Race-Explicit Strategies for Workforce Equity in Healthcare and IT

race forward

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Executive Summary

Racial equity is the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone.

Healthcare and information technology (IT) are two of the fastest-growing sectors in the United States and provide numerous high-paying career options around the country.[1] However, most of these living-wage careers are only available to individuals who have advanced degrees and other costly credentials, which are real barriers for many people of color in low-income communities. Workforce development is a system of interconnected services and programs that are focused on preparing and placing workers in careers fit for the current economy. Providing race-explicit strategies for access into healthcare and IT careers will become an increasingly critical role for workforce development agencies as these sectors continue to take over more of the labor market. What else can the workforce development system do to reinvigorate its original, civil-rights-era aims of advancing equity and addressing occupational segregation within these sectors as a whole?

By focusing on racial equity in an analysis of workforce development, this report provides leaders and other practitioners with solutions to support workers of color to advance in healthcare and IT careers.

Part I: Historical Legacy of U.S. Public Workforce Policy (1933-Present)

The first part of this report provides historical context to the creation and expansion of U.S. federal workforce development policy and the particular ways that system became susceptible to prevailing ideologies about marginalized communities and the nature of work. Amid a political context in the 1960s of increasing pressure from civil rights organizing, legislative battles, and a storm of urban protests, the federal government rose to the calls coming from Black and poor communities — a demand for better work. However, with the election of Ronald Reagan and the arrival of a new conservative agenda, funding and public support for federal workforce policies targeted towards workers of color and the poor shrank substantially: A reality that many within the workforce system are now witnessing under the new Trump administration.

We learn from history and past policies that as federal workforce programs continued to grow, an overemphasis on individualism and the assumed fairness of a meritocratic system pervaded the field. The message is clear: In order for workers of color to advance in their careers, they must be disciplined, educated, and skilled. The reality, however, is that dominant messages about personal responsibility, achievement, ability, and talent fail to recognize the historical and inter-generational way in which multiple systems, including not only workforce, but also education, housing, criminal justice and others, have created an inherent set of disadvantages for people of color. Even though workers of color work hard and have abilities, they are not guaranteed full, life-sustaining employment. In short, workers are told that learning the necessary skills and working hard will guarantee their success. The implication, however, is that if attaining a job or a promotion remains out of reach for workers, there is no one to blame but themselves.

What is glaringly absent in this rhetoric are the realities of systemic racism including implicit bias that pervade both the labor market and the workforce development programs. Often, rhetoric about employability and opportunity drives social inequity, creating impenetrable roadblocks for workers of color along pathways that are already limited. Moreover, these frameworks deny workforce practitioners an opportunity to craft holistic approaches towards systemic solutions.

Part II: Barriers to Advancing Racial Equity Outcomes in Workforce Development

The second part of this report presents data and stories from practitioners and workers of color that shed light on intraorganizational problems and external barriers to advancing racial equity in the field. Workforce development leaders and practitioners reported several key major challenges within their organizations including the following: problems with **tracking racial disparities** and outcomes; **lack of services** to support low-income workers of color; **tension between One-Stop Centers**[2] **and CBOs**[3]; and a **cultural disconnect** among staff and clients.

During focus groups, workers of color expressed skepticism and concern about finding job opportunities after leaving the training program. Practitioners echoed these concerns. External barriers that feed into these shared anxieties include the following: **racial bias of employer**; **racial and gender discrimination** in healthcare and IT sectors; **government legal restrictions and funding cutbacks**; and **lack of technical training and inadequate education** among clients.

Despite these deficiencies and barriers, there are opportunities for leaders and key stakeholders to learn from other organizations that incorporate an equity lens in their work. There are also opportunities for practitioners and workers alike to coalesce around strategies that address external barriers and improve racial equity outcomes for workers of color in healthcare and IT sectors.

Part III: Systemic Solutions for Advancing Racial Equity Outcomes

The third part of this report outlines four major areas where workforce development practitioners can most effectively leverage their position to embed equity into their organization and the greater industry. Successfully training, placing, and supporting workers of color to secure quality employment depends on more than workforce practitioners alone. We recognize the role employers, regulatory agencies, and philanthropists also play in ensuring that equity is prioritized and realized as workers move through the system. Our recommendations focus on how workforce development practitioners can advance racial equity outcomes both within their own organizations and as key advocates in the larger workforce ecosystem.

This section also includes two examples of workforce development organizations that are taking innovative approaches to building racial equity within their institutions:

- **Brighton Center,** which is advancing a new system to collect, track, and analyze outcome-focused data by race.
- **Per Scholas**, which provides free technical training and certifications for workers of color to attain entry and mid-level careers in IT.

Key Findings

This report examines **dominant narratives** in the public workforce system and the extent to which workforce development organizations reinforce narratives about employment opportunities for workers of color. We report on **perceived barriers** in workforce development that get in the way of equitable employment outcomes. We also report on **opportunities** to break down those barriers. This ***Race-Explicit Strategies for Workforce Equity in Healthcare and IT*** report draws on academic research, interviews with workers of color and key experts in the field, and results from a 2016 Race Forward survey of 70 workforce development organizations nationwide. The survey respondents were primarily leaders and practitioners from community-based organizations (CBOs) and certified One-Stop Centers (also known as American Job Centers) that provide a full range of assistance to job seekers and businesses, including specialized employment-related services.[4]

These interviews and surveys helped to identify major internal and external barriers to greater adoption of a racial-equity lens in the field. For example:

- Practitioners point to the following **internal challenges** that contribute to the underrepresentation of workers of color in healthcare and IT sectors: limited tracking of racial disparities and outcomes; lack of services to support low-income workers of color; tension between One-Stop Centers and CBOs; and a cultural disconnect among staff and clients.
- Practitioners and workers of color agree that the following **external barriers** make it challenging for workers of color to advance in healthcare and IT careers: racial bias of employers; racial and gender discrimination in healthcare and IT sectors; government restrictions and funding cutbacks; and lack of technical training and inadequate education among clients of color.
- **Solutions** to increase racial equity in the workforce development field through a systemic, race-explicit, and outcome-oriented approach abound, including the following: integrated data-management systems; industry-informed certifications; racial-equity employer trainings; and the development of race-specific success indicators within funding models.
- Despite the internal challenges and external barriers listed in this report, sources highlighted the underlying strength that client-practitioner relationships can offer to future transformations. **Workers of color trust that trainers, coordinators, and managers — regardless of race — will help them advance in their careers in healthcare and IT.**

Key Recommendations

Workforce development practitioners are strategically positioned to advance racial equity to their organization both internally and externally. We recommend the following four key strategies where practitioners are most capable of transforming institutional deficiencies and structural barriers in order to achieve better outcomes for the workers of color that they serve:

- Implement an **institutional assessment and racial equity plan** to develop a targeted method for addressing internal bias and institutional racism. To develop a racial equity plan, institutions need to have a shared foundation and common definitions of key concepts, such as racial inequity and racial equity, implicit and explicit bias, and individual, institutional, and structural racism.
- Negotiate a racially explicit **employer partnership** that shifts the awareness and priorities of employers in the industry.
- Engage in **structural advocacy** with philanthropists and regulatory agencies to redefine the funding requirements that determine client outcomes.
- Build an inclusive and racially explicit **narrative strategy** to guide individual institutions and broader workforce development coalitions.

Introduction

Ranging from such diverse institutions as One-Stop Centers and CBOs, to community colleges and worker-advocacy organizations, the field of workforce development provides services for the advancement of individuals who are seeking better job opportunities and career paths in our ever-changing economy. Unfortunately, however, racial barriers persist in employment throughout the United States. It is not surprising that workers of color continue to face disproportionate and compounding barriers in the pursuit of living-wage jobs and higher-income career paths.

Despite these racial disparities and disproportionate challenges, there's little evidence to suggest many workforce development agencies approach their work with an explicit eye toward racial equity — an approach that centers an understanding of systemic-level racism in order to produce fair economic outcomes for people of all races.

More often than not, the primary — and sometimes singular — focus of the workforce development field is on providing individuals with the skills and/or training thought necessary to gain access to a given employment sector. While such training or "upskilling" is understandably part of the solution to an economy that increasingly employs workers at low wages, it's important for workforce development practitioners and, more importantly, institutions to explore new ways of approaching their work to better address the multiple related challenges that workers of color disproportionately face both inside and outside of the workforce development field. The challenge for the field is not small, but adopting a racial equity lens is essential in order to maximize its potential for helping all workers navigate the pitfalls and opportunities in our economy.

In this report, Race Forward explores the barriers and opportunities for expanding the use of a racial equity lens in the internal and external practices of the field of workforce development. We focus on two of the fastest-growing industries in the nation: healthcare and information technology (IT), which provide career options around the country. Given existing racial disparities in these two emergent 21st-century industries, providing access into high-paying healthcare and IT careers will become an increasingly critical role for workforce development organizations and agencies as these sectors continue to take over more of the labor market.

PART I:

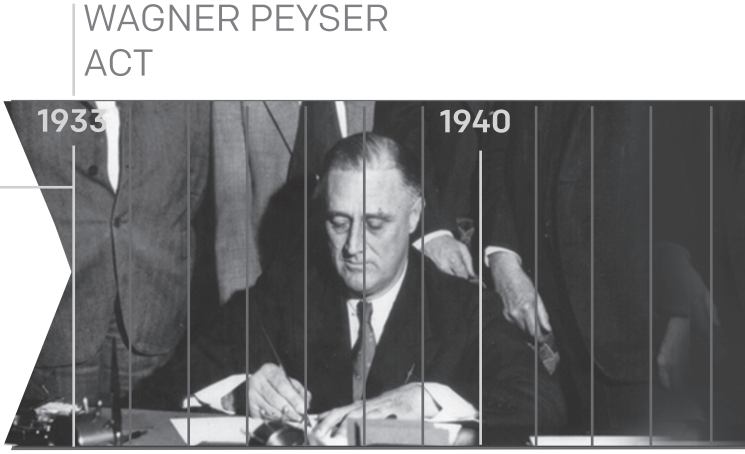
How Federal Public Workforce Development Treats Race[5]

Where Has Racial Inequity Been Addressed in Workforce Development Legislation?

STAGE I 1933 - 1962

Stability & Race Silent Policy

The Great Depression and Post-World War II eras expanded the federal government's role in putting White Americans back to work to rebuild a devastated economy. At best, these programs were racially inequitable toward workers of color. at worst, they were racially hostile. An emphasis on re-training workers came late in this period.



STAGE IV 1998 - 2017

Universal Approach & One Size Fits All

The 1990s ushered in a neoliberal approach to the public workforce system. A one-size-fits-all approach to under and unemployment replaced an explicit focus on racially equitable outcomes and maintained components of Nixon and Reagan provisions around competition.

STAGE V 2017 - ONWARD

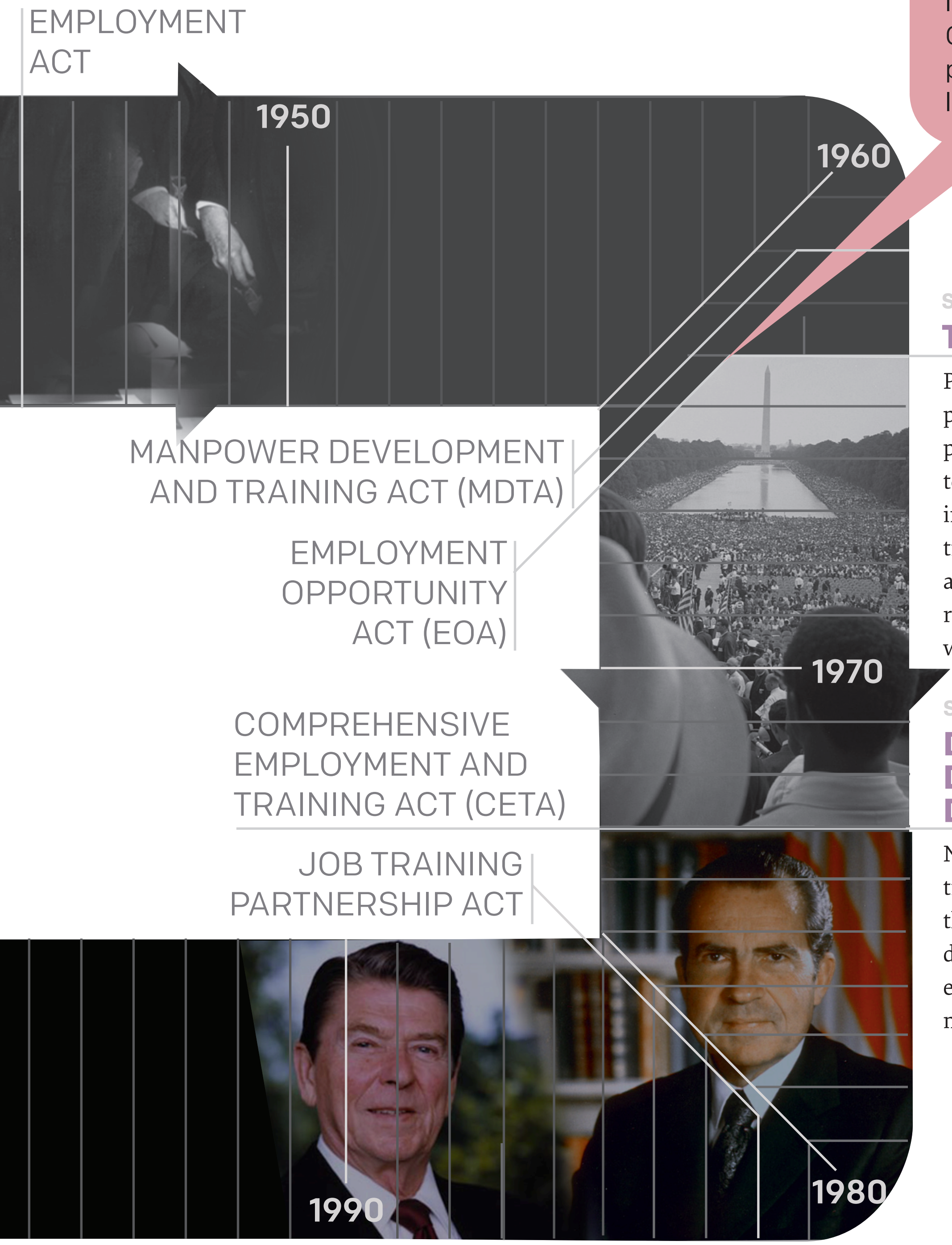
Divestment & Dismantling?

The Trump administration emerges as a conservative threat to the public workforce development system. Though it's too early to predict outcomes, history shows us that when left unregulated and unfunded, the public workforce system diminishes in impact, reach, and support for low-income communities of color.

WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA)
WORKFORCE INVESTMENT ACT
2010
2000

Here and only here:

Among other things, the Employment Opportunity Act provided training for African Americans. It was the first legislation to establish Job Corps, a federal job training program serving mostly low-income youth of color.


EMPLOYMENT ACT
1950
1960
MANPOWER DEVELOPMENT AND TRAINING ACT (MDTA)
EMPLOYMENT OPPORTUNITY ACT (EOA)
1970
COMPREHENSIVE EMPLOYMENT AND TRAINING ACT (CETA)
JOB TRAINING PARTNERSHIP ACT
1980
1990

STAGE II 1964 - 1973

The Civil Rights Era

Protests and social unrest placed political pressure on federal legislators to push the public workforce development system towards a race-conscious framework that included worker training, expansive educational opportunities, increased safety nets, and attention to workplace segregation. It resulted in short-term gains for low-income workers of color.

STAGE III 1973 - 1997

Decentralization, Deregulation, Discrimination

Nixon and Reagan eras reflected conservative backlash against federal programs of the civil rights movement era. It brought decentralized job training programs, differential patterns of service and job placements, and federal cutbacks in funding.

Key Legislation in Workforce Development (1933-Present)

1933

Wagner-Peyser Act

Part of New Deal legislation in response to massive unemployment during the Great Depression; first to establish what we now know as the public workforce development system. The act touted the notion that all federal and state positions for public service would be filled based on merit, denying the impact intense racial discrimination had on hiring decisions. This meritocracy frame benefited White workers over workers of color, and gave cover to White employers' discrimination against Black workers.

1946

Employment Act

Placed responsibility of economic stability and unemployment onto the federal government; one of the first attempts to centralize federal workforce programs.

1962

Manpower Development and Training Act (MDTA)

Primary aim was to retrain White workers displaced by growing automation. Little to no policies crafted to address structural barriers to employment for Black, Latino and Asian workers.

1964

Economic Opportunity Act

signed by Lyndon B. Johnson during an era of social unrest and political protest; primary aim was to eliminate poverty, with particular focus on African-Americans and youth; first piece of legislation initiating the War on Poverty includes large-scale expansion of funds for workforce programs. First rhetoric to employ an explicit equity lens, recognizing that workforce policy must acknowledge the root of Black unemployment -- structural racism.

1973

Comprehensive Employment and Training Act (CETA)

Civil Rights Act amendments overturn *Wards Cove* by shifting the burden of proof back on the employer to prove a "business necessity" in disparate impact cases, but placing limits on the damage amounts available to discriminated workers.

1982

Job Training Partnership Act

Signed by Ronald Reagan at the beginning of the New Right movement to provide federal assistance that would prepare youth and unskilled adults for entry into the workforce. Erasure of racial equity from political rhetoric was replaced by bootstraps individualism as workforce development budgets shrink.

1998

Workforce Investment Act (WIA)

Aimed to reform job training programs and create a new, comprehensive, and customer-focused investment system that would help American workers access tools and manage careers; primary goal to train up workers to fill the needs of U.S. companies looking for well-skilled workers. The trend to downsize workforce programs continues as public support for retraining disadvantaged workers shifts towards traditional education.

2014

Workforce Innovation and Opportunity Act (WIOA)

This legislation was signed by President Barack Obama to build on previous legislation and consolidate job-training programs under the WIA into a single funding stream.

Anonymous Survey of Workforce Development Practitioners

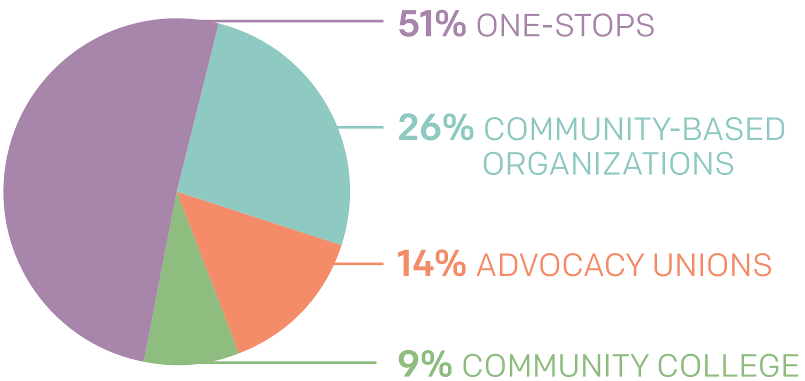
Survey Responses at a Glance (October-December 2016)

In the fall of 2016, Race Forward anonymously surveyed workforce development practitioners and advocates across the country to examine the extent to which CBOs, One-Stop Centers, community colleges, and worker-advocacy organizations currently incorporate racial equity in their work.[6] The aim was to solicit responses that would help identify major barriers to greater adoption of a racial equity lens in the field of workforce development.

Two online surveys were distributed nationwide using Survey Monkey: a **General Survey** and a **One-Stop Survey**. The General Survey included responses from CBOs, One-Stop Centers, community colleges, and worker-advocacy organizations.

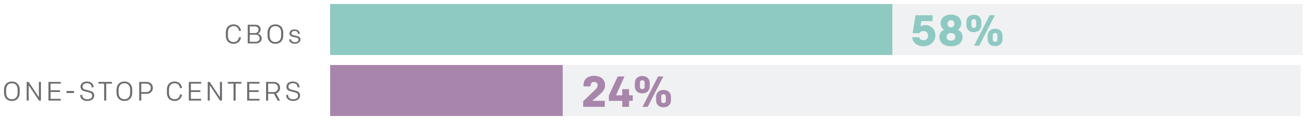
Results from these surveys suggest that practitioners and advocates across all types of organizations agree that barriers exist for workers of color who are entering into healthcare and information technology sectors. However, the degree to which practitioners and advocates recognize these barriers varies, especially among CBOs and One-Stop Centers. Overall, respondents from CBOs feel financially strapped — a reality that is reflected by feelings of limitations in nearly every aspect of workforce development, from training and providing services to securing funding. There is a tendency for staff, especially from One-Stop Centers, to have a so-called color-blind outlook — where barriers that workers of color confront are not acknowledged or examined, let alone remedied.

FIGURE 1: TYPES OF AGENCIES SURVEYED



HAVE YOU OBSERVED RACIAL DISPARITIES WHILE PREPARING CLIENTS OF COLOR FOR JOBS?

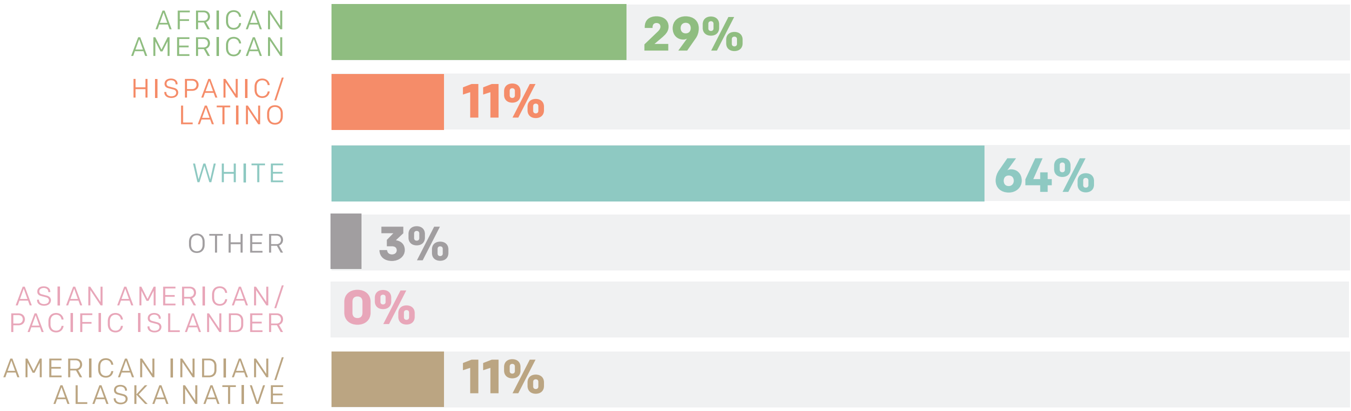
Respondents who have observed racial disparities while preparing clients of color for jobs



STAFF-TO-CLIENT BREAKDOWN:[7]

- Forty-three percent of survey respondents work at an organization where the majority of the staff members are White, even though only 21 percent of these same organizations have a client base that is majority White. This is a clear overrepresentation of White staff compared to White clientele.
- Conversely, almost half as many respondents (only 23 percent) work at an organization where the majority of staff members are African American. Similarly, 24 percent of respondents reported a majority-Black client base.
- The same pattern is true for Latino/a staff and client ratios: 9 percent of respondents work with a majority Latino/a staff, and 11 percent with a majority of Latino/a clients.
- It appears that White staff are overrepresented in relation to the number of White clientele served, while Black and Latino/a staff hires are proportional to their client demographics.

FIGURE 2: RACE OF RESPONDENTS FROM ONE-STOP CENTERS[8]



Confidential Worker Focus Groups and Key Expert Interviews

Focus Groups and Interviews at a Glance[9] (July 2016-January 2017)

During the summer of 2016, Race Forward conducted 14 interviews with key experts representing 12 organizations nationwide across healthcare and IT sectors. Each expert participated in a 30- to 60-minute in-person or telephone conversation. The goal of gathering a network of key experts was to better understand the barriers and opportunities for racial equity in the field.

Race Forward learned that from a practitioner perspective, those representing workforce development in healthcare and IT sectors are in favor of shifting the field towards a racial equity frame. However, these same practitioners do not feel empowered to make the necessary changes at an institutional level. They admitted that within the field, there are practitioners, executive leadership, and funders with a savior complex — that is, those with decision-making power strongly believe they hold the power to help marginalized workers, but they don't have any recognition of the ways in which their institutions may be perpetuating racial bias. However, most practitioners feel financially under-resourced. Many CBOs do not control funding streams or policies that would make the field of workforce development more equitable for workers of color.

Throughout December 2016 and January 2017, Race Forward also conducted four focus groups with 25 workers of color in New York City, Oakland, California, and northern Kentucky. The aim of the focus groups was to better understand, from a worker's perspective, the challenges that people of color face in preparing for jobs in the healthcare and IT sectors.

Throughout this report, we include first-person testimonies from practitioners and workers of color to create a more in-depth picture of the barriers that workers of color confront as well as opportunities for more inclusive strategies for racial equity in the field of workforce development.

Key Findings at a Glance

INTERNAL BARRIERS	EXTERNAL BARRIERS
Lack of services to support low-income workers of color	Racial bias of employer
Tracking racial disparities	Gender and racial discrimination in healthcare and IT occupations
Tensions between community-based organizations and One-Stop centers	Clients' lack of technical training and education
Cultural disconnect among clients and staff	Government restrictions and funding cutbacks

PART II:

Barriers to Advancing Racial Equity Outcomes in Workforce Development

Workforce development practitioners recognize that internal and external systemic barriers can prevent workers of color from advancing in healthcare and IT careers. However, these barriers do not exist independent of one another. Often, internal organizational challenges like a lack of services to support low-income workers of color are directly impacted by external structural barriers like government funding cutbacks and legal restrictions. In addition, tensions between CBOs and One-Stop Centers can stem from external obstacles related to government funding restrictions. For example, a CBO's approach to services is often locale-specific and heavily dependent upon donor funding streams, so they provide job training and placement only at the grassroots level. Conversely, qualifying One-Stop Centers are federally funded and have access to resources that enable them to provide a full range of services for clients.

Racial bias of employers as well as gender and racial discrimination in the industry also affect how staff and workers interact and communicate with one another throughout the training program. This can contribute to internal challenges such as a cultural disconnect among clients and staff. Institutional systems that are unable to track and report on racial disparities in the field have external implications — for example, de-prioritizing the implementation of training and education programs tailored to low-income workers of color.

Internal Barriers

This section discusses the major barriers that the field of workforce development confronts as they prepare workers of color for careers in healthcare and IT.

Lack of Services to Support Low-Income Workers of Color

The present aim of the public workforce system remains: preparing workers to compete in a 21st-century economy. As healthcare and IT industries continue to grow, there is more pressure on policymakers and practitioners than existed in previous decades to ensure workers leave vocational, training, and apprenticeship programs well-skilled and supported.

The level of services offered to workers depends on the amount of **federal funds that organizations receive, as well as on internal staff decisions.** When the Workforce Investment Act (WIA) was the law of the land from 2000 to 2014, legislation specified three levels of services that workers could receive.[10] The first level is core services, which include such things as job search and placement support as well as basic counseling. The second level is intensive services, like comprehensive assessment, extensive counseling, and advanced career-planning. The third level is training services, which are often outsourced to community colleges and other nonprofits. Third-level training services are typically offered by One-Stop Centers

Client Stories

During focus groups, workers reported inadequate resources within their communities resulting in a lack of exposure to workforce development programs that can prepare them for jobs in IT and healthcare sectors.

"I wish there were more resources available for us to not only compete with [White people] but be business owners. If the resources are there, we're not privy to them the way [White people] are."

JAMES

BLACK MALE IT TRAINEE (NEW YORK)

"There is stigma in communities about studying STEM or going into careers. If no one in your community you know has done those careers, they don't pursue them."

JANET

BLACK FEMALE IT TRAINEE (NEW YORK)

"There is a lack of resources in the Black and Hispanic community. Money is the biggest thing that keeps Black people out of the healthcare field. CNA [Certified Nursing Assistant] programs don't reach out."

LINDA

BLACK FEMALE CLIENT IN HEALTHCARE (KENTUCKY)

that are co-located on community college campuses. One-Stop Centers have power over who gets accepted into programs and who receives intensive and training services.[11] The Workforce Innovation and Opportunity Act (WIOA) is the successor of the WIA, but it does little to amend the WIA's distinction of available services. With the exception of replacing the WIA term "intensive services" with "career services," the WIOA still allows for boards and agencies to wield more discretionary power to select program participants.

It is too early to determine the long-term impact of the WIOA on low-income workers of color. But if history is an indicator, it is likely that the field will continue to face challenges when it comes to providing equitable access to support services for low-income workers of color who are bound by federal funding restrictions and staff decisions.

Neither the WIA nor the WIAO specify services that characterize a holistic or wraparound approach to address the needs of workers of color in all parts of their lives. Survey results indicate that when it comes to providing general services that impact workers of color, One-Stop Centers are able to provide these services to a greater extent than CBOs. However, the gap in services between One-Stop Centers (see Figure 3) and CBOs narrows when it comes to providing wraparound support (see Figure 4).

General Services

Findings from the survey indicate that when it comes to general support services that impact workers of color, such as providing placement programs to formerly incarcerated individuals and specialty training for employers on race and color discrimination, **less than half of respondents from CBOs said they provide these services.** One-Stop Centers also fall short when it comes to providing training programs for employers on race and color discrimination. However, **more than half of respondents from One-Stop Centers said they provide placement programs for formerly incarcerated workers.**

FIGURE 3: GENERAL SERVICES IMPACTING WORKERS OF COLOR

Percentage of organizations that provide the following general services or programs

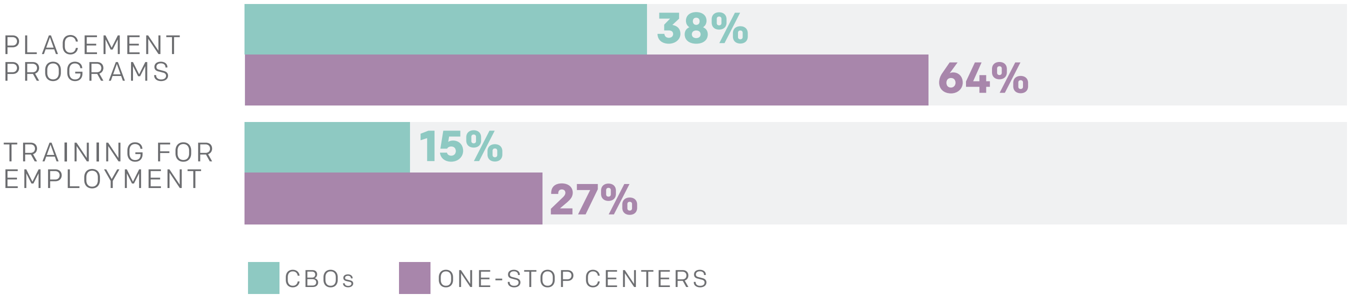
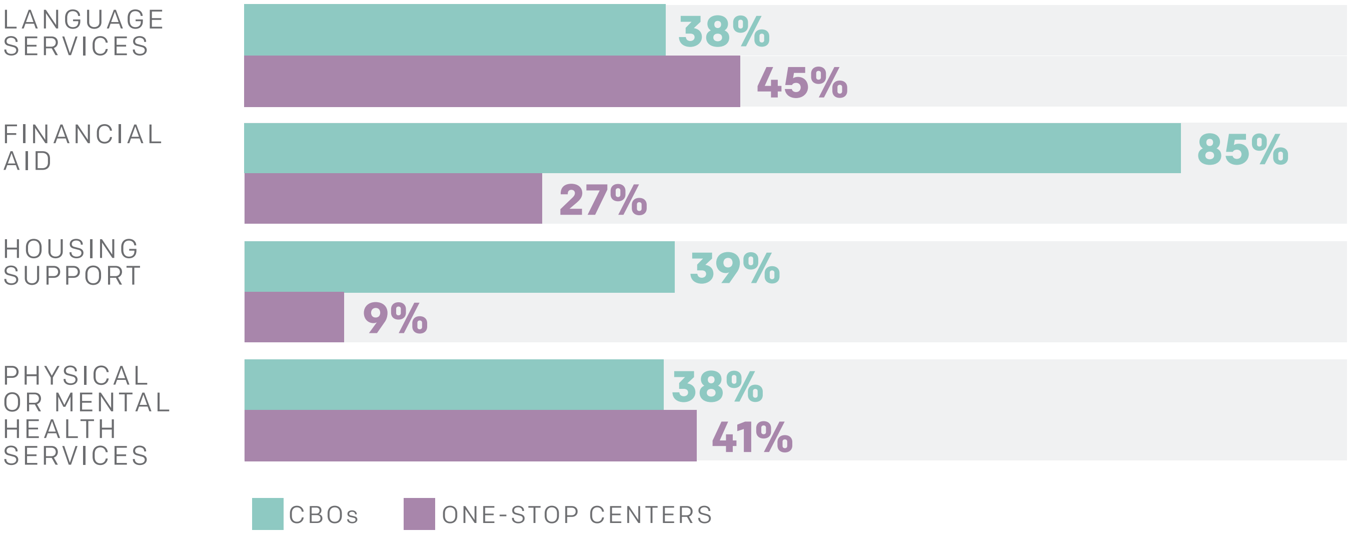


FIGURE 4: WRAPAROUND PROGRAM SERVICES IMPACTING WORKERS OF COLOR



Wraparound Services

We identify wraparound services as distinct from general services in that the support programs they provide fall outside the purview of general placement, career counseling, and training programs. **When it comes to providing wraparound services for workers of color — that is, services that aim to support the whole person, such as language assistance for non-English speakers, housing support, and mental health support — less than half of CBOs and One-Stop Centers offer these services.**

However, an overwhelming majority of **CBOs (eighty-five percent)** provide financial-aid services for program training and counseling, whereas only **twenty-seven percent of One-Stop Centers provide this service.**

Survey findings suggest that CBOs fare better or at least are on par with One-Stop Centers, except when it comes to providing placement programs for formerly incarcerated clients. However, when talking with key experts and while facilitating focus groups with clients, we learned that CBOs, many of which are located in low-income communities of color, lack the funding and infrastructures necessary to provide comprehensive support for workers who are preparing for careers in healthcare and IT.

Workers of color who participate in community-based programs said they feel the strain of inadequate resources. Some carry the burden of having to navigate the job-search and readiness process without support from their communities.

Tracking Racial Disparities

The WIA and the WIOA include terminology on nondiscriminatory practices according to race and color. The WIOA also requires that participating organizations report on the race and ethnicity of participants. However, neither the WIA nor the WIOA require partners to track and report outcomes by race. For instance, although partnering agencies and organizations report on racial demographics of clientele, they are not required to cross-tabulate their demographics with data on placements, making it all the more difficult to report on, and subsequently attempt to remedy, racial disparities in workforce development.

Not surprisingly, tracking racial disparities in workforce development remains a major barrier to the field despite long-standing evidence that racial disparities have existed in the public workforce system for decades.

In 1982 and in 1998, when the Job Training Partnership Act (JTPA) was the law of the land, the Chicago Urban League and the Women's Action Alliance released reports outlining gender and racial discrimination in the operation of JTPA. These reports were the subject of a 1991 congressional hearing on Race and Sex Discrimination in the Operation of the Job Training Partnership Act.[14] Given this landmark hearing in workforce development near the turn of the century, it would make sense for policymakers to push for more data to track outcomes by race. However, as findings indicate, the field of workforce development still struggles to implement systems that track and report racial outcomes for workers of color in healthcare and IT.

Observing and Tracking Racial Disparities

Compared to One-Stop Centers, respondents from community-based organizations reported higher percentages of observing and tracking racial disparities while preparing clients of color for jobs in healthcare and information technology (see Figure 5). **Fifty-eight percent of respondents from CBOs have observed racial disparities** in the job preparation of clients, **compared to twenty-four percent of respondents from One-Stop Centers.**

A relatively low percentage of respondents from CBOs and One-Stop Centers track racial disparities (see Figure 5). **Twenty-five percent of CBOs surveyed regularly track racial disparities** in client job placement within the healthcare or IT sectors, compared to **fourteen percent of One-Stop Centers.**

Respondents from CBOs and One-Stop Centers reported varying degrees of agreement about why Black/African American and Latino/a clients are underrepresented in IT and healthcare practitioner occupations (see Figures 6 and 7).

There was high agreement among CBOs and One-Stop Centers that **lack of technical training or required**

certification and lack of specified programs for formerly incarcerated people are significant reasons why Black/African American and Latino/a clients are underrepresented in healthcare and IT sectors. However, perspectives diverged when it came to racial bias of employers — while eighty-two percent of CBO respondents believe racial bias of employers is a significant reason for underrepresentation, less than half of One-Stop respondents (forty-three percent) believe this to be true. Perspectives diverged further when it came to wraparound services — 100 percent of respondents from CBOs believed that not having wraparound services to support workers of color was a significant problem, compared to fifty-seven percent of respondents from One-Stop Centers.

Though organizations in both sectors track racial demographic of clientele, there was no substantial indication from survey data that suggested organizations were regularly tracking outcomes by race. As the survey results indicate, CBOs and One-Stop Centers do not believe tracking racial outcomes is as much of a problem as racial bias of employers, although their reasons for this belief vary. For instance, organizations may not want to track racial outcomes because this data might reveal racial inequity within the organization — a problem that practitioners and agency heads would rather avoid.

Key experts in the field told us that federal restrictions on collecting demographic data and the high costs associated with designing, implementing, and training staff on how to use these new systems make it tough to track and report on racial disparities. Despite these concerns, however, there remains a strong desire among practitioners to have effective and accessible systems that allow programs to collect, share, and report data.

Tensions Between CBOs and One-Stop Centers

Tensions between CBOs and One-Stop Centers, particularly about government funding, is a challenge many practitioners confront. To be eligible to receive federal funds under the WIA and the WIOA, an entity must be designated or certified as a One-Stop operator. Under these provisions, state boards are established with the purpose of streamlining services and systems within the public workforce system. State board activities are carried

Practitioner Stories

"Any data that shows the benefit of employers who have made a shift to be more intentional about racial equity and how that minimizes time to fill positions and improve productivity and morale in workforce–any of that data would be helpful."

ROSLYN

WHITE FEMALE HEALTHCARE PRACTITIONER

"It's not a blatant issue of racism; it's more about subtle awareness and information. We've always tried to promote that our staff is reflective of customers we're serving. Our scope of work is broad: 60,000 individuals with 30 different programs. We have all of those programs and different systems of reporting (state, federal, etc). So to have to import and export processes is challenging and expensive. We need data. We struggle with capability and with our systems to get a good snapshot and picture of landscapes."

ANN

WHITE FEMALE HEALTHCARE PRACTITIONER

"Tracking racial outcome data is a larger question that we grappled with. There are studies that say if a client is in post-secondary education for a year there's a correlation to higher wages. But there isn't a specific focus on communities of color. For example, how do outcomes play out in immigrant communities versus heavily populated Black communities? Barrier are different. Language barriers are different. We have a really hard time finding this kind of data. Former studies tend to be race neutral. Having this data would be super helpful."

LUCY

ASIAN FEMALE POLICY ANALYST AND WORKER ADVOCATE

"One-Stops are well funded but they don't address the trauma worker's experience; they don't address antisocial behaviors. Community colleges are also well funded and collaborated with WFD boards. Community-based organizations are left behind."

PATTY

BLACK FEMALE WORKER ADVOCATE

out through a one-stop delivery method, which makes it easier for One-Stop Centers to provide more intensive and customized training programs than it is for CBOs.[12]

Co-location creates problems as well. Often, One-Stop Centers are co-located with community colleges, which allows for a consolidation of resources.[13] Though little is known about the impact of co-location on low-income workers of color who are preparing for careers in healthcare and IT, it would seem that One-Stop Centers having access to higher-education institutions diminishes the bargaining power of surrounding community-based workforce-development organizations.

While talking with practitioners in interviews, and as indicated in our survey findings, we learned that there are notable differences in how respondents from CBOs and One-Stop Centers view underrepresentation and barriers. Practitioners from CBOs and advocacy organizations also expressed frustration with the workforce system, which they consider benefits One-Stop Centers most.

Staff preferences may be one of several reasons that Black workers at One-Stop Centers are not placed in jobs. Another reason may have to do with the relationship among White staff members and clients of color. Survey findings indicate that White people are overrepresented in staff positions compared to their client base at One-Stop Centers (see Figure 8).

Cultural Disconnect Among Clients and Staff

Workers of color we spoke to are acutely aware that in addition to learning the technical skills required to advance in healthcare and IT careers, they have to adapt to a White-dominant workplace culture. This often means altering their dress and communication to match what is considered "professionally appropriate."

Clients tell similar stories about feeling pressure to disguise aspects of their cultural identities like dress and language in order to assimilate in the program and relate to White staff.

When we spoke with practitioners, they too were aware of the cultural disconnect between White staff and workers of color. Cultural disconnect can also sometimes manifest as skills bias. Studies indicate that racial perceptions of skills impact workers of color, especially Black males, and reinforce stereotypes that portray workers of color as lacking competence and merit.[15] These ideas about workers of color perpetuate myths about racially and ethnically marginalized people as only fit for low-wage labor.[16] Though a cultural disconnect among White staff and clients of color remains an internal barrier, there are indications from practitioners that leaders in the field are incorporating more culturally responsive practices in their work.

Expanding upon our findings from this report, we will be conducting a needs assessment on select organizations to better understand the extent to which White leadership and staff incorporate culturally responsive practices in their daily interactions and work with clients of color.

External Barriers

Racial Bias of Employers

There have been numerous studies conducted on racial bias of employers. The problem of racially biased employers continues to dominate public conversations in policy circles, at the grassroots level, and throughout mainstream media. It is no surprise to learn that practitioners and workers of color agree that racial bias of employers remains a significant barrier to advancing in healthcare and IT sectors. Our survey findings indicate that **among CBOs (eighty-two percent) and One-Stop Centers (forty-three percent), respondents believe that racial bias of employers is a significant reason why Black/African American and Latino/a clients are underrepresented in IT or in healthcare practitioner occupations.**

Gender and Racial Discrimination in the Industry

The message coming from the healthcare industry is that workers of color who are preparing for careers in healthcare will be met with pathways to opportunities for advancing in the field. There are indications of this as hospitals incorporate practices to support low-income workers of color, like allowing for work schedules to accommodate public-transportation schedules of its employees.

However, the IT sector still struggles with diversity problems. The message suggests that whether it is Silicon Valley or a local workforce development program that is training workers of color as computer-support specialists, there are limited pathways for workers of color to advance in this field.

Further examination into both sectors reveals that these industries perpetuate gender and racial discrimination in hiring, management, and workplace practices. Workers of color told us stories about experiencing misogyny, sexism, racism, and nepotism, and how they sometimes have to accept discrimination in order to keep their jobs.

Though not explicitly mentioned during focus groups, **workers implied that racial inequity exists in the form of "creaming" — the processes whereby by employers give preferential treatment to workers who show signs of greater success and are less expensive to train.**

Despite federal restrictions and the nature of the public workforce system, workforce development practitioners must also reckon with how they perpetuate gender and racial discrimination in the workforce.

Opportunities in healthcare may exist; however, this may not matter for workers of color who are occupying low-wage jobs in the field. Women of color, particularly Black women, are disproportionately represented as home health aides. These jobs, while fast growing, pay poorly, and wages have remained stagnant since the 1980s.[17]

So while healthcare celebrates pathways to opportunities, it often fails women of color who occupy the lowest-paying jobs and further perpetuates gender and racial discrimination in the field.

Lack of Technical Training and Inadequate Education for Workers of Color

Over the past 80 years since the Wagner-Peyser Act of 1933, improving opportunities for workers through skills training has been one of the ways the federal government approaches solving economic and labor inequality. Education, however, has not always been the focus. The public workforce system in the mid-to-late 20th century

Client Stories

"I'm from Georgia. People may not understand what I'm saying. I know I have to speak the Queen's English so I can be understood clearly. It's just for communication purposes. Back home I can speak in my native tongue."

CARLOS

BLACK MALE INFORMATION TECHNOLOGY TRAINEE (KENTUCKY)

"It is important to me to have staff of different races. I love the Caucasian staff. But I felt like the African American staff [understood] the situations I was in because they went through it too. They were more understanding and helpful. They stepped outside of their jobs. Caucasian staff gave me resources, but they didn't take that extra step because they didn't understand me or my situation. They didn't take the extra step like African American staff would."

HARRIET

BLACK FEMALE HEALTHCARE TRAINEE (KENTUCKY)

"All of the teachers were White. There are only two Black students in a class of twelve. I was the only woman of color. It seemed like I was the only one being called out, like the Black sheep of the class. At first I felt like I was being picked on. But with time I got more comfortable because more of my classmates started talking to me."

JOCELYN

BLACK FEMALE HEALTHCARE TRAINEE (KENTUCKY) emphasized educational attainment. During the 1980s, the New Right movement ushered in a new way of thinking about education and schooling — that is, as mechanisms through which workers learn how to compete in a new economy. Fundamental to this new way of thinking is the economic argument that in order to attain a living-wage job in an economy that is increasingly polarized between the service sector and white-collar work, one must have a traditional (e.g., college) education. The healthcare and IT sectors provide apt examples of how advances in our modern economy have widened the chasm that workforce development organizations now try to fill, but with fewer resources than ever.

Studies show a positive correlation between skills and earnings over time.[18]

However, acquiring technical training skills and education does not necessarily predict life-sustaining employment. Other factors like parental education, social networks, and social capital also contribute to employment opportunities and earnings.

Our survey findings indicate that respondents from both CBOs (eighty-two percent) and One-Stop Centers (eighty-one percent) agree that a significant reason why Black/African American and Latino/a clients are underrepresented in IT and healthcare practitioner occupations is lack of technical training or required certifications. This finding is not surprising considering that the field of workforce development generally adopts an upskilling framework to approach the development of workers — one that, according to one of our key experts, is fundamentally flawed.

An upskilling approach prioritizes attaining specialized skills over providing services that address the needs of the whole person, not just the "worker." This framework in the long run also does not address racial stigma and lack of resources in communities of color.

Government Restrictions and Cutbacks

Findings from our surveys and interviews indicate that practitioners remain concerned about government restrictions and looming cutbacks in this new political era. CBOs will likely be the first to experience cutbacks given their limited capacities. As practitioners in the field continue to feel pressure from the lack of funding, there is also concern that the field will soon have to capitulate to a conservative agenda that feeds the private sector. This would not be the first time the public workforce system had to shift its priorities. The Nixon and Reagan administrations decentralized public workforce systems, with priority given to individual states and private firms. Though the Obama administration's WIOA is still in place, **the Trump administration's proposed budget cuts will likely have a direct impact on the field.**

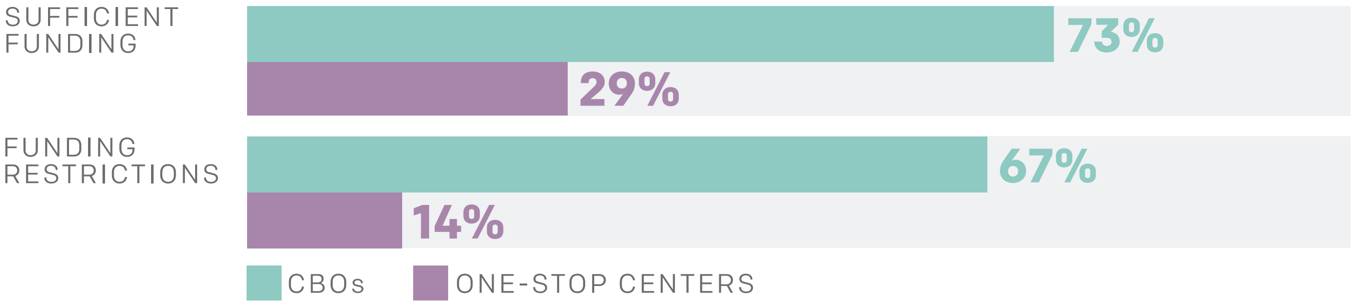
Our survey findings indicate that for CBOs providing services for underrepresented workers of color, lack of sufficient funding and funding restrictions based on public workforce policy guidelines remain major barriers compared to One-Stop Centers.

Staff and Client Trust

Despite significant barriers to advancing racial equity in healthcare and IT, clients of color trust that the staff will prepare them well to enter into the workforce. Even though some workers told us they remain skeptical about finding job opportunities after they leave the training program, they credit staff (in particular White staff members) for working in low-income communities of color. Clients also said they were more distrusting of funders than of employers and program staff. In all of our focus groups, Black and Latino males postured more optimism and self-reliance about employment opportunities than did women of color who were preparing for healthcare and IT occupations (as evident in the previous sections).

Overall, however, both male and female workers of color whom we spoke with viewed program staff members as mentors and authority figures that had their best interests at heart. But a word of caution is warranted here: All focus groups (including virtual) were conducted at the program site, so the responses could have been biased.

PERCENTAGE OF AGREEMENT AMONG ORGANIZATIONS ABOUT BARRIERS TO PROVIDING SERVICES THAT ADDRESS UNDERREPRESENTATION



AGREEMENT ABOUT BARRIERS AMONG CBOS AND ONE-STOPS

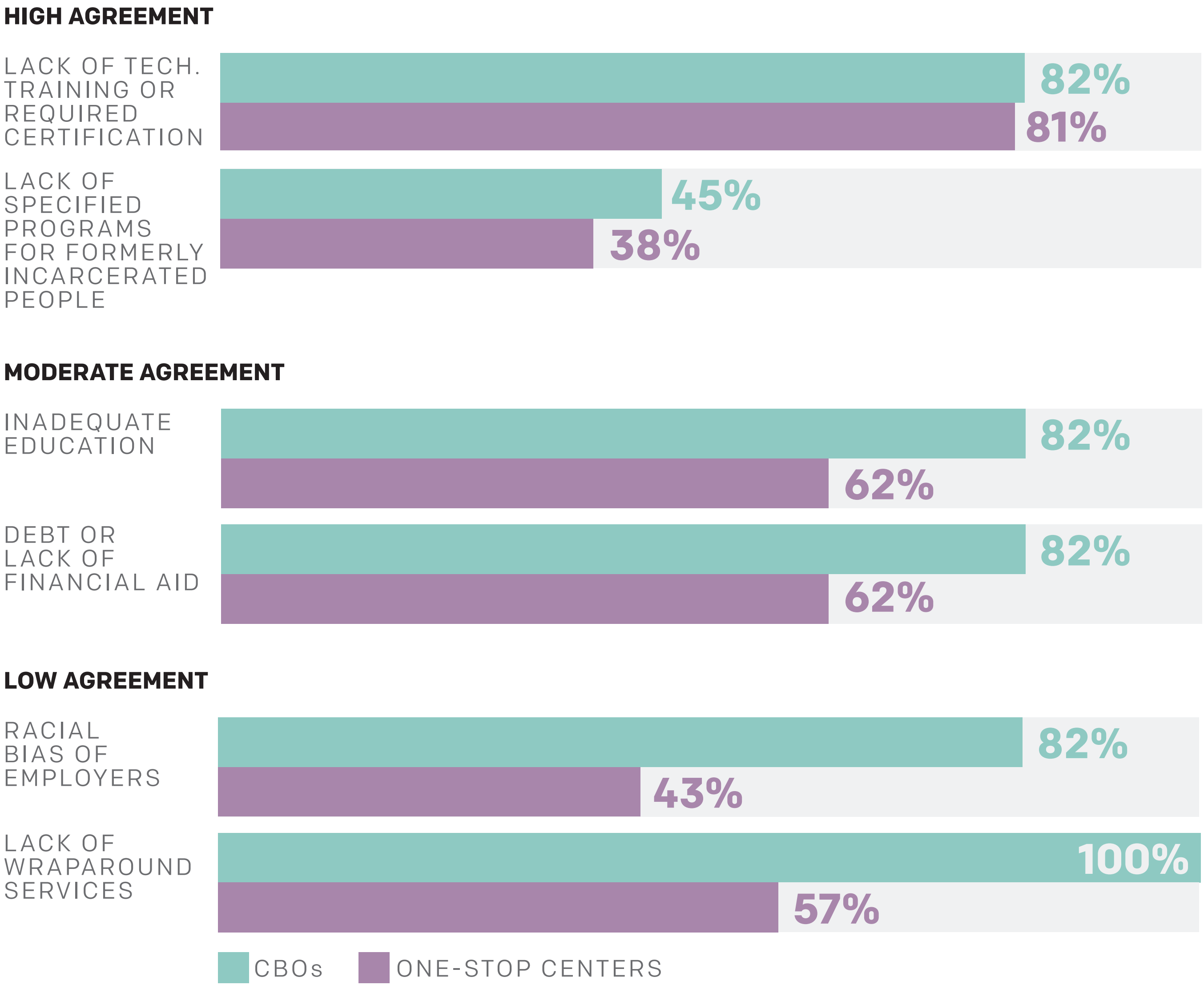


FIGURE 5: OBSERVING AND TRACKING RACIAL DISPARITIES

Percentage of organizations that agreed with the following statements

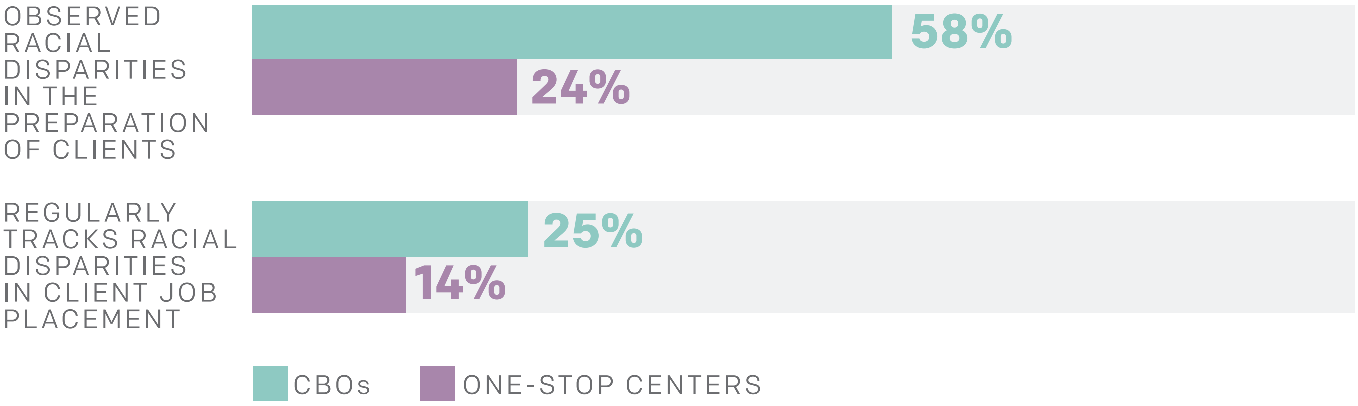
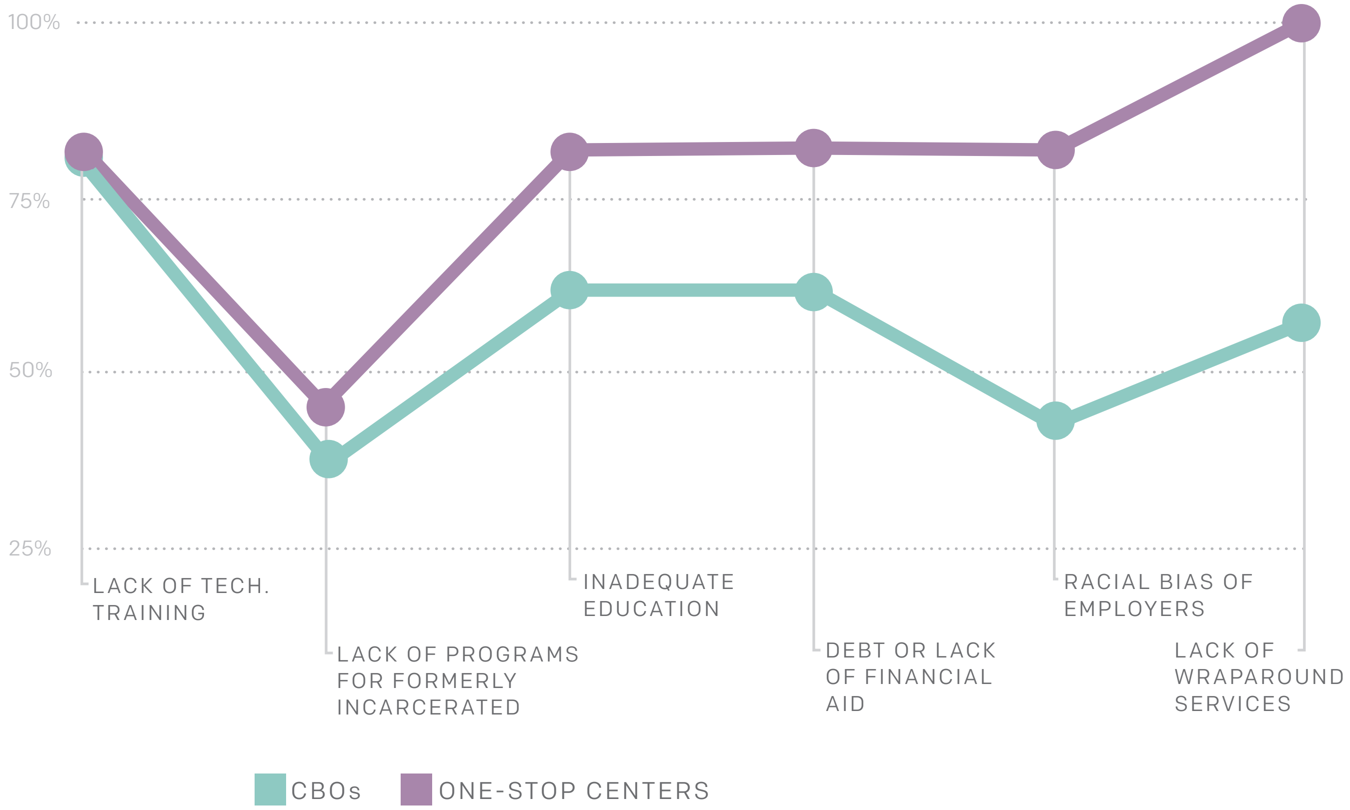


FIGURE 6: AGREEMENT ABOUT BARRIERS AMONG CBOS AND ONE-STOPS

Percentage of organizations by type that agree the following are reasons Black and Latino/a clients are underrepresented in Healthcare and IT careers

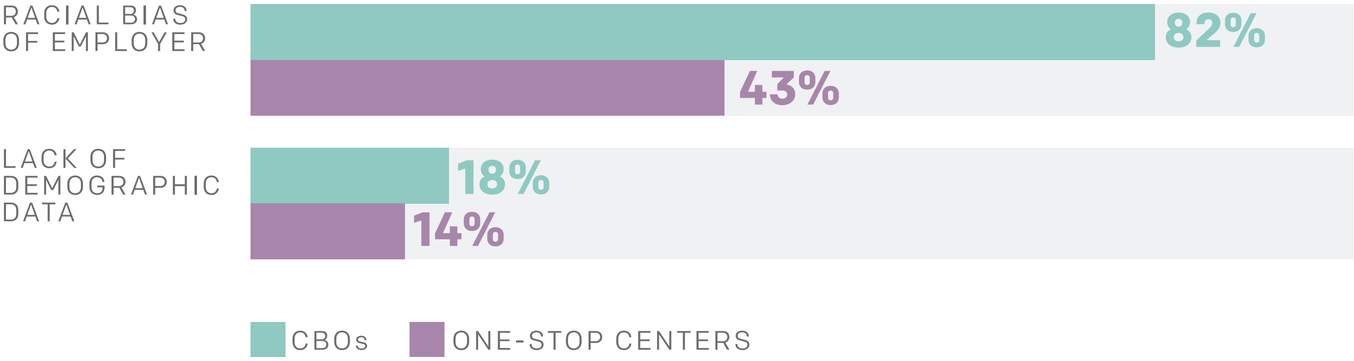


BARRIERS TO EQUITY

Employers' Racial Bias and Lack of Demographic Data

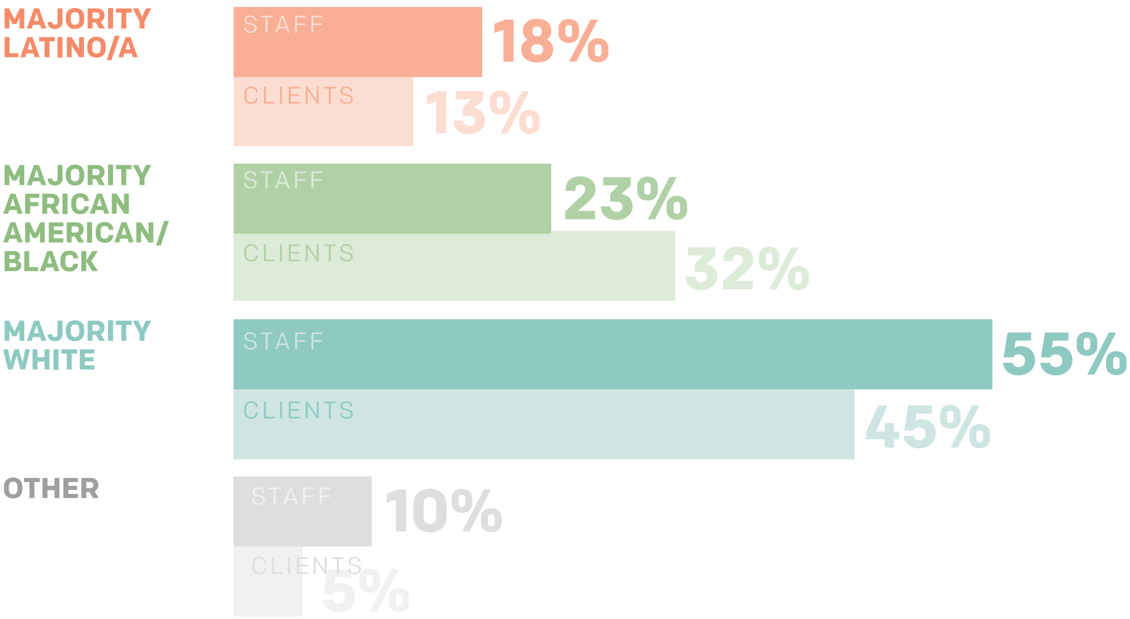
Eighty-two percent of CBOs and forty-three percent of One-Stop Centers agree **racial bias of employers is a significant reason** why Black and Latino/a workers of color are underrepresented in IT and healthcare occupations.

FIGURE 7: WEIGHING THE BARRIERS



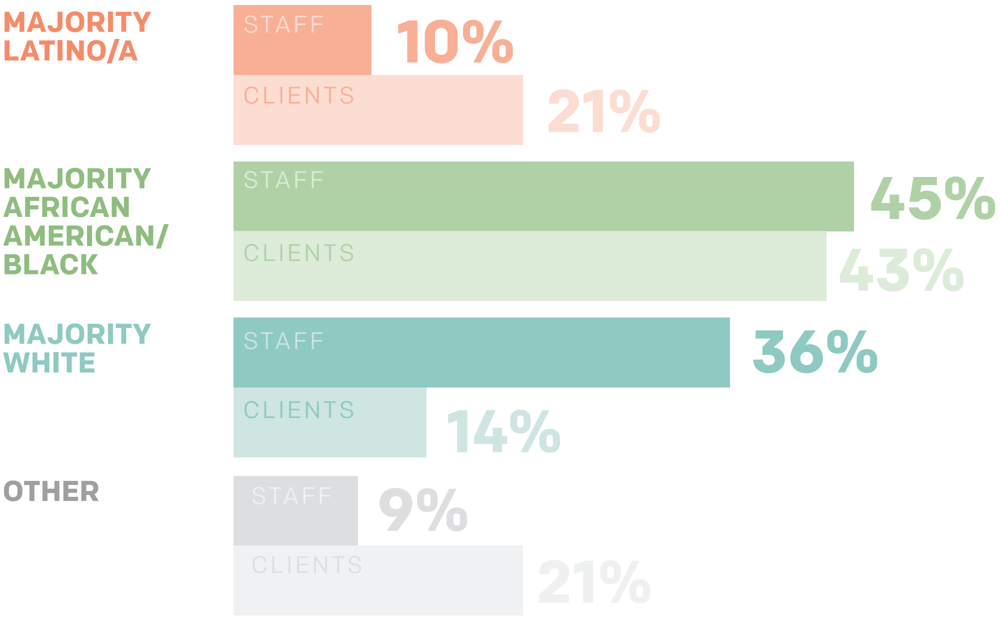
Eighteen percent of CBOs and fourteen percent of One-Stop Centers believe **lack of demographic data to track outcomes by race is a barrier** to providing programs and/or services to address the significant reasons for the underrepresentation of workers of color in healthcare or IT sectors.

FIGURE 8: ONE-STOP STAFF TO CLIENT RATIO BY RACE[19]



Percentage of One-Stop Centers with 50% or more staff/client composition

FIGURE 9: CBO CLIENT TO STAFF RATIO BY RACE



Percentage of CBOs with 50% or more staff/client composition

PART III:

Systemic Solutions for Advancing Racial Equity Outcomes in Workforce Development

This report is an initial exploration of critical areas where racial inequity can wedge itself within the workforce development system, whether it's within a given institution, between practitioners and clients or workers and employers, or across the broader structure that includes regulators and funders. This report provides a landscape analysis of how racial bias impacts clients of color from the perspective of practitioners and worker-clients on the ground and across the nation. For every instance of racial inequity, there is also an opportunity to build awareness, practice, and change into organizational policies and culture.

The following recommendations are designed as a practical first step for workforce development practitioners. We recognize the knowledge and power of those who are deeply embedded in this field to leverage small openings in anticipation of broader transformation. The work of integrating racial equity into our institutions is an ongoing practice, one that is made possible through increased awareness, systematic application, and continuous evaluation and iteration.

Institutional-level change is resilient and permanent in nature — it is built into the policies and practices of an institution so that any individual change in staff or leadership does not disrupt the path of the broader organization. An organizational commitment to racial equity requires collective leadership and clear pathways.

Since racial inequity is a systemic problem that plays out — often unintentionally and unidentified — in the rules, unwritten practices, and culture within and across our institutions. **Remedies to inequity must include three aspects to be effective: 1) systemic, 2) race-explicit, and 3) outcome-oriented.**

Below are solutions that focus on how workforce development practitioners can implement systemic, race-explicit, and high-impact outcomes in their own organizations and as advocates within the workforce development ecosystem. This part is divided into the following solution categories: Institutional Assessment and Racial Equity Plan, Employer Partnership, Structural Advocacy, and Narrative Strategy.

Institutional Assessment and Racial Equity Plan

ACTION STEP
Collect and track outcome-focused data by race.

Most workforce development organizations are required to collect and report some demographic data to secure funding; however, our findings revealed that many organizations are not required to report extensive racially disaggregated data on outcomes. Expert interviews reveal an industry norm of reporting the racial demographics of clientele, but little practice in providing cross-tabulated data on race and essential outcome-indicators such as placement percentage, job retention, average wage, or other aspects of job quality and sustainability.

Furthermore, gender is a critical demographic to consider in conjunction with race. For example, women of color, particularly Black and immigrant women, are often tracked into lower-paying healthcare jobs without a thorough understanding of why that pattern occurs and what interventions can be made. Be specific about the exact population you are trying to serve and different solution pathways by collecting disaggregated data on what types of access barriers exist for different communities. When workforce development practitioners obtain a clear understanding of where racial gaps arise in a given process, they are more capable of developing coherent and effective interventions. Not only is racially specific outcome data critical to developing targeted solutions organizationally, it can also be a primary motivator and guide for the morale and direction of direct-service staff. Comprehensive information is the first step in assessing a problem and then developing a goal, executing an intervention strategy, and revising the strategy into the future.

Brighton Center Model Practice: Data Management System to Track Racial Outcomes

Located in the heart of Northern Kentucky, the Brighton Center serves as one of the region's largest workforce development and comprehensive social-service centers. With almost 40,000 clients and more than 40 programs, Brighton Center strives to provide full wraparound services and career-training options to ensure that their customers can overcome structural and personal barriers to life-sustaining careers. With fully funded certification programs in medical assistance, business and computer technologies, the center offers an important entry point into the healthcare and IT fields for people of color in the region.

Housing support, transportation, childcare, personal coaching, financial coaching, food, clothing, and recovery services are just some of the additional social services available to trainees in the computer and healthcare programs. Such services are critical to the success of their customers. As one African American woman in the medical assistant program noted:

> "They pay for everything. When you come into the program, you have your success coach and a financial coach. They help with credit, bills, and housing. They can get you into a program if you want to buy a house. They help with food and clothing. Brighton Center even has a recovery program. They sit down with you and tell you about all the services they have. They help you with all aspects of your life. You can't help but succeed."

With a nearly eighty-five percent White population, Kentucky might not be the first place that comes to mind when you think about workforce development leaders in racial equity. However, even though Brighton Center serves a predominantly White clientele, they have made racial equity a pinnacle of their long-term organizational goals and strategic plan.

Wonda Winkler, Executive Vice President at Brighton Center, explained this plan to us:

> “Every four years, we perform a comprehensive community needs assessment based off of survey data from customers, staff, board, and volunteers. Part of this survey is demographic data. Even though there is a smaller percentage of [people of color] in Northern Kentucky, we saw that of the people aged zero to seventeen, people of color were almost triple the general population. We see our work through an equity lens not just today, but in the future.”

Under their leadership and with a clear understanding of who constitutes their community, the center has explicitly named racial equity as part of their two strategic goals over the next four years:

- Identify and implement a data management system and other automation efficiencies, allowing for a focus on integration of services, *equity*, and internal systems.
- Internally create and externally participate in dialogue and actions to advance *racial equity*.

Designing and implementing an integrated data management system that can track and assess outcomes by race is one of the major pieces of work that the center has set its sights on in 2017. However, the center has over 40 programs and almost as many reporting systems spread across state, federal, and private funding agents —so tracking data organizationally is no small task. Winkler explains:

> “For agencies that have diverse funding and multiple data-entry systems that can often be required by funders, it can be challenging to have all that data imported and exported in ways to get a complete organizational picture of outcomes and results. Trying to segment the data by the different populations served can often be even more difficult.”

Although Brighton Center already tracks demographic data and outcomes within their various programs — often by building their own reporting systems — the team now wants to create one integrated system. The aim is to develop something that can give practitioners a snapshot of how specific customer demographics are doing across the organization, not just within a single program. This type of data will allow the center to more specifically tailor customer support plans, improve program offerings, and set goals to improve outcomes for customers of color. Winkler summed up the center’s plans:

> “We continue to grow in this area and learn more each day. We are committed to advancing racial equity within our organization and the broader community, and to ensuring full implementation of a data management system allows a focus on the continued integration of services and equity.”

Winkler knows it will take some time to get a system this complex off the ground, but the center plans to have the work complete within the next four years and are already researching what kind of system can meet their needs. Winkler explained:

> “The work should not just be focused on the numbers served or racial demographic data. The focus should be on results of changing lives for the better — a good job in a demand industry with a livable wage and benefits, and the opportunity for career advancement. Specific outcome-focused data should include not just knowing the number of people who successfully complete education or training, but results pertaining to job placements, retention, wage gains, increases in net worth, and so on. It is important for workforce providers to examine data through an equity lens to better understand how systems or processes can be improved to ensure stronger outcomes and opportunity for all people served.”

Key Definitions

SYSTEMIC

Systemic solutions address root issues by transforming the way systems create and perpetuate racially inequitable outcomes. This often plays out at the level of institutions through formal policies, unwritten practices, or dominant culture. Systemic solutions shift the focus from individual and/or interpersonal acts of racial animus to larger patterns of unequal treatment and outcomes for people of different races.

RACE EXPLICIT

Being race-explicit allows change-agents to be specific and strategic about the types of solutions they are deploying. Using the "r" word — such as "race," "racism," "racial disparities," or "racial equity" — increases awareness among staff, focuses goals and planning, and specifies success measures. Too often, proxies — such as class or education level — are used as a more comfortable explanation for disparate racial outcomes. We must name structural racism when it is at play and design solutions that mitigate it head on. However, while we must be raceexplicit , that does not mean race exclusive. Often race is compounded.

OUTCOME-ORIENTED

Equal opportunities are not the same as equitable outcomes. Though opportunities may seem equal, if the disparate outcomes persist, it is likely that some barriers or bias continue to exist. Equity takes into account the wide-reaching and ongoing impact that structural racism has on people's lives and provides targeted support to rectify those impacts so that all people can succeed. Equitable outcomes involve not only the absence of disparities, but also the presence of systems and supports to sustain equity. We imagine workforce development practitioners want all clients, despite the structural barriers they face, to succeed through workforce programs and attain life-sustaining employment. Prioritizing outcomes is the only way to get there and must be the bottom line for measuring success.

ACTION STEP
Implement hiring and recruitment goals to decrease occupational segregation.

A diverse staff of service providers, trainers, and leaders within workforce development organizations is one obvious reflection of an institution's commitment to racial equity. It can often be difficult to advance transformative change if the appropriate people are not at the table and hold the real power to guide decisions. Leaders of color are powerful players in forwarding a racial equity agenda when people hold the decision-making power, resources, and support to realize the work.

The benefits of a racially diverse staff go beyond high-level strategy. Clients of color in our focus groups reported feeling most comfortable, supported, and encouraged by other trainers and staff of color, particularly for Black women who are receiving mentorship from Black female staff. Clients are explicitly aware of the discrepancy between a predominantly White program staff and clients who are predominantly people of color.

They described that this dynamic implicitly communicates that people of color cannot attain higher positions in the healthcare and IT industries they are training for.

In order to attain a racially inclusive and equitable workforce, institutions must track internal demographic data, define targeted goals to attract a diverse applicant pool, eliminate bias in the hiring process, and develop a culture that retains workers of color at all levels. **You can reference our Racial Equity Impact Assessment Toolkit, found on the Race Forward website, as a guide to begin this process.**

ACTION STEP
Expand access to certifications for clients of color to attain high-paying jobs in exclusive industries.

Certifications can be an eligibility requirement for living-wage IT and healthcare jobs. Due to a lack of access to traditional education systems, garnering certifications through secondary education can be prohibitive for far too many in communities of color. Workforce development programs provide an important bridge for individuals from disinvested communities to achieve the prerequisites they need to enter the IT and healthcare industries.

However, focus-group participants described the difficulty of accessing certifying workforce programs in racially segregated neighborhoods. The participants identified the following barriers that limit access for workers of color trying to enter programs: lack of awareness about programs, limited availability, and exclusion based on location.

Expanding the number of programs that offer certifications is one possible intervention to the dearth of access clients of color experience, as well as reviewing program eligibility requirements to ensure they are not unintentionally discriminatory.

ACTION STEP
Provide comprehensive support services that specifically counter structural disinvestment for workers of color.

According to our focus group participants, having access to comprehensive wraparound services is one of the primary reasons that workers of color are able to matriculate through workforce development programs. The most successful programs we researched either provided extensive social services or had integrated referral systems. Some of the top services that worker-clients in our focus groups referenced as crucial for their successful participation in the program were childcare, transportation support, and financial assistance for certification classes.

It is essential to have a deeply informed understanding of what services clients of color most need to remove access barriers. Begin with a targeted survey of the most-pressing barriers for clients of color in order to design effective outcome-oriented systems.

Per Scholas Model Practice: Tuition-Free IT Training and Certifications

Per Scholas is a national workforce-development organization that trains diverse populations for IT careers, and is one of the most lauded programs in the industry. The program has received accolades from the White House's National Council of Economic Advisors and Harvard's Community Partners Leadership Award. **Per Scholas has a client base that is over ninety percent people of color and nearly twenty-five percent women of color, eighty-five percent graduation rate, and eighty percent career attainment.**

The centerpiece of the Per Scholas model is rigorous, industry-informed training and certifications. Per Scholas has greatly expanded their training program since it first opened in the South Bronx in 1995 to train local residents in reconditioning used computers. Now based in six cities across the United States, the organization offers six technical tracks: their flagship IT Support course, Network Engineering, Software Testing/Quality Assurance, Network Technician, CodeBridge for front- and back-end web development, and their newest offering, Cybersecurity. All of the courses graduate clients with an industry-recognized certification and/or direct connections to sector employers — critical tools to face a notoriously discriminatory industry. Bridgette Gray, Executive Vice President of Per Scholas Programs, explains:

> "The IT industry is well known for excluding workers of color from entry-, mid-, and executive-level talent. The workforce remains heavily dominated by White individuals, despite repeated private and public efforts to boost diversity and inclusion. ... Without proper training, coaching, and certifications, workers of color will continue to face added exclusion from tech recruiters and HR staff. It can be as simple as not 'looking the part' of an IT professional that can be a deciding factor for a job. Arming workers of color with certifications and experience makes that argument significantly more difficult to make."

Clients who graduate from the IT Support course at Per Scholas typically secure jobs in entry-level IT positions such as help-desk analyst, desktop-support technician, or field technician. For many individuals who complete the entry-level program, these jobs are a stark improvement in wages and occupational mobility. Per Scholas even provides "bridge" courses for younger clients who have never had access to basic educational skills, so they can prep before entering the program.

The Network Engineering course offered at Per Scholas is the first pilot course that trains clients who were out of the workforce or who were working in low-wage jobs but had prior IT training, and places them into mid-level IT careers. Graduates earn CCNA credentials, and eighty-seven percent of them find employment with an average annual salary of $46,000.

In addition to their well-honed programs and close partnerships with employers, the Per Scholas organization ensures that access to the program for communities of color is an explicit priority.

Plinio Ayala, president and CEO of Per Scholas, summarizes their process like this:

> "Per Scholas employs a variety of systems to ensure that our outreach, application, and enrollment processes target communities excluded from the workforce. Before launching a site, Per Scholas engages in

> an intensive due-diligence process to understand a community's need, overlooked populations that could benefit from free technology training, and the jobs available in their local market. By prioritizing this research, Per Scholas is able to partner with social service providers, employer partners, and government officials to map a holistic approach to success for our students."

Intensive research has allowed the organization to utilize outreach strategies that specifically aim to attract a race- and gender-diverse applicant pool. Their community-engagement team collaborates with local schools, community organizations, and libraries to build effective referral networks. By designing specific recruitment goals, outreach strategies, support services, and accessible eligibility requirements, Per Scholas has garnered noted success in aiding workers of color to break through the IT firewall.

The organization's most recent endeavor, Diverse by Design, is a national conversation series focused on increasing diversity and inclusion in the tech workforce. In partnership with the Information Technology Senior Management Forum (ITSMF), this Per Scholas series convenes industry thought-leaders to share best practices and solutions for new pathways to attract, develop, and retain a more diverse and inclusive workforce. From alternative talent pipelines to increasing racial equity within company culture, the events have brought together hundreds of executive leaders, hiring managers, and HR professionals to expedite positive changes.

Employer Partnership

ACTION STEP
Negotiate sustainable placement models for workers of color, such as mutually supportive new-hire cohorts.

Mentorship and continued support for workers of color entering into predominately White industries (such as IT) can be important determiners of sustainability and retention. Workforce development program participants from our focus groups described the emotional and psychological toll that being isolated in a White-dominated workplace can have on new hires.

Additionally, participants reported that racial microaggressions by employers were more commonplace in workplaces where the number of Black and Latino/a employees is low. A predominately White workforce is detrimental to the individual worker and to transforming the dominant culture of the workplace itself.

Code2040, a nonprofit organization in San Francisco, created an innovative model in which a policy was forged with employers to hire new trainees in multi-person cohorts, instead of as single individuals. This cohort model allows newly hired workers of color to provide mutual support, encouragement, and troubleshooting for one another. It is also a proactive way for employers to take a bigger step towards shifting the stereotype of what kind of people can succeed in high-tech careers.

ACTION STEP
Promote racial equity training as a necessary commitment of employer partners.

Employers stand as the final entry point into any living-wage career for workers of color, regardless of the training that they have completed. Both clients and workforce development practitioners from our surveys and focus groups named employer hiring decisions as a major discriminatory barrier for workers of color. In industries across the country, and particularly in IT and healthcare, implicit bias in recruitment and hiring decisions has excluded workers from securing desirable careers. Despite decades-long anti-discrimination protections, racial segregation in hiring remains rampant in the absence of proactive racial equity regulations and practices. Advancing racial equity values and processes in the private sector is challenging, because employers often lack the focus and commitment required to implement meaningful change.

Workforce development practitioners, however, are well positioned to leverage their long-term relationships with employers to precipitate racial equity work within the private sector. Advocating for employer leadership to commit to basic racial-equity and inclusion training as a prerequisite for client referral is a powerful way to catalyze systemic change in the industry. With time, practitioners can move towards co-development of internal employer programs. For instance, a recent study noted the importance of the role that workforce practitioners played to push healthcare employers towards programs that provide pathways from entry-level to middle-skill work.[20] Workforce development agencies are often the strongest connections that employers have to public and/or social-impact institutions, and are therefore opportune sites for exposure to racial equity values, knowledge, and practice.

We recognize that the relationships between employers and workforce development agencies are often tenuous. Such relationships are founded on a negotiation of mutual exchange — with employers expanding their access to a skilled workforce, and workforce development programs creating a pipeline for their clients — so it is not surprising that there are power dynamics involved as well as a fear of jeopardizing contacts that connect people to jobs. Given the care that might be required to achieve this type of agreement, perhaps narrowing in on low-hanging fruit is the best way to begin. Here are some questions to get you started on this process:

- What businesses does your organization have a strong-enough relationship with that you could pose the idea of internal racial equity trainings?
- Who are key allies internal to these businesses who might help your team develop a proposal?
- What type of research might be necessary to arm yourself with a well-developed plan?

Training is by no means the end goal for realizing racial equity within the IT and healthcare sectors. However, connecting employers to professional trainers who can outfit businesses with the structure and capacity-building skills it takes to execute institutional change is an incredibly powerful choice point for workforce agencies.

Structural Advocacy

ACTION STEP
Target philanthropist funding requirements to include racial equity success indicators.

The most sustainable way to shift the industry towards a racially equitable outcome-oriented approach is to change the nature of funding requirements. Some philanthropists and government agencies have led the way in developing racial justice portfolios and proven impact measures.

We recognize the incredible challenge that workforce development agencies face in meeting burdensome reporting requirements that can consume a lot of resources, time, and attention. The advocacy is not for additional requirements, however, but for a shifting of priorities. What requirements could be improved so they are more-direct indicators of racial equity outcomes? How can the focus of the reporting system be shifted to centralize racial justice instead of proxies? How can coalitions be formed to build collective power towards structural change? This push needs to come from both workforce development agencies and financial institutions that recognize the positive effect this shift will have on the success of clients and industries at large.

Narrative Strategy

ACTION STEP
Develop racially inclusive framing as part of a coalition-building strategy.

Public workforce development programs are at risk both economically and politically under the Trump administration. We know that the proposed budget cuts will likely hit low-income communities of color the hardest, whether that includes a drastic decrease in employment assistance, job training services and grants, and/or literacy and immigration services. The pressure of this political reality can cause many leaders and stakeholders to take a defensive, even clandestine, position in hopes of sailing under the radar of public budget cuts.

We have already seen workforce networks propose a shift in their narrative strategies, opting for a more politically neutral or conservative framing of the role that these programs take in society. Shifting from a more progressive workforce development frame to a conservative economic-development frame is just one example of how some agencies are responding in fear of a government offensive.

Yet history and current context demonstrate that inclusive, progressive framing connects previously siloed advocates and builds power that can offer protection if and when conservative agendas target institutions labeled as “big government entitlements.” In short, we are more powerful together than alone, and indeed, many individuals are stepping into the political limelight.

A burgeoning resistance to the administration's attack on public services is popping up within public agencies, nonprofits, the media, and civil society across the country — with a central rallying call of racial justice. As the administration’s rhetoric of explicit racial animosity and scapegoating intensifies, so does the need for a unifying framework that draws together the numerous communities impacted by the proposed threats. Workers of color and the families they support are central constituents of the workforce development field, and a racially inclusive frame will be necessary as the conservative pundits use explicitly or implicitly racist rhetoric as a reason to roll back workforce programs. Failing to incorporate racial equity will only weaken the public workforce programs. Gathering constituents together under a common banner of shared prosperity and inclusion is the most direct pathway towards building power when time is of the essence.

Client Stories

“We're all aware of it. Even if people of color get all the certifications under our belt and we say, ‘look, we have the qualifications,’ it's still going to be an uphill battle because of the systemic racism. It's not just racism, it's sexism as well. Those are battles that we all share. You're in a country where the businesses are owned by White people.”

ANGEL

LATINO IT TRAINEE (NEW YORK)

“There’s kind of a glass ceiling once you get trapped. You can’t get above a certain spot. You have to break through. In the healthcare field, when they hire in the inside first before the outside, you might not get a job even though you’re qualified. But your counterpart might get it because of skin color.”

LINDA

BLACK FEMALE HEALTHCARE TRAINEE (KENTUCKY)

“They push women into nursing. There [are] different levels to nursing. I’ve never heard people say ‘why don’t you go to medical school?’ beyond nursing. Anytime you go to the doctor’s office, they’re all male. Women are more pushed to be nurses.”

JOCELYN

BLACK FEMALE HEALTHCARE TRAINEE (KENTUCKY)

Systemic Solutions for Advancing Racial Equity Outcomes in Workforce Development

1. Collect and track outcome-focused data by race.
2. Implement hiring and recruitment goals to decrease occupational segregation.
3. Expand access to certifications for clients of color to attain high-paying jobs in exclusive industries.
4. Provide comprehensive support services that specifically counter structural disinvestment for workers of color.
5. Negotiate sustainable placement models for workers of color such as mutually supportive new-hire cohorts.
6. Promote racial equity training as a necessary commitment of employer partners.
7. Target philanthropist funding requirements to include racial-equity success indicators.
8. Develop racially inclusive framing as part of a coalition-building strategy.

Methodology, Limitations, and Key Terms

This section details the methodologies, limitations, and key terms that are used in this research report.

Research Questions

The questions guiding the research for this report were as follows:

1. What are the **dominant narratives** coming from the workforce development field, and to what extent does the field reinforce these narratives?
2. What are the **perceived barriers** in workforce development that get in the way of equitable employment outcomes? Additionally, what are the **opportunities** to break down those barriers?
3. What are **model cases** among the IT and healthcare sectors of workforce development, and what kinds of racial equity practices do these organizations pursue and/or implement?

Surveys

Two online surveys were distributed nationwide using Survey Monkey. The **General Survey** opened on October 6, 2016, and closed December 12, 2016. Organizations surveyed included community colleges, community-based organizations, and worker-advocacy groups nationwide. The **One-Stops Survey** opened October 25, 2016, and closed December 12, 2016. Agencies surveyed included One-Stop Centers nationwide. Race Forward reached out to over 200 community-based workforce development organizations, American Career Centers (One-Stops), Workforce Investment Boards, and community colleges. A total of 70 agencies and organizations responded.

There were five One-Stop Centers represented in the General Survey. Those responses were filtered out when calculating and analyzing results for community-based organizations, community colleges, and advocacy organizations. However, those five One-Stop Centers were included in the One-Stop survey results in our analysis.

Survey findings were rounded up to the nearest percent.

Interviews

Eighteen interviews with key experts in the field and workers of color were conducted from July 2016 to February 2017.

During the summer of 2016 (beginning early July), Race Forward conducted 14 interviews with experts in the field of workforce development, who are referred to as “the advisory committee” in this section of the report. These interviews were conducted during the exploratory phase of the research. Experts from 12 organizations and agencies participated in 30- to 60-minute conversations over the phone and in-person.

Researchers conducted follow-up interviews with two experts from the advisory committee. Both interviews were conducted on December 16, 2016. The purpose of these interviews was to ask follow-up questions about the participants’ survey responses and to learn about internal conversations emerging in workforce development.

In January 2017, Race Forward conducted two interviews with workers from a workforce development agency that specializes in placing workers in healthcare jobs. Interviews were conducted on January 26 and 27, 2017. From both interviews, researchers learned about perceived racial disparities in the healthcare sectors as well as information about the program that the participants were enrolled in and their recommendations for making the program better.

Organizations Involved

COMMUNITY-BASED WORKFORCE ORGANIZATIONS
CBOs are nonprofit organizations that provide job training and placement at the grassroots level along with family support services such as childcare or foreclosure assistance in cultural and socially sensitive environments.

COMMUNITY COLLEGES
Community colleges provide continuing education and professional development for workers enrolled in community colleges. Community colleges offer a wide range of quality non-credit academic, vocational, community service, and workforce development programs.

WORKER-ADVOCACY ORGANIZATIONS (INCLUDING UNIONS)
These organizations work to increase access to quality jobs, reduce employment discrimination, and improve industries that employ underrepresented workers through action and unionization.

ONE-STOP CAREER CENTERS
Also known as American Jobs Centers, these agencies provide assistance to job seekers and businesses free of charge, including training and education, referrals, career counseling, job listings, job search assistance, on-site resource rooms (PCs, telephones, etc.), and other specialized employment-related services. The American Jobs Center System is coordinated by the Department of Labor's Employment and Training Administration (ETA). They administer federal- and state-funded workforce development programs.

Focus Groups

In total, researchers conducted four focus groups with 25 participants during December 2016 and January 2017. Two focus groups were conducted in-person and two focus groups were conducted virtually via WebEx.

Both of the in-person focus groups were with clients preparing for jobs in IT. One group of 11 clients convened in the Bronx, New York, and the other group included three workers who convened in Oakland, California.

The two virtual focus groups were conducted online at separate times from an agency in Kentucky that prepares workers for both IT and healthcare jobs. There were four participants from IT and seven participants from the healthcare sector.

Literature Review

Relevant literature in the field was gathered from July 2016 to April 2017. Members of the research team along with interns from University of California, Berkeley, spent seven months reading studies, research reports, news articles, and other information in an effort to better understand barriers that workers of color experience in the healthcare and IT sectors.

Limitations

The research represents a small sample size of practitioners and workers of color in the field of workforce development. Even though this was a national survey, researchers were not able to gather data from all workforce development organizations and agencies that represent workers in healthcare and IT industries. In this report, we make conservative projections regarding perceptions of barriers in workforce development.

Given our findings that point to perceived racial disparities from both practitioners' and workers' perspectives, we believe large-scale and long-term research must be conducted to collect more data over time in the field of workforce development.

Key Terms

Implicit bias — the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Meritocracy — a system in which the talented are chosen and promoted on the basis of their achievements.

Occupational segregation — the division of labor into two (or more) separate and inequitable groups when people of different demographic characteristics are channeled into different types of occupational roles and tasks.

Outcome-oriented — equal opportunities are not the same as equitable outcomes. Though opportunities may seem equal, if the disparate outcomes persist, it is likely that some barriers or biases continue to exist. Equity takes into account the wide-reaching and ongoing impact that structural racism has on people's lives and provides targeted support to rectify those impacts so that all people can succeed. Equitable outcomes involve not only the absence of disparities, but also the presence of systems and supports to sustain equity. We imagine workforce development practitioners want all clients, despite the structural barriers they face, to succeed through workforce programs and attain life-sustaining employment. Prioritizing outcomes is the only way to get there and must be the bottom line for measuring success.

Race explicit — speaking about race or racism without vagueness, implication, or ambiguity. One example of this is to talk about how racial profiling can escalate into police brutality.

Race neutral — an attempt to create policies, remedies, or options without giving special advantage to individuals based on race and racial affiliation.

Race silent — a conscious or unconscious suppression of racial discussion in public discourse in an attempt to create a "color-blind" society in which race is neither recognized nor discussed.

Racial equity — the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone.

Structural bias — the normalization and legitimization of an array of historical, cultural, institutional and interpersonal dynamics that routinely give Whites an advantage while producing cumulative and chronic adverse outcomes for people of color.

Systemic — systemic solutions address root issues by transforming the way systems create and perpetuate racially inequitable outcomes. This often plays out at the level of institutions through formal policies, unwritten practices, and/or a dominant culture. Systemic solutions shift the focus from individual and/or interpersonal acts of racial animus to larger patterns of unequal treatment and outcomes for people of different races.

Workforce development — a relatively wide range of activities, policies, and programs. For example, many professionals involved in administering secondary vocational education programs, welfare-to-work and other public assistance programs, and regional economic development initiatives now use workforce development to describe their services. Several recent pieces of state and federal legislation use the term to describe various youth vocational training, adult training and retraining, and related employment initiatives. As a result of these legislative and policy changes, many states have included the term in the naming of various governmental coordinating boards, initiatives, and task forces.

Endnotes

1. According to the U.S. Bureau of Labor Statistics (2015), healthcare practitioner and technical occupations are projected to grow at a rate of 16 percent between now and 2024, healthcare support occupations will grow at a rate of 23 percent, and computer and mathematics occupations will grow at rate of 13 percent.

2. Also known as American Jobs Centers, One-Stop Centers provide assistance to job seekers and businesses free of charge, including training and education, referrals, career counseling, job listings, job search assistance, on-site resource rooms (PCs, telephones, etc.), and other specialized employment-related services.

3. Community-based organizations (CBOs) are nonprofit organizations that provide job training and placement at the grassroots level along with family support services such as childcare or foreclosure assistance in cultural and socially sensitive environments.

4. See the "Methodology, Limitations, and Key Terms" section of this report for descriptions of the types organizations involved in this study.

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6. Relative to community-based organizations (CBOs) and One-Stop Centers, a small percentage of community colleges and advocacy unions responded to our survey. Findings in this report primarily represent CBOs and One-Stop Centers. See the "Methodology Limitations, and Key Terms" section of this report for descriptions of the types organizations involved in this study.

7. Other racial categories surveyed but not represented in this data set include Native American and Asian / Pacific Islander (AAPI).

8. Respondents were able to select more than one racial category that they identified with on the survey.

9. Names and organizations have been given pseudonyms to protect privacy and confidentiality.

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12. Hundred Second Congress, First Session, July 17, 1991, Volume 4.

13. Workforce Investment Act of 1998, retrieved from https://www.doleta.gov/usworkforce/wia/wialaw.pdf.

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19. Thirty-one people in total responded to the question about One-Stop staff. Twenty-two people in total responded to the question about One-Stop clients. Eleven people in total responded to the question about CBO staff. Fourteen people in total responded to the question about CBO clients.

20. Pamela Loprest, Amanda Briggs, and Kelly Mikelson, "Employer Roles in Building Pipelines for Middle-Skill Jobs in Health Care" (Urban Institute, April 2017), retrieved from: http://www.urban.org/sites/default/files/publication/89341/employer_roles_in_building_pipelines_for_middle-skill_jobs_in_health_care.pdf.

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For more information about the organizations profiled in this report, visit:

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