

**Written Testimony  
Before the Subcommittee on Employment and Workplace Safety  
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**Chairman Murray, Ranking Member Isakson, and Honorable Subcommittee Members:**

Thank you for inviting us to participate in today's hearing. We are honored and grateful for this opportunity to talk with you about collaborations between employers and the public workforce development system.

For more than a decade our Workforce Investment Board, the Workforce Development Council of Seattle-King County (WDC), has led a public-private partnership in health care—an industry that is dedicated to human health and also recognizes the importance of human capital.

In this productive regional partnership, the WDC joined forces with hospitals, employers, colleges, and unions to put people back to work in careers with a solid future. From day one, our goal was to ensure that the investment we made in training matched the demand for labor, and wasn't wasted on skills no longer needed. Hospitals and other healthcare employers guided the effort with this "reality check" at every step of the way.

As a result, the WDC has expanded training capacity in nursing and other health-care fields, adding 557 training slots that wouldn't have been available otherwise. We've provided 3,800 workers with career guidance—right at their workplaces. We connected 1,000 of them with training that gives them the skills for higher-demand and higher-wage jobs in the growing healthcare field.

And we've connected 65 disadvantaged young people to health-care careers through an intensive, award-winning initiative called Health Careers for Youth that lets them complete college-level nursing courses *before* they graduate from high-school.

This work has also led to an \$11 million, five-year regional health-care job training project funded by U.S. Health and Human Services called Health Careers for All. This initiative will train up to 920 adults and youth using the innovative best practices we've learned over the past 10 years—including career and education navigators, wrap-around case management, integrated basic English and math skills, and new college curricula to address specific needs.

While our message today focuses on the healthcare industry, the WDC also has had positive results in other growing sectors such as manufacturing, maritime, green building construction, aerospace and information technology.

Our experience proves that when employers—in any industry—are engaged with partners in workforce and education, the solutions we find together are always more effective than what any of us can do alone. Local workforce investment boards play a critical role in bringing all these partners together, and above all, letting the voice and experience of industry guide our investments and results.

The WDC is having a huge impact because we listen carefully to these partners, including employers like Group Health Cooperative.

Group Health is a nonprofit health-care system that serves more than 600,000 residents of Washington state. Group Health has approximately 9,500 employees in Seattle and King County alone, 5,000 of whom are clinical workers—doctors, nurses, radiologists, technicians and others with specific health-care careers.

Group Health has been a partner with the WDC of Seattle-King County from the very beginning of our work in health care ten years ago—work that has had a definite impact on the industry and our region's economy.

Our partnership began in 2002, when Group Health and several other hospitals were brought together by the WDC with local colleges, unions, and the public workforce system to solve critical staffing shortages in health care, forming the Seattle-King County Health Care Sector Panel. Together, we examined the causes of the skill shortages—especially in nursing—and published our recommendations in a report called *In Critical Condition: Seattle-King County's Hospital Staffing Crisis*.

One problem we identified was that even though hospitals desperately needed nurses and technicians, and people were very eager to get into these careers, community colleges and nursing schools could not offer enough classes to meet the demand, due to high costs and reduced state funding.

Another challenge was the lack of support for career progression in the health care sector. Those who wish to upgrade their skills—especially those at the lower skill levels—faced many barriers in their career path, including the high costs and limited availability of training.

But the work didn't end with identifying the challenges. The WDC ensured that the panel's recommendations became reality—and that the industry stayed involved.

To address the capacity issue, the WDC pursued federal and state grants to invest more than \$1 million to expand the capacity of two- and four-year nursing and radiologic technology programs in King County. Community colleges were close partners in adding these dollars to state funding to make the best use of limited resources. The hospitals themselves contributed \$300,000. Finally, beginning in 2009, the WDC targeted Recovery Act funding to open nine new cohorts in health-care training. These courses leading to a certificate trained 186 students—many of whom had been on waiting lists to get into training programs.

A young man named Ron was one of these students. After two years of prerequisites, Ron was

seeking to get into an LPN class. Because these classes are so expensive for colleges to offer, waiting lists are long and only the best students make it in. On top of that, Ron didn't know if he could afford school on his salary as a dialysis technician.

The WDC's first training cohort purchase, a Licensed Practical Nurse (LPN) training which started in June 2009 at South Seattle Community College, was the answer. Before the new class was added, Ron was discouraged—wondering if he would ever be able to achieve his dream. Then he got the call that he was in. “I said ‘sign me up!’” he says.

On June 22, 2010, Ron received his nurse's pin and later earned his LPN license. From “just barely making it” on \$15 an hour, Ron is earning \$22 an hour as an LPN and will soon start training to be an RN. “This is pretty much a dream come true,” he says. “It changed my life, and I mean that from my heart.”

There are hundreds of students like Ron. As mentioned above, our work together added 557 new training slots in key health-care training programs that would not have been available to people in our local community who want and need to skill up for health-care careers.

To address the second challenge—career progression for health-care employees—the WDC launched an initiative called Health Care Career Pathways. Employment specialists from the public workforce system regularly visited six health-care facilities, including Group Health Cooperative, to meet with staff and provide information and support about career opportunities and job training in health care.

Since 2003, more than 3,800 hospital employees have taken advantage of this career counseling. Some of these were staff in housekeeping or food service who wanted to start in health care careers; lower-wage frontline workers are the fastest growing group in health care. Others were nurses and technicians.

The career specialists help them chart a path and connect them to resources that can offer training and education to move up. More than 1,000 of these employees have enrolled in subsidized health-care training as a result.

Group Health values this program because it allows us to invest in our own employees and to support their ability to learn new skills, to become a higher-level worker in our system, and to earn higher wages. They are more likely to stay with us, serve as role models for other employees, and remain productive.

Career Pathways has also positively impacted Group Health's vacancy rate for both licensed practice nurses and medical assistants.

That's why Group Health and the other participating hospitals are now covering half the cost of these public workforce system staff through an annual financial contribution, which totals more than \$330,000 so far.

And this spring, Group Health and six other hospitals will partner with the WDC in a new training for lower-skilled health-care employees. While still working, these employees will earn more advanced certificates and thus move into health-care positions they would not otherwise be able to access. Employers are partnering in these efforts because they bring great value not only to their own organizations, but also to the health-care workforce and the economy as a whole.

Because of the efforts of the local Workforce Investment Board, our region's health-care employers now have a voice in training investments, curriculum design, and employee selection that they didn't have before. They can also feel confident that they are growing their own future health-care workers to meet the need that is projected to continue increasing.

This ability to convene partners and listen to industry is just one of the important roles of local workforce boards. Local boards can take these partnerships further because we also conduct labor-market research, search out new funding to invest in training, influence and develop training curricula, and educate our community about lesser-known careers. Through the one-stop system that we oversee, we also interface directly with jobseekers to prepare them with not just occupational skills, but the interview and resume skills they need to be successful in gaining employment. As the only entity examining the full spectrum of workforce development in our area, the local workforce board is uniquely suited to ensure that public training dollars are invested for maximum results.

We hope that our testimony today has shown the tremendous impact of partnerships between employers and local workforce boards in communities not only in Washington state, but across the U.S. Once again, thank you for calling attention to this important work.