for supporting Black women in employment (what strategies do employers integrate for retention?). Research national best practices for employment benefits for Black women in health-related careers and in local organizations that have a high percentage of Black women from Wards 7 and 8. Identify models (i.e., Boston PIC model) and assess for relevancy/applicability to our local DC context.

The national and regional programs use strategies that allow for career pipelines to continuously be filled. They do this primarily by engaging with employers that

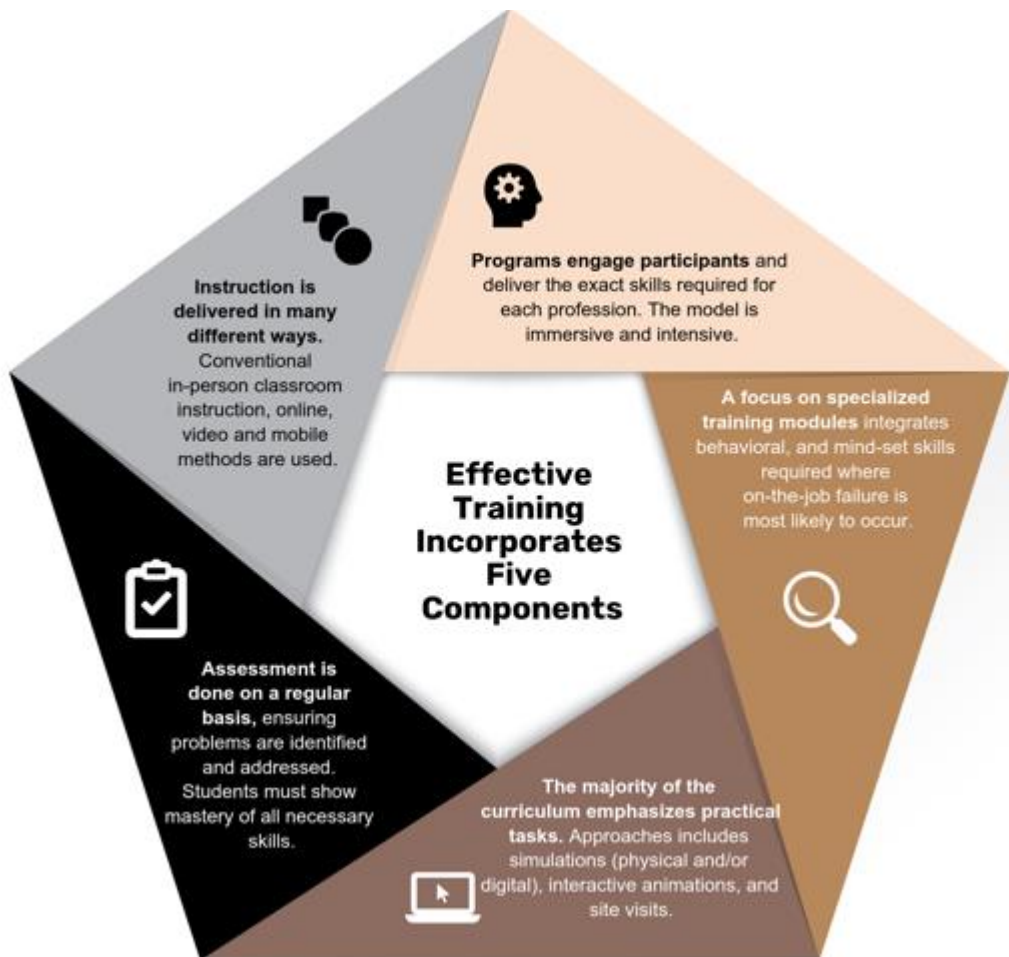
are willing to support their employees and address barriers that may be hindrances to the employee's productivity. The programs also encourage their participants through non-judgmental career coaching that goes beyond the training and education phase of their programs. Including coaching in conflict mediation in order to navigate unfamiliar expectations and systems in their new jobs. Other best practices such as offering resume writing services, interview coaching, supplying professional attire for interviews which all play a significant part in supporting participants in obtaining employment. Most programs also provide transportation to their participants as well as offer childcare. These allow the participants to attend the classes or trainings required to obtain their certifications or degrees. All the above best practices are applicable when it comes to supporting Black women in obtaining and maintaining employment.

- Identify best practices in WFD programs that allow for a tiered approach to WFD training and job placement (i.e., not a one-size-fits-all approach). How do WFD providers and employer partners qualify women's lived, professional or work experiences to assess the type of WFD training program and job-placement the woman is eligible for? How are WFD training providers and their employer partners collaborating to offer beyond entry-level positions? What are best practices during post-employment placement for WFD program graduates, to ensure long-term success, the "right fit, and job retention (i.e., ongoing coaching activities for employer and employee, mentoring, comprehensive supports to address the "benefits cliff" conundrum, etc.)?

Some work force development programs pay attention to data from the Department of Labor regarding projected trends for specific careers and occupations. They also obtain and sometimes conduct labor and market research in their specific regions and areas to learn about the needs of the community when it comes to workforce development and training. Included below is a graphic that depicts five components involved in effective training of workforce program participants. Participant eligibility is primarily decided by each program and is usually based on the regulations or stipulations set by their funding sources. While none of the workforce development programs had detailed descriptions of services involving career advancement for participants after they obtain entry-level positions, some WFD programs have reinvented their models for talent pipeline building. Note that career advancement component could be a leadership opportunity for JBRF's workforce development goals and strategies.

WFD programs that are demand-side driven versus supply-side driven offer the best information and practices in tiered approach to WFD training and job placement. In demand-side talent pipeline programs, WFD programs directly partner with hiring employers to recruit and determine acceptance into training and education programs. Upon completion and credentialing (as needed), the graduate is hired by the employer. This is a training model being used at JVS

where employers are pre-hiring at a training wage or promised position. Additionally, the WFD staff shadows the roles that they are recruiting and conducts interviews with the hiring managers and HR. In this way, the WFD program staff can better determine best fit for training and job placement, rather than on-size-fits-all approach. In the same model at JVS, employers are also committing to full-time jobs and wages with higher starting salaries beyond the normal entry-level positions. Also previously noted, another best and promising practice in retention is the extension of coaching services through the first 6 month to 12 months of job placement.



- What are best practices for Alumni Programs for WFD providers?

While our research didn't name "Alumni Programs" for WFD providers, local community colleges offer continuing education that may help accelerate career pathways. Community colleges also offer workforce development programs, including the UDC Community College Division of Workforce Development and Lifelong learning (WDLL). Also, labor unions offer tuition assistance and continuing education benefits. In DC, the 1199SEIU Training and Employment Funds is a collectively bargained joint labor-management fund that provides educational and job training programs to eligible members.

- What are known facilitators of Black women's success in completing a WFD program?

There weren't any programs that publicly acknowledged facilitators for Black women's success in completing a WFD program. However, we name three top facilitators of Black women's success in completing a WFD program based on focus groups findings and published reports. The following are known facilitators: *affordability* – make the WFD program affordable to start, complete and get credentialed including financial incentives; *accessibility* – flexible pathways that offer hybrid programs including virtual and on-site, around shift work for those reskilling or upskilling, such as half-day training schedules or “choose their own adventure” approach, and also supportive services such as childcare, transportation, and emotional support; and *impact* – knowing that the Black woman is valued, the role is a career contributing to wellness, and career advancement is possible. See Appendix C Thriving @Work: Black Women Thriving East of the River Health-Related Career Focus Group Findings.

Individual Barriers

Cross-reference: Appendix F WFD Programs Matrix

- What are the known and emerging barriers that may thwart Black women's success in completing a WFD program - childcare, transportation, substance use, formerly incarcerated, literacy, disability, etc.? What are models and national best practices for proactively addressing these barriers?

The known barriers that thwart black women's success in completing workforce development programs include childcare, travel distance to program site, transportation, literacy, being the caretaker for multiple family members and neighbors, fears around the COVID-19 pandemic, etc. A proactive model that has been used to combat such barriers is the place-based approach. A place-based approaches tailor programs to the needs and strengths of a specific community and location. They aim to address the structural and systemic barriers preventing students and their families from achieving financial security. (Rodriguez,2022)¹

Funding Streams in DC

Cross-reference: Appendix D WFD Funding and Evaluation Matrix

- What funding sources (government, private, philanthropic, etc.) and how much funding currently supports the workforce development ecosystem for health-related careers in Washington, DC? What services and wrap-around supports for Black women during WFD training, as well as post-job placement are currently eligible for government funding?

¹ <https://www.urban.org/urban-wire/place-based-workforce-development-strategies-can-support-equitable-covid-19-recovery>

All programs listed in the funding and evaluation matrix are currently eligible for government funding. In FY21, 16 agencies reported a total budget of \$119, 227, 074 for workforce development and adult education programs. Agencies with the highest budgets included DOES, DHS, OSSE, and department of small and local business development (DSLBD). According to the best practices of other regional and national workforce development programs, post-job placement and support services such as career coaching and mentorship are imperative for the success of black women in any industry.

Supportive services are allowed under WIOA though they must be determined “necessary for the customer to participate in employment and training activities.” (DC WIOA, 2022). These supportive services include transportation assistance, childcare assistance, training and work-related clothing, including uniforms and tools, housing assistance, and employment-related medical testing and background checks. Most recently in DC, through local government funding, career coaching services will be offered to WFD programs including those targeted Black women. (DC WIC) The local workforce development programs have access to supportive services as long as they meet the conditions set by the WIOA. Each of the WIOA core partner agencies provide Title I, II, III and IV funding to eligible providers to offer education, training, workforce and other related services to District residents. As part of the intake process, eligible providers develop in collaboration with each customer an individual plan (e.g., Individual Employment Plan (DOES), Individual Plan for Employment (DDS/RSA), Individual Career Pathway Transition Plan (OSSE AFE), Individual Service Responsibility Plan (DHS), etc.) that specifies the student’s educational functioning/grade level, learning needs, career interests, goals and plans for achieving economic self-sufficiency. Additionally, eligible providers provide and/or link students to supportive services, which may include subsidized childcare, the District of Columbia adult learner transit subsidy, public benefits, and other supports that ameliorate and/or eliminate barriers that may impede their ability to make measurable skill gains, earn industry recognized certifications, obtain employment, attain their goals and/or achieve economic self-sufficiency while enrolled in and/or upon exit from the program. Eligible providers also link customers to other resources, programs and services to address their diverse needs and/or that assist them in transitioning to the next step on the education, training and/or workforce continuum towards their desired career path, inclusive of their successful transition to training, advanced training, employment and/or postsecondary education. (DC WIOA, 2022)

Evaluation/Metrics

Cross-reference: Appendix D WFD Funding and Evaluation Matrix

- What metrics do WFD programs use to measure successful placement in employment for Black women? Research/identify best practice measurement of success for WFD programs working with/or focused on the needs of Black women.

Most workforce development programs utilize the WIOA's performance measurement regulations to measure the program outcomes and to continue to receive funding. The indicators that can measure successful placement in employment. The first indicator is the percentage of participants who are in unsubsidized employment during the second/fourth quarter after their exit from the WFD program. The second indicator that would measure successful placement is the percentage of participants who attain employment during their participation in the program or within one year after exiting the program. See also Appendix D WFD Funding and Evaluation Matrix.

SDI WFD Program Elements

Cross-reference: Appendix F WFD Program Matrix

- What are the different tiers or phases that programs offer for women entering WFD training programs? Some examples of entry-level tier programs include (interview skills, resume writing, dress for success, technology skills and office, equipment).

The workforce development programs identified in Wards 7 & 8 illustrate their strategies and approaches to health-related workforce development specifically the development of occupation related skills. Several programs do have services related to resume writing and interviewing while the participant is in the program. However, the emphasis for health-related programs is in the building up of skills that are necessary to certify completion of the program. Examples of programs that provide resume writing, interviewing skill building and dress for success services include Martha's Table, The East River Family Strengthening Collaborative, and The Far Southeast Family Strengthening Collaborative. Programs that provide services related to technology skill building, as well as high school diploma, GED, and adult basic education include Academy of Hope, Ballou Stay High School, Opportunities Industrialization Center DC, and SOME CET.

- Are there existing WFD programs that support women experiencing intimate partner violence (IPV) that provide specific support for safety?

Workforce development programs that directly support women experiencing intimate partner violence (IPV) were not identified in Wards 7 and 8. However, there is a program that works with people and communities impacted by sex workers and drug use in the District of Columbia. The program, known as HIPS DC, provides employment resources such as resume writing and access to the DC Library for adult education services. Additionally, the DC Coalition Against Domestic Violence provides training and education services that could be an opportunity for staff of WFD programs. Other general support and counseling centers and resources are La Clinica del Pueblo and Whitman-Walker Clinic—both are also employers with health-related careers that could be a talent

pipeline partnership with WFD programs offering support services for Black women experiencing intimate partner violence.

- What does comprehensive WFD coaching look like for Black women post-employment placement?

In the current WFD ecosystem, comprehensive coaching for Black women during post-employment placement is limited. The envisioned future of comprehensive coaching for Black women during the post-employment placement is informed by the focus groups findings and best practice WFD programs that offer career coaching during the education and training period and at least 6-months post-employment placement. Another best practice offers career coaching services at the employer's site and works with the employee to develop a career plan, including mitigating known barriers. Coaching and mentoring services would be provided by someone who has shared or like experience and offers emotional support in an authentic way. Coaching would provide opportunities to support new learning and a path to career advancement to ensure the Black women is thriving in the workplace.

- What does the sector (employers and WFD providers) need (resources, skills, capacity, etc.) to provide wrap around services for women?

Wraparound services for Black women (and other unique populations) are mostly guided by government funding sources. These funding sources restrict eligibility and scope of the wrap around services. To be fully responsive to the needs of Black women and other unique populations, wraparound services must be tailored to the needs of Black women. To do this, the sector employers and WFD providers need capacity building funding to develop and test models of wraparound services for Black women. This will require funding options other than government funding and technical assistance consultancy services.

- Are there examples of WFD programs that integrate entrepreneurship training and preparation programs?

The Congress Heights Community Training and Development Corporation is an example of workforce development programs that integrate entrepreneurship training in their offered services. They offer programs that educate about obtaining funding for small-medium sized businesses in the District of Columbia.

- What are the benefits to employers to participate with WFD programs? What are the economic benefits or return on investment for employers? What other benefits exist for employers?

When employers participate in WFD programs, they have opportunity to influence the design and delivery of the workforce development program. Some of the benefits to employers when partnering with workforce development

programs include job satisfaction among employees, increased productivity and most importantly, having a skilled workforce. Through formal partnerships, employers may also help customize the workforce development program to help their employees gain new skills to do their jobs more effectively and upskill to new higher-paying jobs. At the same time, employers retain workers and advance their workforce. Employers may also benefit from reduced hiring costs when participating in demand-side talent pipeline WFD programs. All these benefits also serve as a return on investment for employers. Job satisfaction leads to higher retention rates and increased productivity from a skilled workforce makes the employer a competitive business in their industry.² Given the devastation of the COVID-19 pandemic to the health sector, WFD programs may help the industry rebuild a resilient, diverse and equitable workforce.

- What incentives or benefits will need to be integrated in SDI initiatives for employers to participate and seek technical assistance to become best-practice employers?

This is an area to explore directly with employers in the health sector. We offer the opportunity to align this work with the DC Health Care Workforce Partnership Career Pathways System's work-to-be-done. From current learning, employers will need to accept the necessary work in job quality—a national effort of making jobs better. In the DC Health Care Workforce Partnership, the first lever is getting employers to understand job quality as a business strategy. In an Aspen Institute report, it is suggested that employers should be incentivized to focus on “improving job culture and design, creating supportive work environments, and providing on-the-job skill development for workers.” (Conway, et al., 2021)

Mapping

Cross-reference: Appendix F WFD Programs and Appendix D Funding and Evaluation Matrix

- Assess, describe and map all of the funding streams that fund health-related Workforce development programs in DC. Develop a workforce development entry point map and infographic that captures:
 - What is the full spectrum of entry points into WFD training in DC?
 - What type of screening do women receive for WFD entry?
 - What programs are women being connected to from TANF, DOES, OSSE, etc.?
 - Where are they going to access training programs?
 - What is the pathway from WFD entry point to health-related career training?

The workforce development entry point map and infographic are in the body of the report as Figure 1.

² <https://www.betterup.com/blog/how-to-use-workforce-development-to-close-the-skills-gap>

- How is success measured (by entry point)? What data is collected to report on that success? This should be specific to each individual entry point.

See Appendix D Funding and Evaluation Matrix and Figure 1.

- Where do health-related career WFD training programs exist and where do they deliver services?

See Appendix F WFD Programs and Figure 1.

Labor Analysis

- What health-related career positions are in the highest demand in DC (now and in the next 3 to 5 years?)

See WFD Health-Related Careers section and Appendix A and B Hanover Research Report.