



E-PARCC

COLLABORATIVE GOVERNANCE INITIATIVE

Syracuse University

Maxwell School of Citizenship and Public Affairs

Program for the Advancement of Research on Conflict and Collaboration

The Health Careers Institute Collaboration

Part B

East Metro Health Careers Institute

In the fall of 2004, a new round of funding was needed to continue the East Metro Health Careers Institute (HCI). One of the four medical employers decided to discontinue contributing to it, because the job market had tightened significantly. Less job training funds were available from the state and the county. While some foundations were willing to contribute, three key ones refused more support. They believed that the program should have been self-sustaining after three years. In November of 2004, Rosenthal recommended that the board “fire” her and end the collaboration. They approved.

The community did not strongly object to ending the East Metro Health Careers Institute and none of the others involved stepped up to continue it. As Rosenthal noted, “There was no advocate for a low-wage, low-level worker development program for the long-term.”

Phillips Health Career Institute

In 2004, Christenson, the new director of strategic partnerships for the City of Minneapolis’ Community Planning and Economic Development Department, found that 17 percent of workers in Minneapolis were involved in the healthcare industry. He asked three

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people to help develop a strategic direction for health care training in Minneapolis. They were Steve Studt from Project for Pride in Living (PPL), Minneapolis Community and Technical College (MCTC) President Phil Davis, and Jane Foote, MCTC dean of health services.

Christenson's vision had been to combine Train to Work (TTW) and HCI in Phillips from the beginning.



Steve Studt

Studt was in his second career, wanting a job with purpose and less stress. Prior to joining PPL, Studt was a corporate newspaper executive with Cowles Media Company and a publisher with Gannett Company, Inc.

As the Health Careers Institute board chair, McLaughlin indicated, “We need a way to keep everyone at the table working together. Keep our commitment to the community residents and to career laddering in the hospitals, be responsive to the job market, and make the collaboration efficient and flexible.”

PPL and MCTC worked on a new Memorandum of Understanding for the newly named Health Careers Partnership (HCP). Key points included:

- PPL would be the program manager, fiscal agent, and recruiter with MCTC only providing the certified academic training.
- Health Careers Partnership and PPL's Train to Work program would operate together (HCP/TTW).
- A new advisory committee would be comprised of employer partners, a Phillips Partnership member, a Hennepin County member, a City of Minneapolis member, two PPL board members, and staff of PPL and MCTC.
- PPL would be responsible for fund-raising efforts.
- HCP/TTW would be ready to expand rapidly as job market demanded, but would focus on training diverse individuals in the interim.

Like the first memorandum, this one was never signed but provided the architecture for the operation of the new informal collaboration. The collaboration was similar to the original Phillips HCI with business, government, education, and philanthropy participating. A key difference, however, was the inclusion of a nonprofit.

The new HCP/TTW would operate out of PPL's new learning center. As part of its 2003

capital campaign, PPL raised money to create a separate learning center that opened in the spring of 2006 to house its classroom job training efforts and give computer access to community residents. The new center was located six blocks north of Children’s Hospitals and Clinics and a mile south of Hennepin County Medical Center on Chicago Avenue.



Phillips Neighborhood 2007

Led by Studt, HCP/TTW increasingly served the function of promoting diversity within the healthcare profession. Strategies for repositioning HCP/TTW included:

- More aggressive tracking of “the jobs matrix”--projected job openings at partner and other hospitals to focus job-placement efforts and curriculum offerings.
- Communicating more intensively with health care providers and program staff.
- Continuing the expansion of job placement efforts among other hospital and non-hospital employers.
- Adopting a more responsive governance structure. Funding goals for the new combined program were one-third each from employers, government, and philanthropy.

According to the Phillips partnership newsletter, “The Health Careers Partnership, formerly the Health Careers Institute, [began] 2005 with a new home and a new set of strategies for training and placing its students in a local healthcare market that has changed significantly.”

By 2007, the HCP/TTW program had stabilized and was growing again. TTW graduated 45 students in 2006. Thirty-eight incumbent workers received training through the Health Careers Partnership work of MCTC. A fourth hospital from the suburbs joined the collaboration, and other hospitals were considering it. The new hospitals wanted diverse healthcare employees.

Three new programs were added:

- A high school Pre-employment Training for Healthcare Program (PETH) for students to focus their education on health services and to undertake a summer internship in the partner hospitals.
- The Partners in Community (PIC) program to assess the preparedness of hospital employees and others for higher education classes.
- The Career Climber Program that would prepare former health care certificate graduates at the participating hospitals for staff-level leadership roles.

The budget for 2007 for all the programs was nearly \$900,000. While the financing strategy for the new effort was similar to the past strategy, with a mix of employers, philanthropy and government funding, PPL as the fundraiser had cultivated old and developed new partners to sustain the more limited Health Careers Partnership.

At the June 2007 HCP/TTW board meeting, Studt discussed the possibility of offering courses again in Phillips, this time at the PPL learning center. MCTC was willing to do it, but demand for the certificate programs had to be sufficient to fill the classes. The HCP collaborators felt they had a responsibility to employers to not glut the market with health care workers. They also felt a responsibility to students to not prepare them for jobs that weren't available. A short-term possibility was to offer a MCTC "Strategies for College Success" course at the PPL learning center in Phillips.

The Phillips Partnership led by Commissioner McLaughlin continued with the same institutions involved. Indicators of the Phillips neighborhood showed improvement:

- Abbott Northwestern Hospital employed 5,300 people, added \$170 million in facilities to its campus, and tripled to 900 the number of Phillips residents working at the hospital.



New Abbott Northwestern Heart Hospital

- Children's Hospital and Clinics employed 2,225 people, added a \$15 million tower, and announced plans for a further facility expansion.



New Children's Hospital Tower

- Wells Fargo Home Mortgage invested \$175 million in the former Honeywell Buildings and employed 4,300 people.



Wells Fargo Home Mortgage

- Allina Health Systems relocated its headquarters to Phillips in the \$190 million Midtown Exchange that had 2,000 employees and 350 new apartments and condominiums.



Midtown Exchange

Phillips also was improving on other measures. While the Phillips neighborhood led Minneapolis in the total number of serious crimes in 1998 with 7 percent of the city total, it fell to 4 percent in 2006. According to the most recent 2002 Hennepin County report, 40 percent of Phillips residents--the second highest of any Hennepin County neighborhood--agreed or strongly agreed with the statement, "This is not a very good community in which to bring up children." This was a drop of only 4 percentage points from 1998.

Questions for Discussion:

1. What were the driving forces that sustained Phillips HCI?
2. What is unusual about the new collaboration?
3. Compare East Metro and Phillips HCI. How are key driving and constraining forces similar and different? How about the role of leadership?