

Career Advance Implementation Report



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CareerAdvance: A Dual-Generation Antipoverty Strategy

**An Implementation Study of the Initial Pilot Cohort
July 2009 through June 2010**

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From our initial visit to Tulsa and during our regular conference calls with CAP staff, Hiro Yoshikawa of the Harvard Graduate School of Education shared his vast knowledge of relevant academic literature and program implementation, which greatly helped in guiding the program. We especially want to thank Micah Kordsmeier, Tanya Glover and Elizabeth Harris of the CAP Innovation Lab for gracefully complying with what must have seemed an endless series of requests for information.

The *CareerAdvance* project has been a collaboration involving many partners, who all have cooperated with project and research staff from the beginning. These partners included Tulsa Community College, Workforce Tulsa, Family and Children's Services, Union Public Schools Community Education Program, Tulsa Technology Center, and the Northeast Oklahoma Area Health Education Center (AHEC). We want to thank the staff members from all of these organizations for being helpful and collegial colleagues in this project.

Finally, Susie Riley and Karen White of the Ray Marshall Center were especially helpful in providing logistical and research support for this research.

Executive Summary

The *CareerAdvance* project was conceived in 2008 as part of a dual-generation strategy to end the cycle of poverty. Research for the project was begun as part of a larger collaboration with the Center on the Developing Child at Harvard University, initiated by Center Director Jack Shonkoff and funded by the George Kaiser Family Foundation. The larger project subsequently engaged staff at the School of Community Medicine at the University of Oklahoma-Tulsa and focused the comprehensive effort on families with children enrolled in early childhood education operated by Educare in Tulsa. Leadership of the Community Action Project of Tulsa County (CAP) embraced the chance to offer opportunities for parents and children to advance together. They decided to implement a pilot program to provide education, workforce training, and skill certification to parents of children in their early childhood centers. The program became known as *CareerAdvance*.

The driving theory of change behind *CareerAdvance* is that family economic success will protect and enhance the gains made in CAP's early childhood programs even after children transition into the public school system. Advancing the learning of both parents and children offers the best chance for both generations to escape poverty. CAP sought a workforce training and development model that was cutting edge and backed by research. Experts in human and economic development from the Ray Marshall Center at the University of Texas (led by Christopher King) and Hiro Yoshikawa (Harvard Graduate School of Education) were hired to facilitate program design.

CareerAdvance has made the dual-generation approach a transparent component of the program. Participants are asked regularly to reflect on how their success in school and in the workplace will benefit their children and families. This framing has become a key motivator to participants.

Program components are taken from the best practices in workforce development. These include:

- Sector-based focus on growing industries with high demand occupations offering good pay and opportunities for advancement;
- Responsiveness to employers and flexibility in adjusting programming accordingly;
- Skill training and certification geared to industry needs
- Contextual adult basic education and ESL services;
- Conditional cash transfers that promote high performance;
- Peer mentoring and support.

In addition, the project needed to be based on a strong understanding of the needs and challenges faced by the target population along with strong organizational partnerships with clear commitments, roles and responsibilities, and a shared focus on outcomes.

For the initial pilot phase, program eligibility was limited to parents with children enrolled at two CAP early childhood centers – Skelly and Disney on the east side of Tulsa. One full-time Project Coordinator and one full-time Career Coach staffed the pilot project.

In collaboration with CAP and *Workforce Tulsa*, the Ray Marshall Center/Harvard team began with a local market analysis that identified promising health care career tracks. During its initial pilot phase, 15 mothers with children in two of CAP's early learning centers enrolled together as a peer cohort in the most promising of these options, nursing. The pathway begins with the Geriatric Technician / Certified Nursing Assistant (CNA) program, advances to Licensed

Practical Nursing (LPN), and culminates with a college degree in Registered Nursing (RN). *CareerAdvance* plans to expand to other health career tracks such as allied health and health information technology in addition to its nursing pathway, including careers likely to increase interest of fathers in the program.

CareerAdvance was able to attract and recruit about ten percent of the mothers at the Skelly and Disney Centers to attend an orientation session. Almost half of the individuals who attended the orientation enrolled in the program and all who entered the nursing pathway completed the first level of CNA training with an average grade of 89%. Those who enrolled in CNA Level 2 had a 98.7% average grade, and 96.4% in CNA Level 3. Along the way through June 2010, four of seven individuals without a high school diploma have passed all five tests to earn a GED. Two others had passed at least two test sections and one had not yet tested. Seven were studying to continue training toward certification as a Licensed Practical Nurse (LPN). Working with participants who all reported being unemployed at the time of application to the CAP early childhood education program,¹ who had lower average educational attainment than other CAP parents, and whose families were at a lower income level than the average CAP family, *CareerAdvance* has maintained high levels of attendance, performance and persistence. Organizing participants in a cohort and building peer support through weekly partner meetings played major roles in this success, along with performance incentives, and good collaboration among the partners, including Workforce Tulsa, Family and Children's Services, the Northeast Oklahoma Area Health Education Center (AHEC), Tulsa Tech, and Tulsa Community College.

This report provides a process evaluation of the early stages of implementation with the initial cohort of participants. It reviews the challenges faced by the program and its participants along with lessons learned and recommendations from the experience. The report concludes with a discussion of next steps for *CareerAdvance*. Plans for 2011 call for recruiting and enrolling a new cohort up to 15 parents each semester in the nursing pathway program, beginning with CNA training at Tulsa Community College and following through with participants in Cohort 1 as they progress through their LPN and RN training.

As *Career Advance* continues and expands, efforts will be devoted to addressing the special challenges posed by "high stakes" entrance/placement college examinations and finding accelerated approaches to developing college readiness.

This report is a feasibility study to examine whether the project design could be successfully implemented. It is rather like a stage 1 medical trial to determine whether the project is feasible, yields positive results and does no harm. Our conclusions show the approach to be positive and promising to date for both parents and children. Scientific evaluation using quasi-experimental techniques or a random assignment design will be needed to assess impact at a later date.

The program also is developing program improvement processes to benefit future cohorts and progress toward systems change both internally and externally with partner providers. Once *CareerAdvance* becomes established with sufficient numbers of participants, a scientifically valid impact study of the program will be conducted.

¹ Three participants were employed in low paying jobs in July 2009 at the time of their application to *CareerAdvance*.

CareerAdvance: An Introduction

CareerAdvance is a two-generation antipoverty strategy focused on promoting family economic security by developing the human capital of both parents and children simultaneously.

It is now widely accepted across the scientific community that age 0-5 is a critical development time for children, reinforced by considerable evidence (Shonkoff 2000). Evidence is also accumulating to demonstrate that children perform better behaviorally and academically in families with stable employment and rising incomes (Yoshikawa, Weisner, and Lowe, 2006). Increasing the human capital of the parent(s) protects the investments in their children made through programs such as Early Head Start and Head Start.

Building on Early Head Start/Head Start in a Dual-Generation Focus

Recent research suggests that young children can be a powerful source of motivation for parents to further their own education. Further, having children participate in quality early education centers can be a major new resource for promoting postsecondary education and training for parents.

Low-income parents often state that one of the most commonly cited barriers to postsecondary enrollment and credentialing is the lack of accessible, affordable, quality child care (Gardner, Brooks-Gunn, Chase-Lansdale, Sommer, Rauner, & Freel, 2010; Sommer, Chase-Lansdale, Brooks-Gunn, Gardner, Rauner, & Freel, 2010). Early Head Start and Head Start provide up to five years of high quality childcare and development while parents are furthering their own education and training.

Well-organized welcoming early childhood education centers can offer parents peace of mind, relational support, a supportive community of peers, and information and resources that create a unique platform for potential postsecondary success. If mothers and fathers view themselves as part of a supportive community at the center, including other parents, teachers, support staff and administrators, then adding a postsecondary intervention component for mothers and fathers can become feasible. Parents already perceive early childhood education centers as reliable sources of information and guidance regarding child development and parenting. Center resources that already actively serve the needs of parents could be expanded to include resources on postsecondary education and workforce development as well.

Theory and research together have shown that: (1) postsecondary education and training is likely to increase the financial stability and life-long learning of low-income parents, (2) financial stability and postsecondary education improve child outcomes, and (3) increasing a mother's and father's education while their children are still young is more feasible and beneficial for parents and children than waiting until children are older and in public school, and (4) Early childhood centers can provide an ideal context for implementing adult career and educational pathways while both parents and children (1-5 years) are young.

To date, few programs have addressed the postsecondary education and training needs of young, low-income parents and children includes a family perspective. The innovation of CareerAdvance is to create a two-generation educational initiative that is focused on both parents and children advancing together.

The Community Action Project of Tulsa County (CAP)

CAP is a comprehensive anti-poverty agency that addresses the system-wide needs of low-income Tulsa families by providing programs in early education, housing, and financial and tax assistance. CAP has a history of partnering with schools and social service organizations in the Tulsa area, including Family and Children's Services, local school districts, Tulsa Community College and the Tulsa Technology Center.

CAP is an innovator in early childhood education and has recently created a system of eight large comprehensive, high-quality learning centers, in addition to seven smaller centers, which together serve more than 2,000 Tulsa children. Several CAP early childhood centers have been purposefully located adjacent to elementary school campuses in the Tulsa and Union public school districts in order to provide children and their families a smoother transition from pre-kindergarten to elementary school. This co-location also opens possibilities to partner with families over expanded time frames.

CAP came to the project with a demonstrated track record of successfully implementing innovative programs, testing their effectiveness, and building them to scale. In their early childhood work, CAP increased the number of children enrolled in its program by 51% over three years, growing from 1,320 to 2,000. To reach this level, CAP developed strong and effective working partnerships with three local public school districts and built five new state-of-the-art facilities. CAP also made remarkable strides in providing free tax preparation services to low- and moderate-income Tulsa families. CAP began preparing tax returns with the objective of ensuring that eligible families would receive the Earned Income Tax Credit (EITC) and other child-related tax credits to which they are entitled. Since its inception, CAP has become one of the largest free-tax preparation programs of its kind in the country. The program experienced a more than ten-fold increase in the number of clients served, growing from 1,200 returns prepared in 1995 to 17,495 in 2010. Likewise, the amount of refunds generated increased more than 1,000% from \$1.4M in 1995 to a record-breaking \$35.9M in 2009.

A third program that CAP piloted and then took to scale was the Individual Development Account (IDA) program, which encouraged household savings by providing matching funds. In 1997, CAP was selected as one of 13 organizations to participate in a national demonstration project sponsored by the Corporation for Enterprise Development (CFED) and designed to test the efficacy of IDAs as an anti-poverty strategy. Due to its early success, in 1998 CAP was selected as the "large-scale" premier demonstration site and underwent a rigorous evaluation conducted by Abt Associates and the Center for Social Development at Washington University in St. Louis. The "large-scale" program entailed adding 536 additional clients to the IDA program over four years – all employed and with incomes below 150% of the federal poverty level at time of entry into the program.

Although CAP had extensive experience in working with low income families, prior to *CareerAdvance*, CAP staff had no prior experience in administering workforce development programs.² Yet CAP has been able to take the *CareerAdvance* model and implement it successfully with a pilot group of parents, demonstrating high rates of attendance and persistence in its initial year of operation.

² However, Steven Dow, CAP director, has served as a member of the Tulsa Area Workforce Investment Board for several years, and has practical knowledge of the structures and practices of the workforce development system.

From Research to Action

After a year of research, planning and preparation, in August 2009, with support from the George Kaiser Family Foundation, CAP implemented its dual-generation education program entitled *CareerAdvance* to offer parents of young children in its early childhood program training and intensive individualized assistance and financial support for careers in the health care sector. CAP partnered with staff at the Ray Marshall Center for the Study of Human Resources, The University of Texas at Austin, who are nationally-recognized leaders in work force program and policy development as well as Hiro Yoshikawa, a leading expert in low-wage employment and child development at the Harvard Graduate School of Education, to design the *CareerAdvance* model. The program was informed by the latest research and launched under the direction of Monica Barczak and Micah Kordsmeier of CAP with Tanya Glover serving as Career Advancement Specialist.

CareerAdvance offers a multi-faceted approach to job development and economic security based on an emerging exemplary model of workforce development that is sector-driven, provides comprehensive training (including occupational skills, work readiness skills, and adult basic education), offers intensive individualized services, supportive peer communities, and builds employer relationships through industry intermediaries. *CareerAdvance* has extended and modified these key elements to best serve the needs of young parents. While their children thrive and develop in early learning centers, parents are provided comprehensive and individualized career and education support.

In collaboration with CAP and *Workforce Tulsa*, the Ray Marshall Center/Harvard team began with a local market analysis that identified promising health care career tracks. In its initial pilot phase, 15 mothers with children in two of CAP's early learning centers enrolled together as a peer cohort in the most promising of these options, nursing. The pathway begins with the Geriatric Technician / Certified Nursing Assistant (CNA) program, advances to Licensed Practical Nursing (LPN), and culminates with a college degree in Registered Nursing (RN). *CareerAdvance* plans to expand to other health careers such as allied health and health information, including careers likely to attract the interest of fathers in the program.

The *CareerAdvance* model operates on the same principles independently identified by Lindsay Chase-Lansdale and Jeanne Brooks-Gunn, in collaboration with the Ounce of Prevention Fund, in their examination of barriers and supports to postsecondary attainment for low-income mothers with young children. Both *CareerAdvance* and the researchers separately arrived at the conclusion that when their children are still young and enrolled in high quality early education, parents have a critical window of opportunity to advance their educational and career opportunities in a way that may improve significantly the household earnings and the well-being of children (Gardner et al., 2010; Sommer et al., 2010).

The Design of Career*Advance*

The design of Career*Advance* was built on research on three elements in the Tulsa Community: (1) information regarding the parents to be served, (2) economic and sector analysis, and (3) education and training providers. The findings of this research are summarized in King et al. (2009).

To gather information on the parents to be served, CAP staff--with assistance from employees of Family and Children's Services--conducted a pilot survey designed by the research team. The survey, which covered a sample of CAP parents from five centers, confirmed that several mothers of children in Early Head Start/Head Start have an interest in pursuing careers in health care. The survey also revealed that mothers are easier to reach through the Early Childhood Education centers than fathers since nearly all of the survey respondents were mothers. Further, the survey presaged that mothers were more likely than fathers to be responsive to participating in Career*Advance* instruction directed at preparation for nursing occupations.

Working closely with CAP staff, the design team developed a multi-component project that is grounded in the literature on best practices across several fields, including job training and sectoral workforce strategies, work supports, incentives and related areas. The design was tailored to Tulsa's unique labor market context, and workforce structure and capacity (King et al, 2009). The main components are described in the following sections:

Skills Training in the Healthcare Sector

After analyzing Tulsa area labor market data in a variety of industrial sectors and interviewing area employers, providers of education and training, and others, the team opted to launch a pilot focused on occupational training for a nursing career ladder. The decision was based on the continuing strength in the healthcare sector in the face of deteriorating economic conditions, as well as the quality and density of healthcare training providers in Tulsa. Perhaps best of all, nursing offers a path to family supporting wages a structured career ladder that includes several levels of portable skill certifications recognized by employers.

The ladder begins with the Geriatric Technician (a three-part Certified Nursing Assistant sequence) program at Tulsa Community College (TCC), advances into the Licensed Practical Nursing program at Tulsa Technology Center (TTC), and culminates with an associate degree at TCC as a Registered Nurse. Through special arrangements with TCC, Geriatric Technician classes for Career*Advance* participants were held at an "outreach center" of Tulsa Community College, conveniently located near their children's child development centers. Participants undertook training as a cohort in courses that are exclusive to Career*Advance* participants. Although the courses were in the Continuing Education Division, college credit was made available to those who scored well enough on the reading portion of the COMPASS® test.

In addition to occupational skills training, Workforce Oklahoma and the Northeast Oklahoma Area Health Education Center (AHEC), along with Career*Advance* staff, provided guided hospital tours and instruction in work readiness skills that employers identify as crucial. These included lessons in workplace communication, time and financial management, as well as job-finding skills such as resume writing, interview skills, and professional dress.

The Three-Part Geriatric Technician Program at Tulsa Community College¹

Long Term Care Nursing Assistant, Level 1

Five-week class comprised of four weeks of lecture/lab (3 class meetings each week, 5 hours each) followed by one week (6.5 hours each day for 5 days) of off-campus clinical practicum. The course is modeled upon current Oklahoma nurse's aide certification training and testing and is approved by the Oklahoma State Department of Health, Nurse Registry. Students who complete Level 1 are eligible to apply for state certification as a CNA. (3 College Credits)

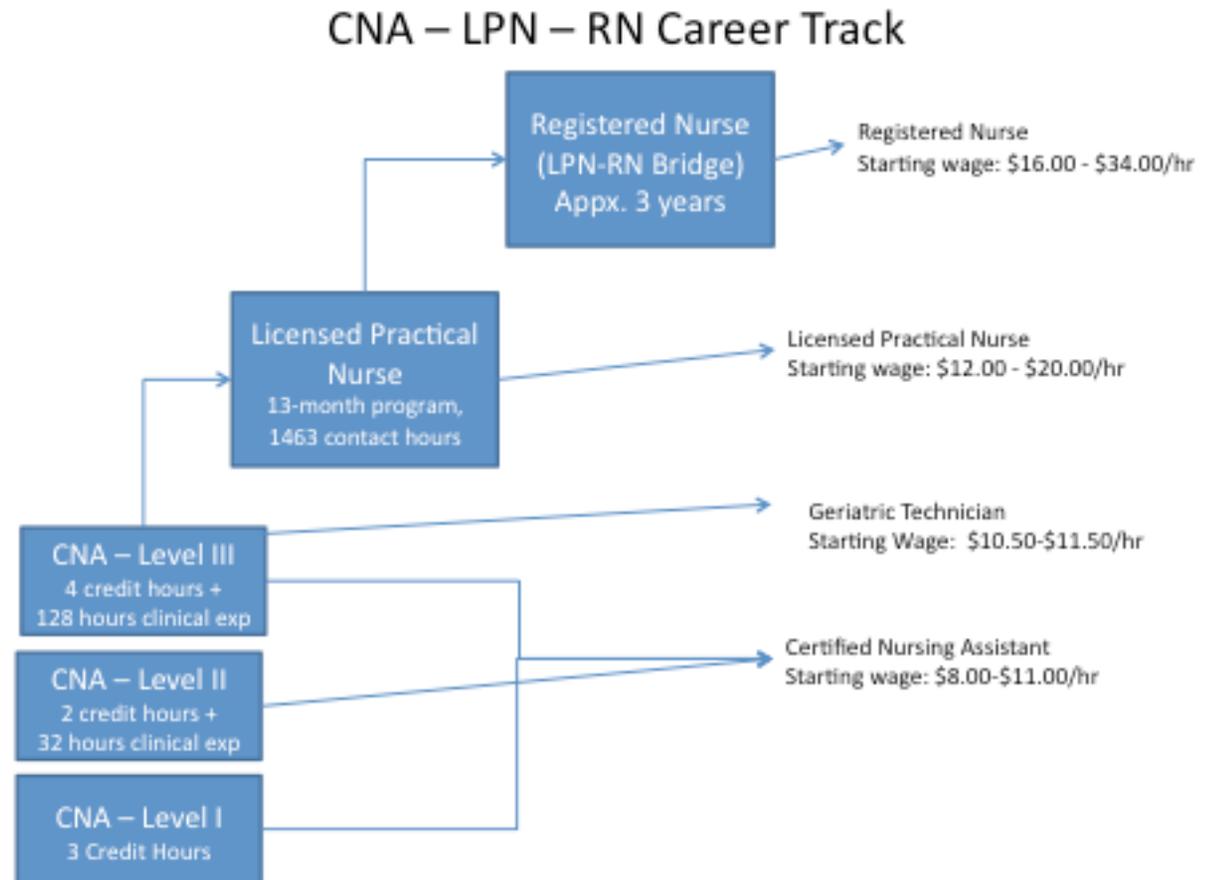
NURS 1142: Certified Nursing Assistant, Level 2

This course is for students who are already CNAs or have completed Nursing 1133. Level 2 provides additional development in core competencies applicable to CNAs working in a variety of community-based long-term care settings. This course covers care for Alzheimer's and dementia patients. Lecture only (4-week course with two 4-hour meetings each week. (2 College Credits)

NURS 1154: Certified Nursing Assistant, Level 3

CNA Level 3 covers pre-nursing skills that include advanced training in patient care, conflict resolution, critical thinking, introduction to medications, and evaluation of body systems. Upon completion of Level 3, Tulsa Community College awards the graduate a certification as a Geriatric Technician (8 week course; 4 lecture hours and 12 clinical hours each week). With an additional clinical lab, the program also prepares students for Oklahoma state certification as home health aides.¹ (4 College Credits)

Figure 1. The Nursing Career Track in Tulsa³



³ The time estimate for the Registered Nurse Program includes prerequisite courses.

Preparation to Pass GED tests and Instruction in English as a Second Language (ESL)

Lack of a GED or high school diploma was not a barrier for enrolling in the initial cohort of *CareerAdvance*. Nevertheless, because a GED or high school diploma is required to access higher quality, higher paying healthcare jobs, GED preparation and certification was incorporated into the *CareerAdvance* model for participants who needed it. GED preparation was offered for these individuals through the Community Education Department of Union Public Schools. English as a second language (ESL) was taught alongside GED to those that need help improving basic English skills, although demand for ESL instruction in the first cohort was lower than expected (just one student). Based on current best practices, GED and ESL classes were taught concurrently with the CNA/Geriatric Technician program under a carefully coordinated schedule and adopted a contextual model in which lessons were aligned with healthcare coursework. GED and ESL instruction were conveniently provided at Skelly Early Childhood Center.

Fostering Peer Support

Participants took classes together as a cohort and participated in weekly “Partner Meetings,” facilitated peer support sessions in which program participants reflected on their experiences, heard guest speakers address a variety of topics (e.g., orientation to nursing careers, life skills, work readiness, family finances), and practiced exercises on goal setting, anxiety reduction, and motivation. Occasionally, the weekly meetings took the form of field trips to health care workplaces.

Participants were urged to offer encouragement and support to each other. A culture of collaboration developed in the group that resulted in unprompted, informal peer support such as group studying, childcare and carpooling. For example, those who had access to a car offered rides to the four participants without automobiles.

Conditional Cash Incentives

Participants who met specified participation benchmarks could earn up to \$3,000 per year, including monthly increments of \$200. The total level and the monthly distribution amount were based on research showing that Earned Income Tax Credit (EITC) payments above \$2,400 have a positive impact on families, and that benefits are most likely to accrue to children when distributed in smaller, non-lump-sum increments.

Monthly cash payments were earned for meeting benchmarks that included attendance, grades, and their children’s attendance at child development centers. An additional payment of \$300 was made for passing certification exams on the initial try and for earning a B-average or better in coursework during a semester. Participants were presented a default option to direct-deposit the payments. To receive payment by check, a participant had to affirm that they did not have a bank account.

Workforce Intermediation between Healthcare Employers and Training Institutions

As an integral component in the design of *CareerAdvance*, the program funded a position at Workforce Tulsa (the Tulsa-area Workforce Investment Board) to act as an intermediary for the health care industry in Tulsa. The intermediary's responsibilities include:

health care industry in Tulsa. The intermediary's responsibilities include:

- Assisting the health care industry in organizing to help address its shortages in skilled workers;
- Making *CareerAdvance* and Tulsa's training institutions more responsive to healthcare employers' needs over time;
- Identifying and brokering solutions with employers to address workforce shortages in the healthcare sector; and
- Providing job matching services to *CareerAdvance* participants by forging strong employer relationships and offering guidance to *CareerAdvance* participants in choosing the better employers.

Alicia Plati, who was hired on staff of Workforce Tulsa in fall 2009, began her assignment as intermediary for the health care industry by compiling available data on the status and trends in the Tulsa's healthcare labor market and by conducting personal interviews with CEOs of major healthcare employers. During these interviews, she solicited their perspectives on concerns about the healthcare workforce, their advice and suggestions for action. The results of her research were published by Workforce Tulsa in January 2010 in a monograph entitled *Recommendations for Action: The Greater Tulsa Healthcare Workforce* (Plati 2010). The report focused on five specific recommended actions to expand and improve the capacity of schools to address the needs of Tulsa's healthcare industry. In a clear sign that action was needed, Plati subsequently estimated that Tulsa's healthcare employers faced an annual shortage of 700 nurses per year.

The Pilot Demonstration Project: July 2009 through June 2010

Site Selection

Given anticipated logistical problems of childcare and transportation, project staff decided to limit the pilot project at two CAP early childhood education centers. Specific criteria were used to select early childhood centers to locate the *CareerAdvance* pilot project. In summary, the early childhood centers selected needed to:

- (1) Offer childcare on site before and after the Head Start/Early Head Start programs
- (2) Be readily accessible (in distance and by transit) to training providers that provide training in healthcare jobs;
- (3) Serve a sufficient number of families across age ranges, to ensure a large enough pool of ECP parents in *CareerAdvance*;
- (4) Serve families that are likely interested in participating and likely to benefit from such a program; and
- (5) Have a center director and front-line staff, especially family support specialists, who embrace the objectives of the program and are willing to work together to achieve them.

From the seventeen early childhood centers operated by CAP in 2009, the field was narrowed to five finalist centers and the director of each of these centers was surveyed. From the five, Disney and Skelly Early Childhood Education Centers -- located near each other on the east side of Tulsa--were selected as sites for the pilot demonstration project.

Recruiting, Screening and Selection of Participants

A variety of recruiting approaches were used to attract participants. An intensive recruitment campaign was undertaken, focused on the parents of children at Skelly and Disney Early Childhood Centers. *CareerAdvance* staff met with center directors, instructors and family support workers to explain the program and solicit their help in recruiting interested parents. Orientations for parents were advertised in a one-page color flyer available in English and Spanish. Materials advertising *CareerAdvance* were sent home with the children. Notices were posted on bulletin boards at the centers. Parents who expressed early interest in joining the program were encouraged to help persuade fellow parents to attend an orientation session.

Entering the *CareerAdvance* program was a multi-stage process. The initial step was to attend an orientation session. Two orientation sessions were held at each center --one in the morning and one in the afternoon. One additional session was held in the evening to accommodate working parents. Morning orientation sessions were most popular and productive. Although the evening session was expected to attract several parents, only two individuals showed up for the evening session and neither enrolled in *CareerAdvance*. Altogether, 31 parents attended an orientation session accounting for approximately 10 percent of all the families affiliated with the two centers.

At each orientation session, *CareerAdvance* staff explained the program and enrollment processes in English, using a Power Point presentation. A Spanish-speaker was available to translate into Spanish. The presentation covered an explanation of *CareerAdvance* and its purpose, and overview of healthcare and nursing professions, and a preview of enrollment process. Parents who expressed interest were encouraged to sign up for the next stage in the process, an enrollment interview with *CareerAdvance* staff.

As stated in *CareerAdvance* recruiting materials, the criteria for acceptance into the program were minimal:

- (1) Be at least 18 years old;
- (2) Legally qualified to work in the US; and
- (3) Strong interest in healthcare careers.

No one was screened out because they failed to meet any other qualification. Indeed, even lack of a high school diploma or a GED, or low levels of basic skills did not disqualify parents from participating. In short, a very open admissions process was used to admit parents to the program.

Within the following five weeks, participants completed the application, assessment and enrollment process for (1) *CareerAdvance*, (2) Workforce Oklahoma (to become eligible for funding under the Workforce Investment Act), (3) the CNA/Geriatric Technician program at Tulsa Community College, and (4) the Licensed Practical Nursing program at Tulsa Technology Center (for admission the following year). Fortunately, the *CareerAdvance* coordinator was able to negotiate with Tulsa Technology Center special arrangements for the pilot cohort to use the

COMPASS® test regularly used by Tulsa Community College in lieu of the ACCUPLACER ®exam used for placement to the LPN program. This eliminated one of the four assessments of academic skills involved in the enrollment process for *CareerAdvance* participants.

Profile of the Initial Cohort

The enrollees in the initial cohort were all females. One male did attend an orientation session; but he did not pursue enrollment in *CareerAdvance*. The lack of male participants in the initial cohort of *CareerAdvance* was in part due to the exclusive focus on nursing occupations, jobs that have been traditionally held by females. As *CareerAdvance* expands into other occupations that are more attractive to males, more fathers are expected to apply.

While there was considerable diversity in the race/ethnicity of *CareerAdvance* families, Hispanics were underrepresented and greater proportions of families spoke English at home, compared with the parent population for CAP as a whole and compared with parents at Skelly and Disney. This may have been due to legal ineligibility to work and/or to cultural factors (e.g., many Hispanic husbands prefer that their spouses not work). *CareerAdvance* participants did include three families in which Spanish is primary spoken language at home. Two of these participants were bilingual in English and Spanish. The third was fluent in three languages and she enrolled solely in ESL instruction.

CareerAdvance families were more typically two-parent families (60%) compared with other CAP families (47%), perhaps because the program was more suitable to families with fathers who could work to support the family while the mother was in training. The \$200 per month performance incentives offered through *CareerAdvance* clearly was not sufficient to fully support a household. Several *CareerAdvance* households were supported by a working spouse, one received Supplemental Nutrition Assistance Program (SNAP) formerly called Food Stamps, some lived with a parent or in subsidized housing, one received payments for caring for foster children, another received social security disability benefits, and one family received support through the Temporary Assistance to Needy Families (TANF) program.

The ages of participants ranged from 22 to 49 years old; but the mean average age of mothers (30 years old) was typical of CAP ECE mothers as a whole and of mothers at Skelly and Disney. All of the participating families had more than one child. The children in *CareerAdvance* families were younger on average than either children in the CAP population as a whole or in counterpart families at the Disney and Skelly centers. Among the 15 families participating, there were 38 children, of which 36 were under 10 years old. Twenty-one of the 38 children were under 5 years old. Among the children enrolled in CAP ECE, 8 were 2 years old (i.e., in Early Head Start), 4 were 3 years old and 2 were 4 years old (i.e., in Head Start).

Participant families were more likely than other CAP families (and families at Skelly and Disney) to have lower income at the time of enrollment with CAP. Mean average income of participant families was \$10,593, compared with \$14,257 for CAP families as a whole and \$14,019 for Skelly and Disney. Ten of 14 mothers (71.4%) reported being unemployed at the time of enrollment in CAP-ECE and 12 of 15 families qualified for early childhood education with incomes lower than the poverty threshold. Participants had a history of working in a variety of low-paying jobs. The highest pay that anyone had received was \$11.58 per hour; but many of the jobs paid in the \$6 to \$7 range. Four had worked in the health care field in lower-level, low-paid positions at some point in the past.

Program enrollees moved their residence more during the year prior to applying for early childhood services than did CAP ECE families or Skelly/Disney families. Among respondents,

fully two-thirds of CareerAdvance families moved at least once during that year, as compared with 40.1% for all CAP families.

In terms of educational attainment, CareerAdvance had more enrollees (43.7%) with low levels of education (i.e., less than 12th grade) than other CAP mothers. Three began CareerAdvance with a high school diploma or GED. Three had started college but not completed; only two individuals had a college associate degree or occupational training certificate. No one held a bachelor's degree.

Table 1. Profile of CareerAdvance Families: Comparisons with others at Disney and Skelly and with all families in the CAP Early Childhood Program

	All Adults in CAP ECE Population	Adults at Disney & Skelly	Adults attending CareerAdvance Orientations ⁴	CareerAdvance Enrollees
Total Households	1,684	284	29	15
Adults in Households	All adults	All adults	Attendees Only	Enrollees only
	2,795	494	29	15
Primary and Secondary Adults (parents)	2,563	441	28	14
Female	1,707 (61.0%)	295 (58.7%)	28 (96.6 %)	15 (100%)
Single Parent Families	883 (52.4%)	137 (48.2%)	15 (51.7%)	6 (40.0%)
Race/Ethnicity	All adults n=2,641)	All adults n=471	Attendees only n=29	Enrollees only n=15
Hispanic	1103 (39.5%)	254 (51.4%)	6 (20.7%)	2 (13.3%)
Black	656 (23.5)	90 (18.2%)	12 (41.4%)	5 (33.3%)
White	595 (21.3%)	76 (15.4%)	9 (31.0%)	7 (46.7%)
Asian	34 (1.2%)	11 (2.2%)	1 (3.5%)	0 (0%)
Native American	92 (3.3%)	12 (2.4%)	1 (3.5%)	1 (6.7%)
English is Primary Family Language	987 (58.6%)	123 (43.3%)	20 (69.0%)	12 (80%)
Average Age of Mom	29.8	30.1	30.4	30.0
Mother's Education	n=1454	n=258	n=26	n=15
Less than high school diploma or GED or 12 th Grade	426 (29.3%)	87 (33.7%)	7 (26.9%)	7 (46.7%)
High school diploma or GED or reached 12 th Grade	426 (50.4%)	126 (48.8%)	13 (50%)	3 (20.0%.)
Some college or advanced training	216 (14.9%)	36 (14.0%)	6 (23.0%)	3 (20.0%)
College Degree +/-or Training Certificate	79 (5.4%)	9 (3.5%)	0 (0%)	2 (13.3%)

Table 1: Profile of CareerAdvance Families (continued)

⁴Although 31 individuals attended an orientation for CareerAdvance, information is available on only 29 of them.

	All Adults in CAP ECE Population	Adults at Disney & Skelly	Adults attending CareerAdvance Orientations	CareerAdvance Enrollees
Mother's Employment Status at ECE Application				
Employed full time (35 hr or more)	424 (26.4%)	69 (24.9%)	4 (14.8%)	0 (0%)
Employed part time (less than 35 hrs)	186 (11.6%)	34 (12.8%)	5 (18.5%)	2 (13.3%)
Employed full time + training	59 (3.7%)	8 (2.9%)	0 (0%)	0 (%)
Employed part time + training	28 (1.7%)	7 (2.5%)	0 (0%)	0 (0%)
Training or School Only	124 (7.7%)	17 (6.1%)	3 (11.1%)	0 (0%)
Unemployed	676 (42.0%)	131 (47.3%)	13 (48.2%)	10 (71.4%)
Retired or Disabled	41 (2.6%)	6 (2.2%)	2 (7.4%)	2 (14.3%)
Family Income Range (\$ per yr)				
\$0-1,000	277 (16.4%)	36 (12.7%)	5 (17.4%)	3 (20.0%)
\$1,001-10,000	395 (23.5%)	66 (23.2%)	9 (31.0%)	6 (40.0%)
\$10,001-20,000	597 (35.5%)	108 (38.0%)	6 (20.7%)	2 (13.3%)
\$20,001-30,000	332 (19.7%)	59 (20.1%)	7 (25.1%)	3 (20.0%)
Over \$30,000	109 (6.5%)	15 (5.1%)	2 (6.9%)	1 (6.7%)
Mean Average	\$14,257	\$14,019	\$12,367	\$10,593
Poverty level/ Eligibility Status				
Eligible (0-100%)	1312 (77.9%)	232 (81.7%)	22 (75.9%)	12 (80.0%)
101-130%	133 (7.9%)	26 (9.2%)	6 (20.7%)	2 (13.3%)
Over income (>130%)	123 (7.3%)	17 (6.0%)	0 (0%)	0 (0%)
Foster child	25 (1.5%)	1 (0.4%)	1 (3.4%)	1 (6.7%)
Homeless	25 (1.5%)	2 (0.7%)	0 (0%)	0 (0%)
Public Assistance	65 (3.9%)	6(2.1%)	0 (0%)	0 (0%)
# Times Moved During Year Prior to Application for ECE	n=1486	n=250	n=25	n=12
0	883 (59.4%)	147 (58.8%)	10 (40%)	4 (33.3%)
1	427 (28.3%)	75 (30.0%)	13 (52%)	6 (50.0%)
2	127 (8.5%)	20 (8.0%)	1 (4.0%)	1 (8.3%)
3	37 (2.5%)	6 (2.4%)	1 (4.0%)	1 (8.3%)
4 or more	12 (0.8%)	1 (0.4%)	0 (0%)	0 (0%)

Table 1: Profile of CareerAdvance Families (continued)

	All CAP ECE Households	Households at Disney & Skelly	Attending a CareerAdvance Orientation	CareerAdvance Enrollees
# Children per household				38 children among 15 families
1	389	55	4	0
2	590	108	13	9
3	405	61	7	4
4	181	35	3	2
5	76	16	1	
6	17	6	1	
7	8	1		
8	2	1		
Mean Average #children	2.41	2.55	2.55	2.46

Sources: Initial applications to Early Childhood Education Program, as captured in CAP’s Child Plus data system. Data on mother’s education for enrollees was supplemented with information provided by Tanya Glover, Career Advancement Specialist.

NOTES:

- (1) Responses to questions could be as much as three years prior to enrollment in CareerAdvance.
- (2) For questions with significant data missing or unknown, the number of responses is indicated.

Program and Participant Achievements to Date

Of the 31 Head Start and Early Head Start parents from Disney and Skelly who attended a CareerAdvance orientation:

- 21 subsequently interviewed with CareerAdvance staff.
- 14 ultimately enrolled in Geriatric Technician training, and one enrolled in contextual ESL. Seven were concurrently enrolled in studies to prepare them to pass the GED tests.
- All 14 completed and passed the five-week CNA Level 1 class at TCC.
- Through June 2010, 13 had passed Oklahoma state CNA licensing exam.
- Thirteen participants enrolled in the CNA Level 2 class begun in January 2010.
- Seven others enrolled in and completed the CNA Level 3 and received Geriatric Technician certificates from TCC.
- One was unable to continue in CNA 3 because her criminal record made her ineligible to participate in clinical instruction at worksites or to work in health care.⁵

⁵ This individual subsequently cleared her criminal record and enrolled in the fall 2010 cohort of CareerAdvance.

- Three participants dropped out, including one to enter employment, one who was terminated for cause and one who dropped after several unsuccessful attempts to pass the CNA certification test. She subsequently enrolled in another CNA program at Oklahoma State University–Tulsa.
- One entered directly into the Licensed Practical Nursing (LPN) program at Tulsa Tech in March 2010, having scored sufficiently well on the ACCUPLACER® placement exam
- Eight students planned to continue in their nursing education and were studying for the ACCUPLACER® exam to enter the LPN program at Tulsa Tech.

Of the seven participants concurrently studying for the GED exams, four had passed all five GED tests and earned their GED certification by the end of June 2010 and two other participants had passed two of the GED subtests. The one student in English as a Second Language (ESL) remained in ESL studies through May 2010. At that point, she decided against a career in nursing; instead, she sought admission to a short-term training program and to obtain employment with the help of her representative from Family and Children’s Services.

Attendance at partner meetings and health care classes has been consistently above 90%, and nearly all participants have qualified for cash incentive payments each month.

Participants have encountered numerous challenges to participating in the pilot program (e.g., scheduling, school/family stresses, financial setbacks, poor study skills, language barriers) but successfully surmounted these to complete CNA Level 1 with an average grade of 89%. Those who went on to CNA Level 2 attained a 98.7% average, and those in CNA Level 3 had an average grade of 96.4%. In a focus group conducted by researchers, participants indicated that they now see themselves as college students and as role models for their children—not just poor parents struggling to make it.

Participants in cohort 1 reported that *CareerAdvance* has been both a “blessing” and an “opportunity” and are already eager for the next phases of participation and ready to “give back” by helping recruit and talk to weekly partner meetings for the next cohorts.

Table 2. CareerAdvance Participant Progress: First Cohort as of June 30, 2010

Individual Participants	Entered GED Studies	Passed GED	CNA 1	CNA Certification	CNA 2	CNA 3	Geriatric Technican Certification	Studying for Accuplacer exam	Applied to LPN	Entered LPN	Completed LPN	Applied to RN	Entered RN	Completed RN
1														
2	ESL only	Not enrolled							Not enrolled					
3														
4								Employed						
5														
6														
7		2 sections passed												
8								Employed						
9		Not taken												
10														
11		2 sections passed												
12														
13							Terminated							
14														
15							Employed							
Totals	7	4	14	13	13	8	8	8	7	1				

Source: Calculated from records maintained by CareerAdvance staff.

Parental participation in training appears to have positive spillover effects, both for themselves (e.g., improved self esteem, identity transformation from poor parent to college student, stronger engagement in social networks) and for their children (e.g., more regular attendance in school, fewer problems in class, better parent-child interaction, and benefits from parent role modeling).

Through the efforts of the Health Care Intermediary at Workforce Tulsa, Hillcrest Medical Center and several other employers agreed to serve as partners with CareerAdvance and promised to give its graduates special consideration in hiring.

Summary: What Has been Accomplished to Date?

CareerAdvance was able to recruit and attract participants and enroll a high proportion of them. The participants have maintained high levels of attendance, performance and persistence.

The partner meetings worked well. With some training and experience, participants appear able to function as their own peer support groups, which can help them participate more regularly and complete training.

The effects on children with mothers in the program are beginning to show positive results in terms of attendance, academic performance and behavioral indicators. Parental participation in training appears to have positive spillover effects for themselves (e.g., improved self esteem, identity transformation from poor parent to college student, stronger engagement in social networks) and for their children (e.g., improved performance, more regular attendance in school, fewer problems in class, better parent-child interaction, and benefits from parental role modeling). Unfortunately, during the past year, CAP has been in process of changing the assessment system it uses from cc.net to GOLD. This has complicated the analysis and raised comparability problems. But it is clear that many of the children in CareerAdvance families who formerly scored below the performance levels of CAP children are now performing above the averages of CAP children.

Many of the most time-consuming elements of implementation can be made more efficient through institutional changes internally and at partner providers. For example, CAP early childhood centers could adjust hours to be more accommodating to working and student parents. Second, GED and ESL programs could be contextual by default at Tulsa Community College and Union Public Schools, so that curriculum isn't being developed *ad hoc*. Third, TCC's workforce training programs could become even more flexible in regard to timing and scheduling, and accommodating cohorts in training. Finally, the single most time-consuming element needing streamlining is the multiple enrollment process.

Perhaps most important are the systems changes that CareerAdvance has brought, both internally within CAP and within Tulsa's education and training system. These are described in the following section.

Systems Changes

From the outset, the Ray Marshall Center/Harvard/CAP team designed CareerAdvance with systems change as an explicit goal, based on the recognition that pilot efforts are only effective if they succeed in substantially altering the larger environment in which they operate. Key aspects of systems change stemming from CareerAdvance include:

Sectoral/Employer-driven Focus: Most workforce programs in the U.S. have adopted an anything-goes, scatter-shot focus in recent few decades, opting to refer jobseekers to *any* job or to training in *any* field with the belief that they could "get a job, get a better job, get a career," to cite one common

refrain. Research, however, clearly shows that a much more effective strategy is a sectoral, employer-driven approach, focusing on selective occupations in high demand that pay family-supporting wages and offer opportunities for advancement. Under its new leadership, Workforce Tulsa, the local workforce investment board, worked closely with the project on the design and implementation of *CareerAdvance* and has clearly embraced a sectoral approach. It certainly helped that its new director had previously been the vice-president in charge of sectoral strategies for the Tulsa Chamber of Commerce and came to the new position with a firm belief in the value of such a focus.

Workforce Intermediary Approach: Another key aspect of the *CareerAdvance* design directly related to the sectoral/employer focus has been the creation of a new workforce intermediary position at Workforce Tulsa to work with both *CareerAdvance* and EduCareers, its evolving sister program at the Educare early childhood centers in Tulsa. The intermediary serves as a "broker" between healthcare employers and education/training providers (e.g., TCC, Tulsa Tech, Union Public Schools). Research by Giloth, Glover, King, Aspen Institute and Public-Private Ventures, and others have documented the value of such an approach, and Workforce Tulsa has embraced it (Giloth 2004; Glover and King 2010, Conway, et al, 2007; and Maguire, 2010). Part of the intermediary position description, based on models operating in Austin, Boston, San Francisco and other active "intermediary" communities, is raising funds from the industry sector being served in order to help sustain the function in the post-project period. Alicia Plati, the person hired in this position, began her efforts by seeking out facts on the state of the labor market in Tulsa's health care industry and by interviewing all the major employers and listening to their needs and views. She compiled this information into a monograph, entitled *Recommendations for Action: The Greater Tulsa Healthcare Workforce* (January 2010), which outlined a five-point list of recommendations for expanding and improving Tulsa's health care workforce, gleaned from her interviews with employers. Among the information she uncovered was that the Tulsa labor market has a shortage of 700 nurses per year. Working with industry associations and major employers, she is helping the industry to get organized to remedy labor market shortages.

Skills-development Orientation: Accumulating evaluation results indicate that skills development-- rather than low-intensity work-first services-- yields sizeable long-lasting impacts on earnings for low-income adults. With the experience of the *CareerAdvance* pilot, Workforce Tulsa, Tulsa Community College and other area providers have embraced the skills development approach. The local workforce board (Workforce Tulsa) paid the direct costs of Geriatric Technician training with Workforce Investment Act (WIA) funds for all eligible *CareerAdvance* participants.⁶

Contextualized Adult Education/ESL Services: Most adult education/ESL programs tend to operate only a few hours per week and to deliver education services in a manner that is completely abstracted from the context in which they are needed and are most effective. Union Public Schools, the main provider of ABE and ESL services in the Tulsa area, recently reported that based on the *CareerAdvance* experience, they had discovered that once they contextualized their services more within a healthcare setting, e.g., incorporating medical terminology and using a former nurse as an instructor, students became more engaged and made greater progress. Researchers have documented that contextualizing the curriculum along the lines of the I-BEST program in Washington State (Jenkins, Zeidenberg and Kienzl, 2009). Greater intensity, contextualization and successful service to students who might not have been served traditionally have all been demonstrated in the implementation of *CareerAdvance*. The early seeds of systems change are appearing in this arena as well.

⁶ All but two *CareerAdvance* participants in the first cohort were eligible for WIA services.

More Flexible Admission Requirements: Like most community colleges around the country, Tulsa Tech and TCC had waiting lists for admission into their LPN and RN nursing programs respectively, and typically relied on restrictive admission requirements, even as the nursing shortage persisted. Part of the problem stems from a shortage of clinical opportunities. CareerAdvance staff negotiated entry for a group of Head Start/Early Head Start mothers whose levels of education would not typically have gained them entry into the CNA sequence. TCC's director of nursing has indicated that, with the added supports CareerAdvance offered (e.g., career coaching, weekly peer meetings, cash incentives) and a change in the delivery mode (i.e., more flexible class times and locations), she was impressed that these mothers could succeed. Again, this suggests the seeds of system change on the provider side if it can be nurtured and capitalized on.

Dual-generation Targeting: CAP's experience with two-generation targeting of its services has led its leadership to begin adopting a more explicit focus on the educational and labor market success of its parents throughout the organization as evidenced in recent discussions with its CEO, COO and other leaders in the organization. Moving beyond parents-as-teacher engagement to joint parental-and-child success strategies has the potential to change families and the entire field of early childhood development in substantial ways. This was part of the initial vision for CareerAdvance as well.

Engaging Peer Support: Through weekly partner meetings, project staff have enlisted and encouraged participants to provide support and assistance for one another. This has been a major factor in attaining the high completion rates achieved by the project. These meetings were also used to help introduce participants to the field of nursing and community resources, to provide a discussion forum for instruction in employability skills, study skills, test taking skills, and to address problems and other issues of concern to the parents.

Arrangements at the Early Childhood Centers to Promote Parent Success: Experience with Career Advance has led CAP leadership to the realization that Center operations need to be adjusted to facilitate parent success; for example, extended child care arrangements before and after Early Head Start/Head Start must be available at the early childhood centers participating in the program. Also, as much as possible, all CAP children with parents participating in CareerAdvance should be placed at the same CAP centers. Both leadership and staff of the participating early childhood centers must buy into the program and be supportive from the beginning. CareerAdvance staff needs to collaborate with family support workers and teachers to facilitate parent success. Marketing and recruiting of families is being targeted to attract more parents who want to upgrade their own skills in addition to fostering learning in their children through placement in a high quality learning environment.

Challenges

The CareerAdvance pilot and its participants have encountered several challenges along the way, including the following:

Assessment and enrollment

Assessment and enrollment processes were even more complicated and time consuming than anticipated. Participants completed up to four enrollment processes in a 5-week period: CareerAdvance, Workforce Oklahoma, Tulsa Community College, and Tulsa Technology Center. CareerAdvance staff did not receive information gathered in the application process in time to make informed program enrollment decisions. Such information included criminal background checks as well as interest/aptitude assessments.

Providers agreed to various exceptions to their enrollment processes for the initial pilot group, but these agreements were often not communicated to all relevant staff within the organizations. Further, it is not clear at this point whether the exceptions and special arrangements made for the initial pilot group will apply to subsequent cohorts in the *CareerAdvance* program.

Scheduling Training

The timing of various training programs did not allow for seamless transitions. The three-part Geriatric Technician program at Tulsa Community College ended in April, but students could not begin the LPN program at Tulsa Tech until September at the earliest. At the inception of the *CareerAdvance* in August 2009, participants had to apply by the end of September--even before they began the Geriatric Technician program--to enroll in the LPN program at Tulsa Technology Center for 2010. Since then, Tulsa Technology Center added an enrollment period for the LPN program in March so that there are now two opportunities for enrollment. Although TCC has attempted to move toward a more flexible scheduling model and the Geriatric Technician program provided to *CareerAdvance* participants is a contractual course at TCC, the dates must still align somewhat with traditional semester-based scheduling. This has caused lengthy gaps within the Geriatric Technician program itself. For example, students were out of class for six weeks between CNA1 and CNA 2.

Motivating Participants in GED Studies

Participation and attendance rates in GED classes have lagged attendance in other components of the program. Though taught by a teacher with experience in healthcare, instruction is not yet fully contextualized in a healthcare setting. Students also lacked confidence in their ability to complete their GED, and some struggled to make the connection between earning the GED and gaining employment--even after partner meeting activities in which they saw GED requirements listed in job postings from healthcare employers and heard directly from healthcare employers and industry representatives.

Childcare Arrangements

Providing childcare during program activities such as classes and clinical education activities has been more complicated, though less costly, than anticipated. Arranging childcare has consumed considerable staff time. Clinical hours (7am to 3pm) do not correspond to hours at CAP early childhood centers. Further, before and after care classrooms have been at capacity, forcing *CareerAdvance* to hire a third-party childcare provider to come into CAP centers. Even more difficult, arrangements for before and after care for siblings in elementary schools have also been especially difficult for some families.

Conditional Case Transfers May Affect Levels of Public Benefits

Conditional cash transfers count as non-lump-sum income in calculating eligibility for public benefits. This initially caused concern and hesitation among parents about receiving the payments. Oklahoma Department of Human Services staff has indicated that, if the source of funding is the public sector, incentive payments can be disregarded in the calculation of benefit eligibility.

Lessons Learned

Staffing and Planning Implementation

Having leaders/point-persons and staff on the ground with clearly defined roles and responsibilities for program implementation is critical to its success. The program needs buy-in from both management staff and front-line staff at the early childhood centers from the beginning.

To be successful, implementation must be carefully planned in detail (with use of schedules, task lists, timelines, advance communications and agreement among all the partners, etc.). Agreements with partner providers should be documented and communicated clearly “down the line” from decision-makers to direct-service staff. Where possible, parallel communication should occur administrator-to-administrator *and* caseworker-to-caseworker (in contrast to hierarchical communication in which administrators reach agreements and communicate it to their caseworkers separately). Bi-directional --rather than unidirectional--partnerships with workforce programs and educational providers must be developed. Without follow-up communication and feedback among the partners, participants often get lost in the handoffs. Fortunately, CAP staff established bi-directional relationships through which partner organizations have communicated and shared information about the progress of *CareerAdvance* enrollees (e.g., attendance and grades).

Recruitment Procedures

As part of the survey of CAP parents conducted prior to the start of *CareerAdvance*, the research team tried to identify parent leaders through a peer leader nomination process. The plan was to identify those with influence and recruit them to encourage fellow to join *CareerAdvance*. Such a process was used successfully in low-income housing projects to recruit adolescents into an AIDS prevention education program (Sikemma et al., 2005). However, the approach did not work well with CAP parents simply because, unlike residents of housing projects, most parents felt insufficiently acquainted with fellow parents to nominate them.

The most effective recruitment strategies were to circulate the announcement widely in multiple ways at the Centers and to ask Family and Children’s Services staff to identify likely candidates for *CareerAdvance* among their assigned families and to have Family and Children’s Services staff solicit their participation.

Enrollment and Scheduling Procedures

The process of enrolling in workforce and education programs is laborious and features multiple stops, with duplicative assessments and forms. These problems can be overcome (e.g., by substituting and consolidating assessments) with patience, hard work and concerted negotiations. Participants did not appear to find this issue as problematic as did professionals and researchers, probably because they live in a world full of duplication, repeat trips and extended periods of waiting. But relying on the long-suffering patience of participants is not conducive to success.

Community and technical colleges are not as flexible as they need to be in terms of scheduling classes, enrollment processes, etc. and this can result in significant time lags. It takes considerable time and persistence to work within and around these constraints, even given supportive staff and receptive leadership within the institutions.

Assessment and College Readiness Preparation

Postsecondary school readiness exams--especially the ACCUPLACER® exam used by Tulsa Technology Center and the COMPASS® exam used by Tulsa Community College--currently pose significant hurdles to moving into college studies for many participants. Through June 2009, only

two of six individuals who were referred to take the ACCUPLACER® test for admission to the LPN program at Tulsa Tech scored sufficiently high to gain entrance to the program. Four of the six individuals were already working in health care with CNA certifications and came to the program at its beginning. These incumbent workers were referred to take the ACCUPLACER® test for admission to the LPN program at Tulsa Tech. None scored well enough to be admitted. Subsequently, none of them followed through on recommendations of CareerAdvance staff to obtain tutoring at the Tulsa Tech Success Center, nor did they even return telephone phone calls. On the basis of this early experience, CareerAdvance staff concluded that the program was not yet ready to help upgrade incumbent workers. The experience also made clear that no one should be referred to take postsecondary “high stakes” entrance/placement exams without first being provided preparation, even if only quick refresher sessions.

The CareerAdvance program needs to better assess the academic skills and college readiness of applicants early in the enrollment process and assign them into suitable preparation. Experience with the first cohort demonstrated that co-enrolling participants in both CNA training and GED preparation may work best for individuals with higher-level skills (i.e., near to passing the GED).

A first step is to become better acquainted with the existing assessment instruments used by Workforce Oklahoma, Tulsa Tech, and Tulsa Community College and to determine how these instruments might be better used for diagnosis and prescription as part of the program enrollment process. For Cohort 2, CareerAdvance staff is expanding instruction in basic skills to include all who need it—not just individuals lacking a GED—under a new program name: Advanced Nursing Skills (ANS). This is a constructive change. Over time, CareerAdvance will need improved assessment and instructional approaches to develop basic academic skills and college readiness. There is clearly a gap between GED-level skills and college-readiness. In addition, assessment tests in use currently may not accurately predict the college performance of students. Ray Marshall Center staff can assist in this effort by reviewing best practices in assessment and in adult and developmental education from programs across the country and suggesting implementation strategies tailored to Tulsa. One aspect of this review that deserves special attention is identifying ways to increase the availability of adult education opportunities during summers in Tulsa.

According to an initial scan of the literature conducted by staff at the Ray Marshall Center, effective developmental education programs are distinguished by several characteristics/ principles and best practices; notably:

- Effective developmental education is well connected to the next step in occupational preparation and best contextualized for that industry/occupation;
- Effective developmental education programs use a cohort model to facilitate and promote peer support;
- Effective developmental education programs have a coach/ counselor/coordinator who keeps participants informed about what is coming next;
- Effective developmental education programs are intensive, lasting at least 12-15 hours per week, with multiple hours per day over several days per week;
- Effective developmental education programs use mixed methods of instruction;
- Effective developmental education programs are tailored to the needs of the individual, covering what they need to know—and avoiding the repetition of what they already know.

Until *CareerAdvance* can implement more effective approaches to developmental education, the program may need to impose higher standards in basic skill levels to place candidates into college nursing programs.⁷

Arrangements for Tutoring and Group Study

The program made use of individual and group tutoring sessions. These were most effective when they were supplements rather than replacements for regular classes.

The CNA curriculum used at TCC is structured to build progressively from easy to more difficult. Thus, CNA Levels 1 and 2 classes are relatively easy in comparison with CNA Level 3, which is more challenging content and requires homework. CNA 3 was stressful to some participants in the first cohort. For future cohorts, it may be useful to schedule an extra day for study and/or arrange study group sessions

Marketing *CareerAdvance*

To support the expansion of *CareerAdvance*, CAP will need to re-direct marketing of its early childhood program to attract more parents who want to develop their own skills while their children are in Early Head Start/Head Start. CAP should brand their program as a two-generation effort to help parents and children advance together. In a real sense, workforce development of parents reinforces and sustains developmental progress of their children. Through its recruitment efforts, CAP needs to publicize its Early Childhood Education program as offering great services for the child as well as for parents. Currently, many families are attracted to enroll in Head Start/Early Head Start only to place their child in a high quality care environment or for training in parenting skills. Expectations of parents at program entry need to be expanded to promote the dual-generation approach to learning: “While your child is in a creative learning setting, you should be too. Parenting and learning/working are not a dichotomy; you can do both.”

A key feature of the marketing should be to set high participant career expectations early. *CareerAdvance* from its beginning was promoted to participants as a program for offering training beyond the CNA. Setting high expectations has proven to be an important element in other health care training programs for low-income individuals (Intituto Del Progreso Latino 2008 Final Report). Based on the experience of *CareerAdvance* during the past year, CAP’s leadership is planning to recruit more parents who want to advance their careers.

Attracting and Serving Whole Families

Parents of Head Start and Early Head Start children have quite varied interests in education and employment career plans. Thus a multiple option program approach makes sense. Some mothers prefer be “stay-at-home moms” with working husbands. Research for the fragile families studies and program implementation experience revealed that even many single mothers are in relationships with men. These significant others need to be considered in the design. Serving two-parent families effectively offers significant challenges. The project needs to offer approaches,

⁷ Capital IDEA, a successful workforce development program in Austin which has primarily prepared its participants for nursing, began imposing a 7th grade cutoff and maintained that standard until they were able to develop an approach to work effectively with people with lower level skills.

events, programs, and occupational training that appeal to both parents and give careful consideration to finding ways to maintain sufficient income for family support during training.

Another issue that needs to be addressed is to consider how *CareerAdvance* can work effectively with parents in long-term training. Developing significant skills takes time. Indeed, for someone who begins with a GED or a high school diploma, becoming an RN degree is at least a four-to-five-year process. Yet children are enrolled in Early Head Start/Head Start at CAP for a period of five years at most. Should *CareerAdvance* target its recruitment on mothers with first-born children who are less than 18 months old? In any case, *CareerAdvance* needs to consider how to best support parents who are making progress through the LPN and RN programs as their children move into elementary school and are no longer affiliated with the CAP Early Childhood Centers.

Limitations of the Study

This study is a process evaluation of the early stages of implementation with a pilot cohort of participants. It does not consider the net impact of the project, using either random assignment or quasi-experimental design. The initial pilot involved a small sample of participants—too small to obtain statistically valid results about impact.

At this point, the initial cohort of *CareerAdvance* participants are preparing to move into the next steps of training and certification to become Licensed Practice Nurses and Registered nurses. These more advanced nursing occupations can enable participants and their families to escape poverty. Obtaining such training and certification may take up to four or five years. A full cycle of the project is yet to occur.

In real sense, the pilot project aimed to demonstrate feasibility. This report is a feasibility study to examine whether the project design could be successfully implemented. It is rather like a stage one medical trial to determine whether the project is feasible, yields positive results and does no harm. Our conclusions show the approach to be positive and promising to date. Scientific evaluation using quasi-experimental techniques or a random assignment design will be needed to assess its impact at a later date.

Next Steps – 2010 and Beyond

Plans for 2010 -2011

- **Begin a new cohort in the nursing pathway each semester:** Moving forward, enroll at least two CNA/GT cohorts of up to 15 annually, with spring and fall start dates each year coinciding with the beginning of school semesters.
- **Follow through with individuals as they progress in LPN and RN programs:** From its inception, *CareerAdvance* has aimed at encouraging and supporting participants to continue training in nursing to the level of Registered Nurse (RN), if possible. Thus in a real sense, the achievements of participants to date are only a beginning. *CareerAdvance* will need to devise approaches to working effectively with individuals in the LPN program at Tulsa Tech and the RN program at Tulsa Community College.

Scaling up the Project

- Recruit and enroll a second cohort of 15 to begin training for certification as CNA and as Geriatric Technician (GT) in August 2010.
- Expand eligibility to parents at additional early childhood centers
- Determine whether/when to offer training in other industrial sectors (e.g. information technology) and healthcare fields other than nursing (e.g. allied health, health information technology), including occupations attractive to fathers.

Improving Project Operations over Time

- Address assessment approaches and challenges and implement more effective approaches to developing college readiness, connecting Adult Basic Education with developmental education services in college.
- Develop feedback and program improvement processes for current and future cohorts.
- Progress toward systems change internally and with partner providers.

Evaluation and replication of the demonstration in other localities

- Once *CareerAdvance* becomes established with sufficient numbers of participants, a scientifically rigorous impact study of the program should be conducted.

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