Carreras En Salud

A Chicago Bilingual Health Care Career Pathways Partnership
The National Council of La Raza (NCLR) – the largest national Hispanic civil rights and advocacy organization in the United States – works to improve opportunities for Hispanic Americans. Through its network of nearly 300 affiliated community-based organizations (CBOs), NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico, and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas – assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its Affiliates who work at the state and local level to advance opportunities for individuals and families.

Founded in 1968, NCLR is a private, nonprofit, nonpartisan, tax-exempt organization headquartered in Washington, DC. NCLR serves all Hispanic subgroups in all regions of the country and has operations in Atlanta, Chicago, Los Angeles, New York, Phoenix, Sacramento, San Antonio, and San Juan, Puerto Rico.
Carreras En Salud: 
A Chicago Bilingual Health Care Career Pathways Partnership

Prepared for NCLR by

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**Instituto del Progreso Latino**
Juan Salgado
Executive Director

**Tom DuBois**
Workforce Development Director

**Patricia Bolivar**
Program Coordinator

**Francisco Hernandez**
Advisor

**JoAnn Tate**
Instructor
A Chicago Bilingual Health Care Career Pathways Partnership
Instituto del Progreso Latino (Instituto)
Instituto has been a 501(c)3 organization serving Latino families in the Southside of Chicago for more than 26 years. Having grown from an English-language program in a few church basements in the Pilsen community, Instituto now has a budget of $5.5 million a year that can support a vibrant education and community center with four community-based Workforce Investment Act (WIA) Career Centers located in key Southside Latino neighborhoods. Thus, Instituto is better equipped than ever to meet its ambitious mission to “contribute to the fullest development that fosters full participation in the changing United States society while preserving cultural identity and dignity.”

Association House of Chicago (AHC)
AHC was established in 1899 to serve Chicago’s Greater West Town and Humboldt Park areas and has followed a core mission to serve its economically disadvantaged community.
members. With an annual budget of $9.5 million, AHC had adapted with each changing era to suit the needs of its local residents, and now serves more than 20,000 predominantly Latino and African American individuals and families a year.

Humboldt Park Vocational Education Center (HPVEC), of Wilbur Wright College, one of the City Colleges of Chicago

HPVEC is a community-oriented institution whose primary mission is to provide both short- and long-term training in the fields of business, health, and manufacturing. These training programs teach the necessary skills for employment and career advancement. Wright College has a long history in health care education. In 1989 Wright College established a basic nursing assistant training program. Since then 200-300 students per year have graduated from the program and become employed. Approximately, 30%–40% of Wright’s graduates advance their education either to the licensed practical nurse (LPN) or registered nurse (RN) levels. In 1995, Wright started its first class of practical nursing students. The entire LPN curriculum was written with the Illinois Articulation Initiative as the underpinning. Thus, those who are accepted into the program who are practicing certified nursing assistants (CNAs) are given advanced placement into fundamentals II. LPN graduates are able to complete their general education requirements and are prepared to enter an RN program within a year of graduation.
National Council of La Raza (NCLR)

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* The terms "Latino" and "Hispanic" are used interchangeably by the U.S. Census Bureau and throughout this document to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, and Spanish descent; they may be of any race.
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As a critical component of its Workforce Development (WFD) efforts, the National Council of La Raza (NCLR) works with its Affiliate partners to link the nation’s future labor force with dynamic industries by creating and promoting innovative and replicable partnership models that prepare, support, retain, and advance Latino workers in quality careers. Specifically, NCLR aims to strengthen existing projects by incorporating strategies that support the upward mobility and skills acquisition of Latinos in dynamic industries with high-growth potential.

With funds received from the U.S. Department of Labor, NCLR is supporting innovative strategies that support advanced education and skills attainment of Latino workers using a health care career pathway approach. The purpose of this document is to highlight promising practices from one of NCLR’s pilot sites, Carreras en Salud, which is based in Chicago, Illinois. Carreras en Salud (Careers in Health), is a bilingual health care partnership designed to effectively bridge the gap between low-paying jobs and higher-wage careers, through education, training, and wrap-around support services.
This paper incorporates strategies for developing a career pathway model, from partnership formation to building scalable bridges. The paper also examines lessons learned from the pilot site, strategies to bring career pathway models to scale and highlights promising and effective practices to building a trained, highly skilled Latino workforce.
Patricia was at a roadblock in her life. In her late 20s, she had spent nine years of her life working a dead-end job at a local department store with minimal options for advancement. With a young child to support, Patricia’s story is one that is all too familiar in Latino communities. She did not have much guidance at home which contributed to low grades in high school. Her parents spoke only Spanish at home which created a language barrier that erased the family as a major support in her education. Being a second-generation U.S. citizen, she did not face many of the barriers that immigrant populations typically face. However, as a Latina living in the inner city she felt ostracized in a workforce system where opportunities for a better life were nowhere in sight.

At a major tipping point in her life, she decided to enroll at Morton College in Chicago to pursue a career in nursing. Feeling comfortable with her career choice she moved forward with youthful optimism and eagerness in the nursing program at the college. However, after a few semesters it became crystal clear that she lacked the preparation, guidance, and support to be successful at the post-secondary level. She ultimately was removed from the institution, falling half a point short of meeting her minimum grade requirements. Once again, she was at a familiar crossroads.
After serving her suspension for low-academic performance, she re-enrolled in the City College system to continue her dream of being a nurse. Hoping for a better outcome than before, Patricia moved forward with the program without the guidance and support she so desperately sought. She then received the phone call that would lead to a sequence of events that ultimately would change her life. “I was taking classes at another institution when I received a call from Wilbur Wright College who was trying to recruit Latino students for a new program called Carreras en Salud,” said Patricia. “It sounded like a really interesting program, so I decided to set up an appointment to find out more. After that meeting, I was convinced that this was the program for me.”

The Carreras en Salud program provided a clear roadmap for Patricia to follow toward her career destination. More importantly, however was the guidance and support she received from the program and program staff to help eradicate some of her barriers to success. “The counseling and mentorship I received while in the program really helped me stay focused,” she said. “Knowing my mentor was always there really made me feel comfortable. They also helped me with much of my financial expenses, such as books, tuition, and board exams and even helped me with child care so I could attend school.”

While attending LPN classes, Patricia was working as a Certified Nursing Assistant (CNA) at a local hospital making $11.00 an hour to support her family. In one program year, Patricia completed her LPN coursework and made the successful career transition to the LPN level – which led to an increase in pay to $25.00 per hour. Patricia proudly said, “I’m now able to provide a better life for my son. It feels good to not have to rely on government assistance anymore. I wouldn’t have been able to do it without the support of Carreras en Salud and all the mentorship and support they provided.”
The gap that exists between high-paying jobs and unemployed, poorly educated workers continues to grow at a progressive rate. The increased demand for a trained, educated workforce to meet the demands of a rapidly changing workforce has catalyzed policy-makers, business leaders, educators, and community advocates to reexamine how they prepare workers for a complex workplace. Furthermore, with low educational attainment, high representation in resource-poor schools and unresponsive training and employment systems for low-wage Latinos, the limited career mobility opportunities within the Latino population is incredibly pronounced.

Many Latinos are currently working in dead-end jobs primarily because of employment barriers, such as low-English proficiency, limited education and training, low representation in post-secondary institutions, and lack of family support. The Latino population is currently the fastest-growing minority group in the United States. Consequently, the need for bilingual workers is rapidly changing domestic workforce development.

Given the complexity of the issues facing Latino workers, one institution would be incredibly challenged to effectively meet the comprehensive needs of the population. Post-secondary institutions have traditionally
taken on the challenge of preparing students for the workforce through advisement, instruction, and training. However, most colleges and post-secondary institutions lack the capacity to focus on some of the deeper socioeconomic issues that roadblock disadvantaged populations from accessing and ultimately thriving in worthwhile careers. Thus, a more comprehensive approach to solving the problem is needed to effectively meet the needs of the Latino worker.

Recent data suggest that lack of diversity in the health care sector will invariably affect the ability of the current workforce to respond to the needs of vulnerable populations.* For example, less than 5% of incoming dental students are Latino. This percentage is far below the overall U.S. population of Latinos (13%).

In Metropolitan Chicago, there is a dire need for bilingual health care professionals. In the health care industry, Latinos compose less than 2% of all LPNs and registered nurses (RNs).† The shortage of Latino health care professionals in Chicago creates a wedge between health care service providers and service recipients since the Latino population is currently at 25%.

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NCLR’s Vision for Building a Highly Skilled Latino Workforce

NCLR envisioned a career pathway model that would incorporate community-based organizations to address some of the socioeconomic barriers Latinos face, strong partnerships with local post-secondary institutions to provide academic advisement and instruction, and an employment partner network that would readily place program graduates in high-wage jobs. This multilayered program design ensures that all the major stakeholders in the development of a skilled workforce would be actively engaged in the process.

In 2003, NCLR began to focus its workforce efforts on key industries that could provide upward mobility for Latino workers. NCLR’s vision for a career pathway model for Latinos led them to Chicago, Illinois where they already had established relationships with Affiliate organizations doing outstanding work in the area of workforce development. Instituto del Progreso Latino (Instituto) and Association House of Chicago (AHC) have been cornerstone agencies in Chicago, working with the Latino population. Moreover, both of the Chicago-based NCLR Affiliate organizations already had strong, productive relationships with the Chicago City College system. In fact, AHC had already incorporated a pathway model for the printing industry that served as a template for further investigation.

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In late 2003, NCLR initiated the process of identifying possible industries with a potential for growth and career advancement for Latino workers. NCLR hired Stephanie Sommers, an independent consultant, to conduct a sector analysis of industries in Cook County, Illinois. At the same time, key personnel from Instituto, AHC, and NCLR formed an advisory committee that served as an oversight committee to the sector analysis work. The committee convened regularly to discuss strategy, review data, and guide the work of the independent consultant.

The purpose of the sector analysis was to provide NCLR with a preliminary analysis of the major job sectors in Cook County, Illinois. Data were gathered from multiple sources including the US Department of Labor’s Bureau of Labor Statistics and Occupational Employment Statistics, the US Census Bureau’s County Business Patterns, Crain’s Wage and Salary Survey, and the Illinois Department of Employment Security. This sector analysis was meant to support the first phase of a three-phase decision-making process among project partners.
The three phases are defined as follows:

**PHASE 1**
Review general data on Cook County job sectors in order to choose three that look the most promising.

**PHASE 2**
Interview key players in the chosen sectors in preparation for a final decision on a single job sector.

**PHASE 3**
Make appropriate partnerships to ground the program design of a targeted workforce training program to benefit Humboldt Park residents.*

Based on the analysis, the three major Cook County industries with good growth projections and good-paying career path opportunities that don’t require advanced degrees were identified as:

- Health Care
- Transportation
- Construction

Why Health Care?

Each of the three industries recommended in the Sector Analysis report had distinct pros and cons associated with career path opportunities. For instance, construction had very positive projections for growth in Cook County over a ten-year period. However, construction as an industry is considered seasonal, thus limiting the industry and its earning potential for Latino workers, specifically in months with inclement weather. Transportation also had very positive projections for growth over a ten-year period. However, according to the data, transportation has shown a consistent decrease in number of employees since the year 2000. The quantitative data from the report made a strong case for a health care career pathway for the following reasons:

- Projections for the services industry in 2010 indicated that employment in the health care industry nationwide will grow at a rate of 2.9%, the fastest among all the industries as compared with the 1.4% projected growth for the economy as a whole. In addition, projections for health services sub-sector in Cook County showed a 1.65% annual growth rate to 2010.

- Research shows that employment growth in the health care field in the Chicago area is projected to continue well into the future.
Hospitals, nursing and personal care facilities, and physician’s offices will account for more total jobs by the year 2006 than any other local growth industry, with an overall employment growth of 29,500 employees, for a total of 219,000 jobs in the industry.* This growth is due to cost-containing measures of moving patients and procedures to outpatient clinics and the increased demand for long-term nursing care due to the growing aging population.

- Health care and social assistance is not seasonal employment, which allows for fairly stable work.

Although strong, quantitative evidence made a strong case for a health care career pathway, NCLR and its Affiliate partners in Chicago agreed that further qualitative investigation with area workforce partners was still necessary. “We wanted to talk to people on the ground,” said Simon Lopez, Director of Workforce Development at NCLR. “We felt it was important to talk to the Affiliates’ workforce partners, including human resource directors and managers that are looking for skilled labor. We didn’t want our decisions to be driven exclusively by the data provided in the report.”

As such, NCLR provided a small grant to Humboldt Park Economic Development Corporation to conduct the qualitative interviews with its regional employment network and other partners in Cook County.

After completing a comprehensive review of the data, the advisory committee ultimately made the decision to pursue a career pathway in the health care industry. As Simon Lopez explained, “Choosing the health care industry was a very involved process. It was not as simple as, here are one or two industries; let’s just pick one that has good jobs. We had to assess future industry and occupational growth, analyze regional resources, and determine the skills and needs of the Latino community in Chicago. This is where the involvement of the advisory committee really came in to play, specifically Tom DuBois at Instituto and Miguel Palacio at AHC.” The advisory committee set up a scoring matrix to rate each industry based on key criteria.

The ratings of an industry were influenced, in part by the following criteria:

- **Concentrated Latino representation in an industry.** This was a key criterion because the advisory committee felt that if there was a severe lack of representation of Latinos in the field, creating a short-term impact (two to three years) would be extremely challenging. The advisory committee discovered through the qualitative interviews that there was a high number of Latinos in entry-level positions but marginal representation in advanced or professional levels. There was also a high level of Latino foreign certified health care professionals who had nursing experience in their native country. A major barrier to this distinct population was the relative lack of English language skills, in addition to low literacy in English and Spanish.

- **Career advancement opportunities for Latinos.** The industry had to have a logical pathway from low- or no-skill jobs to professional jobs. Historically, there has not been a strong pathway from entry-level occupations to advanced levels in this industry. Upward mobility required
a significant jump in educational requirements, equaling college level coursework. Implementation of the bridge approach allowed those individuals who required intensive training to learn core competencies at a manageable pace.

- **Strong industry growth in the Chicago area.** Local industry growth was extremely important in the decision-making process since the pilot program was being launched in Chicago.

- **Local resources were generated to support testing of new “bridge” models in health care.** With such a heavy representation in low-wage health care occupations, Latino-serving programs were ideally positioned to examine the effectiveness of bridge programs.

### Table 1

**State of Illinois Industry Projections 2002-2012**

<table>
<thead>
<tr>
<th>Largest Growth Industries</th>
<th>Number of New Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care and Social Assistance</td>
<td>124,752</td>
</tr>
<tr>
<td>Administrative and Waste Management Services</td>
<td>81,029</td>
</tr>
<tr>
<td>Professional, Scientific, and Technical Services</td>
<td>66,034</td>
</tr>
<tr>
<td>Accommodation and Food Services</td>
<td>59,845</td>
</tr>
<tr>
<td>Educational Services</td>
<td>56,752</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>51,733</td>
</tr>
</tbody>
</table>

Developing the Partnerships

With an industry focus in place, the advisory committee began to expand its efforts with an eye on implementation. A management team was established that featured representation from Instituto, NCLR, AHC, and HPVEC. The partnership with Wright College was critical considering the school’s high-quality health care program and national ranking among post-secondary institutions. Each partner brought unique value to the collaboration. For example, Instituto and AHC brought a direct conduit to the community and its assets. Both institutions have extensive history serving the community and incorporating a wrap-around service approach that enables both organizations to serve individuals and families at multiple levels. Thus, both organizations provided access to a large recruitment base. Furthermore, Instituto and AHC brought well-developed employer networks to the partnership as an outgrowth of their years of workforce development programming. As a national intermediary organization NCLR brought a wealth of expertise in the areas of policy, advocacy and research and played a key role as a convener – which created the space for the partnership to
develop. HPVEC brought its expertise in curriculum development and instruction, and had extensive experience in health care education.

**Early Challenges**
Moving forward, the partnership was faced with some early challenges. “The process for defining roles and leadership structure of the partnership was an initial challenge,” said Juan Salgado, Executive Director of Instituto. “We already had good relations with the partners prior to this initiative, which made the trust factor a lot easier.” Tom DuBois added, “We were faced with the question of how to structure the partnership. Each partner brought different resources to the table, so it was hard to determine who would take the lead.” Ultimately, the management team decided on a flat management model; each partner had equal representation and equal voice in the decision making process.

Defining the roles of the partnership, developing core competencies, and most importantly, identifying the funding streams to turn the corner from conceptualization to implementation were the logical next steps in the program development process. “Implementing a pathway model requires layered funding to cover the breadth of the project,” added Simon Lopez. “We were marketing the project as a package, so acquiring funding that would cover all the layers of the partnership required substantial resources. What we finally decided was to leverage existing resources from the partners and look for a little seed money to get the initiative off the ground. Once we got the initiative off the ground, we would have to show some early successes to make the case for increased funding down the road.”

The seed money eventually came in the form of a $90,000 grant from the Critical Skills Shortage
Initiative (CSSI), which is administered out of the Illinois Department of Commerce and Economic Opportunities. This money allowed the initiative to move forward in hiring a full-time Program Director to take the lead in managing the operations and coordinating the areas of development to see the program to fruition. To this point, there had not been a designated point person who could devote 100% of his/her time to the initiative. The conceptualization of this initiative had been the shared responsibility of the members of the management team. With a full-time director, the management team could now shift their focus to the strategic direction of the initiative, while allowing the director to handle the day-to-day operations of the program.

In April 2005, the management team hired Dr. Ricardo Estrada to be the full-time Program Director. Dr. Estrada brought extensive experience in the development of bridge programs and career pathways through his work with the City Colleges of Chicago. During his tenure with City Colleges, Dr. Estrada had also developed contextualized curricula, which he later adapted and implemented to apply to the health care industry. Moreover, Dr. Estrada was well-respected in the community for his expertise in this content area and brought instant credibility to the initiative.

The management team ultimately decided to institutionalize the director position at Instituto where they felt the necessary infrastructure could best support the position.
Building the Career Pathway Model

To move from poverty and a poor education to a promising career, the best route is a path that ensures the participant is prepared for the occupational demands of the labor market.* To effectively bridge the gap that exists between marginal, low-paying jobs and high-paying careers, a career pathway approach provides a roadmap that charts a course of action for employees to achieve their career goals. In essence, a career pathway is an interconnected strategy using education, training, and support services to better enable individuals to enter a sector and successively advance to higher levels of education and employment within that sector. Career pathways serve a dual purpose. First, they allow workers to understand and access the logical sequence of


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events to advanced employment within an industry. Second, they create a pool of qualified workers for employers. At the local level, career pathways are critical in developing a knowledge base that can contribute to a region’s economic growth and vitality. Effective career pathways can create a pipeline to develop a highly trained, skilled workforce to meet the region’s most pressing economic development needs. Furthermore, they promote the cultivation of a community’s greatest assets - its human resources - to best respond to a region’s workforce challenges.

Key features to career pathways are:

- Targeted jobs in industries important to the local economy
- Clear connections between remedial, academic, and occupational programs
- Curricula defined in terms of competencies required for jobs and further education
- Integrated bridge programs that teach basic skills through contextualized learning*

Essential to the career pathways model are the bridges that provide a crosswalk for participants to move from very basic, rudimentary skills and entry-level work to advanced training and high-wage jobs. In context, the bridges serve as career ladders that build on the knowledge and skill base acquired at the previous level. The bridges also have multiple entry and exit points.

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points, depending on the remedial needs of the student, previous education and training, and previous sector work experience. A highly effective bridge strategy incorporates contextualized learning and teaching strategies that integrate basic skills instruction with sector-specific technical content. This allows students to obtain valuable career training through the process of basic education. Thus, the student is able to address his/her remedial needs without falling behind in the acquisition of valuable technical knowledge.

Contextualized learning also serves to connect learning concepts, such as math and English to everyday living situations. This project-based approach allows students to learn academic concepts in a way that makes sense to their everyday lives. For example, learning math through cooking in the kitchen and learning English by reading and discussing current events from the newspaper are common examples of this approach.

According to Dr. Estrada, a contextualized learning approach assesses the levels of basic skills the students have, and how much improvement needs to occur to advance academically and on the career ladder. The learning paradigm of pedagogy versus andragogy is important to consider when contextualizing curricula. In the lower levels of basic skills, students will most likely benefit from an intensive application of pedagogy, but as they move to a higher level of basic skills, the learning paradigm should move to a more andragogical format so students will feel involved and find the application of the learning connected to their academic and job goals. The contextualized curriculum must account for the application of context, and how much it should be included in the lesson plan.
and class activities. In low literacy levels, the context should be a general one, but as the student moves from beginning to middle and advanced levels of basic skills, the curriculum should progress on a continuum of macro context to micro context to vocationalization and technical context. Another important element in the contextualization of the curricula is the assessment and evaluation of student progress. In contextualized curricula, a traditional instrument of evaluation can be the most effective way to measure students’ skills in the literacy and beginning levels of basic skills, but as the students are introduced to micro context and vocationalization, a project-based evaluation will better assess the skill levels of the student. Contextualized curricula also look at learning environments, class resources, class schedules, and pre- and post-class activities among others.
Application of the Conceptual Framework – The Birth of Carreras en Salud

Just prior to Dr. Estrada coming on board, the management team, with the assistance of an independent consultant, launched its first LPN class with a modest number of students. “There was not a defined pathway or even a bridge at that time,” explained Dr. Estrada. “My first assignment was to look into the data collected by the consultant and develop a program that responds to the needs described in the Sector Analysis Report. I prepared the first model incorporating two bridges to the prerequisites and LPN programs at HPVEC. The partners were working on connecting the different levels in the process to advance students from CNA to LPN. As part of the consultant report, there was a graph listing the requirements needed to advance. I worked with those requirements and developed the Carreras en Salud model as it is now known.”

Over the course of the next several months, Dr. Estrada worked with local experts to develop the curriculum for the Carreras en Salud program. The program development phase addressed two primary program areas – program curriculum/content and program support services. Dr. Estrada leveraged relationships with former colleagues from the City College system to help develop the curriculum for the program.
“I worked with a consultant for the ESL/Health curriculum, with another for the Pre-CNA (VESL) curriculum, and with another for the Pre-LPN level A and B curricula. It was an exhausting process, coordinating work with all the consultants, but we were pleased with the final products.” Once again, the primary strategy for the delivery of each curriculum is the contextualization of all program content. “My teaching might seem unorthodox to people not too familiar with contextualized learning,” said Joann Tate, who developed some of the bridge curricula and currently teaches math in the program. “The population of students in the program is non-traditional. Therefore, it takes an open-minded, innovative approach to really reach these students.”

Many of the students in the program need to develop the basic life skills essential to their economic mobility. While the technical skills are extremely important, basic survival skills, such as balancing a budget, making positive life choices, and developing healthy lifestyles are priority areas that need to be addressed in conjunction with academic content. “On one occasion, I had a situation where students could not understand a math concept I was trying to teach,” added Tate. “I told the students to bring in their gas bills to the next class session. At the time, Chicago residents were dealing with high heating costs that resulted in very high gas bills. When students returned to class, we used their gas bills to set up algebraic equations. We figured out everyone’s bill in terms of kilowatts and energy usage. My belief is that until you get a student to internalize an academic concept by applying it to their lives, no real personal development takes place.”
**English as a Second Language (ESL)**

For students testing at a sixth-grade English level, the ESL component is the starting point in the pathway. The ESL bridge is a 16-week process, during which the curriculum is contextualized in a health context. Students acquire basic English language skills in the general context of the health care industry, thus allowing students to learn language skills and technical skills concurrently. ESL is the first step in meeting Pre-CNA requirements and is administered by Instituto and HPVEC.

**Vocational English as a Second Language (VESL)**

VESL is a unique approach to language acquisition. The goal of VESL is to teach technical language for successful participation in education and training programs while continuing the process of language development with intermediate-level language students. In Carreras en Salud, the VESL bridge is highly contextualized to the CNA training program. Occupational language demands at this level are highly emphasized in coordination with emphasis on increasing English proficiency levels.
CNA for Bilingual Students Program

The goal of the CNA for Bilingual Students Program is to prepare unemployed and underemployed Latinos as CNAs. Bilingual CNAs are of particular interest to health care organizations that treat a significant number of Latino patients, specifically Spanish-speaking patients. The CNA Program is administered at HPVEC. Upon completion of the CNA Program, graduates can expect to make $9-$12 per hour in the Chicago area.

LPN Bridge Program

The LPN Bridge Program is designed to prepare students to place out of basic English, math, and biology courses when they take Wright College’s placement exam for entrance into the LPN Program. Program participants are able to take a customized GED course if they need the credential and/or complete a technical specialty in phlebotomy and/or EKG to become patient care technicians (PCTs).

The LPN Bridge Program is divided into two separate modules: Pre-LPN A and Pre-LPN B. Module A is for students testing at ninth- and tenth-grade levels. It is micro-contextualized based on anatomy/physiology and psychology content, but the intent of the module is to advance the student from ninth-and tenth-grade level English and math to the next module – tenth-to 12th-grade levels. The course lasts 14 weeks with students meeting 16 hours per week. At the end of the module, the students take the COMPASS exam, which is the entrance exam used by City Colleges.

Module B is the second module for students testing higher than the tenth-to 11th-grade levels that are close to college-level math and English. Intensive writing, reading comprehension, and critical thinking are included in almost all activities. Students are tested at the
end of the module using the COMPASS exam and thereby placed in English 101 and Math 99. Students are also able to take biology and psychology courses upon completion of the module.

The LPN Bridge Program can last anywhere from 16 to 32 weeks depending on the preparatory needs of the student. At this bridge level, PCTs can command $10-$16 per hour in the Chicago market. Both of the Pre-LPN sections are administered by Instituto.

The LPN Program

The LPN Program begins with preparing students through prerequisite coursework so they can formally apply to Wright College’s LPN program. There is a 32-week process where students focus on coursework in biology, math, English, and psychology in preparation for entrance into the program. Once admitted to the program, the Practical Nursing Program at Wright College lasts approximately one year (three semesters).

The 26-hour program is an accredited certificate program that allows graduates to transfer credit to approved associate degree and bachelor degree nursing programs. Graduates of the LPN Program can expect to command $24-$27 per hour in the Chicago market.

Program Support Services

Intake and Assessment

Each applicant of the program goes through a comprehensive intake and assessment process that includes personal interviews, baseline academic assessments, and workforce competencies tests. Personal interviews are conducted with each applicant to determine levels of interest in the program, to assess any social barriers that may need to be addressed to increase the likelihood of success, and to provide a comprehensive overview of the program scope and expectations. The academic assessments measure basic levels in English and math.
and determine if the student has any remedial needs. HPVEC administers advisement for Carreras en Salud on site.

**Case Management**
Association House of Chicago is the lead provider for case management services in the Carreras en Salud model. Case management is at the very core of the model in view of the barriers to employment many students in the program face. Case management really allows the program to provide a safety net for students by leveraging an extensive referral network that targets some of the socioeconomic issues that negatively impact student academic performance. For example, students in need of child care support are often referred to Instituto’s Early Childhood program where their young children can develop in a positive, safe environment. Further, the case manager assists students with the coordination of transportation, job placement, and financial assistance; allowing the student to focus on their academics. Case management is also a core feature to the wrap-around service approach AHC and Instituto employ. It is a mechanism that promotes the development of the “whole” person, which includes fortifying the family to best support economic and social mobility within a community.

**Advisement**
The advisor in the Carreras en Salud model is typically the first point of contact with the student. On the front end, the advisor provides an in-depth overview of the Carreras en Salud program, mapping out the program components, timelines, financial obligations, and program support available through the program. Through the course of the program, the advisor provides many of the traditional college support services, such as financial aid support, academic advisement, coordination of testing services, and extensive follow-up services with students.
**Tutoring**

Students in need of additional academic support can access free tutoring provided by the program. Tutoring is provided to students at all levels of the program and is based on student needs. At Instituto and AHC, AmeriCorps volunteers play a critical role in providing tutoring services for students in need. Leveraging AmeriCorps volunteers is cost-effective. This also benefits the volunteers by providing an education award that AmeriCorps members can use to subsidize college costs.

**Career Exploration**

Career exploration services are designed to augment the learning objectives in each of the bridge programs. Carreras en Salud provides workshops for participants that focus on developing life skills, communication skills, and other viable employability skills. Each partner offers career workshops that are available to Carreras students. At HPVEC, extra career workshops are offered through their Continuing Education Department.

**Job Placement**

Each of the partner organizations leverages strong employer referral networks, which creates a pipeline for job placements. Instituto and AHC have job coaches and job developers on staff that readily assist Carreras students with their job placement needs.

**Instructors as Career Mentors**

In the Carreras en Salud model, the instructor plays a pivotal role in the life of the student. In fact, in a recent formative evaluation, researchers Davis Jenkins and Judith Kossy viewed the instructors as the “hub” of the program.* Aside from classroom instruction,

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Carreras instructors spend substantial time outside of the classroom mentoring students. A high percentage of Carreras instructors either work in the health care industry or have previous experience as a health care practitioner. Accordingly, students draw from the personal and professional experiences of their instructors to guide them in their career development. A recent program graduate said, “Knowing that the mentors (instructors) were always there for support really helped me get through the program. I was always able to count on them to help navigate the system. I still keep in contact with Dr. Estrada and my teachers and often ask them for advice when making career decisions.”

Interestingly, the nursing shortage in Chicago is so acute that Carreras students typically have several job offers prior to graduating from various bridges of the program. In light of the job placement services the program provides, the students in this study suggested that they found employment through their instructors’ professional networks, which underscores the value of having instructors with a practitioner base. In addition to sharing their expertise, instructors in the Carreras program provide access to employers to help bridge the gap between the classroom and the workplace.

**Role of the Employer Partners**

A substantial amount of outreach to employers was done during the design phase of the program. In the early stages of development, Carreras staff regularly reached out to health care industry representatives through employer breakfasts and conducted interviews with several employers to seek input on the design of the program, including the bridge components. Further, the local Workforce Investment Board (WIB) assisted in this process by
hosting several meetings aimed at aligning resources, facilitating employer partnerships, and providing input for critical program design components.

In the implementation phase, the employer partners provide a significant link for student graduates entering the workforce. Using the pipeline analogy, employers are major stakeholders in the development of a highly qualified, skilled workforce. As shown in the evaluation by Jenkins and Kossy, the Carreras en Salud program is highly regarded for its “clear connections to jobs through strong relationships with employers.” Jenkins and Kossy evaluated three pilot bridge programs as part of their study. Of the three, Carreras was rated highest for its links with employer partners. Carreras currently has strong working relationships with the following institutions:

- Lakeshore Health Center
- Swedish Covenant Hospital
- Erie Family Health Center
- Hispanic Nurses Association
- Metropolitan Chicago Health Council
- Chicago Department of Health
- Casa Central
- Saint Joseph Home of Chicago
- Saint Elizabeth Hospital
- Mercy Hospital and Medical Center

Although clear connections to jobs are good, there is still further work to be done to ensure that there is a

reciprocal contribution from employers back to the program. Employers benefit tremendously from programs like Carreras en Salud. Their employee base receives valuable training and education through participation in the program. Consequently, employer partners can play a viable role in the long-term sustainability of the program by investing financial resources to support the program. Moreover, employer partners can provide support to the program by offering internships, hosting job fairs, and allowing participants to shadow industry professionals on the job. While the level of engagement is high, it could still be improved.

**Layered funding**

One of the major strengths of the Carreras en Salud program is the incredible buy-in and investment on behalf of the partners. Once the program was initiated, partners readily leveraged existing resources to bring the program to its current scale. Additional resources were secured by individual partners through the Workforce Investment Act (WIA), private foundations, local community trusts, and federal financial aid. Grants were also awarded by NCLR to strengthen key components of the model. Most noteworthy, however, is the lack of territorialism within the partnership in regard to resources. Each partner is extremely focused on the greater good of the program and what is best for the students. One of the most common downfalls of any partnership is the finger-pointing that invariably occurs when program partners are invested disproportionately – either fiscally or through uneven leveraging of human resources. In Carreras, this is clearly not the case. The program has been willing to accept any contribution no matter the size or scope that enables them to better serve their constituency.
As Table 2 suggests, developing a career pathway model is resource-intensive and requires multiple layers of funding. There is no one-size-fits-all approach to meeting the financial needs of a program of this nature. Each funding source has a targeted purpose and unique

### Table 2

**Funding Source for 2005-2006**

<table>
<thead>
<tr>
<th>Private</th>
<th>Public</th>
<th>Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay students</td>
<td>Critical Skills Shortage Initiative</td>
<td>Chicago Community Trust</td>
</tr>
<tr>
<td>Illinios Community College Board</td>
<td></td>
<td>Lloyd A. Fry Foundation</td>
</tr>
<tr>
<td>Funds from ITA – Mayor’s Office of Workforce Development (MOWD)</td>
<td></td>
<td>Local Initiative Support Coalition (LISC)</td>
</tr>
<tr>
<td>Pell Grants</td>
<td></td>
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</tr>
</tbody>
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A Chicago Bilingual Health Care Career Pathways Partnership
benchmarks which can make reporting and tracking of outcomes challenging. However, layered funding also allows a program to be more creative and flexible with its resources. “The money from the local foundations allowed us to be more flexible and
comprehensive in terms of the services being provided to the students coming through the program,” said Simon Lopez. “Especially in regards to the students in the pre-bridge components of the program that might not be eligible for financial aid or other federal resources.”

This multi-pronged fiscal approach also ensures that each partner is an active contributor to the fundraising and sustainability of the program. In Carreras, the management team is committed to the long-term viability of the program and works aggressively to attract new resources to continue to bring the program to scale. Table 2 demonstrates a concerted effort by Carreras partners to broaden and diversify the pool of resources to support the program and decrease its dependency on local public funds.
The Carreras en Salud model focuses on four primary indicators of success: retention rates in each of the bridge programs; advancement rates from one bridge to the next; licenses/certifications awarded to program participants; and job placement rates for program graduates. Program data for fiscal year 2006 suggests that Carreras is quite successful in retaining program participants for the duration of a bridge program. According to the data, Carreras has a retention rate in the LPN program that ranges from roughly 70% to almost 90%, depending on the cohort. Furthermore, 25 of 27 LPN students from cohort one completed the LPN program, which translates to a 92% completion rate. Graduates of the LPN program moved from an average wage of $10 per hour to $25 per hour. Other key program successes include:

- **An 88% completion rate in the VESL/Pre-CNA program.** The program also had an advancement rate of nearly 70%, whereby students completing the VESL program moved on to the next bridge.
■ **Pre-LPN Cohort I had a retention rate of 91%.**
All participants of the Pre-LPN Cohort I who completed the program advanced to the next bridge (100%).

■ **ESL Health Cohort I had a retention rate of 81%.***

Admittedly, the program is still in the early stages of the maturation process. However, Carreras en Salud has been aggressive in its plans for data collection, analysis, and evaluation of the project. In December 2006, the program participated in a two-day evaluation workshop which was facilitated by an independent consultant. The two-day workshop culminated in the creation of a program logic model that clearly outlined program processes on a continuum toward performance outcomes. The framework is now in place for the program to effectively evaluate its performance on a number of different performance benchmarks, such as wage progression of participants, advancement levels in the bridge programs; and job placement rates. To a large extent, the program has already tracked much of this data. However, the creation of the logic model and the formulation of an evaluation plan further systematize the evaluation process and provide a logical sequence of events for data collection, measurement, and reporting on outcomes. The evaluation of the program has now become institutionalized and will be a major focus area for the program moving forward.

Lessons Learned

NCLR plans to replicate the Carreras en Salud model as part of its Health Care Career Pathways Initiative in other Latino markets in the United States. Currently, a second Health Care Career Pathway Initiative is currently in operation in Oakland, California in partnership with Unity Council, a regional Affiliate of NCLR. With any replication endeavor, it is important to reflect on some of the lessons learned from pilot projects. A true career pathway model is a complex, multilayered design that requires:

- **Strong partnerships at the Community-based organizaiton (CBO), college, and employer levels.** What makes Carreras en Salud unique is the breadth and depth of the partnership. The program benefits from the long-standing relationships each of the partner organizations has enjoyed in its respective community. Also, the program has been able to mitigate challenges commonly associated with partnership development since the partners in the program have a long-standing history of working together through other initiatives.
■ True champions of career pathways at the post-secondary level. Carreras en Salud was not a hard sell since Madeline Roman-Vargas, Dean of HPVEC, Wright College truly believes in a career pathway approach. This translates to tremendous buy-in at the administrative and faculty levels of the college. Furthermore, Roman-Vargas truly understands the benefit of collaboration with CBOs and the value they bring to the table.

■ Layered funding. As previously mentioned, a one-size-fits-all approach is not conducive to a career pathway design. The costs associated with implementing this model are relatively high. Consequently, it is very important to align resources at the federal, state, municipal, and philanthropic levels to subsidize the implementation of the model.

■ Sector analysis and extensive pre-program planning. Carreras en Salud has been highly successful in large part because of extensive analysis and planning on the front end. The management team was very intentional in its methodology and approach to developing the model. Carreras is unique, in that the program design was not driven by a funding source. So often, nonprofit organizations fall prey to chasing the money which forces them to design programs based on a funder’s parameters, as opposed to designing programs based on need. Clearly, Carreras designed the model first through a deliberate, strategic process that focused on local opportunity and need.

■ Involvement of an intermediary organization. While the success of the program in the implementation phase is largely attributed to the role of the CBOs and community college, NCLR played a key role as the initiator in the sector analysis
process and as a convener in the program development phase. Also, NCLR did not have a direct stake in the program delivery part of the initiative, which allowed them to remain objective on a myriad of issues regarding the design and implementation of the program. Furthermore, NCLR as a national Latino civil rights and advocacy organization provides great value to the partnership through its policy, advocacy, and mobilization efforts on the national stage. NCLR’s involvement provides critical access to federal policy-makers and the national philanthropic community, which allow the CBOs and community college to focus more of their efforts on the local level.

- **Clear, attainable progressions throughout the career pathway.** Each bridge is contextualized to the specific level of the pathway. The progression from one level to the next is logical and builds on the knowledge acquired at the previous level. In sum, program participants can realistically go through all levels of the career pathway in as little as two years, which is a minimal investment in relation to the returns yielded in wage progression.

- **A shift in thinking by taking an assets-based approach to building a bilingual workforce.** This initiative is truly innovative in its approach to building a bilingual workforce. Its contextualized learning strategies in the lower tiers of the pathway are unique approaches to remediation by combining basic education and technical skills training in concert. Moreover, this initiative clearly understands the value of developing bilingual, health care practitioners in response to the growing Latino population in Chicago. As the Latino population continues to grow in America, the
need for bilingual workers in a number of different industries will require innovative thinking at the policy level to meet the demand. NCLR is now positioning itself to be a major player in this ongoing dialogue.

- **Strong employer representation and engagement.** To merely look to the employer partners to provide jobs for bridge program graduates is a huge mistake. Carreras en Salud was strategic in the involvement of employer partners in the design phase of the program to ensure that the employers were involved and invested in program content as well as program outcomes. As noted in the study, there is still work to be done to ensure reciprocity, whereby the partnership is mutually beneficial and elicits shared responsibility in the sustainability of the program. However, it is important to note that the employer network in this initiative is highly engaged and invested at multiple levels.

- **Wrap-around, support services to address socioeconomic barriers to employment.** So often, workforce development initiatives fall short of their desired outcomes because they fail to address the prevalent issues affecting workers trying to enter the job market. Carreras en Salud aims to address these issues and strengthen the fabric of support through case management services. Case management ultimately serves as a conduit to other wrap-around services provided by the CBOs. It also provides a safety net for students experiencing difficulties in making positive life choices; which invariably affect education and career choices.
Taking the program to scale, both locally and nationally presents tremendous opportunity and inherent challenges. First, to broaden the scope of the Carreras en Salud program in the Chicago area, funding is going to continue to be an issue. It has been highlighted several times in this study that career pathway models require deep pockets of funding. The program has lofty goals of serving more students in the Chicago area, which will create capacity issues under the current management structure. The needs of the program’s target population are deeper and more involved than the traditional college population. As such, it is easy to make a case that increased funding to meet the existing scope of the project should be a priority area.

Second, transportation issues for students in the program continue to be a primary concern for students and administrators alike. HPVEC and AHC are in relatively close proximity, geographically speaking. However, Instituto is a somewhat lengthy car drive away. Ideally, students could benefit from the one-stop shop approach commonly applied in workforce development programs. Having programs centralized in one convenient location or at least in one general geographic area could greatly benefit students.
Another possible solution, as suggested by a Carreras student, would be to expand the program offerings in more of the City College schools. Beatriz Martinez, a student in the LPN program suggested, “They (Carreras en Salud) could make it a lot easier for people like me by having more college partners. I live much closer to Daley College (another school in the City Colleges of Chicago network) which would make the daily commute much easier on me.”

Wright College could be a major player in championing efforts to expand the program to more of the colleges within the City College of Chicago network. Moreover, a natural progression in this career pathway model would be to partner with regional post-secondary institutions to offer RN coursework and certification. This would be an ambitious undertaking given the academic requirements of the degree. However, students interviewed in this study were already on a trajectory toward fulfilling their dreams of being a Registered Nurse. Further analysis of current students’ long-term goals can help to inform decision-making and identify if there is a demand to add an RN bridge component to the program.

Furthermore, Carreras en Salud should continue to develop its ability to evaluate program successes and provide empirical evidence of program impact. Future funding will be contingent upon providing the data necessary to demonstrate impact. An evaluation plan with data collection systems and analytical tools is being piloted with the program in fiscal year 2008. Also, a formative evaluation loop for the analysis of program processes and refinement of these processes will continue to strengthen the program as it moves toward scalability.

On a national level, producing the same type of stakeholder alignment across sectors will not be an easy task. Carreras en Salud
enjoys unique convergence among stakeholders around common goals and principles. Policy-makers, researchers, educators, employer networks, advocacy groups, and community-based

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**Carreras en Salud Flow Chart**

12 months

GED, COMPASS TEST

16 weeks

ENG Grade level 10-12
Pre LPN-A or CNA

16 weeks

ENG Grade level 8-10, CNA

16 weeks

ESL Grade level 6

16 weeks

ESL Health Context
Instituto/HPVEC

16 weeks

Bio 226, Math 118
ENG 101, PSY 201

16 weeks

Pre LPN B
Math PC1, ENG

16 weeks

BKG, Phlebotomy

16 weeks

Pre LPN A
Math PC1, ENG 98

VESL CNA context
Instituto/HPVEC

16 weeks

LPN Wright

NCLEX-PN

RN Schools

NCLEX-PN

CNA HPVEC

PCT
organizations in Chicago are all strategically aligned around strategies for affecting positive change in Latino communities. The career pathway approach requires this type of alignment to truly be successful. Moving forward, the NCLR Health Care Career Pathways Initiative should draw from the lessons learned in this pilot project and use Carreras en Salud as a promising practice model in its replication efforts.
References


Estrada, Ricardo A. Carreras en Salud: A Bilingual Health Care Bridge Partnership


