

**Spokane County Healthcare Skills-Driven Partnership  
Letter of Interest  
WSAC Regional Challenge Grant**

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**Program duration:** July 2024-June 2025

**Funds Requested:** \$450,000

### **1. Why are the partner organizations that are or will be included in this work the ones that came together to address educational attainment through place-based work in your region?**

Each organization in this Spokane County Healthcare Skills-Driven Partnership (referenced as Partnership) came together because we desire to create a more inclusive workforce and an ecosystem that centers our most marginalized communities. This regional partnership includes 9 organizations from refugee and immigrant support agencies, healthcare training and provider organizations, state workforce, and public institutions of higher education. We aim to support an equitable strategy to increase diversity in the regional healthcare labor pool and support job readiness among multi-language communities, specifically refugee and immigrant populations. Our partnership will use a Learning and Employment Record (LER) to capture the education, training, and skills of our refugee and immigrant populations and to connect those communities to continued education, training, and employment. Additional partner organizations will be added to this Partnership as the work evolves.

### **2 How is or will the partnership be structured?**

Greater Spokane Inc (GSI) is the Lead Organization for this Partnership, having previously served as lead organization for the National Governors Association (NGA) Skills-Driven States grant awarded to the Washington Student Achievement Council (WSAC) and sub-awarded to GSI in 2022. As an NGA sub-awardee, GSI partnered with many of our current Partnership organizations, including Eastern Washington University (EWU), WA Workforce Training Board (WTB), and Providence Health to develop a full-cycle LER ecosystem. The consistency among our partnership group will support the scaling of the existing LER regional ecosystem to meet the objectives of this WSAC Regional Challenge Grant. GSI will also bring existing policy and advocacy regional leadership that will allow the partnership to affect local, state, and federal advocacy.

This Partnership consists of committed representatives from refugee and immigrant support agencies, a community center, healthcare training and provider organizations, state workforce, and public institutions of higher education. Some of these organizations have long-time, established partnerships, while others are intentionally being invited into this Partnership due to their expert and trusted connections with refugee and immigrant populations. MOUs will be used to formalize partnerships and final governance agreements once funding is secured. In addition to formal agreements between our partner organizations, it should be noted that our philosophy around working with immigrant and refugee communities includes investment into those communities with partnership dollars placed at each refugee and immigrant serving organization and through direct investment in training, education, and technology. We embrace the spirit of “nothing about us without us.”

### **3 How have or will the partner organizations learn from each other and the communities served, and how does or will the partnership incorporate this learning into ongoing work?**

This Partnership will focus on the education and employment of Spokane County refugee and immigrant populations to enter in and upskill within the healthcare field, as well as assistance in credential translation and skills-based hiring practices through the use of LERs. The key to success of this Partnership is that we are partnering with experts in the refugee and immigrant support field who already provide direct services to refugee and immigrant populations through case management, Elder support, ESL classes, free city tours, navigation, educational workshops, and cultural orientations. Currently, these organizations are serving people ages 16+ with immigration statuses of refugees, Special Immigrant Visa, and asylees, and are seeking to expand capacity to serve people with other statuses who have recently arrived in Spokane. Partnerships with Community Colleges of Spokane (CCS) and Providence Health have been established for ESL, job applications, and job training or assistance which will help to inform next steps for additional programming. Additionally, we aim to learn from refugee and immigrant populations how best the LER ecosystem could serve them with their education and employment journey. Because of a collaborative approach with one of the largest employers in the region, direct service providers, state workforce, and higher education partners, the opportunity for success is high. Partner

organizations understand the success of this Partnership will have ripple effects in the state, as well as create a replicable model for other industry sectors and populations in need.

In the past year, a great deal of progress has been made around evolving the LER ecosystem in the Spokane County region starting with the NGA Skills-Driven States grant. More than 500 hours of meetings were spent establishing strong partnerships with regional and state business and education leaders (i.e. GSI, WSAC, WTB, EWU, WSU, Providence Health, and CCS) to understand the LER ecosystem and create passion around the positive effects LERs can have on education and employment opportunities for those in historically excluded groups. The GSI lead for the NGA LER ecosystem project, Dr. Christi Harter, is now employed at EWU and is the EWU lead for this proposal. She had the opportunity to be a grant reviewer for the 40+ SkillsFWD RFPs and is currently being contracted in partnership with the Stanford Network Pathways Director to be the SkillsFWD grant evaluator and to map the LER ecosystem in the United States. Further learning around LER technology has been gained by this team through its partnerships with Merit, the LER technology company, as they developed a full user lifecycle for the NGA grant. Other LER technologies reviewed by the EWU team are IQ4's Achievement Wallet, iDatafy's SmartResume, and the Digital Credentials Consortium Wallet with the purpose of finding the best LER technology for our regional healthcare partnerships.

At the local level an adjacent healthcare partnership that will also incorporate an LER is being established with five of the Spokane area large, healthcare providers (Providence, MultiCare, Spokane VA, CHAS Health, and Eastern State Hospital) to upskill their current employees through AHEC, CCS, and EWU. At the state and nation levels, this Partnership will learn from the WSAC - JFF partnership working to deploy a healthcare LER project focused on immigrant and refugee economic integration, as well as the WSAC - NGA Community of Practice (CoP) focused on skills-based hiring in the public sector. Another national connection has been established with the National Association of Counties (NaCo) who published an LER Primer highlighting the LER work in Spokane County. NaCo is also working to support the credential translation and employment needs of the refugee population and has provided advice to this Partnership.

To enhance knowledge-sharing and establish a successful Partnership, GSI will meet bi-monthly with partner organizations, delegate project tasks and activities to team members, work to expand the education and employer LER partners, and serve as the advocate for LER adoption in the Spokane County region. The funding from this award will employ people from the refugee community to help implement the goals of the Partnership. We expect to hire a Project Manager/Tech Connect Lead and staff support for our refugee and immigrant agencies. To support continued growth and learning around Diversity, Equity, and Inclusion (DEI), we will use a portion of the funding award for DEI and leadership training for our partnership group.

### **Goals for the Spokane County Healthcare Skills-Driven Partnership:**

1. Create a regional healthcare partnership that helps refugees and immigrants connect with education and employment opportunities in the healthcare industry, meeting their specific needs.
2. Collect and analyze healthcare data and metrics to demonstrate the success of LER interventions, with a focus on credential translation in healthcare education and employment.
3. Implement and demonstrate the benefits of LERs in healthcare to encourage the development, issuance, and widespread adoption of LERs.
4. Identify the specific needs and challenges of the regional healthcare industry in using LERs for skills-based hiring and offer tailored technical support to promote widespread adoption of LERs.
5. Collaborate with healthcare stakeholders, policymakers, and experts to support state and national policy changes in healthcare that address barriers to equitable LER infrastructure adoption, including quality assurance for digital credentials, data interoperability, and healthcare data privacy policies.

**Who are the focal population(s) in your partnership's work, and what assets do learners and families in these populations bring to their educational journeys?**

The focal populations in our Partnership are the refugees and immigrants in Spokane County where there is a foreign-born population of ~28,000 individuals to make our region better by adding rich cultural heritage, linguistic skills, and knowledge and experience from their countries of origin. Integrating and creating opportunities for immigrants and refugees to succeed in their new countries can create positive effects for the local community as it allows these populations to begin to rebuild their lives, earn better wages, and invest in their own human capital. By embracing and supporting this focal population, our community will gain productive workers who contribute to the tax base, start businesses, and foster connections with diverse markets while increasing their livelihood through family-sustaining wages. By filling labor shortages, migrants can make both individuals and businesses more productive, stimulating economic and job growth. Immigrants and refugees currently make up an important part of the workforce in many of the fastest growing occupations in the United States including healthcare. In addition to adding value to workplaces and overall economies, some refugees may return to their countries of origin, bringing with them the skills and assets gained in their host countries during displacement. This Partnership aims to support the journey from entry-level and continued advancement through upskilling and gainful employment for refugees and immigrants to earn family-sustaining wages within the healthcare industry.

**What is the geographic region where the focal population(s) that would be served by this investment live?**

Spokane County, Washington

**What are some of the systemic barriers that learners and families in your focal population(s) encounter?**

There is an urgent and compelling need to address the multifaceted challenges faced by refugees and immigrants as they seek meaningful career opportunities. However, they frequently encounter obstacles that prevent them from fully leveraging their potential and contributing to the workforce. These barriers include stringent language requirements, difficulties in validating their qualifications, and the lack of recognition for their prior training and experience. A lack of credential recognition may act as a formal or informal barrier to employment. Due to country-specific regulations, a foreign license may not be seen as equivalent to a domestic license. Foreign credentials may also be implicitly viewed as less rigorous due to a lack of information on the part of the employer. In order to address this constraint, most countries have a formal, lengthy process for foreign skill/degree assessment and recognition for migrants. However, immigrants and refugees who receive skill/degree recognition are more likely to be employed in higher paying jobs, as opposed to menial jobs for which they are overqualified. Summarized below are some identified barriers at the institutional, organizational, and individual levels for refugee population:

Institutional (IHE, Employers, Accreditation bodies, regulations, policies, anti-immigrant narratives)

- Regulations can create unnecessary hurdles for immigrant and refugee communities.
- Credentials earned internationally may not be recognized.
- Societal narratives around the value of immigrants and refugees.

Organizational (Refugee- and Immigrant-serving organizations, employers, employment discrimination)

- Short term employment may be prioritized over long-term career development.
- Lack of consideration from employers for existing credentials.
- Inequality in hiring and advancement opportunities.
- Discrimination.
- Lower wages as compared to peers.

Individual (Self)

- Language barriers may create unease and difficulty.
- Potential trauma from experiences that may have led to leaving their country of origin.
- Lack of access to trusted mentors and professional network contacts to support job searches and upward mobility.

Necessity drives additional challenges for our focal population, often forcing them to be entrepreneurs due to the difficulty of employment in their credentialed sector. These entrepreneurial jobs tend to be in lower-skilled industries with lower pay and while refugee businesses tend to hire other refugees, low-wage jobs are perpetuated. Further, these low-skilled, low-wage positions typically under-value previously earned credentials and provide limited opportunities for professional and financial growth.

### **What work do you propose undertaking during the granting period**

Programs that help refugees verify skills, degrees, or certifications earned in their countries of origin can improve labor market integration which is how this Partnership plans to make a concerted effort to improve the lives of our neighbors. Implementing a full LER lifecycle for the healthcare industry is a complex process, specifically for workers who are refugees and immigrants. It involves multiple stages and activities aimed at creating a seamless and equitable system for these individuals. Below is a detailed overview of the activities required to achieve this:

Stage 1: Needs Assessment and Planning (Month 1- ongoing alongside other stages)

1. Stakeholder Engagement and Relationship Building: Convene Partner Organizations to engage in project planning and meeting cadence to define project scope and plan.
2. Build Relationships With Immigrant and Refugee Communities: Work with immigrant- and refugee-serving organizations to build relationships within these communities to introduce LER and healthcare education and employment pathway information and opportunities.
3. Needs Assessment: Use the current needs assessment data from Global Neighborhood to understand the specific challenges faced by refugees and immigrants in our region. Determine refugee and immigrants' current training and earned certifications, their employment interests, and the certifications needed in Washington to match their desired employment. WSAC's credit for prior learning committee and adult pathways work will be an asset to this Partnership.

Stage 2: Education and Job Skills (Month 3 - ongoing with Stage 1.)

1. Deliver education and training opportunities for immigrant and refugee populations: Healthcare employment and education training will be provided by the Partnership organizations to connect immigrants and refugees to existing healthcare certification and degree programs. Currently, the CCS and EWU offer ESL training/education programs while Providence Health partners with CCS to offer onsite ESL courses for their employees. Additionally, Global Neighborhood provides introductory ESL courses designed to support individuals on the job. This Partnership will expand and connect the current education and employment opportunities to increase the number of participants in the programs and the education and gainful employment opportunities available.

Stage 3: System Design and Development (Month 3 - ongoing alongside Stage 1 and 2.)

1. LER System Design: Work with LER Solution Provider and user experience experts to design a user-friendly LER system that accommodates the unique needs of the target user group.
2. Data Integration: Develop data integration protocols to ensure seamless information exchange between LER Solution Provider, credentialing organizations, and healthcare HR systems.
3. Privacy and Security Protocols: Establish robust data privacy and security.

Stage 4: User Engagement and Testing (Month 6 - ongoing.)

1. User Testing: Engage a group of refugees, immigrants, and multi-language speakers as beta users to test the LER system's functionality and usability.
2. User Feedback and Iteration: Gather feedback from beta users for system improvements.
3. Training Resources: Develop LER implementation training materials and resources.

Stage 5: LER Launch and User Adoption (Month 9 - ongoing.)

1. Onboarding and Support: Provide user support to help individuals effectively create and use their LERs.
2. LER Launch: Officially launch the LER system for Providence and refugee nonprofits onsite ESL employees.
3. Integration with Education Systems: Connect LER to educational ESL programs from AHEC, CCS, and EWU.
4. Promote LER Adoption: Develop a marketing and outreach strategy to encourage healthcare providers and refugee nonprofits to adopt LERs.

Stage 6: Data Collection and Analysis (Month 1- ongoing.)

1. Data Collection: Begin collecting data on Partnership formation, refugee and immigrant participants, LER usage, adoption rates, and user feedback.
2. Ongoing Improvement: Continuously analyze data for LER ecosystem improvement.

Stage 7: Scaling and Expansion (Month 3 - ongoing.)

1. Scaling the Program: Invite additional Partners. Invite additional refugees and immigrants. Expand the use of LERs to additional healthcare institutions and regions.
2. Policy Advocacy: Advocate for policy changes to support the equitable adoption of LERs in the healthcare industry.

Stage 8: Evaluation and Sustainability (Month 9-ongoing.)

1. Evaluation: Conduct a comprehensive evaluation of the Partnership's impact on career opportunities for refugees, and immigrants in the healthcare industry.
2. Sustainability Planning: Develop a sustainability plan for continued success and sector replication of the Partnership. Learn from the WSAC - JFF partnership to work on LER deployment projects focused on immigrant and refugee economic integration. One of these projects is specifically focused on the health workforce. Partner with/learn from WSAC which is the state lead for the NGA Community of Practice (CoP) that is focused on skills-based hiring in the public sector. This effort will bring together states, particularly those who have made significant steps to remove degree barriers for public sector roles, to learn about skills-based hiring strategies and emerging best practices for talent development.

**8 How will this proposed work contribute to increasing educational attainment for the focal population(s) in your region?**

1. **Refugees, Immigrants, and Multi-Language Communities:** Benefit by getting better education and employment access to healthcare jobs through customized training with trusted education and employment partners committed to implementing LERs. Recognition and credit for their prior education and employment status will enhance their opportunities for gainful employment.
2. **Healthcare Employers:** Gain a more diverse workforce, improving patient care, and obtain an LER ecosystem to support their skills-based hiring practices.
3. **Educational Institutions:** Better align programs with healthcare job needs. Enrollment opportunities will be beneficial and their use of LERs will support their students' employment opportunities.
4. **Refugee and Immigrant Support Agencies:** Provide education and support services to the refugee and immigrant population in our region so this Partnership will increase their effectiveness by having established strong partnerships with the education and healthcare employers in the region.
5. **Government:** Refugee and immigrant education and employment and LER projects align with workforce development and diversity goals.
6. **LER Technology Partner:** Increase presence, awareness, and use of LER technology with a demonstrated successful full user life cycle to be replicable in other industry sectors.