A community health clinic in a low-income neighborhood expands its emphasis on health promotion and chronic disease management. Clinic managers feel that medical assistants can play an expanded role on the care team to increase patients’ adherence to their care plans and participation in new prevention programs. Since many of the MAs lack certification and the necessary skills, the clinic decides to invest in developing a competency-based training program to standardize skills and begin building a career pathway.
The clinic works with the local community college to develop coursework in topics such as motivational interviewing and to deliver onsite instruction; it provides release time for workers to attend classes and prepare for certification. Organizational champions encourage participation and communicate the value of the program not only to the MAs but also to the team members and to patients. The planned impact analysis focuses on employee engagement and quality-of-care measures. Data is collected before, during, and after training. Program completion rates are high. Nurse managers and physicians support staff as they transition into their newly expanded roles. The process is not as smooth as clinic managers expected, but they continue to improve it, in part, because the effort is closely tied to the organization’s mission. Over time, as the MAs begin to function at a higher level, the impact on patient visits and adherence to care plans starts to be measurable. More MAs start to work toward becoming health coaches as part of their newly defined career pathway, with the goal of earning a higher wage. Ultimately employee engagement rises, quality of care improves, and the organization better understands the value of increased commitment to growing its frontline staff.

Employers who invest in their frontline workers see results. Integrating organizational strategy, workforce investments, and impact measurement is a business strategy that can make an organization more competitive and successful. This composite example is drawn from the experiences of several community health clinics to demonstrate how organizational priorities can drive program design so that the outcomes contribute to improved quality of care and enable career advancement for frontline workers.
While program sustainability is not guaranteed in this example, it demonstrates the case for continued investment in frontline workers. Making a compelling case for sustained investment is as much art as science. Sustainable investment in frontline workers is a long-term, iterative process that takes dedicated resources, leadership, workforce planning, and analytical capacity. Along with quantitative data, individual stories of success can grow organizational commitment. However, it can sometimes take years to achieve a high level of integration among organizational goals, program design, and business impact analysis. But when it does occur, the returns on investment are significant and ongoing.

Employers in the CareerSTAT network, particularly those designated as Frontline Health Care Worker Champions, have learned that to demonstrate the value of frontline workforce development and understand when investment is warranted, the design of training and education programs must be closely aligned with strategic organizational priorities and integrated with measurement of their impact. The degree to which this integration occurs exists along a continuum from low to high. Regardless of where their efforts fall, employer intentions are often the same—making effective investments that advance the skills and careers of frontline workers while at the same time generating positive business outcomes.

Integrating workforce investments with analysis of business impact is essential to making the business case—not only to generate good evidence, but also to ensure that programs are sustainable. This is especially true in today's rapidly changing health care landscape, where shifting priorities and cost containment are the norm.
Integration Framework

To support successful integration and advance the field, CareerSTAT offers a simple framework that integrates organizational priorities with program design and business impact analysis.

The framework offers guidance to organizations and practitioners as they develop the case for increased investment in frontline workers and promote wider adoption of the business practices that make those investments effective. Many CareerSTAT network members have experimented with different approaches to measuring the impact of frontline workforce development programs. Their experiences highlight the challenges of doing this work. A particular challenge is the difficulty in determining program cause and effect due to modest program size and duration, especially when many factors—turnover, patient experience, and quality of care—impact metrics. In addition, data collection and analysis can be difficult when systems do not align and external events such as health system mergers shift priorities.

Despite these challenges, most health care employers would agree that to maintain and/or increase investments they must document the impact of frontline worker programs using metric-driven research and best practices. The CareerSTAT integration framework as seen in Figure 1 includes a series of steps and key questions to consider while deciding which metrics to measure and best practices to implement. A set of additional questions can be found on the CareerSTAT website at http://www.nationalfund.org/careerstat. These questions build on the key questions posed here and serve to guide organizations as they begin to think about developing an integrated framework. Please note that this is not a step-by-step guide specifically for measuring impact and developing a business case. Evidence-based resources for these activities are listed in final section “Resources for Investing in Frontline Workers”.
1. Understanding Strategic Priorities

**Key Question:** How do organizational goals impact frontline staff?

Understanding your organization’s strategic priorities and how they impact frontline workers is a critical first step in the process of designing a workforce development program or analyzing business impact. These are the high-level goals that drive the organization: they could include achievement of the triple aim of lower per-capita costs, better patient experience, and improved population health. Strategic goals might also include care coordination, employee engagement, sustainability, or economic health through an expanded consumer base or increased physician partnerships. It is essential to engage senior leadership in discussing organizational goals and their relevance to frontline staff. Just as vital is to know where the organization is “hurting”—areas where gaps in talent or specific skills are barriers to meeting strategic priorities.

2. Designing Effective Workforce Programs

**Key Question:** What program elements or business practices need to be integrated into the program design?

A successful workforce training and education program will comprise many program elements. Changes in organizational infrastructure and HR policies and procedures may also contribute to the design of an effective program. Selecting appropriate practices for your organization will depend on a variety of factors, including the nature and severity of workforce challenges, such as gaps in skill, or vacancies in key occupations; existing capacity and experience in developing frontline talent; and the presence of executive champions and financial resources to support program development. Program advocates should involve managers and leadership in high-level design of workforce initiatives. Starting small with a pilot so that leaders can test practices and impact is a good idea. If scaling an existing program to reach a broader audience, it is important to consider operational feasibility and program results. Sustainable and effective workforce investments are ones that track the organization’s strategic goals and address the problems that keep leadership up at night.

3. Designing Impact Analysis

**Key Question:** What key metrics can realistically be measured and analyzed?

If business impact analysis or evaluation of a workforce program is to be compelling, it needs to be designed and implemented in parallel with program start-up and execution. Relevant baseline measures can be defined and put in place, as well as comparison groups where possible. It may be sufficient to select just a few key metrics that are highly relevant to the business case. But it is critical at this point to ensure that adequate data are available to make the case and that obtaining the data is feasible. It is also important to account for the fact that not all metrics are equally measurable. While some benefits can be expressed in dollars, other returns on workforce investment, such as staff diversity, provision of advancement opportunities, increased employee engagement, and fulfillment of a hospital’s community service mission, are harder to define in monetary terms and require other quantitative or qualitative metrics.
4. Implementing Programs and Collecting Data

**Key Question:** How will program implementation and data collection occur in a coordinated and complementary manner?

In this phase, the process moves on parallel but related tracks: rolling out and operating workforce programs, and collecting data to measure their impact. For programs to be effective, there needs to be sufficient staff time to manage, deliver, and monitor their operation. The same holds for data collection and analysis. Even more critically, team members responsible for workforce programs and for tracking their impacts need to work closely together from the outset to outline common expectations and responsibilities, anticipate hurdles, and identify strategies to address them. If program delivery and/or data collection involves outside organizations such as colleges or research organizations, agreements and timelines need to be in place and managed effectively. Ideally, programs will be implemented according to the project plan, but workforce and analytical staff need to be prepared for unexpected changes or disruptions—changes in strategic direction, budgetary restrictions, or other contingencies—and adjust the measurement process accordingly.

5. Analyzing Impact

**Key Question:** How did the program impact frontline staff and the organization?

The analysis of frontline workforce programs will be driven by the research questions. For example, what changes occurred in behavior, attitude, performance, and related outcomes for patients, staff, the organization, and the community? In what ways did frontline workforce investments contribute to these changes? The specific questions—and the measures used to answer them—will reflect the kind of business case being developed: improvement in patient experience or quality and safety measures; improvements in workforce availability, including reduced turnover; or improvements in employee competency and advancement. While it is preferable to choose as simple an analysis as possible, it may be necessary to enlist outside research professionals to perform the business impact study. In this case, it is vital that there is close and regular collaboration between the internal research team—including workforce program staff and data experts—and outside evaluators. The latter should perform early checks to ensure that data are complete and submit initial results for review. The team may determine that additional variables need to be analyzed or controlled for.

6. Sharing Impact Findings and Informing Strategy

**Key Question:** What compelling story best communicates impact?

Once the analysis of business impact is complete, the results can be used to support continuous improvement of workforce development programs to further support an organization’s strategic priorities. Depending on the findings, the analysis can be used to make the case for deepened investment in workforce programs and infrastructure, including hiring staff to direct programs, raising outside support, and providing coaching and career navigation services. But using impact findings to deepen investment will only be effective to the extent that key stakeholders in the organization are informed about the results and given an opportunity to provide critical feedback on outcomes and their implications for the organization. Decision-makers also need to hear individual stories that complete the portrait provided by data and analysis. The power and persuasiveness of data is multiplied by the power of transformation in individual lives.
Continuum of Integration

Employer efforts to integrate frontline workforce programs with organizational priorities and business impact analysis exist along a continuum, from virtually no integration to full integration. Figure 2 describes three levels of integration and possible outcomes related to program sustainability and organizational investments. Generally speaking, all levels along the continuum integrate some best practices described in the CareerSTAT Guide. Employers engaged in the highest level of integration most likely have adopted a comprehensive array of both programmatic and organizational practices.

Throughout the CareerSTAT Guide, specific examples of organizational investments drawn from the Frontline Health Care Worker recognition program are highlighted to illustrate how practices take shape and produce positive outcomes. In this section, we offer composite examples from the experience of multiple employers.

Figure 2: Continuum of Integration

Low Integration  
Medium Integration  
High Integration

Limited alignment between organizational priorities and workforce programs. Program design often focuses on meeting an immediate workforce need. Data collection and impact analysis is limited, often occurring retrospectively. Senior leaders have general program awareness but may question the long-term value of investing in frontline workforce development. Without a strong organizational commitment, these programs are often eliminated when funding runs out or the immediate need is met, and then new ones are developed when a crisis arises.

Some interconnectedness between organizational priorities and workforce programs exists. Workforce needs drive program design without full consideration of business priorities. Key metrics are identified that impact both individual participants and the business. Data collection can be rigorous, but the program’s positive impact on individual employees may not be enough to retain organizational commitment, especially if costs are perceived as high. Senior leaders remain committed, but additional integration is necessary to sustain efforts.

A strong formal connection exists between organizational strategy and workforce programs. Strategic business priorities drive program design to meet workforce needs and achieve organizational impact. Workforce planning and analysis is fully integrated into daily operations, and key metrics are measured and reported on a regular basis. Senior leaders serve as champions, which ensures operational resources to support the programs.
Composite Example of Low Integration: A midsized hospital needs more patient care technicians to meet their growing patient census. The hospital receives a grant to develop a customized PCT training program with its local community college. Unemployed community members are recruited into the program and after receiving training are successfully placed in jobs at the hospital. Metrics focus on training completions and retention rates. The program begins to meet the hospital’s workforce needs although it is not viewed favorably by managers because they feel they are forced to hire program graduates. After several cycles, one of the primary champions at the hospital leaves, and managers begin to express stronger dissatisfaction with the new PCTs. Retention rates begin to drop, and HR decides to revert back to their standard hiring process, resulting in fewer program graduates receiving job offers. As a result, the college hesitates to offer the program again, despite the large number of open positions at the hospital. The remaining champion at the hospital tries to gather additional data retrospectively to demonstrate business impact and overall cost savings but eventually the program is discontinued. Temporary staffing agencies are used to fill positions at considerable cost until a new strategy is developed.

Composite Example of Medium Integration: A large urban hospital is committed to investing in its frontline workforce, particularly those entry-level workers who are interested in advancing their careers but lack the academic skills and preparation to attend a postsecondary program. Leadership is committed to creating career pathways and works with other employers to remove barriers to education and advancement. Hospital leaders work with a local community-based organization to offer GED and college preparation courses. Cohorts are small but engaged. There is a strong commitment to data collection, but the plan for collecting data only begins to take shape during program implementation. The impact analysis looks at turnover, diversity, and wages. Modest benefits are demonstrated, but questions about data quality hang over the analysis. As the Affordable Care Act rolls out, organizational priorities begin to shift, and the cost of supporting the existing programs is called into question. The organization is examining all programs and trying to figure out how to align them with strategic priorities. Some programs may be eliminated to make way for new ones, but the commitment to frontline worker skill development and career advancement remains strong. Leaders are striving to give workforce development high visibility in alignment with central organizational priorities even if their efforts aren’t consistently supported and implemented.

Composite Example of High Integration: An integrated health care system took deliberate steps to design workforce programs based on analysis of workforce needs and measurement of impact. This system is distinguished by the scale and longevity of its talent-development programs, including extensive tuition assistance, career coaching, and academic readiness courses. Its leadership believes that the mission of providing quality health care requires a culture of continual learning and academic progression. But hospital leaders acknowledged that in the early years of investing in frontline worker skills, career growth programs were funded without systematic analysis of workforce needs or program impacts. In response, the organization developed a process that would allow it to assess and project workforce needs, and measure the outcomes of workforce programs. The organization hired a full-time workforce analyst, and incumbent training programs are now calibrated to real-time needs and conditions, such as pending retirement of medical technologists or emerging skill needs in health information technology. As programs are designed and implemented, participants’ outcomes—including retention, advancement, and engagement—are tracked, as are data relevant to organizational goals, such as patient satisfaction, to determine the outcome and effectiveness of investments, and to aid executives in making decisions to fund or modify programs accordingly. As a result, workforce development has high visibility and is a central system priority.
Call to Action

Effective design, implementation, and measurement of frontline investments is a dynamic process. Our knowledge and understanding of how to integrate program implementation with business impact analysis continues to evolve. As health care employers and workforce practitioners gain more experience in this area, we are refining the process and learning what is feasible. To advance the field, CareerSTAT will focus on documenting how organizations with a strong track record of investing in their frontline workforce use high-quality data to measure the business impact of their sustained investments. As we continue to learn, employers and practitioners are encouraged to join CareerSTAT’s discussion on business impact analysis, share examples, and provide feedback on the proposed framework for integrating workforce investments with business impact analysis.

The CareerSTAT Guide to Investing in Frontline Health Care Worker provides a framework and tools for developing workforce development programs, aligning with key business metrics, and measuring impact and outcomes. It is written for health care leaders who are creating or operating programs for frontline workers and building the business case for organizational investment. The complete Guide is made up of five companion documents, including:

- Executive Summary
- Why Invest in Your Frontline Health Care Workforce?
- Employer Best Practices for Making Effective Investments
- A Framework for Integrating Workforce Investments with Business Impact
- Resources for Investing in Frontline Workers

CareerSTAT and this research was supported by the Joyce Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.

The National Fund for Workforce Solutions is a national network promoting economic opportunity and prosperous communities through investment and innovation. Based in Washington D.C., the National Fund partners with philanthropy, employers, workers, public and private community organizations, and more than 30 regional collaboratives to invest in skills, improve systems, and generate good jobs. The National Fund supports civic and business leaders in promoting evidence-based practices and policies that build shared prosperity. Learn more about the National Fund and its local partners at www.nationalfund.org.

Frontline Health Care Worker Champions

CareerSTAT’s Frontline Health Care Worker Champions are recognized by their peers for their sustained investment in skill and career development of frontline workers. Representing health care organizations across the care continuum, these industry leaders are improving health outcomes for patients and increasing their business impact by making learning and advancement more accessible for their frontline employees. Since 2014, CareerSTAT has recognized 25 organizations. Their practices, policies and strategic approach inform the CareerSTAT Guide, best practices, and resources. Learn more about the Frontline Health Care Worker Champion program at http://www.nationalfund.org/initiatives/careerstat/frontline-health-care-champions/.

Acknowledgements

The Guide to Investing in Frontline Health Care Workers was written by Randall Wilson, Associate Research Director at Jobs for the Future, and Kelly Aiken, CareerSTAT Director and Vice President of the National Fund for Workforce Solutions, with significant editorial support from Nomi Sofer. We thank each for their contribution to this Guide as well as the CareerSTAT partners, Executive Committee members, and Champions that shared information about their organizations and programs and provided feedback on the Guide.