

APPENDIX A: Cover Sheet

WALTERS STATE COMMUNITY COLLEGE

2024 Governor’s Investment in Technical Education (GIVE 3.0) Walters State
Community College: Creating Tech Pathways for Success

Walters State Community College (Lead Entity)

Walters State Community College (Fiscal Agent)

IN PARTNERSHIP WITH:

- 1. Workforce/Economic Development Agency:** East Tennessee Human Resources Agency and First Tennessee Development District
- 2. Higher Education Institution:** Walters State Community College
- 3. LEA/School District Name:** Hamblen County Board of Education
and Claiborne County Board of Education
- 4. Employer Partners:** Morristown Hamblen Healthcare System / Covenant Health
and Ballad Health

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Funding requested: \$1,999,882.38

Tony Miksa

X President of Higher Education Institution
(Fiscal Agent)

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Tony Miksa

X President of Higher Education Institution
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Sheila Williams

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APPENDIX B: Budget

GRANT BUDGET				
GIVE Program Competitive Grant WSCC: Creating Tech Pathways for Success				
The grant budget line-item amounts below shall be applicable only to expenses incurred during the following				
Applicable Period: BEGIN: August 2024 END: June 30, 2028				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION ** Note	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes	\$557,820.00	0.00	\$557,820.00
4, 15	Professional Fee, Grant & Award ²	\$11,200.00	0.00	\$11,200.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$519,579.94	0.00	\$519,579.94
11, 12	Travel, Conferences & Meetings	\$80,000.00	0.00	\$80,000.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	\$960.00	0.00	\$960.00
16	Specific Assistance to Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	\$128,048.00	0.00	\$128,048.00
20	Capital Purchase ²	\$554,135.00	0.00	\$554,135.00
22	Indirect Cost	\$148,139.44	0.00	\$148,139.44
24	In-Kind Expense		0.00	
25	GRAND TOTAL	\$1,999,882.38	0.00	\$1,999,882.38

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Sub-recipients of Federal and State Grant Monies, Appendix A* (posted on the Internet at: www.state.tx.us/finance/act/documents/policy3.pdf).

² Applicable detail follows this page if line-item is funded.

**** Note: While not a requirement of the G.I.V.E. grant, Walters State will contribute all necessary costs to ensure this program's sustainability. Because the program has not yet begun, a specific in-kind amount could not be determined at the time of submission.**

The detailed budget with budget narrative is attached to this document.

APPENDIX C: Table of Contents and GIVE 3.0 Application Components

Table of Contents

APPENDIX A: COVER SHEET	1
APPENDIX B: BUDGET WITH LINE-ITEM DETAILS	2 – 9
APPENDIX C: TABLE OF CONTENTS	10 -12
APPENDIX D: ABSTRACT	13
APPENDIX E: NARRATIVE	14-28
<i>Section 1: Documentation of Need</i>	14 - 18
Current MLT programs.....	14
Workforce Needs Documentation	14-15
Local Workforce Needs Documentation	16
Livable Wage Documentation	17
Grant Actions to Meet Workforce Needs	18
<i>Section 2: Program Plan</i>	18 - 25
MLT Program Overview.....	18-19
Stackable Credentials/Industry Recognized Credentials IRCs	19
Project Governance and Accountability Plan	19
Structure of Work-Based Learning (WBL) program.....	19
Table 1: WBL Activities	20
Timeline and Link Goal to Activities and Actions	21
Table 2: Action Plan	22-23
Program Accreditation	23
Postsecondary Opportunities and Stackable Credentials	24-25
<i>Section 3: Strength of Partnership</i>	25
Table 3: Partner activities as listed in MOUs	25
<i>Section 4: Budget Plan</i>	26-27
Table 4: Equipment Justification	26

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

Section 5: Sustainability – Post-Grant Cycle Communication, Long-term resources to house equipment, partner commitments to maintain program 26-27

Section 6: High-Demand, Economic Status, and Persistent Poverty documentation..... 27-28

DATA SOURCES 29 -- 124

Attachment 1: Jobs4TNReport29

Attachment 2: Academic Supply and Occupational Demand Reports 2023 and 202430

Attachment 3: TN ECD County Profiles for WSCC Service Area 31-59

Attachment 4: ETDD CEDS Regional Plan 2022-27 Truncated (workforce and Opportunity Zone Data..... 60 - 63

Attachment 5: HRSA MLT data report64

Attachment 6: Tennessee Hospital Association Report (Global Data) truncated..... 65-70

Attachment 7: JobsEQ-Chmura MLT Occupation Report for WSCC Service Area 71-89

Attachment 8: Living Wage Calculator90

Attachment 9: THEC High-Demand MLT for WSCC Service Area91

Attachment 10: O-Net MLT Wage and Occupational Outlook 92-93

Attachment 11: NAACLS Accreditation Application Packet 94-124

MEMORANDA OF UNDERSTANDING 125-167

Attachment 12: MOU – Industry 1: Ballad Health Systems

Attachment 13: MOU – K-12 School 1: Hamblen County School System

Attachment 14: MOU – Workforce Economic Development Agency 1: East Tennessee Human Resources Agency ETHRA

Attachment 15: MOU – K-12 School 2: Claiborne County School System

Attachment 16: MOU – Industry 2: Covenant Healthcare Systems / MHHS

Attachment 17: MOU – Workforce Economic Development Agency 2: First Tennessee Development District FTDD

DOCUMENTATION OF SUSTAINABILITY168

Attachment 18: WSCC formal letter of commitment to sustainability

OPTIONAL CRITERIA DOCUMENTATION 169-176

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

Attachment 19: High-Demand Program (THEC Academic Supply for Occupational Demand Report) for Medical Laboratory Technician

Attachment 20: Walters State Community College Service Area Economic Status as designated by the Appalachian Regional Commission

Attachment 21: Census Tract: Persistent Poverty (Hamblen County)

Attachment 22: Hamblen County Board of Education (Unified) School District confirming service area of persistent poverty tract

ADDITIONAL DOCUMENTATION 177-185

Attachment 23: Job descriptions for Program Director and Coordinator for the Medical Laboratory Technician program at Walters State

APPENDIX D: ABSTRACT
WSCC's Creating Tech Pathways to Success G.I.V.E. 3.0. grant proposal

The Medical Laboratory Technician (MLT) occupation in healthcare plays an integral role in supporting the health professions of East Tennessee. According to the Tennessee Higher Education Commission, as well as several other approved data sources, there is a strong need for MLTs in our region. The MLT jobs are needed as a high-demand job, but also are “good jobs” as they pay above median wage. Finally, healthcare and life sciences is a TNECD target industry as this field is expected to be the largest industry in Tennessee by 2030. An important driver of this trend is the need to care for an aging population. The Tennessee Hospital Association Report states that as reported by the Bureau of Labor Statistics, demand for 8,910 FTE (MLT) in 2021 far exceeds the 4,600 professionals listed in state licensure files. Demand is projected to grow by 1,220 (14%) between 2021 and 2035 while supply is projected to decline by 60 FTEs (-1%). Walters State Community College's (WSCC) creation of an MLT program, the only one to be located in our service region, will address this need by engaging middle school students in career awareness, encouraging dual enrollment classes and career exploration in high school, and collaborating with businesses to establish work-based learning opportunities. Walters State's commits to the formation of a Medical Laboratory Technician program as evidenced by the inclusion of this program in WSCC's Strategic Plan 2021-2025. Additionally, the strong partnerships already formed with Industry and K-12 partners will allow the program's implementation and growth. The combination of WSCC's proven healthcare educational experience, strong partnerships, and community commitment, provides a sound infrastructure for a program to serve a high-demand workforce need in Walters State's service area within East and Northeast Tennessee Regions.

Section 1: Demonstration of Need

This G.I.V.E. grant proposal seeks funding to implement a Medical Laboratory Technician (MLT) program at Walters State Community College (WSCC) to meet the regional workforce demand for this position. All proposed activities support MLT program creation and expansion.

Current MLT programs

There is no MLT program located in Walter State's ten-county service area. The closest MLT programs to WSCC in the East Tennessee region are at Northeast State Community College (NESCC) and Roane State Community College (RSCC). Based on information retrieved from NESCC's webpage March 25, 2024 ([Medical Laboratory Technology \(northeaststate.edu\)](https://www.northeaststate.edu/12730-Medical-Laboratory-Technology-AAS)), the most recently available data FY 2021-22, there were 12 MLT graduates; of those 12, 11 passed the exam. Based on RSCC's Medical Lab Tech's webpage, enrollment data retrieved on April 2, 2024, <https://www.roanestate.edu/?12730-Medical-Laboratory-Technology-AAS> shows 9 students enrolled with 7.73 FTE in fall 2022. Of those, 86% passed the 2022-23 exam with 100% job placement. Other MLT programs in Tennessee include Southwest Community College (Memphis), Volunteer State Community College (Nashville) and Fortis Institute (Nashville).

Workforce Needs documentation

Based on the Jobs4TN report (retrieved March 25, 2024), there were 272 Medical Laboratory Technician postings and 61 of those postings were in the East Tennessee region. **Attachment 1** These data show the need for this program in WSCC's area. This need is also highlighted in other publications: (1) THEC Academic Supply and Occupational Demand Report, (2) TN ECD's County Profiles, (3) East Tennessee Development District Regional Plan, and (4) HRSA.

According to the 2023 Academic Supply for Occupational Demand, the following statements are listed for Supply and Demand for the Health Sciences: Supply: Due to increasing demand,

GIVE 3.0 proposal

Walters State Community College: Creating Tech Pathways for Success

program completers in the health sciences have some of the highest employment rates of any career cluster. The highest employment rates for associate degree completers paying above the median wage were for medical laboratory technicians, among others. Healthcare and life sciences is a TNECD target industry. Investment in universities and world-class research facilities associated with this sector will complement and enable the development of a capable workforce. *Demand:* Healthcare and social assistance is expected to be the largest industry in Tennessee by 2030, with employment of healthcare practitioners and support workers expected to increase by more than 64,000. An important driver of this trend is the need to care for an aging population. The pandemic created additional burdens for the healthcare system in Tennessee which is experiencing increasing shortages of workers due to feelings of burnout and inadequate pay. Healthcare occupations, were identified as eleven of the fifteen occupations experiencing the greatest supply gaps based on the number of job openings exceeding resumes for occupations requiring postsecondary education. **Attachment 2** TN ECD profiles for all WSCC's ten service area counties (Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Sevier, and Union) show "Health Care" as a leading employer with annual wages matching or above the standards of the Calculator. All WSCC counties showed "Healthcare & Medical Devices" as a key cluster. **Attachment 3** East Tennessee Development District's CEDS Regional Plan 2022-2027 also identifies this need for healthcare jobs, stating "with 23 hospitals, psychiatric and medical centers, pharmacology, primary and specialty care practices, ETDD's service area benefits from access to quality healthcare, and also has strong employment and career opportunities within this field." BLS reports healthcare jobs are "expected to have the fastest employment growth and add the most jobs between 2014 and 2024." **Attachment 4** Further data provided by HRSA indicates for MLT demand will grow by 22%. **Attachment 5**

Acronyms: IEC=WSCC Institutional Effectiveness Compliance (Accred., data, contracts); NACCLS=National Accrediting Agency Clinical Lab Sciences; SC=WSCC Senators Central (recruitment, admissions); AA=WSCC Acad. Advisors; ETHRA = East TN Human Resources Agency; FTDD=First TN Develop District; IRC=Industry recognized credentials

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

Local Workforce Need Documentation

The Tennessee Health Workforce Projections Report: 2021-2035 prepared by Global Data for the Tennessee Hospital Association, serves as a separate and localized data source and states “demand for 8,910 FTE (MLT) in 2021, as reported by the BLS, far exceeds the 4,600 professionals listed in state licensure files. Hospital administrators indicated that much of the lab work is sent to out-of-state testing facilities, which could explain why licensed supply is substantially below estimated demand. Demand is projected to grow by 1,220 (14%) between 2021 and 2035 while supply is projected to decline by 60 FTEs (-1%). This portends a growing shortfall in this occupation”. (Page 39, table 48) **Attachment 6** Chmura-Jobs EQ also documents the need for MLT jobs within WSCC’s service area, listing 104 jobs in the region. **Attachment 7** Additional local data is documented by two partners’ websites showing available MLT positions: [Job Listings at Covenant Health \(icims.com\)](#), and [TEDS Careers](#) listings for Ballad Health.

Wage documentation

WAGES: The proposed MLT program will offer livable wages as classified by multiple sources: (1) Living Wage Calculation **Attachment 8** for Tennessee of \$20.77 per hour/per adult (<http://livingwage.mit.edu>), NE TN Occupations with High Employer Demand report SOC code 29-2010 “Clinical Laboratory Technicians” shows a \$22.71 median hourly wage ([THEC In-Demand Regional Data 2023](#)), **Attachment 9** and O-NET (<https://www.onetonline.org>) lists average MLT hourly wages of \$26.77 with a “Bright Outlook”. **Attachment 10**

Grant actions to meet Workforce Needs

Given this strong data support, there is a *direct linkage between the grant goal of creating an MLT program at WSCC and the growing workforce need for MLTs*. With the documented regional need for MLTs, all grant activities will foster the creation and growth of a Medical Laboratory Technician program at Walters State. During the grant cycle, year one activities are

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GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

focused on gaining TBR/THEC approval leading to the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)' accreditation process, and hiring the Director. The primary focus for year 2 will be to receive accreditation from SACSCOC and to admit students to general education courses who wish to enroll in the MLT program, once accreditation is received. During years three and four, students will be enrolled in the accredited MLT program at WSCC with the first MLT class graduating during final year of the grant to meet workforce needs.

Section 2: Program Plan

MLT program overview and credentialing

The Medical Laboratory Technician (MLT) is an essential asset to the healthcare team that collaboratively assists physicians with patients' diagnosis and determine treatment effectiveness through patient specimens' analysis. MLTs work in all departments in a laboratory: Genetics, Hematology, Chemistry, Immunohematology, Microbiology, Immunology, and specialty areas such as Virology and Molecular Pathology. MLTs work in hospitals, outpatient clinics, and reference labs with vast opportunities and an expanding career ladder. MLT program provides general education, natural science, and medical lab science courses necessary for entry-level professionals. Graduates are eligible to sit for national certification exams and apply for Tennessee licensure, deeming the individuals as competent entry-level healthcare employees.

The NEEDS section's data details the direct correlation of WSCC's MLT program's creation and building the career-ready pipeline of local, qualified professionals to meet industry demands.

Stackable credentials

In addition to the culminating Associates degree received, WSCC's MLT students will also have opportunities to complete "stackable" industry recognized credentials or IRCs during this program. These IRCs include (a) durable skills 'Bring Your "A" Game to Work" which includes **OSHA 10-hour training**, (b) CPR certification; both trainings will be offered by WSCC's

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

Workforce Training Division. Bring Your “A” Game will be offered during semester 1 of the MLT program; CPR will be offered immediately prior to clinical rotations. The remaining (c) HIPPA training will be conducted by WSCC’s faculty during semester 1 of the MLT program.

Project governance and accountability plan

The following persons will serve in leadership roles: Director: Dr. Sheila Williams, Ph.D., Interim Dean of Health Programs, Professor of Nursing; Co-Director: Dr. Cheryl McCall, Ph.D., Professor of Nursing. The Project Director and Co-Director will meet with G.I.V.E. team (Director, Coor. and faculty), and partners to document successes and address potential concerns. All partners will adhere to the signed MOUs regarding planned activities to meet G.I.V.E. goals. Oversight rests with Dr. Williams’ direct supervisor, Dr. Brock Fisher, Vice President for Academic Affairs, and Council member with direct communication to President and THEC.

Structure of the Work-Based Learning (WBL) program

Along with accreditation, there are numerous WBL activities in the grant. WBL begins with career awareness, fostered in this grant through VR technology, summer health program camps, and industry speakers. WBL is embedded in clinical preparation and activities. WSCC uses assessments throughout the program to determine skill gaps and how to best resolve them. ECD partners ETHRA and ETDD have career assessments and guidance available to the service area. All K-12, ECD, and industry partners indicated their commitment to these activities through signed Memoranda of Understanding, as attached. WSCC’s MLT program will follow the WBL continuum of Career Awareness, Career Exploration, Career Preparation, and Career Training. Records of students’ summer camps participation are maintained in WSCC’s database system. Clinical participant records are maintained in the official student record. K-12 teachers, WSCC staff and academic advisors, and industry partners will share data to target career planning for high-demand professions linked with WBL experiences, including clinical programs.

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GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

Table 1: WBL Activities

All WBL activities support the goal to create a WSCC MLT program to serve the documented workforce needs for career-ready MLTs in East and NE TN listed in the NEEDS section.			
WBL activity	Partners	Objectives	Outcomes/Measurements
Career Awareness in Middle & High Sch.	K-12 partners	Career Awareness	# events held; # students attend; # schools visited
Industry tours	Industry partners, other med facilities	Career Awareness; knowledge of clinical, profess environment	# tours coordinated; # students attending
Career Explor. events; HIMT 1308 Intro Health Professions	WSCC K-12 partners	Career Exploration	# events; # locations: # student attend; # Dual enroll & WS students in HIMT1308
Develop summer camp Morristown campus	K-12 Industry	Career Exploration & Awareness	# partners involved; # K-12 involved; # students applying; # completers
WFT 101: OSHA, HIPPA, Bring Your “A” Game	K-12; WSCC Training; WS faculty	Career Readiness	# students enrolled in 3 WBL courses; # students complete WBL & safety
Clinicals*	Industry WSCC K-12 Students	Career Readiness	# students in clinicals; # clinical evals completed; ongoing evaluation of program effectiveness
Clinicals*	Prior to clinicals, students will be given skills tests to demonstrate understanding and appropriate safety standards (OSHA, HIPPA), and be given durable skills (ethics, professionalism) through “Bring Your “A” Game” course; students will work with advisors and faculty to develop personal career goals/learning plan in accordance with accreditation and WBL requirements.		

Timeline and Link Goal to Activities and Actions

All the following actions and activities will meet the prevailing goal to “develop an MLT program at WSCC to meet job demands in Tennessee” as documented by the workforce labor need identified previously. All activities are supported by WSCC administration; the MLT program is identified in WSCC’s Master Plan as an institutional priority. To reach the overarching goal, during year one, the actions and activities will provide accreditation process infrastructure/hiring, and build community awareness through marketing plans (with TBR/THEC approval) and career awareness events. Year two’s actions focus on moving forward with, and

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GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

ultimate completion of, the accreditation process, ongoing career awareness and partner/ community engagement, and working with WSCC recruitment and advisors to share the newly-created MLT pathway with prospective students. The third year will successfully transition students from gen. ed. to MLT coursework, WBL offerings, and clinicals. During this year, HIPPA training will be offered (IRC) and Bring Your “A” Game to Work training will be offered as part of the transition process. The final year, students will complete coursework, take CPR course (stackable credential/IRC), complete clinical rotations; all will lead to WSCC’s inaugural MLT class’s graduation. PD will hone ongoing recruitment, career awareness, and partner connections to ensure sustainability and growth. Upon completion of coursework, students are eligible to take the national certification examination to become licensed Medical Laboratory Technicians. With this degree and exam success, students are career-ready MLTs.

Table 2: Action Plan

*MLT Project Dir. = PD *MLT Educ Coor = PC *SW = GIVE Prog Dir *CM = GIVE Prog Co-Dir. Once hired, the PD is the responsible party, under the authority of G.I.V.E. Directors.			
<u>Time</u>	<u>Actions & Activities</u>	<u>Oversight</u>	<u>Success & Outcome</u>
All time: Fall = Aug to Dec; Spring = Jan to April; Summer = May to July			
Fall 2024	MLT TBR Curriculum input in Curriculog; Initiate NACCLS Initial accreditation application form and preliminary report; Hire Prog Dir (PD); Begin TN Board process; PD/Dean attend accred. summit.	SW CM	Curriculum input; NACCLS initial appl. form/report initiated; PD hired; TN Board approval begun incl. LOI for clinical sites; Summit attended.
Spr 2025	Continue curriculum approval; Receive SACSCOC approval; Submit initial accreditation packet; Order equipment; Begin marketing plans; Schedule (WBL) Career Awareness events at area middle and high schools.	PD; SW CM; WSCC IEC; WSCC Purchase; Accred.; K-12	TBR Curr approval; SACS approval received; Initial accred. Pkt. submitted; initial equipment ordered; marketing plans begun. School events sched & attendance measured.

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

<u>Time</u>	<u>Actions & Activities</u>	<u>Oversight</u>	<u>Success & Outcome</u>
Sum 2025	Await NACCLS decision & respond to Self-Study when received; <i>Order equipment; Continue market plans. PD attend accreditation conf</i>	PD; SW CM; WSCC Purchase; Market	Self-study response completed; <i>equipment ordered; marketing plans continued. Conf attend.</i>
Fall 2025	Students begin Gen Ed courses w/ initial accred. approval; <i>Provide HS career awareness events; Offer tours to prospect MLTs; Develop teaching Curr.; PD & PC visit clinical sites and establish schedule; hold partner mtg.</i>	PD; SW; CM; K-12; SC; AA; Accred.	Students enrolled MLT pathway w/ init. approval; <i>HS Career events held; tours held; teach curric. complete; Sites visited/ set schedule; held partner mtg.</i>
Spr 2026	Students continue gen ed courses; <i>High school (recruitment) events held; Response to NAACLS self-study eval; NAACLS site visit held; Purchase lab supplies; Request clinic coor position; Open house for adult learners.</i>	PD SW CM AA	MLT pathway students continue courses; <i>Events held. NAACLS self-study resp evaluated; site visit complete. Supplies order. Coor. req; open house held</i>
Sum 2026	Response to NAACLS site visit; <i>Assure compliance; Accepted students continue gen ed courses; Purchase lab supplies; Host summer Career Awareness (WBL) camp on WSCC campus; Purchase remaining items; Hire clinical coordinator</i>	PD; SW CM; K-12; Accred.; WSCC HR; WSCC Purchase	Respond to Site Visit; <i>Compliance metrics met; Retention efforts/program eval, revision-feedback; Supplies ordered; WBL Career camp held; Items purchased; Coor hired.</i>
Fall 2026	Admit Initial cohort to MLT, offer IRC/ stackable credentials; <i>Promote program; Initiate clinical contracts; hold partner meeting.</i>	PD	MLT Cohort 1 admitted, IRC offered; <i>MLT program promoted; Clinic contracts initiated; partner mtg held.</i>
Spr 2027	High school recruitment; <i>2nd semester MLT program; Request adjunct clinical professors/create job description**; Purchase supplies; Finalize clinical contracts; Request fall clinical placements</i>	PD; SW; CM; WSCC faculty; SC; AA; WSCC Purchase & HR; partner	Career/Recruit events held; <i>Student retention/ tracked; Approve Adjunct job desc.**/ Pos. request; Supplies purch; Contracts final; placements request.</i>
Sum 2027	Host 2nd (WBL) summer camp; <i>Open house scheduled/ held; Recruitment of high school; Hire adjunct clinical professors; Purchase equipment</i>	PD; SW; CM; WSCC faculty; SC; WSCC HR & Purchase	Camp held; <i>Open House scheduled and held; HS recruit events sched & complete; Adjuncts hired; Equip. purchased.</i>
Fall 2027	3rd sem MLT begun; <i>Gather data/ Evaluate & Assess MLT prog. 1st and 2nd semester; Partner mtg; Admit 2nd class MLT program; Request clinic placements; Confirm clinic contracts</i>	PD; SW; CM; WSCC faculty; SC; partners; ECD; K-12	MLT program cont; <i>data gathered & eval; Partner mtg held; 2nd MLT class admitted; Clinic place req; clinic contracts confirmed.</i>

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GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

<u>Time</u>	<u>Actions & Activities</u>	<u>Oversight</u>	<u>Success & Outcome</u>
Spr 2028	4th semester of MLT program begins; <i>Graduation 1st class MLT program;</i> Program Eval; <i>Purchase supplies;</i> HS recruit; <i>Request fall clinical placements</i>	PD; SW; CM; WSCC faculty; SC; partners; ECD; K-12	MLT students begin 4th semester; <i>1st MLT class graduates;</i> Program eval; <i>Supplies purchased;</i> HS recruit events held; <i>Clinical placements request</i>
Sum 2028	Prepare Fall sem. curriculum; <i>Purchase final equip/supplies;</i> Adjunct faculty hired; <i>Host 2nd annual WBL summer camp;</i> Compile data.	PD; SW; CM; ECD; faculty; K-12; Industry partners	Curriculum prepared; <i>equip & supplies ordered;</i> Adjuncts hired; <i>2nd WBL camp held;</i> data compiled & final report completed.
<i>Anticipated results by grant cycle end:</i> 16 graduates from MLT program; 32 students enrolled in MLT program; 1,000 students career awareness attendance; 5 career events held years 2, 3, and 4 (total 15) events with 100 students per year; 2-3 campus recruitment tours held in years 2, 3 and 4 with anticipated attendance of 50 per year; 50 adult learners contacted during grant cycle via open house events.			
<i>**Attachment 23 Job Descriptions for Coordinator and MLT Program Director</i>			

Project Plan, Governance, and Evaluation process

Partner meetings and program evaluations will include students, WSCC faculty/staff, advisors, community, K-12, industry and ECD partners' input. WSCC will solicit and respond to feedback through annual meetings to ensure continuous improvement, and confirm the MLT program will meet the evolving and rigorous standards of the medical field and region's workforce needs.

Program Accreditation

Walters State Community College's MLT program will apply for accreditation **Attachment 11** with the National Accrediting Agency for Clinical Laboratory Science (NAACLS), www.naacls.org. WSCC's MLT Program will apply for an approved training program for Medical Laboratory Technician as an Associate's Degree program with the Tennessee Medical Laboratory Board. The accreditation process is also overseen by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), <https://sacscoc.org/>. The Tennessee Board of Regents (TBR) will be involved in the 6 to 12-month accreditation process.

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GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

Postsecondary Opportunities and Stackable Credentials based on Employer request

WSCC’s MLT program will provide both postsecondary opportunities and stackable credentials for all MLT students or those students in general education courses seeking an MLT or health career. Based on THEC’s definition of postsecondary opportunities, these activities will serve as both coursework or experiences that enhance likelihood of success after high school and provide “stackable credentials” or industry-recognized certifications (IRC) for students. A durable skills training, Bring Your “A” Game to Work teaches students about the long-term benefits of skills like ATTITUDE, ATTENDANCE, APPEARANCE, etc. Based on Advisory Board feedback and ongoing employer information, these “durable” skills are in high-demand by employers. CPR, OSHA, and HIPPA trainings are nationally IRCs and graduation requirements to be MLT certified, and provide ongoing benefit as medical credentials.

Section 3: Strength of Partnership

Based on signed Memoranda of Understanding (**Attachments 12 - 17**), all parties agree to the following activities to ensure the goal is met and sustained. Each partner is fully capable of contributing to GIVE MLT’s success by dedicating qualified personnel and resources.

Table 3: Partner activities as listed in MOUs

Partner	Activities
K-12 partners: Hamblen Schools; Claiborne Schools	K-12: CTE Administer and promote Guided Pathway Career Teach Modules. Participate in MLT Career Awareness Day(s). Participate in WSCC’s Dual Enrollment MLT course offerings. Support WBL opportunities available. Participate in advisory council. Promote & recruit student to MLT and other WBLs, if applicable. WSCC: Serve as lead entity/fiscal agent, Drs. Williams/McCall as liaisons. Data & licensure req. met. Develop/market camps. Assist K-12 career awareness. Provide facilities and support to ensure goals met.

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

Partner	Activities
Industry partners: Ballad Health & MHHS Covenant	Industry: Provide designated staff to coordinate student clinicals with WSCC. Supervise and oversee students with WSCC while on-site. Provide access to facilities and equipment for clinicals; Maintain eval. records and performance documentation. WSCC: Serve as lead entity/fiscal agent, Williams/ McCall act as liaisons, sponsor WBL opportunities, ensure data mgt and licensure req. met, provide MLT career-readiness training and academic/lab courses to ensure qualified student participation, provide facilities, insurance, supervision, accreditation, and admin support to ensure goals are met.
ECD partners: ETHRA & FTDD	ECD: Provide workforce development practitioners, align & map educ/train curriculum requirements meeting industry needs. Identify high-demand IRCs, participate in career readiness implementation, determine sustainability metrics, provide support for eligible customers, develop outreach services to recruit students to IHE or careers, develop/implement career awareness WBL [explore/prep/train], share data with lead for project eval. WSCC: Lead entity & fiscal agent, leadership [plan/develop/implement], Williams/ McCall serve as liaisons, lead partner adv. mtgs, plan/monitor project activities & outcomes, plan/organize WBL, work w/ partners preparing students w/work skills, provide outreach & recruitment, align educ curriculum, training, credentials for industry & workforce needs, support student/staff/faculty mentors, provide VR goggles, eval framework.

Section 4: Budget Plan

LINE-ITEM CATEGORY	GRANT CONTRACT	GRANTEE PART	Support for GIVE 3.0 MLT
Salaries, Benefits	\$557,820.00	WSCC will assume salary after grant	Provide needed faculty/ oversight MLT program
Professional Fees	\$11,200.00	Year 1 expense during hiring to ensure accreditation process moves forward	
Supplies, etc.	\$519,579.94	WSCC will assume costs for all supplies not included in budget.	Supplies ensure quality training, standards met.
Travel, Confer.	\$80,000.00	WSCC pay travel expenses after grant	Prof. development
Other Non-Personnel	\$128,048.00	WSCC will pay license & member fees after grant cycle	License, member fees for MLT program cert
Capital Purchases equipment	\$554,135.00	WSCC assume maint., repair & replacement of equipment after grant	Equip ensures training, acad. standards met.
Insurance	\$960.00	WSCC will pay blanket required student insurance after grant	Student insur. for clinicals (WBL).
DIRECT COSTS	\$1,851,742.94 plus 8% indirect costs of \$148,139.44		
GRAND TOTAL	\$1,999,882.38		

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

The grant’s Indirect Cost rate of eight percent (8%) will offset identified indirect costs associated with facilities and administration outlined in §200.414 Code of Federal Reg. While not inclusive, this list represents commonly used expenses for costs associated with clerical administrative work performed by management, fiscal operations, general administration, and PR/development, postage, telephone, internet, general computer hardware and maintenance, copiers, and utilities, insurance, and costs that directly support WSCC facilities management for grant activities.

Table 4: Equipment Justification

GOAL: Create and sustain WSCC’s MLT program to meet regional workforce needs. Cost details are included in the detailed budget Appendix B.					
Item	Cost	Description	Education value	Employ/ Train need	Justification
Biosafety cabinets	\$30,000	Locked, corrosive-repellant storage cabinet	Safely store lab specimens & chemicals	Ensures safety protocols.	Meets nat’l safety standards.
Hematology analyzer	\$180,000	Lab medical devices used for specimen analysis	Hands-on training for specimen analysis	Required knowledge for MLT career-readiness	Accreditation standard requirement
Calorimeter	\$97,000				
Cell Viab. Analyzer	\$14,000				
DNA Analyzer	\$55,000				
IncuCount AutoColony	\$10,000				
Medical Refrigerator	\$14,000	Lab chemical & specimen storage/monitor	Safely store lab chems. &specimens	Ensures safety protocols	Meets safety standards.
Air Compressor	\$22,000	Equipment functionality	maintenance of lab equip	Function of lab equip	Maintain safety protocol
Fume Hood	\$20,135	Safety protocol regarding lab air quality	Safety protocol	Safety protocol	Maintain safety standards
Lab Work Station	\$112,000	Ensure PPE, safety, ergonomic	Conducive learning environment	Adequate resources work training	Build core learning skills
TOTAL	\$554,135				

Section 5: Sustainability

The healthcare sector growth in East and Northeast Tennessee speaks to the need for WSCC's creation of this program. With dedicated faculty, established industry partners, and growing pipeline of career pathway programs starting with career awareness, WSCC's MLT program will be sustained and broadened past this funding period. Several factors support our sustainability plan: **(1)** WSCC has long-established career awareness programs. Working with the K-12 and Industry partners, WSCC's MLT program will build knowledge and awareness of MLT and other health pathways available within our region. WSCC will create this MLT program to meet employer needs, serve as an employment recruitment strategy, and close skills gaps. **(2)** WSCC data shows our Health programs, since 2013, have built a robust regional pipeline for healthcare professionals; the Division has awarded 2,077 degrees with 97.2% job placement rate for those graduates. (Source: WSCC Fact Book) **(3)** Establish new projects (i.e., Health camps) to expand the reach of current health programs and provide additional engagement opportunities. K-12 partner Career (CTE) instructors serve as a primary referral source. This funding allows WSCC time to solicit and receive additional youth program support, leading to long-term sustainability when students use career awareness to access resources, plan a career path, increase dual enrollment, and positively affecting high school graduation rates. **(4)** The durable skills training "badge" called Bring Your "A" Game to Work and nationally recognized industry-recognized credentials like CPR, OSHA, and HIPPA trainings are required to graduate and be MLT-certified, but also provide ongoing benefit since all are important credentials in any medical or care-related career and implemented in this grant as a direct result of employer/partner feedback.

Post-grant cycle: Partner Communications: To ensure communication and resource-sharing

extends post- grant, WSCC will maintain education registration and clinical assessment records;

Acronyms: IEC=WSCC Institutional Effectiveness Compliance (Accred., data, contracts); NACCLS=National Accrediting Agency Clinical Lab Sciences; SC=WSCC Senators Central (recruitment, admissions); AA=WSCC Acad. Advisors; ETHRA = East TN Human Resources Agency; FTDD=First TN Develop District; IRC=Industry recognized credentials

GIVE 3.0 proposal
Walters State Community College: Creating Tech Pathways for Success

the data can be shared to provide ongoing reports to stakeholders and partners. **Long-term resources to house, maintain, and/or repair equipment:** WS' Claiborne campus has multiple options for housing grant purchases. Maintenance and repair of equipment will be handled by WSCC's facilities dept or, if needed, a manufacturer-approved repair process will be initiated and paid for by WSCC. **Partner commitments to maintain program:** Based on MOUs, our industry partners have agreed to parlay this grant's career awareness efforts into further educational opportunities. Also, the WBL focus using virtual reality (VR) goggles allows additional student assessment options and shows career readiness. Partnering with ECDs like chambers and regional Workforce Development Agencies, this GIVE program promotes job fair participation, expands career awareness/exploration for high-demand occupations, provides labor market data to guide career preparation/training and underwrites WBLs. All activities will be sustained post-award to ensure a continuum of progress towards this goal in our region as documented in the letter of sustainability. **Attachment 18**

Section 6: High Demand, Economic Status, Persistent Poverty documentation

This proposal is eligible for the entire fifteen (15) optional points for high demand programs (5 points), economic status determination (5 points) and serving an area of persistent poverty (5 points). Here are the section details: **High-Demand Programs:** Medical Laboratory Technician (MLT) degree SOC code 29-2010 is designated as an in-demand occupation according to THEC Academic Supply for Occupational Demand Report for the North East Tennessee region.

Attachment 19 County Economic Status Acknowledgement: MLT program for which WSCC is seeking funding will serve the entirety of the College's ten-county service region in East and Northeast Tennessee. Of these, the ARC defines these statuses **Attachment 20:** Claiborne (at-risk), Cocke (distressed), Grainger (at-risk), Greene (at-risk), Hamblen (transitional), Hancock

GIVE 3.0 proposal

Walters State Community College: Creating Tech Pathways for Success

(distressed), Hawkins (at-risk), Jefferson (transitional), Sevier (transitional) and Union (at-risk) counties. This inaugural MLT program will be located at Claiborne campus, but will serve all students in the region. **Census Tracts in Persistent Poverty**: Apart from WSCC at-risk or distressed counties, of the remaining three Transitional counties, Hamblen County with Census Tract 47063 **Attachment 21** has an area of persistent poverty as documented by the Census bureau. This tract is served by the unified Hamblen County School District (**Attachment 22**).

Summary

The Medical Laboratory Technician program at Walters State Community College will work to resolve a two-fold challenge in East and Northeast Tennessee regions: (1) health disparities in Appalachia, and the impact of generational poverty, unemployment, and lack of post-secondary education. WSCC is responding to those needs by educating culturally competent health professionals who are well-trained in the use of up-to-date technology. WSCC can and will provide MLT students the best in current medical education and practice through the new equipment and programming. WSCC has excellent partnerships with area health professionals and facilities, as well as other Universities, ensuring that our students are meeting the needs of the community and are well-equipped to advance in their education. (2) This grant will begin a much-needed program that will attract new students and strengthen the entire Health Division at the college. As part of the MLT program initiation and accreditation process, the G.I.V.E.-funded project will create confidence in partnering facilities and the regional health care industry in that our graduates have the training and education needed in a competitive field. Walters State has a high standard of training and this grant would raise the bar even higher. The funding of the Medical Laboratory Technician program will enable WSCC to further enable students and faculty to meet and exceed state and national standards.

Attachment 1: Jobs4TN – MLT postings as of March 25, 2024

https://jobs4tnwfs.tn.gov/vosnet/jobbanks/joblist.aspx?enc=91AipJzms5asTnW2vfcWh8Nb9n04fVG1CBQKwGz3qzc0ah42b+...

Menu **TN.GOV** TENNESSEE GOVERNMENT Dashboard Alerts Accessibility Home Sign In Assistance Search

We have found **272 jobs** using your keyword **"Medical Laboratory Technician"** in **Tennessee**.

Start Tour ?

Filter **WARNING: Always be on the lookout for job scams and identity theft! [Learn more about identity theft](#)** Sorted by Relevance

Medical Laboratory Technician Medical Laboratory Technician Tennessee

TLC Nursing - Erwin, TN
Regular
Job Distributor - Indeed 4 weeks ago

Onsite

... Medical Laboratory Technician Location: Erwin Tennessee Specialty: Medical Laboratory Technician Unit: Medical Technologist, Medical Laboratory Technician Gross Pay: TBD Schedule: 3x12 Nights, 18:00:00-06:00:00, 12:00-3 Guaranteed Hours: 36 Openings: 1 Start Date: 03/11/2024 End Date: 06/10/2024 Assignment Length: 13 Experience Required: 1 year JOB ID: Medefis557450658 Other Info: ID: 57450658 Shift: Nights 6pm - 6am (with possible variable shifts); 36/48 schedule Description: Will accept ACSP or AMT certification.Small community hospital (10 bed inpatient unit.

View Share

Medical Technologist/MLT - 2nd Shift
Community Health Systems, Inc. - Cleveland, TN

Help

Type here to search 12:11 PM 3/25/2024

ACADEMIC SUPPLY FOR OCCUPATIONAL DEMAND REPORT 2024

Health Sciences Demand: Healthcare and social assistance is expected to be the largest industry in Tennessee by 2030, with employment of healthcare practitioners and support workers expected to increase by more than 63,500. Page 8

ACADEMIC SUPPLY FOR OCCUPATIONAL DEMAND REPORT 2023

An important driver of this trend is the need to care for an aging population. The pandemic created additional burdens for the healthcare system in Tennessee which is experiencing increasing shortages of workers due to feelings of burnout and inadequate pay. Healthcare occupations, including registered nurses, were identified as eleven of the fifteen occupations experiencing the greatest supply gaps based on the number of job openings exceeding resumes for occupations requiring postsecondary education. Occupations in-demand in at least seven regions include licensed practical nurses, surgical technologists, physical therapy assistants, dental assistants, medical assistants, and phlebotomists. Other occupations in demand in more than half of local workforce development areas include speech language pathologists, diagnostic medical sonographers, pharmacy technicians, and medical records specialists. Page 3

Supply: Due to increasing demand, program completers in the health sciences have some of the highest employment rates of any career cluster. The highest employment rates for certificate completers paying above the median wage were for sterile processing technicians, MRI technicians, and psychiatric/mental health nurses (CPBA), and for associate degree completers, registered nurses, respiratory care therapists, medical laboratory technicians, and dental hygienists. For those with bachelor's degrees and above, they included radiographers, family practice nurses, doctors of physical therapy, and diagnostic medical sonographers. Unmet needs: Many of the above occupations, including respiratory therapists require additional workers. Healthcare and life sciences is a TNECD target industry. Investment in our universities and world-class research facilities associated with this sector will complement and enable the development of a capable workforce. Page 4

Health Sciences:

With approximately 23 hospitals, psychiatric and medical centers, as well as numerous research, pharmacology, primary and specialty care practices, the ETDD service area not only benefits from access to quality healthcare, but also has strong employment and career opportunities within this field. The Bureau of Labor Statistics has stated that healthcare jobs are “expected to have the fastest employment growth and to add the most jobs between 2014 and 2024.”

SOURCE: East Tennessee Development District, CEDS Regional Plan 2022-2027

TN ECD Industry Profiles for WSCC Service Area

CLAIBORNE COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Utilities	74	1	\$89,356
Construction	186	47	\$53,934
Manufacturing	2,560	27	\$44,425
Wholesale Trade	109	26	\$39,610
Retail Trade	918	88	\$30,359
Transportation and Warehousing	396	23	\$51,330
Information	24	10	\$58,919
Finance and Insurance	291	31	\$51,958
Real Estate and Rental and Leasing	50	15	\$41,480
Professional, Scientific, and Technical Services	167	38	\$53,112
Administrative, Support, Waste Management and Remediation	43	17	\$51,562
Educational Services	407	6	\$45,755
Health Care and Social Assistance	1,516	81	\$47,828

TN ECD Industry Profiles for WSCC Service Area

Arts, Entertainment, and Recreation	109
	10
	\$21,543
Accommodation and Food Services	574
	40
	\$16,710
Other Services (except Public Administration)	176
	32
	\$43,508
Government	1,705
	46
	\$39,728
Total	9,337
	547
	\$42,032
UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Woodworkers, All Other	48
	79.42
Furniture Finishers	54
	49.61
Tire Builders	23
	19.78
Cabinetmakers and Bench Carpenters	117
	19.07
Sewing Machine Operators	129
	16.91
KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	298
Aerospace & Defense	0
Appliances & Electrical	0
Automotive	322
Business Services	100
Chemicals	30
Distribution & Logistics	439
Film, Music & Entertainment	0
Food & Beverage	17
Healthcare & Medical Devices	126

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE ESTIMATES (2022)		TENNESSEE CLAIBORNE
Labor Force		3,352,030
		12,812
Employment		3,238,559
		12,322
Unemployment		113,471
		490
Unemployment Rate		3.40%
		3.80%
UNEMPLOYMENT RATE*		TENNESSEE CLAIBORNE
2019		3.30%
		4.10%
2020		7.50%
		7.40%
2021		4.50%
		4.30%
2022		3.40%
		3.80%

TN ECD Industry Profiles for WSCC Service Area

COCKE COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Crop and Animal Production	75	4	
			\$31,172
Mining, Quarrying, and Oil and Gas Extraction	42	3	
			\$76,724
Construction	191	31	
			\$43,023
Manufacturing	1,209	37	
			\$67,338
Wholesale Trade	106	23	
			\$58,019
Retail Trade	1,444	108	
			\$31,829
Transportation and Warehousing	45	6	
			\$81,522
Information	32	7	
			\$32,126
Finance and Insurance	139	29	
			\$44,286
Real Estate and Rental and Leasing	44	13	
			\$69,797
Professional, Scientific, and Technical Services	119	39	
			\$97,326
Administrative, Support, Waste Management and Remediation	103	23	
			\$34,472
Health Care and Social Assistance	914	75	
			\$52,449

TN ECD Industry Profiles for WSCC Service Area

Arts, Entertainment, and Recreation	171
	13
	\$19,110
Accommodation and Food Services	1,014
	66
	\$19,561
Other Services (except Public Administration)	122
	26
	\$33,477
Government	1,718
	40
	\$41,348
Total	7,542
	546
	\$43,164
UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Plating Machine Setters, Operators, and Tenders, Metal and Plastic	40
	23.78
Lathe and Turning Machine Tool Setters, Operators, and Tenders, Metal and Plastic	11
	10.38
Sawing Machine Setters, Operators, and Tenders, Wood	22
	9.06
Tour and Travel Guides	12
	6.17
Excavating and Loading Machine and Dragline Operators, Surface Mining	11
	5.65
KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	23
Aerospace & Defense	0
Appliances & Electrical	0
Automotive	0
Business Services	51
Chemicals	52
Distribution & Logistics	89
Film, Music & Entertainment	13
Food & Beverage	182
Healthcare & Medical Devices	15

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE ESTIMATES (2022)		TENNESSEE
		COCKE
Labor Force		3,352,030
		14,656
Employment		3,238,559
		13,905
Unemployment		113,471
		751
Unemployment Rate		3.40%
		5.10%
UNEMPLOYMENT RATE*		TENNESSEE
		COCKE
2019		3.30%
		4.50%
2020		7.50%
		10.40%
2021		4.50%
		5.80%
2022		3.40%
		5.10%

TN ECD Industry Profiles for WSCC Service Area

GRAINGER COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Crop and Animal Production	28	6	\$20,888
Construction	289	44	\$53,099
Manufacturing	1,314	22	\$63,105
Wholesale Trade	66	12	\$72,251
Retail Trade	461	52	\$25,266
Transportation and Warehousing	305	27	\$53,177
Information	32	11	\$75,256
Finance and Insurance	59	12	\$45,300
Professional, Scientific, and Technical Services	93	24	\$94,204
Management of Companies and Enterprises	22	3	\$107,443
Administrative, Support, Waste Management and Remediation	157	14	\$49,295
Health Care and Social Assistance	215	31	\$37,587

TN ECD Industry Profiles for WSCC Service Area

Arts, Entertainment, and Recreation	26
	4
	\$21,089
Accommodation and Food Services	166
	20
	\$17,240
Other Services (except Public Administration)	139
	20
	\$41,866
Government	944
	26
	\$39,825
Total	4,326
	333
	\$48,569

UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Woodworkers, All Other	18
	62.32
Furniture Finishers	30
	58.16
Sawing Machine Setters, Operators, and Tenders, Wood	31
	22.05
Cabinetmakers and Bench Carpenters	53
	18.63
Sewing Machine Operators	56
	15.76

KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	0
Aerospace & Defense	0
Appliances & Electrical	35
Automotive	54
Business Services	85
Chemicals	50
Distribution & Logistics	249
Film, Music & Entertainment	0
Food & Beverage	106
Healthcare & Medical Devices	1

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE

LABOR FORCE ESTIMATES (2022)		TENNESSEE GRAINGER
Labor Force		3,352,030 9,725
Employment		3,238,559 9,352
Unemployment		113,471 373
Unemployment Rate		3.40% 3.80%
UNEMPLOYMENT RATE*		TENNESSEE GRAINGER
2019		3.30% 4.00%
2020		7.50% 7.10%
2021		4.50% 4.50%
2022		3.40% 3.80%

TN ECD Industry Profiles for WSCC Service Area

GREENE COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Crop and Animal Production	39	4	\$44,156
Mining, Quarrying, and Oil and Gas Extraction	83	3	\$81,830
Construction	643	119	\$49,256
Manufacturing	6,055	108	\$56,838
Wholesale Trade	496	48	\$62,955
Retail Trade	3,167	222	\$29,160
Transportation and Warehousing	2,787	52	\$58,124
Information	118	23	\$56,735
Finance and Insurance	517	85	\$52,448
Real Estate and Rental and Leasing	192	35	\$43,060
Professional, Scientific, and Technical Services	413	118	\$56,451
Management of Companies and Enterprises	301	8	\$75,573
Administrative, Support, Waste Management and Remediation	1,272	81	\$27,179
Educational Services	459	6	\$33,260

SOURCE: <https://tnecd.com/county-profiles/>

Retrieved March 25, 2024

TN ECD Industry Profiles for WSCC Service Area

Health Care and Social Assistance	2,945
	224
	\$41,348
Arts, Entertainment, and Recreation	173
	12
	\$14,928
Accommodation and Food Services	1,746
	115
	\$19,144
Other Services (except Public Administration)	447
	97
	\$36,371
Government	3,295
	52
	\$44,050
Total	25,199
	1,416
	\$44,749
UNIQUE OCCUPATIONS*	EMPLOYMENT
	LOCATION QUOTIENT*
Tire Builders	100
	32.21
Extruding and Forming Machine Setters, Operators, Synthetic and Glass Fibers	43
	15.82
Textile Winding, Twisting, and Drawing Out Machine Setters, Operators, and Tenders	59
	14.24
Lathe and Turning Machine Tool Setters, Operators, and Tenders, Metal and Plastic	50
	14.17
Textile Cutting Machine Setters, Operators, and Tenders	27
	12.55
KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	834
Aerospace & Defense	403
Appliances & Electrical	105
Automotive	559
Business Services	419
Chemicals	68
Distribution & Logistics	3,013
Film, Music & Entertainment	26
Food & Beverage	255
Healthcare & Medical Devices	47

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE

LABOR FORCE ESTIMATES (2022)		TENNESSEE GREENE
Labor Force		3,352,030 28,801
Employment		3,238,559 27,655
Unemployment		113,471 1,146
Unemployment Rate		3.40% 4.00%
UNEMPLOYMENT RATE*		TENNESSEE GREENE
2019		3.30% 4.60%
2020		7.50% 8.10%
2021		4.50% 4.60%
2022		3.40% 4.00%

TN ECD Industry Profiles for WSCC Service Area

HAMBLEN COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Crop and Animal Production	63	4	\$32,403
Mining, Quarrying, and Oil and Gas Extraction	21	1	\$65,010
Utilities	39	2	\$80,249
Construction	1,198	93	\$51,174
Manufacturing	9,667	107	\$53,513
Wholesale Trade	1,327	79	\$81,931
Retail Trade	4,125	241	\$33,120
Transportation and Warehousing	764	34	\$57,708
Information	190	18	\$56,082
Finance and Insurance	439	98	\$61,761
Real Estate and Rental and Leasing	185	47	\$38,846
Professional, Scientific, and Technical Services	422	122	\$62,179
Management of Companies and Enterprises	236	9	\$78,653
Administrative, Support, Waste Management and Remediation	3,259	86	\$34,155

SOURCE: <https://tnecd.com/county-profiles/>

Retrieved March 25, 2024

TN ECD Industry Profiles for WSCC Service Area

Educational Services	201	
	12	
		\$32,544
Health Care and Social Assistance	3,390	
	174	
		\$48,487
Arts, Entertainment, and Recreation	113	
	17	
		\$21,825
Accommodation and Food Services	2,761	
	132	
		\$19,448
Other Services (except Public Administration)	446	
	88	
		\$33,920
Government	3,844	
	69	
		\$45,760
Total	32,692	
	1,437	
		\$45,773

UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Woodworkers, All Other	75 35.42
Tool and Die Makers	400 27.89
Metal Workers and Plastic Workers, All Other	105 23.47
Painting, Coating, and Decorating Workers	67 22.98
Foundry Mold and Coremakers	53 16.7

KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	0
Aerospace & Defense	204
Appliances & Electrical	300
Automotive	2,277
Business Services	1,054
Chemicals	359
Distribution & Logistics	1,066
Film, Music & Entertainment	14
Food & Beverage	1,495
Healthcare & Medical Devices	138

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE

LABOR FORCE ESTIMATES (2022)		TENNESSEE HAMBLEN
Labor Force		3,352,030 28,128
Employment		3,238,559 27,104
Unemployment		113,471 1,024
Unemployment Rate		3.40% 3.60%
UNEMPLOYMENT RATE*		TENNESSEE HAMBLEN
2019		3.30% 3.80%
2020		7.50% 7.10%
2021		4.50% 4.20%
2022		3.40% 3.60%

TN ECD Industry Profiles for WSCC Service Area

HANCOCK COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Construction	22	6	\$30,938
Manufacturing	108	6	\$29,286
Wholesale Trade	20	3	\$30,372
Retail Trade	122	17	\$26,223
Transportation and Warehousing	13	6	\$25,724
Finance and Insurance	14	2	\$30,764
Professional, Scientific, and Technical Services	11	5	\$0
Administrative, Support, Waste Management and Remediation	48	1	\$31,122
Health Care and Social Assistance	173	19	\$38,506
Accommodation and Food Services	35	3	\$18,381
Government	459	15	\$29,635
Total	1,058	97	\$30,944

TN ECD Industry Profiles for WSCC Service Area

UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Bus Drivers, School	15 5.87
Licensed Practical and Licensed Vocational Nurses	20 4.35
Elementary School Teachers, Except Special Education	40 4.27
Pharmacy Technicians	13 4.2
Police and Sheriff's Patrol Officers	19 4.13
KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	0
Aerospace & Defense	0
Appliances & Electrical	0
Automotive	40
Business Services	54
Chemicals	0
Distribution & Logistics	27
Film, Music & Entertainment	0
Food & Beverage	18
Healthcare & Medical Devices	35

LABOR FORCE

LABOR FORCE ESTIMATES (2022)	TENNESSEE HANCOCK
Labor Force	3,352,030 2,276
Employment	3,238,559 2,181
Unemployment	113,471 95
Unemployment Rate	3.40% 4.20%
UNEMPLOYMENT RATE*	TENNESSEE HANCOCK
2019	3.30% 5.80%
2020	7.50% 8.20%
2021	4.50% 5.00%
2022	3.40% 4.20%

TN ECD Industry Profiles for WSCC Service Area

HAWKINS COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Crop and Animal Production	29	3	\$44,690
Mining, Quarrying, and Oil and Gas Extraction	33	2	\$78,095
Utilities	68	1	\$89,881
Construction	449	58	\$52,046
Manufacturing	4,117	52	\$61,507
Wholesale Trade	184	41	\$76,337
Retail Trade	1,365	122	\$26,532
Transportation and Warehousing	251	30	\$52,960
Information	28	15	\$63,886
Finance and Insurance	178	40	\$52,691
Real Estate and Rental and Leasing	46	24	\$37,358
Professional, Scientific, and Technical Services	198	68	\$65,395
Management of Companies and Enterprises	75	5	\$93,027
Administrative, Support, Waste Management and Remediation	646	45	\$61,226

SOURCE: <https://tnecd.com/county-profiles/>

Retrieved March 25, 2024

TN ECD Industry Profiles for WSCC Service Area

Educational Services	52
	3
	\$21,293
Health Care and Social Assistance	1,064
	112
	\$45,288
Arts, Entertainment, and Recreation	67
	7
	\$16,532
Accommodation and Food Services	870
	69
	\$16,378
Other Services (except Public Administration)	225
	46
	\$35,371
Government	2,096
	45
	\$44,432
Total	12,066
	790
	\$48,862

UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Logging Workers, All Other	14
	57.62
Pile Driver Operators	17
	51.87
Metal Workers and Plastic Workers, All Other	37
	22.41
Woodworkers, All Other	12
	15.16
Coil Winders, Tapers, and Finishers	14
	14.08

KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	1,178
Aerospace & Defense	0
Appliances & Electrical	144
Automotive	337
Business Services	175
Chemicals	532
Distribution & Logistics	273
Film, Music & Entertainment	0
Food & Beverage	162
Healthcare & Medical Devices	32

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE

LABOR FORCE ESTIMATES (2022)		TENNESSEE HAWKINS
Labor Force		3,352,030 23,161
Employment		3,238,559 22,260
Unemployment		113,471 901
Unemployment Rate		3.40% 3.90%
UNEMPLOYMENT RATE*		TENNESSEE HAWKINS
2019		3.30% 4.10%
2020		7.50% 7.70%
2021		4.50% 4.70%
2022		3.40% 3.90%

TN ECD Industry Profiles for WSCC Service Area

JEFFERSON COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Crop and Animal Production	44	5	\$27,479
Mining, Quarrying, and Oil and Gas Extraction	412	3	\$66,876
Utilities	63	2	\$75,119
Construction	473	84	\$46,814
Manufacturing	2,312	52	\$75,311
Wholesale Trade	172	35	\$73,357
Retail Trade	1,860	133	\$32,531
Transportation and Warehousing	1,575	26	\$76,217
Information	37	15	\$61,197
Finance and Insurance	217	59	\$55,342
Real Estate and Rental and Leasing	85	27	\$47,704
Professional, Scientific, and Technical Services	292	86	\$52,564
Management of Companies and Enterprises	11	3	\$73,114
Administrative, Support, Waste Management and Remediation	477	40	\$31,753

SOURCE: <https://tnecd.com/county-profiles/>

Retrieved March 25, 2024

TN ECD Industry Profiles for WSCC Service Area

Educational Services	690
	8
	\$44,020
Health Care and Social Assistance	1,092
	110
	\$47,361
Arts, Entertainment, and Recreation	88
	13
	\$18,124
Accommodation and Food Services	1,269
	75
	\$19,340
Other Services (except Public Administration)	328
	59
	\$41,830
Government	2,508
	56
	\$37,810
Total	14,006
	888
	\$49,019

UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Woodworkers, All Other	35
	38.94
Loading and Moving Machine Operators, Underground Mining	16
	37.74
Extraction Workers, All Other	18
	30.66
Nuclear Power Reactor Operators	14
	30.21
Continuous Mining Machine Operators	42
	28.8

KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	0
Aerospace & Defense	366
Appliances & Electrical	0
Automotive	213
Business Services	138
Chemicals	0
Distribution & Logistics	457
Film, Music & Entertainment	16
Food & Beverage	201
Healthcare & Medical Devices	36

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE ESTIMATES (2022)		TENNESSEE
		JEFFERSON
Labor Force		3,352,030
		24,998
Employment		3,238,559
		24,088
Unemployment		113,471
		910
Unemployment Rate		3.40%
		3.60%
UNEMPLOYMENT RATE*		TENNESSEE
		JEFFERSON
2019		3.30%
		3.70%
2020		7.50%
		7.50%
2021		4.50%
		4.30%
2022		3.40%
		3.60%

TN ECD Industry Profiles for WSCC Service Area

SEVIER COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Mining, Quarrying, and Oil and Gas Extraction	58	4	\$61,306
Utilities	55	3	\$52,946
Construction	2,277	249	\$56,592
Manufacturing	2,503	122	\$48,327
Wholesale Trade	730	86	\$65,001
Retail Trade	9,198	702	\$32,395
Transportation and Warehousing	572	50	\$56,398
Information	223	50	\$56,377
Finance and Insurance	722	132	\$81,878
Real Estate and Rental and Leasing	1,631	174	\$40,217
Professional, Scientific, and Technical Services	1,164	235	\$54,683
Management of Companies and Enterprises	189	15	\$78,067
Administrative, Support, Waste Management and Remediation	1,573	175	\$47,483
Educational Services	176	18	\$37,424

SOURCE: <https://tnecd.com/county-profiles/>

Retrieved March 25, 2024
Page 24

TN ECD Industry Profiles for WSCC Service Area

Health Care and Social Assistance	2,166
	207
	\$49,551
Arts, Entertainment, and Recreation	5,670
	142
	\$29,561
Accommodation and Food Services	16,713
	643
	\$32,036
Other Services (except Public Administration)	939
	175
	\$32,682
Government	4,970
	44
	\$50,345
Unclassified	11
	7
	\$0
Total	51,550
	3,236
	\$39,297

UNIQUE OCCUPATIONS*	EMPLOYMENT LOCATION QUOTIENT*
Tour and Travel Guides	391
	30.41
Entertainment Attendants and Related Workers, All Other	41
	20.68
Photographers	234
	16.53
Lodging Managers	251
	16.07
Shoe and Leather Workers and Repairers	25
	11.11

KEY CLUSTER	TOTAL EMPLOYMENT
Advanced Materials	118
Aerospace & Defense	43
Appliances & Electrical	20
Automotive	104
Business Services	676
Chemicals	75
Distribution & Logistics	761
Film, Music & Entertainment	138
Food & Beverage	1,651
Healthcare & Medical Devices	25

LABOR FORCE

TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE ESTIMATES (2022)	
	TENNESSEE SEVIER
Labor Force	3,352,030 54,967
Employment	3,238,559 53,233
Unemployment	113,471 1,734
Unemployment Rate	3.40% 3.20%
UNEMPLOYMENT RATE*	
	TENNESSEE SEVIER
2019	3.30% 3.20%
2020	7.50% 9.80%
2021	4.50% 4.10%
2022	3.40% 3.20%

TN ECD Industry Profiles for WSCC Service Area

UNION COUNTY

INDUSTRY	EMPLOYMENT	ESTABLISHMENTS	AVG. ANNUAL WAGES
Crop and Animal Production	26	2	\$33,493
Mining, Quarrying, and Oil and Gas Extraction	13	2	\$54,032
Construction	140	30	\$55,276
Manufacturing	473	19	\$69,991
Wholesale Trade	117	15	\$90,991
Retail Trade	376	42	\$27,884
Transportation and Warehousing	51	16	\$32,799
Information	34	4	\$72,586
Finance and Insurance	38	18	\$51,085
Professional, Scientific, and Technical Services	95	23	\$51,838
Administrative, Support, Waste Management and Remediation	55	19	\$25,931
Health Care and Social Assistance	176	31	\$46,887
Arts, Entertainment, and Recreation	33	4	\$21,222
Accommodation and Food Services	201	18	\$15,661

SOURCE: <https://tnecd.com/county-profiles/>

Retrieved March 25, 2024
Page 27

TN ECD Industry Profiles for WSCC Service Area

Other Services (except Public Administration)	41
	12
	\$34,128
Government	784
	22
	\$38,587
Total	2,664
	280
	\$44,933

UNIQUE OCCUPATIONS*	
EMPLOYMENT	LOCATION QUOTIENT*

Sawing Machine Setters, Operators, and Tenders, Wood	15
	17.06
Chemical Equipment Operators and Tenders	15
	7.38
Kindergarten Teachers, Except Special Education	12
	5.43
First-Line Supervisors of Police and Detectives	11
	4.71
Production Workers, All Other	18
	4.51

KEY CLUSTER	TOTAL
EMPLOYMENT	

Advanced Materials	0
Aerospace & Defense	0
Appliances & Electrical	0
Automotive	0
Business Services	85
Chemicals	32
Distribution & Logistics	109
Film, Music & Entertainment	0
Food & Beverage	0
Healthcare & Medical Devices	85

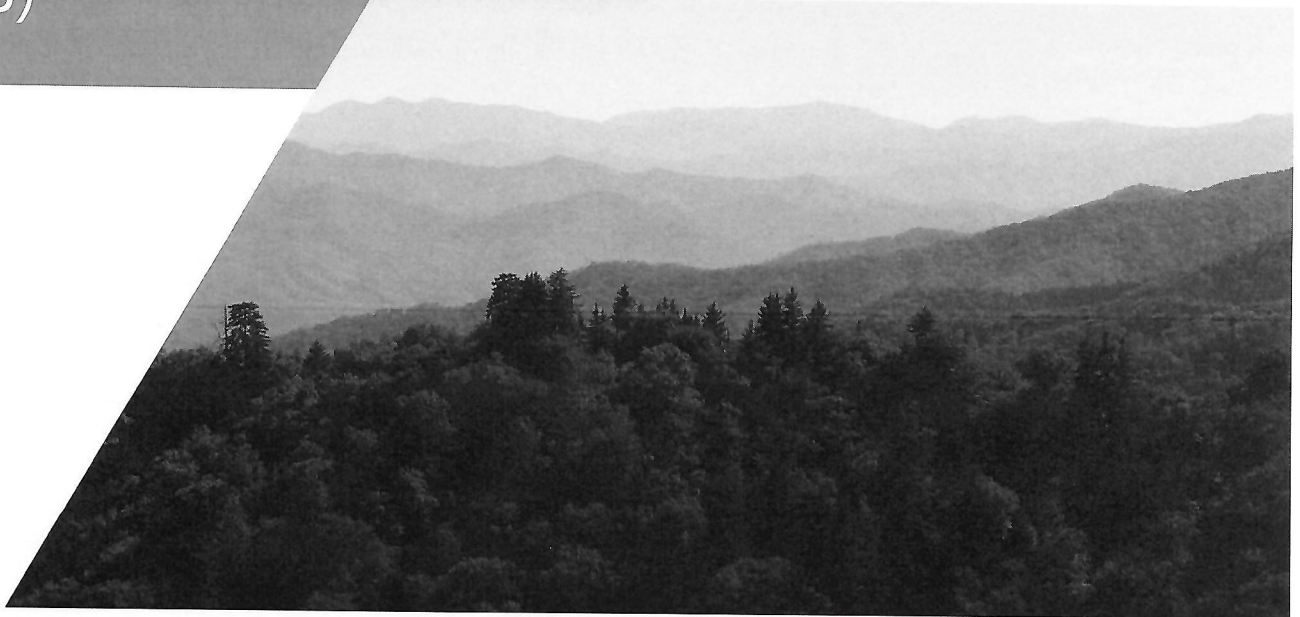
TN ECD Industry Profiles for WSCC Service Area

LABOR FORCE ESTIMATES (2022)		TENNESSEE UNION
Labor Force		3,352,030 7,857
Employment		3,238,559 7,560
Unemployment		113,471 297
Unemployment Rate		3.40% 3.80%
UNEMPLOYMENT RATE*		TENNESSEE UNION
2019		3.30% 4.00%
2020		7.50% 6.90%
2021		4.50% 4.20%
2022		3.40% 3.80%

2022-2027 CEDS Regional Plan

The report has been prepared with the financial assistance of the State of Tennessee Department of Economic and Community Development, the U.S. Department of Commerce Economic Development Administration, and the Appalachian Regional Commission.

Comprehensive Economic Development Strategy (CEDS)



East Tennessee Development District

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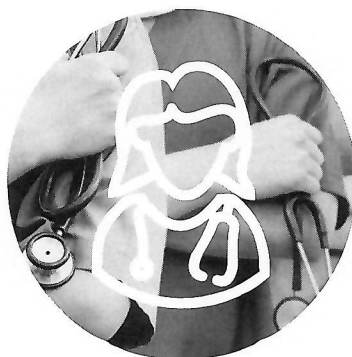


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Employment/Career Clusters

The 16 career clusters are all represented throughout the ETDD region. The most impactful employment pathways within those clusters include:

- **Education/Training:** Located in Knox County as the flagship state university and medical center, the University of Tennessee with five campuses across the state is the largest educational employer in Tennessee. Within the ETDD counties, there are approximately ten post-secondary institutions that not only provide career training for the residents, but also provide employment for numerous residents.
- **Health Sciences:** With approximately 23 hospitals, psychiatric and medical centers, as well as numerous research, pharmacology, primary and specialty care practices, the ETDD service area not only benefits from access to quality healthcare, but also has strong employment and career opportunities within this field.¹⁶ The Bureau of Labor Statistics has stated that healthcare jobs are “expected to have the fastest employment growth and to add the most jobs between 2014 and 2024.”
- **Agriculture, Food and Natural Resources:** Farming dominates the State's landscape, with 77,300 farms covering 10.8 million acres, or 41% of the State's 26.4 million land acres. Tennessee ranks eighth in the number of farms. The number one commodity in terms of cash receipts is cattle and calves, followed by soybeans, broilers, nursery crops and corn. The mountainous East Tennessee region agriculture produces mainly cattle, hay, goats, vegetables (tomatoes), and tobacco.¹³ The state is twelfth in the nation in beef cattle¹⁴ and ranks in the top five states in production of tobacco, fresh market tomatoes, and snap beans.¹³
- **Government/Public Sector and Science, Engineering Technology and Math:** The Department of Energy added approximately \$4.2 billion to the Tennessee economy in FY20. During the fiscal year, spending by DOE and its contractors increased the state gross domestic product by about \$4.2 billion. DOE created 42,906 full-time jobs (including direct and indirect jobs) in Tennessee in 2020, which means that for every DOE job, another 1.9 jobs were created in the state.¹⁶ The counties of Anderson, Roane, Knox and Loudon support the employment needs of the national laboratories, research facilities, and technology-based companies.



Opportunity Zones

The Opportunity Zone Program is a community development tool established by the U.S. Congress in the Tax Cuts and Jobs Act of 2017. This program is designed to drive long-term capital to low-income communities. The relatively new law provides a federal tax incentive for investors to re-invest their capital gains into Opportunity Funds, dedicated to revitalization in designated low-income areas. Each state could nominate up to 25% of its low-income census tracts to the Secretary of the Treasury. The Secretary of the Treasury certifies the nominations and designated tract(s) as a qualified opportunity zone. The Tennessee Department of Economic and Community Development (TNECD) manages the program.²⁵

As shown in Figure 2 below, within the ETDD service area, twelve counties were qualified with opportunity zone status. These counties and number of census tracts approved²⁵ include:

Roane, Claiborne, Scott, Union: 1 each

Anderson, Loudon, Monroe, Cocke, Blount, Hamblen, Sevier: 2 each

Knox: 9

Job Tax Credit Enhancements

The Tennessee Job Tax Credit Enhancement program provides incentives for companies expanding or relocating to the state and committed to creating new full-time positions. Incentives are available for counties that have been Tier 2, Tier 3 and Tier 4, progressively deemed those with greater economic distresses. ETDD has the highest number of counties statewide (6) that have been classified at the enhancement Tier 4 level.²⁶ These incentives are available for companies that create or relocate their headquarters, are in the manufacturing industry, data centers, warehouse and distribution and call centers.²⁷



Industry: The region has existing industry that is diverse and groundbreaking. The growing out-of-state population has the potential to include a more diverse workforce. The new and existing population continues to include innovative industry and organizations. Regional economic development is centered around attracting modern and employee focused industries and concepts. Production industries continue to make up the majority of employers in the region, but modern employment practices and benefits continue to be competitive for both the region and industry itself. Industry growth in the region signifies an increase in job opportunities and is reflective of workforce availability.

WEAKNESSES

Diversity: Tennessee is one of the least diverse states in the country with over 78% of its population being white.³⁸ This statistic is further exaggerated in rural counties many of which are located in the ETDD. The district could improve on ensuring that minority voices are amplified and not drowned out by the vast majority.

Available Work Force: With the Baby Boomer generation entering retirement age, Tennessee is wrestling with the issue of losing a large portion of their talented workforce. Additionally, many counties in the ETDD have a lower labor participation rate than the state average. The combination of these conditions has created a strain on many of the local businesses' ability to retain enough qualified employees. To compound the issue, many places do not have housing options to entice new workers into the area.

Lack of Trained Workforce: While Tennessee has invested heavily in technical schools, the enrollment numbers are very small. Potential college-goers in Tennessee are not convinced that technical schools are a viable option to increase earnings in the future. For years, the trend has been that bachelor's degrees are necessary for jumpstarting careers. This narrative has created an oversaturation in undergrad related markets while other technical and blue collar labor force markets are suffering from a lack of certified workers.

Collaboration and Leadership: Many economic development plans and programs in East Tennessee, and in particular small business programs, are enacted by municipal and county governments without consultation or collaboration with other local governments. This results in disconnected and often duplicative plans which limit the economic development potential for the entire region. The region lacks a single point of contact to spearhead collaboration on regional economic development plans.

Poverty/Lack of Resources: Tennessee has consistently had a higher poverty level than the national average. Anderson, Knox, and Sevier counties have some of the highest poverty rates in the state which are all located in the ETDD region. These high poverty levels are brought on by a lack of affordable housing and low wages. Many of these counties with high poverty rates are also experiencing a high homelessness rate.

Figure 1

Health Workforce Projections: Health Technologist and Technician Occupations

KEY FINDING

Between 2012 and 2025:

- All five health technologist and technician occupations presented in this fact sheet will experience an increase in demand.
- Demand will grow by 24 percent for nuclear medicine technologists, 24 percent for radiologic technologists, 21 percent for diagnostic medical sonographers, 22 percent for medical and clinical laboratory technologists, and 22 percent for medical and clinical laboratory technicians.

This fact sheet presents the national demand for select health technologist and technician occupations for 2012 through 2025 using HRSA's Health Workforce Simulation Model (HWSM).¹ Supply projections are not included due to lack of sufficient data to provide reliable estimates of future supply. Occupations discussed in this fact sheet include nuclear medicine technologists, radiologic technologists, diagnostic medical sonographers, medical and clinical laboratory technologists, and medical and clinical laboratory technicians. While the nuances of modeling supply and demand differ for individual health professions, within the HWSM the basic framework remains the same. The HWSM assumes that demand equals supply in the base year. For demand modeling, the major components include population demographics, health care use patterns (including the influence of the Affordable Care Act health care coverage), and demand for health care providers (translated into Full-Time Equivalents). Over the period studied, the model assumes that current national patterns of service demand remain unchanged within each demographic group.² These projections do not account for the geographical distribution of providers which may impact access to care in certain communities.

MLT Supply and Demand: Allied Health Workforce Projections, 2016-2030, Medical Laboratory Technician

FINDINGS

There were approximately 20,900 nuclear medicine technologists, 194,800 radiologic technologists, and 58,000 diagnostic medical sonographers nationally in 2012. Demand for nuclear medicine technologists and radiologic technologists is projected to grow 24 percent between 2012 and 2025 (Exhibit 1). Demand for diagnostic medical sonographers is projected to increase by 21 percent during this same time period.

Exhibit 1. Estimated Demand for Selected Health Technologists and Technicians in the U.S., 2012 – 2025

	Nuclear medicine technologists	Radiologic technologists	Diagnostic medical sonographers	Medical and clinical laboratory technologists	Medical and clinical laboratory technicians
<i>Demand</i>					
Estimated demand, 2012	20,900	194,800	58,000	164,300	161,500
Total demand growth, 2012-2025:	5,000 (24%)	46,600 (24%)	12,200 (21%)	36,100 (22%)	35,400 (22%)
Changing demographics Impact	4,100	37,800	11,100	33,600	33,000
ACA insurance coverage Impact	900	8,800	1,100	2,500	2,400
Projected demand, 2025	25,900	241,400	70,200	200,400	196,900

There were approximately 164,300 medical laboratory technologists and 161,500 medical laboratory technicians nationally in 2012. Between 2012 and 2025, demand for medical and clinical laboratory technologists and technicians is projected to grow by 22 percent for each occupation. For both technologists and technicians, 20 percent of this demand growth is associated with changing demographics. The aging of the population will lead to a greater need to diagnose medical conditions through laboratory procedures. The remaining 2 percent of the growth is associated with expanded insurance coverage under the Affordable Care Act. Collectively, the analysis presented here suggests that the U.S. will experience an increased demand for all five of these health technologist and technician occupations by 2025.

SOURCE: [NCHWA Health Technologies and Technicians Fact Sheet \(hrsa.gov\)](https://www.hrsa.gov/national-center-for-health-workforce-analysis/fact-sheet)

About the National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis informs public and private sector decision-makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers. Visit the website: <https://bhw.hrsa.gov/national-center-health-workforce-analysis>

MLT Supply and Demand: Allied Health Workforce Projections, 2016-2030, Medical Laboratory Technician



Exhibit 48. Medical Laboratory Technologist and Technician Supply and Demand Growth and Adequacy by Scenario

Scenario	2021	2035	Growth	% Growth
Demand				
<i>Status quo^a</i>	8,910	10,130	1,220	14%
<i>Reduced barriers</i>	9,540	10,870	1,330	14%
Supply				
<i>Status quo</i>	4,600	4,540	-60	-1%
<i>10% Fewer Entrants</i>	4,600	4,310	-290	-6%
<i>10% More Entrants</i>	4,600	4,790	190	4%
<i>Early Retirement (2 years earlier)</i>	4,600	4,330	-270	-6%
<i>Delayed Retirement (2 years later)</i>	4,600	4,770	170	4%
Supply Adequacy vs. Status Quo Demand^a				
<i>Status quo</i>	-4,310	-5,590		
<i>10% Fewer Entrants</i>	-4,310	-5,820		
<i>10% More Entrants</i>	-4,310	-5,340		
<i>Early Retirement (2 years earlier)</i>	-4,310	-5,800		
<i>Delayed Retirement (2 years later)</i>	-4,310	-5,360		
Supply Adequacy vs. Reduced Barriers Demand				
<i>Status quo</i>	-4,940	-6,330		
<i>10% Fewer Entrants</i>	-4,940	-6,560		
<i>10% More Entrants</i>	-4,940	-6,080		
<i>Early Retirement (2 years earlier)</i>	-4,940	-6,540		
<i>Delayed Retirement (2 years later)</i>	-4,940	-6,100		

Note: ^a FTEs required to provide a 2021 national average level of care.



Tennessee Health Workforce Projections: 2021-2035

Prepared by GlobalData for the Tennessee Hospital Association

October 2022

Exhibit 48. Medical Laboratory Technologist and Technician Supply and Demand Growth and Adequacy by Scenario

Scenario	2021	2035	Growth	% Growth
Demand				
<i>Status quo^a</i>	8,910	10,130	1,220	14%
<i>Reduced barriers</i>	9,540	10,870	1,330	14%
Supply				
<i>Status quo</i>	4,600	4,540	-60	-1%
<i>10% Fewer Entrants</i>	4,600	4,310	-290	-6%
<i>10% More Entrants</i>	4,600	4,790	190	4%
<i>Early Retirement (2 years earlier)</i>	4,600	4,330	-270	-6%
<i>Delayed Retirement (2 years later)</i>	4,600	4,770	170	4%
Supply Adequacy vs. Status Quo Demand^a				
<i>Status quo</i>	-4,310	-5,590		
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<i>10% More Entrants</i>	-4,310	-5,340		
<i>Early Retirement (2 years earlier)</i>	-4,310	-5,800		
<i>Delayed Retirement (2 years later)</i>	-4,310	-5,360		
Supply Adequacy vs. Reduced Barriers Demand				
<i>Status quo</i>	-4,940	-6,330		
<i>10% Fewer Entrants</i>	-4,940	-6,560		
<i>10% More Entrants</i>	-4,940	-6,080		
<i>Early Retirement (2 years earlier)</i>	-4,940	-6,540		
<i>Delayed Retirement (2 years later)</i>	-4,940	-6,100		

Note: ^a FTEs required to provide a 2021 national average level of care.

- In 2021, the state faced a shortfall of 15,700 RNs, with supply of 62,900 FTEs versus an estimated 78,600 FTEs required to provide a national average level of services. If current supply numbers and patterns continue, by 2035 RN staffing patterns in Tennessee will look more like national patterns—though an RN shortfall of 8,500 is projected. RN supply adequacy relative to national norms will rise from 80% to 91% over this period.
- The shortfall of RNs may account for the much greater use of LPNs in some settings relative to national staffing patterns—particularly in offices of healthcare providers, home health, school health, and residential care facilities. LPN supply of 22,500 FTEs exceeded by 7,500 the estimated 15,000 LPNs required to provide a national average level of services. The state's reliance on LPN's is considered to be a temporary solution to the current RN shortage as supply and demand for both professions is predicted to change drastically in the coming years. LPN supply adequacy relative to national norms will fall from 150% to 105% over this period.
- The 2,170 FTE supply of respiratory therapists in 2021 fell short of the estimated 3,110 FTE demand, suggesting that supply was sufficient to meet 70% of expected demand. This shortfall is projected to continue, with a projected shortfall of 1,080 FTEs in 2035 and supply adequate to meet 72% of demand.
- Demand for 8,910 FTE medical laboratory technologists and technicians in 2021 compares to 9,010 filled positions (including full-time and part-time positions) in May 2021 as reported by the BLS. This count far exceeds the 4,600 professionals listed in state licensure files. Hospital administrators indicated that much of the lab work is sent to out-of-state testing facilities, which could explain why licensed supply is substantially below estimated demand. Demand is projected to grow by 1,220 (14%) between 2021 and 2035 while supply is projected to decline by 60 FTEs (-1%). This portends a growing shortfall in this occupation.
- Hospitals report challenges hiring and retaining EMTs in their communities. An estimated 2,990 FTEs would be required to provide a national average level of services in 2021, compared to an estimate of 3,490 FTEs in state licensure files. However, the demand estimate is for employed FTEs and state licensure files do not indicate if the licensed EMT works as a paid EMT, works as an EMT in a voluntary role, or works in a non-EMT role. BLS reports 3,220 EMT positions filled in May 2021 (including full-time and part-time positions). The number of new EMTs entering the workforce each year should be sufficient to meet future demands for services, but national sources indicate a high annual attrition rate as EMTs seek employment with better pay and benefits.
- State licensure files indicate an estimated supply in 2021 of 5,120 FTE social workers. Data limitations prevent development of a national benchmark to estimate demand—as federal databases use a different definition to categorize social workers and do not collect data on licensure status. Based on the healthcare settings where social workers are employed, demand is projected to increase by 27% (equivalent to approximately 1,360 FTEs) between 2021 and 2035. Tennessee, like the nation, is training a sufficient number of social workers to meet future demand for services. However, low pay and lack of employment opportunities contribute to many trained professionals leaving this field.
- In 2021, Tennessee had 2.1% of the nation's total population and 2.1% of the nation's population age 65 or older. Tennessee also had 4.8% of the nation's NPs. Across almost all care delivery settings, Tennessee employed NPs at close to double the rate of the national average. Estimated supply of 13,260 FTEs in 2021 compared to estimated requirements of 5,960 FTEs required to

provide a national average level of NP services. Although analysis of the physician workforce is outside the scope of this study, other studies indicate a shortfall of physicians in Tennessee. Hence, the abundance of NPs appears to be helping offset the shortfall of physicians. NP supply in Tennessee, and throughout the U.S., is projected to grow rapidly. Coupled with a growing national shortage of physicians¹, Tennessee might continue to have to rely more heavily on the NP workforce (relative to the national average) to meet future demand for healthcare services.

- The PA supply of 2,730 FTEs in 2021 was about 620 FTEs (19%) below the 3,350 FTEs that would be expected based on national patterns of care use and delivery. Although PAs and NPs have different qualifications, educational backgrounds, and responsibilities, the lower availability of PAs in the state appears to be offset by greater use of NPs.
- Hospital administrators report struggling to attract staff to healthcare positions because of the low pay for long hours during unpopular shifts in a high-stress environment. Personnel and other costs are rising faster than reimbursement rates.
- Deans of nursing and allied health/health sciences schools described a dwindling pipeline, driven by both the decreasing numbers of younger adults in the high school and college age cohorts, as well as less interest in both college in general as well as healthcare careers specifically. Dwindling pipeline is particularly noticeable for 2-year programs—despite 2-year public college generally being tuition-free in Tennessee—as they struggle to fill their available student openings with qualified applicants.
- Many of the trends affecting the health workforce—such as high levels of burnout and challenges attracting and retaining personnel—existed before COVID-19 but have been exacerbated by the pandemic.

Recommendations

Interviews with stakeholders in the healthcare workforce suggest educators and employers are devising creative ways to make do with the current workforce shortages, and that these efforts are helpful in bridging the gap in the short run. However, the overarching message is the current system is not sustainable in the long term and will continue to deteriorate without significant systemic changes. These workforce shortages are created by a combination of increasing demand for providers (as the aging population requires more care), and a dwindling pipeline of healthcare workers. Interviewees suggest the shortages will be resolved only by expanding the worker pipeline, retaining the existing workforce, and maximizing technology to increase staff efficiency and decrease workload. These shortfalls cannot be resolved without beefing up the pipeline because the current and future levels of demand cannot be met without more personnel. Raising wages to retain current staff and remain competitive in the industry will not fully solve the problem and may exacerbate financial challenges hospitals are already facing. Recruiting new employees into the pipeline is essential to fully address hospital and healthcare workforce shortages. However, interviewees noted that even significant boosting of the worker pipeline simply will not produce enough personnel without accompanying technology to make workers more efficient. Additionally, healthcare costs continue to rise with little or no increase in reimbursements and with reimbursement changes not linked to the factors that providers use in making their staffing and other managerial decisions. Thus, changes to healthcare finance are also required for a long-term solution. To boost the pipeline, interviewees suggest several approaches. More resources are needed to cultivate awareness of, and interest in, healthcare careers. They note that when middle and high school students are

exposed to healthcare professions (especially immersion in delivery settings and technology), many students develop goals of training for healthcare careers. For many who want to work in healthcare occupations, the costs of training can be out of reach, and for others, the costly investment in training relative to the low payoff in future income can dissuade them from entering the field. For these students, programs that include tuition assistance, paid internships, loan forgiveness, and help with childcare can help.

To aid in retention, the nonstandard work hours often required in healthcare can be mitigated to some extent with perks such as concierge and travel agent services, in-house gyms, childcare and/or elder care, and flexibility on shifts that allows workers to participate in more family-related or social activities of import to them. Re-envisioning career paths with more respect, prestige, and upward mobility could also help retain workers. Other states have also proposed policies and programs to address workplace violence. Understandably, resources have been concentrated on simply weathering the COVID-19 storm. As the impact of the pandemic and the great resignation subsides, reasons for mass workforce exodus in healthcare should be explored in depth to provide employers and other impacted stakeholders the information they need to address the root causes. Because such an inquiry would benefit so many stakeholders, such research might most efficiently be funded publicly or jointly by stakeholders. Additionally, the precision of workforce supply projections could be improved with the collection of data during the licensure process regarding retirement intentions and status as well as hours worked.

Expanding the worker pipeline, either by reducing barriers to joining the worker pool and/or by directly injecting more potential workers, can ease shortages and facilitate efficient employment of healthcare delivery resources. Joining the licensure compact for social workers is one way to increase the potential social worker pool. Helping the Board of Nursing with resources needed to expedite screening of NCLEX applicants might also improve efficiency in the nurse labor market. Other states have proposed removing arbitrary barriers to internationally trained providers joining the workforce or providers licensed in other states providing telehealth, as well as implementing policies to encourage transitioning of ex-military personnel with relevant experience into the health workforce.

Boosting the pipeline will require sufficient amounts of trainers as well as trainees. Because advanced degrees are required for faculty in many of the healthcare professions, difficulties luring professors from higher paying industry jobs at teacher salaries were reported. Review of both faculty pay policies, especially in public schools where legislators can influence wages, as well as training and experience requirements may yield legislative options for boosting training faculty.

Comments by interviewees in both the educational and delivery sectors suggested that increased coordination among the organizations in both sectors could be helpful. For example, hospital administrators noted shifting goals for provider mix and educators noted issues matching the skills providers were demanding. Educators and employers could coordinate more closely on the optimal mix of BSNs, ADNs, LPNs, and other occupations included in new care models designed to leverage skills along the whole spectrum of workers in team-based care; training should be organized to produce an optimally trained mix of workers.

Based on input from stakeholder interviews, assessments of the current and projected healthcare workforce in Tennessee, and a review of recommendations by other states,^{19,20} national organizations and experts²¹⁻²³, we recommend the following:

Expanded workforce pipeline for nursing and select allied health occupations in short supply

- Action item 1: Create a statewide awareness campaign to highlight the variety of hospital careers available and resources to assist in training and education for those careers.

- Action item 2: Develop programs to educate middle and high school students about career opportunities in healthcare.
- Action item 3: Create or augment existing programs that provide stipends or financial incentives (e.g., tuition assistance, paid internships, loan forgiveness, and help with childcare) to pursue careers in high demand healthcare fields.
- Action item 4: Increase availability of clinical sites for nurse training.
- Action item 5: Increase supply of qualified faculty and resources for nursing programs.
- Action item 6: Explore joining the licensure compact for social workers.
- Action item 7: Provide the Board of Nursing with resources needed to expedite screening of NCLEX applicants.
- Action item 8: Build career pathways to support education and training for existing staff to accelerate career advancement into high-demand positions.

Retention of Healthcare Workforce

- Action item 9: Address social and economic drivers that cause healthcare workers to leave the profession, including the cost and availability of child and elder care.
- Action item 10: Establish a statewide workplace violence prevention consortium to provide training and support and recommend policy changes.

New Models of Care

- Action item 11: Explore new models of care focused on relieving professional staff of tasks that can be delegated to other assistive personnel.
- Action item 12: Maximize technology to increase staff efficiency and decrease workload.

Geographic Distribution

- Action item 13: Focus on expansion of training programs into underserved communities.

Data Collection

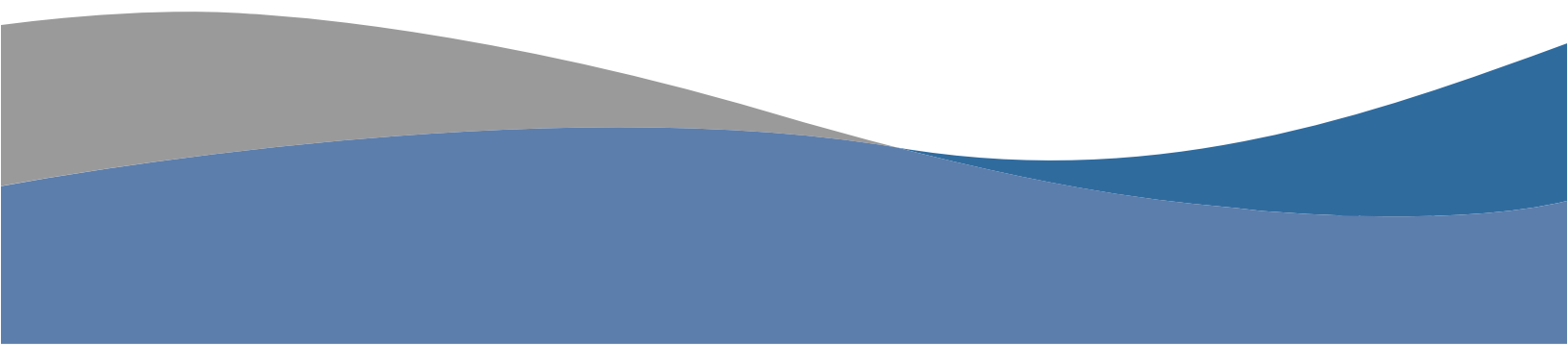
- Action item 14: Implement a survey of healthcare workers at time of license renewal, as has been implemented in several other states, to collect data on labor force participation, intentions to remain in the workforce, and factors contributing to labor force participation decisions.



Occupation Report

Medical and Clinical Laboratory Technicians

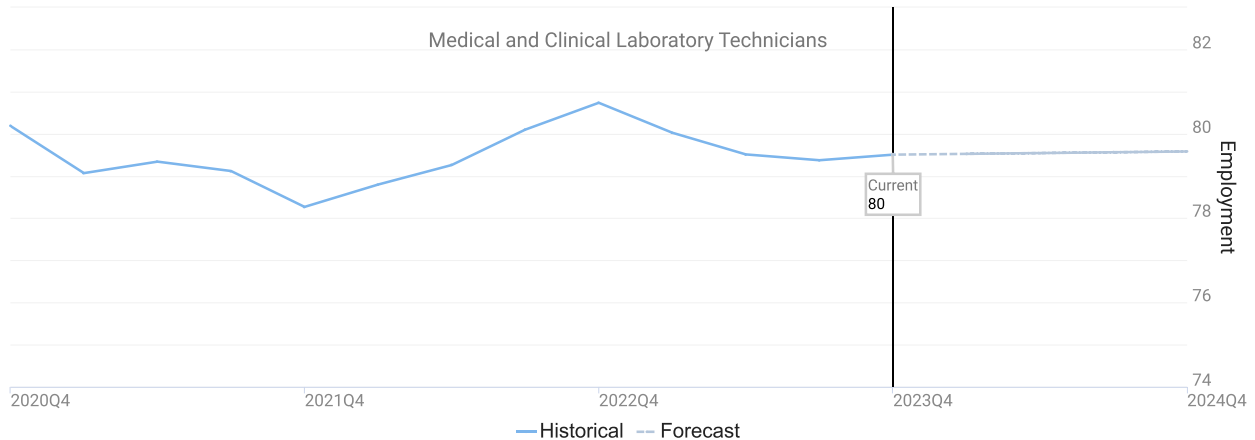
WSSC Service Area



Occupation Snapshot 3
Employment by Industry 4
Wages 5
Occupation Demographics 6
Education Profile 7
RTI (Job Postings)..... 8
Top Skill and Certification Gaps..... 12
Occupation Gaps 13
Geographic Distribution 14
WSCC Service Area Regional Map 16
Data Notes..... 17
Region Definition..... 18
FAQ 19

Occupation Snapshot

6-Digit Occupation	Empl	Avg Mean Wages	LQ	3-Year Empl Change	Annual Demand	Forecast Ann Growth
Medical and Clinical Laboratory Technicians	80	\$54,100	0.42	-1	6	1.0%




- 💡 “Annual Demand” is the projected need for new entrants into an occupation. New entrants are needed due to expected growth and to replace workers who left the occupation due to factors such as retirement or switching careers.
- 💡 “Forecast Ann Growth” is the expected change in jobs due to national, long-term trend projections (per the BLS) as well as local factors such as industry mix and population growth (as computed and modeled by Chmura).

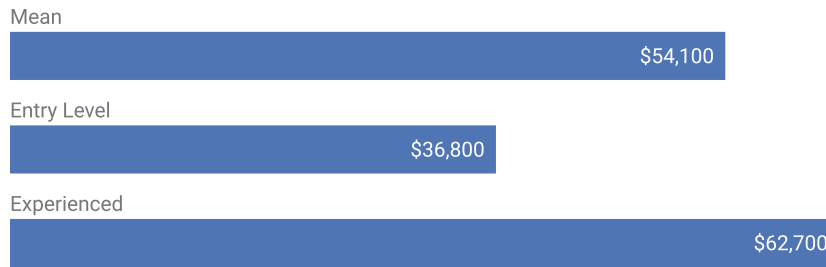
Employment by Industry

Industry Title	% of Occ Empl	Empl	10-Year Separations	10-Year Empl Growth	10-Year Total Demand
General Medical and Surgical Hospitals	49.7%	40	26	4	30
Offices of Physicians	14.4%	11	7	0	7
Employment Services	10.4%	8	5	1	6
Medical and Diagnostic Laboratories	9.7%	8	5	1	7
Colleges, Universities, and Professional Schools	4.9%	4	3	0	3
Outpatient Care Centers	1.5%	1	1	0	1
Other Professional, Scientific, and Technical Services	1.3%	1	1	0	1
Executive, Legislative, and Other General Government Support	0.9%	1	1	0	1
Other Ambulatory Health Care Services	0.9%	1	1	0	1
Nursing Care Facilities (Skilled Nursing Facilities)	0.8%	1	0	0	0
Offices of Other Health Practitioners	0.7%	1	0	0	1
All Others	4.7%	4	3	1	3



 The industry distribution indicates the industries in which workers in the occupation(s) are primarily found.

 “10-Year Empl Growth” may show industries with positive as well as negative growth; this would indicate that the occupation(s) being examined are expected to expand within some industries while contracting in others.

Wages

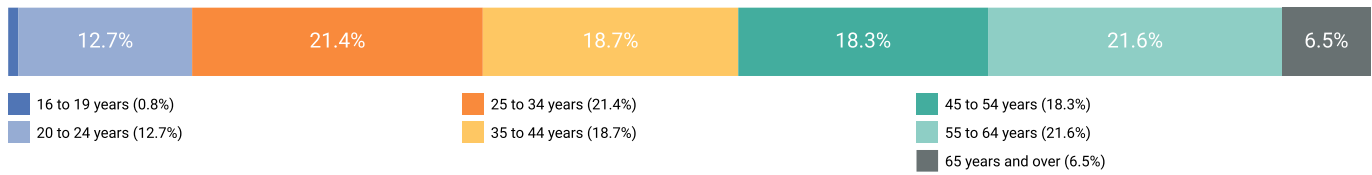


Occupation	Mean	Median	Entry Level	Experienced
Medical and Clinical Laboratory Technicians	\$54,100	\$55,700	\$36,800	\$62,700

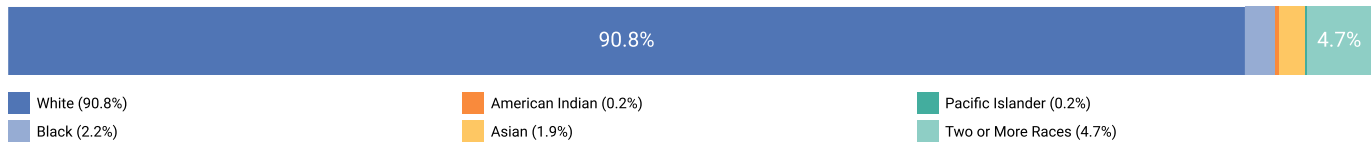
-  Occupation wages here utilize BLS OEWS data, imputed and brought forward by Chmura.
-  When this report is run for an occupation group, the table above displays up to the top ten detailed occupations which have the highest average wages within the occupation group.

Occupation Demographics

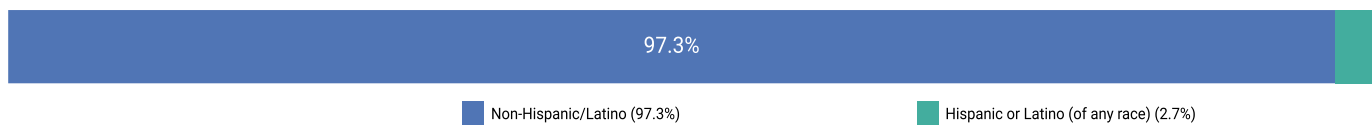
Age



Race



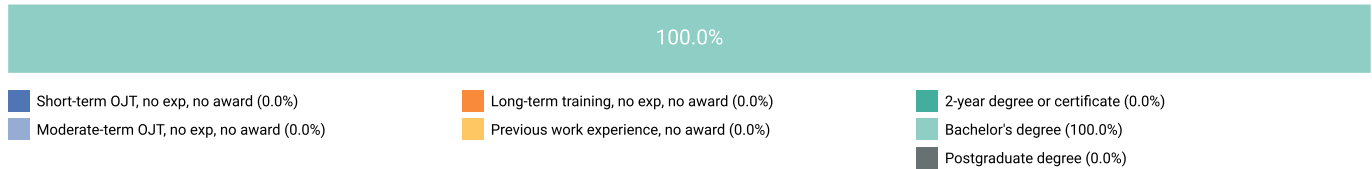
Ethnicity



Gender

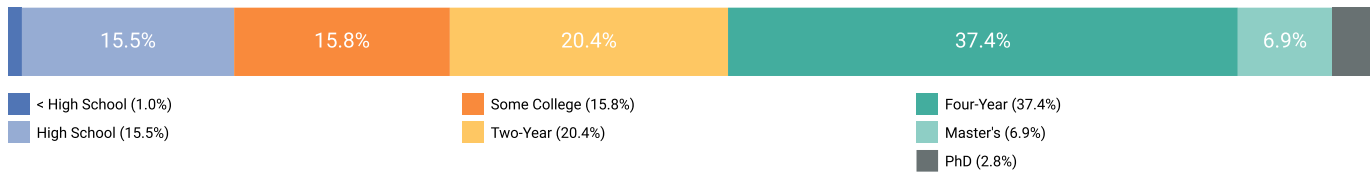


Education and Training Requirements



Education Profile

Educational Attainment



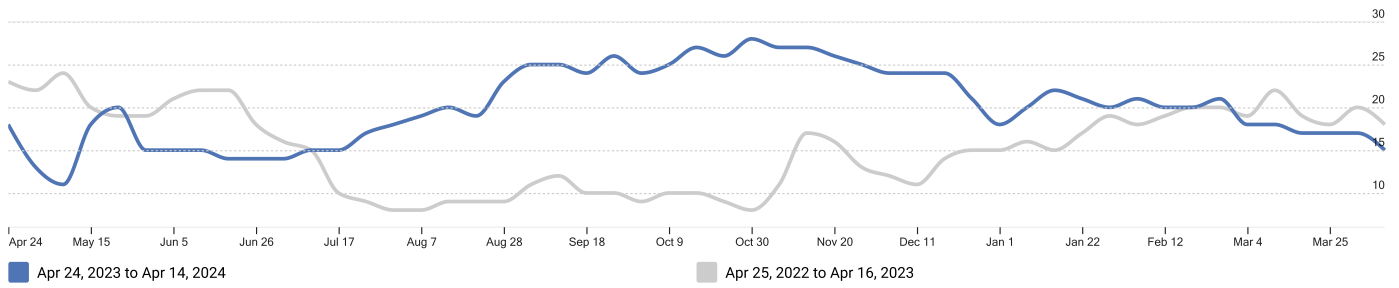
Occupation	Typical Entry-Level Education	Previous Work Experience	Typical On-the-Job Training
Medical and Clinical Laboratory Technicians	Bachelor's degree	None	None


 The stacked bar chart here illustrates the estimated mix of educational attainment of the workers in this occupation(s) in aggregate.

 The table indicates typical education and training requirements rather than the mix of attainment of workers in such positions.

RTI (Job Postings)

Active Job Ads by Date



 Online job ads are a timely indicator of local demand. Occupation assignments shown below are made by Chmura based upon analysis of job titles and job descriptions. Top employers and listed job requirements are shown on the following pages.

Occupations

SOC	Occupation	Active Job Ads
29-2012.00	Medical and Clinical Laboratory Technicians	104
29-2012.01	Histology Technicians	2

Locations

Location	Active Job Ads
Morristown, TN 37814	29
Knoxville, TN, 37998	11
Sevierville, TN 37862	11
Kingsport, Tennessee	5
Tazewell, TN 37879	5
Knoxville, TN 37920	4
Harrogate, TN 37752	3
Kingsport, TN 37660	3
Kingsport, TN, 37660, US	3
Kingsport, Tennessee United States, 37660	3

Employers

Employer Name	Active Job Ads
Covenant Health	46
CSL Behring	5
Connected Health Care, LLC	5
BAE Systems	4
Eastman	4
The University of Tennessee Medical Center	4
Lincoln Memorial University (New)	3
Ballad Health	2
Genotox Laboratories	2
Highlands Pathology Consultants, P.C.	2

Hard Skills

Skill Name	Active Job Ads	
Laboratory Information System (LIS)	37	
Aseptic Technique	27	
Microsoft Excel	12	
Microsoft Office	8	
Mathematics	7	
Medical Terminology	7	
Laboratory Information Management System Software (LIMS)	5	
Long-Term Care	5	
Ability to Lift 21-30 lbs.	4	
Application Development	4	

Job Titles

Job Title	Active Job Ads	
Lab Assistant	20	
Senior Lab Assistant	12	
Laboratory Technician	6	
Laboratory Tech III	4	
Clin Spec-PT	3	
MT	3	
CLIN SPEC-ST	2	
MLT	2	
Medical Lab Assistant	2	
Medical Lab Technician	2	

Education Levels

Minimum Education Level	Active Job Ads
High school diploma or equivalent	57
Bachelor's degree	8
Master's degree	7
Associate's degree	4
Unspecified/other	30

Programs

Program Name	Active Job Ads
Science	5
Biology	4
Mathematics	4
Physics	3
Statistics	3
Chemistry	1
Health	1
Humanities	1
Social Work	1
Veterinary Technology	1

Top Skill and Certification Gaps

Top 10 Skill Gaps in WSCC Service Area

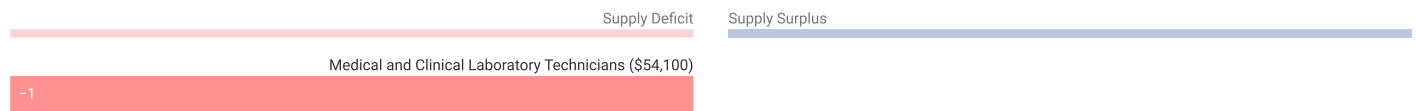
Name	Candidates	Openings	Gap
Laboratory Information System (LIS)	0	2	-2
Aseptic Technique	0	2	-2
Public Health	1	0	1



Top 10 Certification Gaps in WSCC Service Area

Name	Candidates	Openings	Gap
Medical Laboratory Technician (MLT)	0	1	-1
Medical Technologist (MT)	0	1	-1

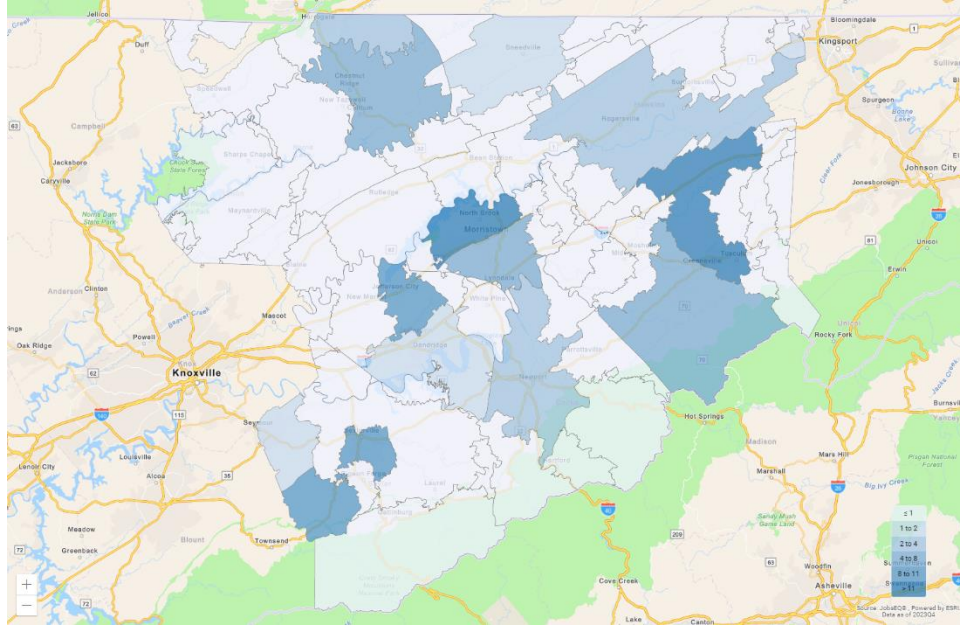
 Skill and certifications gaps can help inform employee development programs, as well as provide a comparison of the needs of regional employers to the supply.

Occupation Gaps



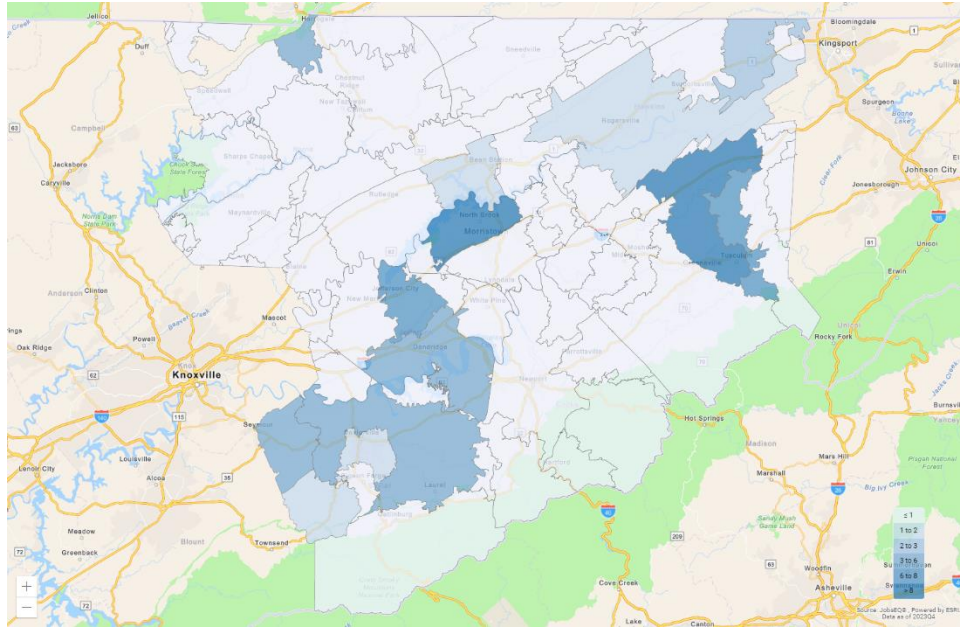
-  The above are the potential average annual gaps over 10 years. Many variables go into this analysis, but at its core it is based on a forecast comparing occupation demand growth to the local population growth and the projected educational attainment of those residents. When an area, for example, has an occupation expected to grow quickly but the educational requirement for the occupation does not match well with the educational attainment of its residents, there is a high potential for an occupation shortfall in the region. Alternatively, slow-growing or contracting occupations often represent potential supply surpluses.
-  The potential supply shortfall is an underlying force that the market needs to resolve one way or another, such as by employers recruiting from further distances for these occupations, wages going up to attract more candidates, and/or increased demand and wages enticing more local residents to get training for these occupations. While this an important analysis for determining local occupation needs, the occupation gap should be considered along with other regional data including growth and separation forecasts, unemployment rates, wage trends, and award and skill gap analyses.

Geographic Distribution



Top ZCTAs by Place of Work for Medical and Clinical Laboratory Technicians, 2023Q4

Region	Employment
ZCTA 37814	18
ZCTA 37745 (Greene County, Tennessee portion)	11
ZCTA 37862	8
ZCTA 37760	8
ZCTA 37743 (Greene County, Tennessee portion)	6
ZCTA 37813 (Hamblen County, Tennessee portion)	4
ZCTA 37879 (Claiborne County, Tennessee portion)	4
ZCTA 37821 (Cocke County, Tennessee portion)	4
ZCTA 37857 (Hawkins County, Tennessee portion)	3
ZCTA 37752 (Claiborne County, Tennessee portion)	2

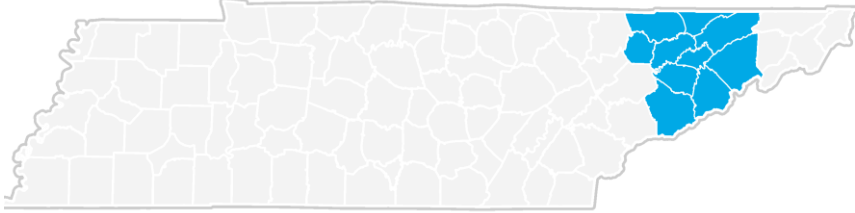


Top ZCTAs by Place of Residence for Medical and Clinical Laboratory Technicians, 2023Q4

Region	Employment
ZCTA 37814	10
ZCTA 37745 (Greene County, Tennessee portion)	8
ZCTA 37616	7
ZCTA 37760	7
ZCTA 37725 (Jefferson County, Tennessee portion)	5
ZCTA 37724	4
ZCTA 37876 (Sevier County, Tennessee portion)	3
ZCTA 37865 (Sevier County, Tennessee portion)	3
ZCTA 37642 (Hawkins County, Tennessee portion)	2
ZCTA 37857 (Hawkins County, Tennessee portion)	2

💡 “Place of work” employment is based upon the location of employers for these workers. “Place of residence” data refers to the home locations of the workforce, which is typically the preferred data set to use when calculating labor availability within a drive-time or radius of a potential worksite.

WSSC Service Area Regional Map



Data Notes

- Occupation employment by default indicates employment by place of work. Occupation employment is as of 2023Q4 and is based on industry employment and local staffing patterns calculated by Chmura and utilizing BLS OEWS data. Employment forecasts are modeled by Chmura and are consistent with BLS national-level 10-year forecasts. Wages by occupation are as of 2023Q4, utilizing BLS OEWS data, imputed and brought forward by Chmura. Entry-level and experienced wages are derived from these source data, computed by Chmura.
- Industry employment is as of 2023Q4 and is based upon BLS QCEW data, imputed by Chmura where necessary, and supplemented by additional sources including Census ZBP data.
- Education and training requirements are from the BLS. Educational attainment mix and other occupation demographics data are modeled by Chmura for 2023Q4 using regional occupation employment from JobsEQ, ZCTA-level demographics data from the Census Bureau, and national occupation-demographics patterns from the BLS.
- Postsecondary awards are per the NCES and are for the 2021-2022 academic year. Any programs shown are linked with the occupation(s) being analyzed via the program-occupation crosswalk, which may not be comprehensive. Any programs shown reflect only data reported to the NCES; reporting is required of all Title IV schools. Training providers that do not report data to the NCES are not reflected.
- Job ads data are online job posts from the Real-Time Intelligence (RTI) data set, produced by Chmura and gleaned from over 40,000 websites. Data reflect ads active during the 12-month period ending 04/19/2024 and advertised for any Zip Code Tabulation Area in or intersecting with the region for which this report was produced. Historical ad volume is revised as additional data are made available and processed. Since many extraneous factors can affect short-term volume of online job postings, time-series data can be volatile and should be used with caution. All ad counts represent deduplicated figures and exclude ads from staffing companies.
- For skill and certification gaps, openings and candidates are based upon regional occupation demand (growth plus separations) and the percent of skill demand and supply. Skill demand mix data are per a one-year sample of RTI data; skill supply data are estimated using a five-year sample of resumes data; both data sets compiled as of July 2022. Data may be based, at least in part, on data from broader geographies; see the Skill Gaps analytic export for more details.
- Occupation gaps are modeled by Chmura, indicating long-term potential supply and demand mismatches in a region due, in part, to job demand and labor pool dynamics, including educational attainment and projected growth.
- Occupation employment by place of residence is as of 2023Q4 and modeled by Chmura based upon occupation employment by place of work and commuting patterns. Commuting patterns are derived from source data from the Census Bureau, occupation-specific commuting tendencies, and updated to reflect more recent population and employment estimates.
- Figures may not sum due to rounding.

Region Definition

WSCC Service Area is defined as the following counties:

Claiborne County, Tennessee

Cocke County, Tennessee

Grainger County, Tennessee

Greene County, Tennessee

Hamblen County, Tennessee

Hancock County, Tennessee

Hawkins County, Tennessee

Jefferson County, Tennessee

Sevier County, Tennessee

Union County, Tennessee

FAQ

What is (LQ) location quotient?

Location quotient is a measurement of concentration in comparison to the nation. An LQ of 1.00 indicates a region has the same concentration of an industry (or occupation) as the nation. An LQ of 2.00 would mean the region has twice the expected employment compared to the nation and an LQ of 0.50 would mean the region has half the expected employment in comparison to the nation.

What is annual demand?

Annual demand is a of the sum of the annual projected growth demand and separation demand. Separation demand is the number of jobs required due to separations—labor force exits (including retirements) and turnover resulting from workers moving from one occupation into another. Note that separation demand does not include all turnover—it does not include when workers stay in the same occupation but switch employers. Growth demand is the increase or decrease of jobs expected due to expansion or contraction of the overall number of jobs.

Attachment 8: Living Wage Calculation for Tennessee

Source: <http://livingwage.mit.edu/states/47>

The living wage shown is the hourly rate that an **individual** in a household must earn to support themselves and/or their time, or 2080 hours per year. The tables below provide living wage estimates for individuals and households with one or and zero to three children. In households with two working adults, all hourly values reflect what one working adult requires for their families' basic needs, assuming the other adult also earns the same.

The poverty wage and state minimum wage are for reference purposes. Poverty wage estimates come from the Department of Human Services' [Poverty Guidelines](#) for 2024 and have been converted from an annual value to an hourly wage for ease of use. State minimum wage data is sourced from the [Labor Law Center](#) and includes the minimum wage in a given state as of 2024.

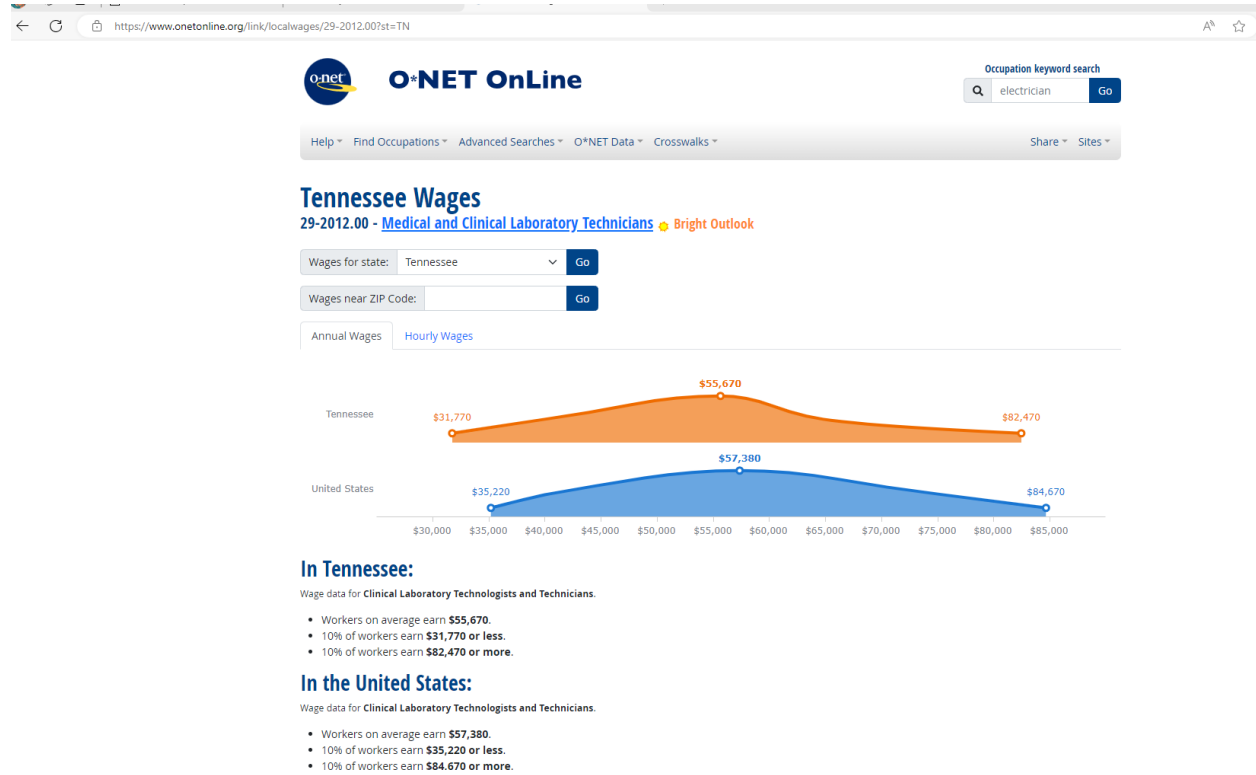
For further detail, please reference the [Methodology](#) page. The data on this page was last updated on February 14, 2024.

	1 ADULT				2 ADULTS (1 WORKING)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	\$20.77	\$33.72	\$41.93	\$51.72	\$28.15	\$33.50	\$37.79	\$40.26
Poverty Wage	\$7.24	\$9.83	\$12.41	\$15.00	\$9.83	\$12.41	\$15.00	\$17.59

Attachment 9: THEC In-demand Regional Data 2023 for SOC code 29-2010 (Clinical Laboratory Technician)

A	B	C	D	E	F	G	H	I	J
Northeast Tennessee - Occupations with High Employer Demand									
SOC Code	Description	2021 Jobs	2021 Employment Concentration (National Avg. is 1.0%)	Annual Openings (2018 - 2022)	Job Postings: Openings Advertised Online 20%	2021 Hires	Entry Level Wages	Median Wages	Experienced Wages
13-2052	Personal Financial Advisors	110	0.32	17	22	35	\$18.32	\$29.56	\$48.52
15-1212	Information Security Analysts	90	0.43	17	6	57	\$25.69	\$37.30	\$45.07
15-1232	Computer User Support Specialists	350	0.41	44	59	245	\$15.40	\$21.46	\$26.92
17-2051	Civil Engineers	160	0.40	16	62	83	\$27.32	\$37.03	\$46.14
17-2141	Mechanical Engineers	320	0.87	38	57	111	\$34.04	\$46.68	\$57.27
17-2199	Engineers, All Other	180	0.90	25	57	66	\$24.82	\$37.26	\$54.45
17-3023	Electrical and Electronic Engineering Technologists and Technicians	100	0.75	24	32	49	\$20.92	\$29.57	\$34.74
17-3029	Engineering Technologists and Technicians, Except Drafters, All Other	90		0	11	84	\$23.75	\$36.44	\$37.00
21-1012	Educational, Guidance, and Career Counselors and Advisors	340	0.87	31	42	144	\$19.65	\$23.61	\$27.94
21-1019	Counselors, All Other	90	2.32	13	28	55	\$14.94	\$19.89	\$22.58
21-1021	Child, Family, and School Social Workers	400	0.89	59	5	217	\$16.44	\$21.39	\$24.35
21-1022	Healthcare Social Workers	450	1.96	19	76	266	\$15.06	\$20.95	\$24.95
21-1093	Social and Human Service Assistants	320	0.61	53	28	181	\$11.47	\$14.58	\$17.33
23-1011	Lawyers	340	0.38	31	23	90	\$29.16	\$49.77	\$78.83
25-2011	Preschool Teachers, Except Special Education	290	0.56	51	9	170	\$9.68	\$16.77	\$20.14
25-4022	Librarians and Media Collections Specialists	170	1.01	18	10	64	\$21.01	\$28.49	\$29.95
27-1024	Graphic Designers	130	0.48	25	12	86	\$15.08	\$21.05	\$27.33
27-1026	Merchandise Displayers and Window Trimmers	200	0.95	16	387	120	\$12.11	\$14.17	\$16.91
27-3031	Public Relations Specialists	110	0.34	11	13	60	\$13.90	\$22.69	\$31.78
29-1071	Physician Assistants	190	1.08	19	49	68	\$37.37	\$47.71	\$55.72
29-1126	Respiratory Therapists	350	1.99	32	260	93	\$19.74	\$22.62	\$26.78
29-1131	Veterinarians	100	0.98	13	25	22	\$31.60	\$46.96	\$55.88
29-1292	Dental Hygienists	330	1.21	29	24	87	\$25.44	\$36.12	\$37.06
29-2010	Clinical Laboratory Technologists and Technicians	440	1.05	56	228	130	\$15.54	\$22.71	\$28.90
29-2032	Diagnostic Medical Sonographers	150	1.45	17	108	52	\$23.80	\$29.23	\$37.19
29-2052	Pharmacy Technicians	940	1.63	84	281	518	\$12.45	\$14.05	\$17.47
29-2055	Surgical Technologists	120	0.83	27	336	44	\$15.34	\$22.33	\$23.75
29-2061	Licensed Practical and Licensed Vocational Nurses	2,220	2.64	242	1,245	1,015	\$15.04	\$18.10	\$21.65

Attachment 9: O-Net Annual and Hourly Wages and Occupational Outlook for Medical and Clinical Laboratory Technicians (SOC 29-2010/29-2012)



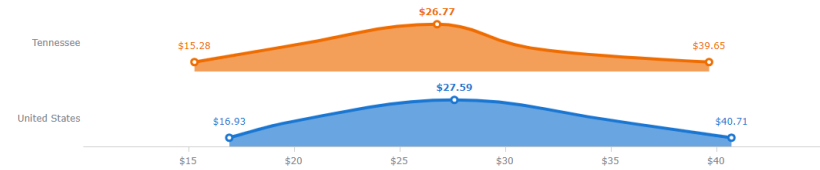
Tennessee Wages

29-2012.00 - [Medical and Clinical Laboratory Technicians](#) Bright Outlook

Wages for state: Tennessee Go

Wages near ZIP Code: Go

Annual Wages Hourly Wages



In Tennessee:

Wage data for **Clinical Laboratory Technologists and Technicians**.

- Workers on average earn **\$26.77** per hour.
- 10% of workers earn **\$15.28 or less** per hour.
- 10% of workers earn **\$39.65 or more** per hour.

In the United States:

Wage data for **Clinical Laboratory Technologists and Technicians**.

- Workers on average earn **\$27.59** per hour.
- 10% of workers earn **\$16.93 or less** per hour.
- 10% of workers earn **\$40.71 or more** per hour.

Tennessee Jobs

29-2012.00 - [Medical and Clinical Laboratory Technicians](#) Bright Outlook

Openings for state: Tennessee Go

Find more openings at CareerOneStop

Openings near ZIP Code:

1-100 of 155 job openings in Tennessee shown

Posted	Title and Location	Description
March 17, 2024	Microbiologist HCA HealthPartners Knoxwood, TN	
March 30, 2024	Medical Laboratory Technician Actalent Knoxville, TN	This occupation, Medical and Clinical Laboratory Technicians , is expected to grow rapidly .
March 28, 2024	Medical Laboratory Technician Actalent Knoxville, TN	
March 28, 2024	Medical Lab Technician II Actalent McMinnville, TN	

Bright Outlook: Medical and Clinical Laboratory Technicians

Bright Outlook occupations are expected to grow rapidly in the next several years, will have large numbers of job openings, or are new and emerging occupations. [More details.](#)

[View all Bright Outlook occupations](#)

NAACLS Accreditation Application Packet

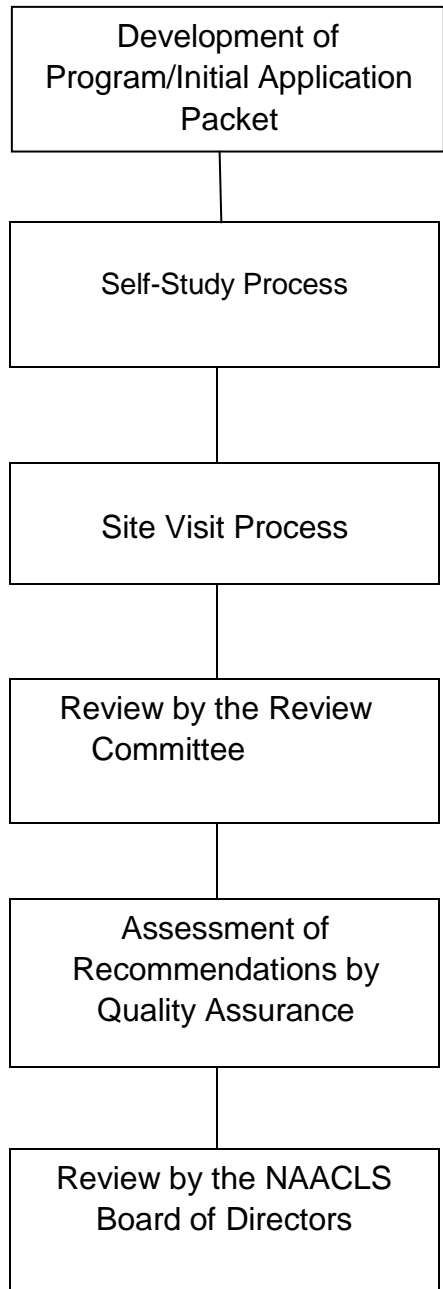
Adopted 2020; Edited 10/2021, 06/2022, 07/2023

The logo for NAACLS features the acronym "NAACLS" in a bold, black, sans-serif font. The letters are set against a light blue, semi-transparent circular background that has a subtle gradient and a slight glow effect. The letters are slightly offset from the background, creating a layered appearance.

National Accrediting Agency
for Clinical Laboratory Sciences

The Initial Accreditation Process

The Overall Accreditation Process



Development of Program/Initial Processes

Programs seeking Initial Accreditation must first comply with several requirements including a letter of intent, a completed initial application, payment of an initial application fee, and approval of a preliminary report. These individual requirements must be submitted in the Initial Application Packet (available on the website).

The Self-Study Process

The first step in the evaluation of a program is the program's own self-evaluation. This is accomplished by the Program Director with the cooperation of the program faculty and administration. NAACLS has made the forms that the reviewers will use available for download on the NAACLS web site (www.naacls.org) as an aide for program officials to evaluate their program. While the program's self-evaluation certainly should review the NAACLS Standards, other documents, such as the programmatic and institutional mission statements, supply additional information for the functions of the program. The result of this self-evaluation is the Self-Study, which is a document that demonstrates the program compliance with the Standards. Recommendations for assembling the Self-Study are found in the Standards Compliance Guide.

The Self-Study reviewer is charged with the review of the Self-Study, ensuring that it adequately demonstrates the program's compliance with the Standards. The reviewer is evaluating the Self-Study, rather than the

program, thus assuring that good practice processes are documented. In addition, the reviewer is the earliest outside source to review the adequacy of compliance. The program receives the Self-Study Review and is directed to develop a Response to the Self-Study Review. The Response attempts to clarify issues identified in the Self-Study Review, and perhaps to develop new policies and procedures to address the concerns noted.

The Site Visit Process

Site visits are fact-finding journeys. The objective of a site visit is to verify and supplement information presented in the Self-Study and the Response to the Self-Study Review. The Site Visit Report is the product of the Site Visit, and is a summary of information that the program has provided for the site visitors, keyed to the NAACLS Standards. The program receives the Site Visit Report and is directed to develop a Site Visit Report Response. The Response attempts to clarify issues identified in the Site Visit, and perhaps to develop new policies and procedures to address the concerns noted.

Review by a Review Committee

Based on the review of Self-Study Review, the Program's Response to the Self-Study Review, the Site Visit Report, and the Program's Response to the Site Visit Report, the appropriate Review Committee makes determinations as to the compliance, partial compliance or non-compliance of a program with the Standards, and recommends accreditation and actions to the NAACLS Board of Directors.

Quality Assurance Assessment

The Quality Assurance Committee reviews all accreditation recommendations before the sponsoring institution is notified of the Review Committee recommendations and before the recommendations are sent to the Board of Directors for final approval of accreditation awards.

The Review by the NAACLS Board of Directors

Based on the recommendations of the Review Committee, and with review of consistent application of the Standards to insure that decisions are not arbitrary, capricious, or inconsistent, the Board of Directors makes the final determination to award, withhold, or withdraw accreditation.

The Initial Accreditation Process Chart

STEP	ACTION	RESPONSIBLE PARTY	TIME FRAME FOR THE PROGRAM
1. Download the Initial Accreditation Packet	Access the Initial Accreditation Packet on the NAACLS Website.	CEO/President or other high ranking administrator of Sponsoring Institution	Starting point
2. Provide all materials required by the Initial Accreditation Packet	<p>Sponsoring Institution submits:</p> <p>Letter of Intent, signed by a designated institution official legally authorized to sign contractual agreements on behalf of the institution (DSA)</p> <p>Initial Application Form (included in packet)</p> <p>Initial Application Fee (see website)</p>	Proposed Program Director/Department Chair	As soon as the program has completed all listed steps.
3. Initial Accreditation Packet Approved *	Program encouraged to proceed with the Self-Study process. .	NAACLS	NAACLS Reviewers receive up to 2 months to review all submitted materials
<p><i>*A Program will not be considered for Accreditation unless the Initial Accreditation Packet has been accepted, stating that NAACLS is reasonably assured that the program will meet the standards. If the program enrolls students too early in the initial application process and NAACLS does not approve the program's Initial Accreditation Packet, the program may risk having students graduate from their program before the program is accredited.</i></p>			
7. Self Study submitted to NAACLS	Submit Self Study to NAACLS.	Program Director	Prior to graduation of first class
8. Program receives "Serious Applicant Status"	Once the Initial Application Packet is approved and the Self-Study is received NAACLS grants "Serious Applicant Status"	NAACLS	Immediately after the Initial Application Packet is approved and the Self-Study is received
9. Self Study Review	Self-Study is evaluated.	NAACLS	Self-Study Review forwarded to program typically

			within 2-3 months
10. Response to Self-Study Review	Response to Self-Study Review is submitted with supporting documentation	Program Director	Within 1 month of receipt of Self-Study Review
11. Site Visit	Site Visit Team submits a written report following the site visit	NAACLS	Site Visit Report forwarded to program within 1.5 months following the site visit
12. Response to Site Visit Report	Response to Site Visit Report is submitted with supporting documentation	Program Director	Within 1 month of receipt of Site Visit Report

All documentation is reviewed by NAACLS. Review Committee recommendations are reviewed by the QA Committee and sent to the NAACLS Board of Directors to determine Accreditation awards.

Initial Accreditation Packet

Institutional administrators submitting the Initial Accreditation Packet must include the following:

1. A letter of interest signed by a designated institution official legally authorized to sign contractual agreements on behalf of the institution (DSA), declaring the program's intent to start an accredited program.
2. The Application for Initial Accreditation to NAACLS.
3. Proof the Initial Application Fee has been paid.
4. Required items for the Preliminary Report.

Preliminary Report Requirements

The Preliminary Report is a general overview of the program and although not a full Self-Study Report it does form part of the foundation for the Initial Accreditation Self-Study Report. As such, the Preliminary Report must provide adequate evidence that the program will be able to meet the NAACLS Standards for Accreditation to be accepted as satisfactory. The Preliminary Report is submitted with all other required materials in the Initial Application Packet.

Standard I. Sponsorship

- Sponsoring Institution: Provide documents of current accreditation by a regional or national agency for the sponsoring institution.
- Affiliations: Provide letters of intent (or good faith) or signed affiliation agreements from proposed clinical sites, as well as evidence that enough sites are available to accommodate projected numbers of students.

Standard II. Assessment and Continuous Quality Improvement

- Program Evaluation: Summarize a documented plan for continuous and systematic assessment of program effectiveness with a plan for program modification and improvement.

Standard III. Resources

- Physical Resources: Describe facilities, equipment, and supplies sufficient to achieve program goals.
- Budget Information: Provide a budget sufficient to achieve program goals or a letter of financial support.

Standard IV. Students

- Program Mission, Goals and Outcomes: Provide program goals that will align, correlate, and support NAACLS entry levels competencies including both core and unique standards for the profession.

Standard V. Operational Policies

- Recruitment: Describe student recruitment, processing of applications, and selection of students appropriate to the size and scope of the program. Describe how admissions criteria and essential functions and student outcomes measures will be communicated to prospective students.

Standard VII. Faculty

- A completed program official approval form with all required documentation and narratives included. Or, submit proof of NAACLS Approval of the Program Director. Submit additionally required documentation for Medical Director and/or Education Coordinator, if applicable.
- Personnel Plan: Describe the faculty/personnel plan (additional faculty positions if appropriate) adequate to support the number of students proposed in the program and to achieve the program goals. Provide a list of faculty and the courses they will be teaching if possible.
- Advisory Committee: Describe the membership of Advisory Committee which provides input into the program/curriculum to maintain current relevancy and effectiveness.

Standard VIII. Curriculum

- Program and Course Descriptions: Provide a description of the proposed length of program and program tracks and rationale for course sequencing. In addition to the above description, provide a program of study that contains all required program courses in recommended sequence, course syllabi, course descriptions and measurable student learning outcomes for all program specific courses.
- For one course, provide an example of a lecture and associated evaluation tools that align with identified program outcomes and will provide evidence of learning in the

cognitive, affective and psychomotor domains Program course must include all of the instructional areas delineated in Standard VIII.A specific for the level of program.

Upon review of the Initial Accreditation Application Packet, if the committee is reasonably assured that the program will meet the Standards, NAACLS notifies the program director to begin the Initial Self-Study process. Additional documentation and clarification may be requested before a program is encouraged to proceed. Programs are allowed three (3) opportunities to submit requested items to achieve a satisfactory Initial Accreditation Application Packet Review. If the program is unable to achieve a satisfactory review upon the third submission, the program must begin the initial Accreditation process from the beginning, including submission of a new initial application and application fee.

Once the Initial Accreditation Application Packet is accepted as satisfactory, NAACLS staff will assign a Self-Study Report due date (and a site visit date for programs seeking accreditation). *Ideally*, the Self-Study Report due date is prior to graduation of the first class of students. The site visit date is typically no later than three months after the class graduates and within six months of the Self-Study Report due date.

5. Submit the Self-Study Report.

See the NAACLS Website for instructions on submission of the self-study report.

6. Achieve "serious applicant" status.

NAACLS considers a program a "serious applicant" for accreditation when it has achieved the following steps:

- a. Received approval for the Initial Application Packet.
- b. Submitted the completed Self-Study Report.

Periodically, certification agencies request information from NAACLS regarding whether or not a program is considered to be a "serious applicant." Until NAACLS has received these items, it does not report that a program is a "serious applicant." **NAACLS has no authority to determine admission to a certification examination. All questions regarding eligibility for such examinations should be directed to the following certification agencies for accredited programs:**

ASCP Board of Certification, 800-267-2727; info@ascp.org

AMT, American Medical Technologists, 847-823-5169, mail@americanmedtech.org

NHA, National Healthcareer Association, 800-499-9092, <https://info.nhanow.com/nha-email-form>

NCCT, National Center for Competency Testing, 800-845-4404, contactus@ncctinc.com

A program seeking initial accreditation may remain in serious applicant status for 18 months. After that time, the program must reapply.

The program director must inform students seeking admission that the program is applying for Accreditation and that their eligibility to take some certification examinations may depend on whether or not the program achieves "serious applicant" status. This information must be transmitted in writing

NAACLS Initial Accreditation Application Packet Template

The Initial Application Packet is a general overview of the program that must provide adequate evidence of potential compliance with the NAACLS standards for Accreditation. This is not the same as a Self-Study report, which would be the next step after approval of the Initial Application Packet. **Please note, NAACLS Staff will not distribute the Initial Application Packet for review until all items are included within the Initial Application Packet template.** NAACLS recommends that the program consider the following items:

- Make sure your version of Adobe Reader is up to date. This program is free, please see link: www.adobe.com
- Download the template from the website and open it with an Adobe program (often computer operating systems use a web browser as a PDF “preview” default. This preview cannot be edited. This document can only be edited with an Adobe program.
- NAACLS Standards for Accredited Programs should be downloaded and reviewed. This can be found on the NAACLS website by visiting WWW.NAACLS.ORG. You can then click on the “Program Directors Tab” and scroll down. You will see all relevant documents listed on the right hand side.
- A program has three opportunities to have their Initial Application Packet approved. If a program does not have their report approved after the third opportunity, they must wait for a year before applying again. Programs are provided feedback after a negative review.
- Narrative answers should be clear and concise.
- Required documentation should be edited in a way to present only the essential information to NAACLS reviewers. For example, instead of a whole catalog, including only the relevant pages with relevant information highlighted.
- Please name your file attachments with the Standard it pertains to (i.e. Standard1-ABCHospitalAffiliationAgreement.pdf).

Instructions on how to attach documents to this template:

To Attach a File anywhere in this PDF:

I. For Acrobat Adobe Reader DC:

1. Click on “View”
2. Click on “Tools”
3. Click on “Comment”
4. Click on “Open” and the comment tool bar will open.

Add attachment

1. Click on paper clip.
2. Click on "Attach File".
3. Cursor will turn into a push pin. Place the push pin in the appropriate box and click.
4. Select document file you want to attach by double clicking on it.
5. Pop up window will open; select “Attachment” which has icon of push pin next to it.
6. Click on “OK”.

II. For Acrobat Adobe XI:

1. On the upper right side, click on Comment > Annotations > Attach File (the icon looks like a paperclip with a text bubble).
2. Your cursor will turn into a "push pin", then click in the proper area where you want to place the attachment. (If you no longer wish to attach a file and just want your normal cursor back, press the "ESC" button)
3. Select the file that you want to attach, and then click SELECT.

In the File Attachment Properties dialog box, select the “Push Pin” (attachment) icon and click "OK".

Note: To delete the attachment, right-click the attached comment icon, and choose Delete. When you save your Initial Application Packet, all of the attached files are saved along with the Initial Application Packet in a single PDF file.

NAACLS Initial Accreditation Application Packet Administrative Items

Required Administrative Items for Application Packet:

Documentation	Files
Provide a PDF of your organizations letter of intent. This letter must be on your organization's letterhead and signed by a designated institution official legally authorized to sign contractual agreements on behalf of the institution (DSA), or high ranking official.	

Documentation	Files
Provide proof of the initial application fee submission.	

National Accrediting Agency for Clinical Laboratory Sciences

APPLICATION FOR INITIAL ACCREDITATION

***** Completion and return of this form is required for Accreditation *****

Signed by a designated institution official legally authorized to sign contractual agreements on behalf of the institution (DSA) of the Sponsor (or participating entity, in cases of consortia) or the delegated representative, this application, along with the Initial Application Fee (\$600), is a request that NAACLS begin the process of accreditation review of the applicant program.

The accreditation process is initiated only at the request of the institution sponsoring an allied health educational program. It provides peer review of the program's educational content and process, a review based on recognized national educational standards. The Standards have been adopted by appropriate allied health and medical specialty organizations.

PLEASE TYPE OR PRINT INFORMATION CAREFULLY.

I. SPONSOR

Name of (check one):

Sponsor

Participating entity within a consortium/ multi-location**

***If a participating entity within a consortium, please list the name of the consortium sponsor here*

The sponsoring institution of the applicant program is accredited or otherwise recognized by the following national or regional agency:

**INSTITUTIONAL TYPE
(check only one category)**

- Academic health ctr/medical school
- US Department of Defense
- US Department of Veterans Affairs
- Four-year college or university
- Hospital or med ctr: 1-99 beds
- Hospital or med ctr: 100-299 beds
- Hospital or med ctr: 300-499 beds
- Hosp or med ctr: 500 or more beds
- Junior or community college
- Non-hosp hlth care facil, BB or lab
- Vocational or technical school

**INSTITUTIONAL CONTROL (Ownership)
(check only one category)**

- State, county or local government
- Non-profit (private or religious)
- For profit
- Federal government

II. OFFICIALS

Chief Executive Officer Degree/Credentials Title

Signature Date

Mailing Address

City, State and Zip Code Telephone Number Email Address

Dean or Comparable Administrator Degree/Credentials Title

Signature Date

Mailing Address

City, State and Zip Code Telephone Number Email Address

III. PROGRAM ADMINISTRATION

Name of Profession

Name of Program

Mailing address

City, State and Zip Code

Program Homepage URL

Program Director Degree/Credentials

Telephone Number Fax Number Email Address

III. PROGRAM ADMINISTRATION (CONTINUED)

Medical Advisor/Medical Director (for Pathologists' Assistant programs only)

Degree/Credentials

Mailing Address

City, State and Zip Code

IV. PROGRAM INFORMATION

Length of program in months_____

Month(s) class(es) begin(s)_____

Award granted_____

(Specify -- BA, BS, AS, Cert, Dipl, etc)

Average first-year tuition for full-time student:

Resident_____ Non-Resident_____

Maximum enrollment capacity_____

Month and year program first accepted or
intends to accept students:

Month and year program anticipates first graduating
Class:

Month Year

Month

Year

Program Sponsor:

Sponsor Type:

Program Type:

Program Location:

Program Director Name/Phone:

Medical Director Name (if required):

Education Coordinator (if required):

Introduction: Briefly describe the organization of your program to include: name of sponsor, brief history of program, certificate or degree awarded and specific information that will aid reviewers in understanding the program.

Standard I: Sponsorship – Sponsoring Institution

Required Documentation for Preliminary Report:

Documentation	Files
Provide documents of current accreditation by a regional or national agency for the sponsoring institution.	

Required Documentation for Preliminary Report: Affiliations - Provide letters of intent (or good faith) or signed affiliation agreements from proposed clinical sites, as well as evidence that enough sites are available to accommodate projected numbers of students.

Affiliate (Name, City and State)	Letters of intent (or good faith) or signed affiliation agreements from proposed clinical sites
Name: City: State:	
Name: City: State:	
Name: City: State:	
Name: City: State:	
Name: City: State:	
Name: City: State:	
Name: City: State:	
Name: City: State:	
Name: City: State:	
Name: City:	

Standard II: Assessment and Continuous Quality

Improvement

Contents of Narrative for Preliminary Report: Program Evaluation - Summarize a documented plan for continuous and systematic assessment of program effectiveness with a plan for assessment and continuous quality improvement:

Standard III: Resources

Contents of Narrative for Preliminary Report: Physical Resources - Describe facilities, equipment, and instructional resources to achieve program goals.

--

Accompanying Documentation for Preliminary Report:

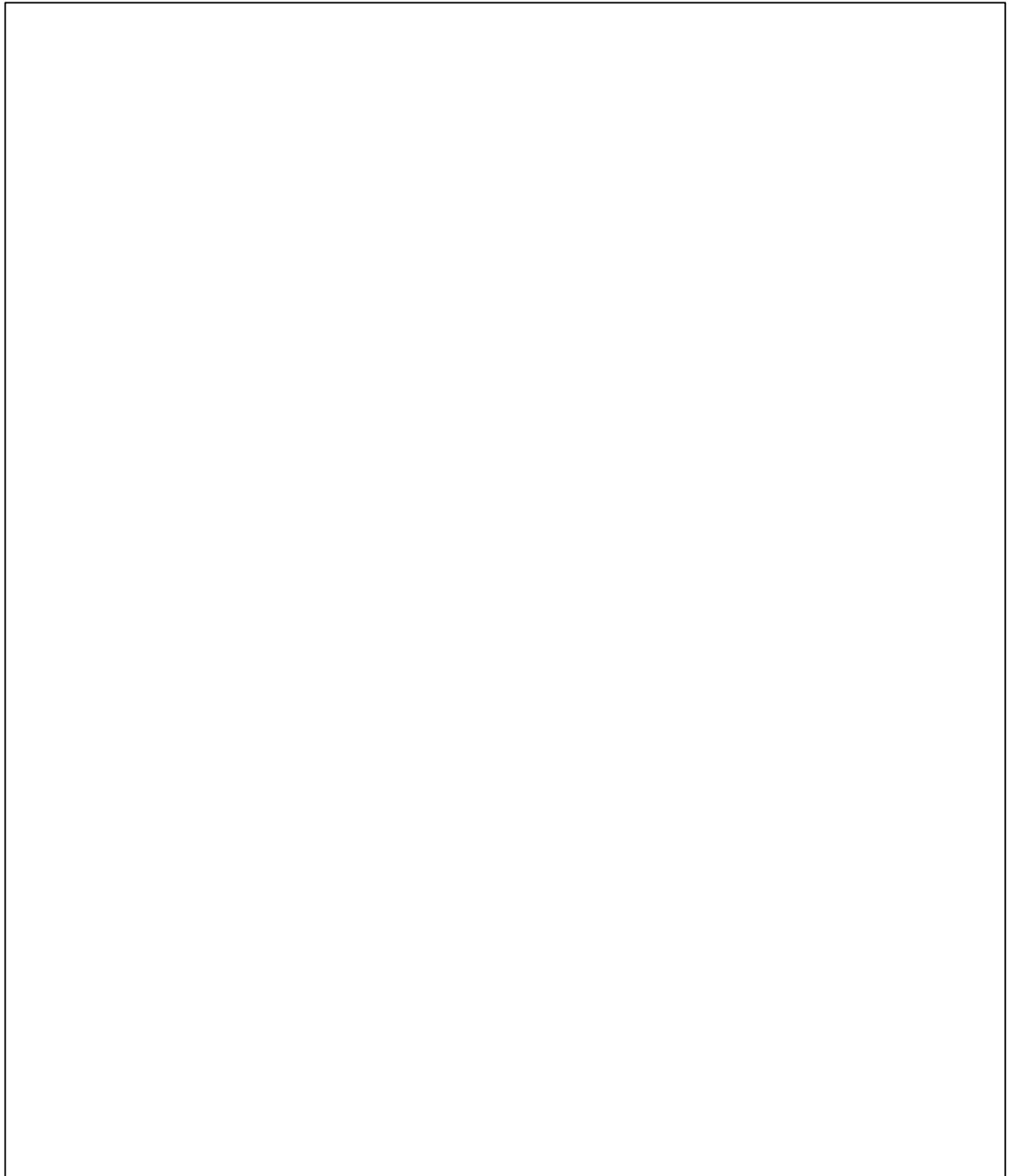
Documentation	Files
Provide a budget sufficient to achieve program goals or a letter of financial support.	

Standard IV: Students

Contents of Narrative for Preliminary Report: Provide program goals that will align, correlate, and support NAACLS entry level competencies including both core and unique standards for the profession.

Standard V: Operational Policies

Contents of Narrative for Preliminary Report: Recruitment - Describe student recruitment, processing of applications, and selection of students appropriate to the size and scope of the program. Describe how admissions criteria, essential functions and student outcomes measures will be communicated to prospective students.

A large, empty rectangular box with a thin black border, intended for the user to write the narrative content described in the text above. The box occupies most of the lower half of the page.

Standard VII: Program Administration

Required Documentation for Preliminary Report (for Program Officials previously approved): If the prospective Program Director (or Medical Director when applicable) has been approved previously, submit proof of NAACLS Approval of the Program Director below.

Documentation	Files
NAACLS letter indicating approval of the Program Director A previous award recognizing them as the Program Director A self study review or site visit report recognizing the individual as Program Director. These documents should not identify concerns on standard VII.A	

If not previously approved, complete the following sections.

Program Official Approval (for Program Officials not previously approved):

Complete curriculum vitae. The curriculum vitae must include:

- Education: Institution(s), major, degree type, and graduation year
- Laboratory Experience: institution, position, dates, and discipline
- Teaching Experience (a minimum of 3 years)
 - List institution, position, dates, and discipline.
 - List of courses taught including title, type of class (didactic, laboratory or bench)

Documentation	Files
Complete curriculum vitae.	

Contents of Narrative for Program Official Approval:

A narrative describing the qualifications for program director using the following format:

- Describe your teaching experience in terms of courses taught (didactic, lab, bench or combination)
- Describe your knowledge and experience in evaluating program effectiveness and providing input into curriculum development, policy and procedure formulation
- Indicate how you gained knowledge and experience in educational methodology, to include: a. writing objectives, b. test items, c. evaluations, d. learning strategies
- Indicate how you gained knowledge of the accreditation process (i.e. NAACLS Workshop or through other routes)

A large empty rectangular box with a black border, intended for the user to write the narrative described in the instructions above. The box is currently blank.

Contents of Documentation for Program Official Approval: (If documentation cannot be obtained, please describe extenuating circumstances in the above narrative box)

Teaching experience (didactic, lab, bench or combination). Please provide one or more of the following:

- Letter(s) from a supervisor*
- Letter(s) from appropriate administrator at college or university*
- Copies of course schedules that include the name of the proposed program director

Knowledge of educational methodology. Please provide one or more of the following:

- Transcript(s) including relevant courses
- Certificate (s) of completion from CE course work
- NAACLS workshop certificate if applicable
- Other evidence of knowledge of educational methodology

Knowledge of NAACLS accreditation process. Please provide one or more of the following:

- Certificate from NAACLS workshop
- Previous Program Director experience
- Letter from mentor or administrator documenting involvement in NAACLS accreditation process*

Documentation	Files
Teaching experience	
Knowledge of educational methodology.	
Knowledge of NAACLS accreditation process.	

*Documentation must originate from primary source on official letterhead and be sent directly to NAACLS via email to jjasso@naacsls.org.

Required Documentation for Program Official Approval: Certification and Transcript – Both of these items must come directly from the primary source to NAACLS.

Documentation	Files
ASCP – BOC (use ascp.org and click on “verification”)	Emailed directly from source to Jessy Jasso at jjasso@naacsls.org .
Official college transcript for the highest degree earned	Emailed directly from source to Jessy Jasso at jjasso@naacsls.org . If electronic transcripts are unavailable, have the college or university mail them to the following address: NAACLS Attn: Jessy Jasso 5600 N River Road Suite 720 Rosemont, IL 60018
Recommendation Letters	Emailed directly from source to Jessy Jasso at jjasso@naacsls.org .
For Staff Use Only:	

Misrepresentation of information will negatively affect the accreditation status of the program and may lead to withdrawal of accreditation

Program Level: MLS MLT HTL HT DMS CG Path A

PHM MLM PBT MLA

Position: Program Director
 Education Coordinator

I. GENERAL INFORMATION

Name and credentials

Certification # / Agency / Level / Type

Date

Institution

Mailing Address

City / State / Zip

Telephone

Fax

Email

Effective date of change:

Attended a NAACLS Workshop? YES NO

Date Attended

II. If the candidate was previously employed as a program director or education coordinator for a NAACLS accredited program, please provide the following information:

Program Level

Institution

City / State

Dates of employment

To comply with Standard VII, the program must have a qualified program director, or education coordinator when applicable. The signature below acknowledges that the proposed program director/education coordinator meets the qualifications for a NAACLS accredited/approved program director/education coordinator, and that documented proof of these qualifications is included with this application.

Information on this form was completed by: (please print)

Name/Title

Date

Signature

If you have questions, call 773.714.8880.

Contents of Narrative for Preliminary Report:

Personnel Plan - Describe the faculty/personnel plan (additional faculty positions if appropriate) adequate to support the number of students proposed in the program and to achieve the program goals. Provide a list of faculty and the courses they will be teaching if possible.

Contents of Narrative for Preliminary Report

Advisory Committee - Describe the membership of the Advisory Committee which provides input into the program/curriculum to maintain current relevancy and effectiveness.

Standard VIII: Curriculum

Contents of Narrative for Preliminary Report:

Program and Course Descriptions - Provide a description of the proposed length of program and program tracks and rationale for course sequencing.

--

Accompanying Documentation for Preliminary Report:

Documentation	Files
<p>Provide a program of study that contains all required program courses in recommended sequence.</p> <p>Provide course syllabi, course descriptions and measurable student learning outcomes for all program specific courses.</p>	

For one course, provide an example of a lecture and associated evaluation tools that align with identified program outcomes and will provide evidence of learning in the cognitive, affective and psychomotor domains.

STUDENT AFFILIATION AGREEMENT

This Student Affiliation Agreement (this "Agreement") is made this 4/23/2024, between Ballad Health ("Affiliate"), and Walters State Community College ("School").

RECITALS

WHEREAS, Ballad Health is a regional health care system which operates health care facilities and clinics in Northeast Tennessee and Southwest Virginia, including through its affiliated entities ; and

WHEREAS, School conducts educational programs (the "Program") for training of Medical Laboratory Technician (MLT) (the "Discipline(s)") and, as part of the formal course of study in the Program, desires to assign students enrolled in the Program (the "Students") to the Affiliate facilities and other locations designated herein (the "Clinical Sites") to obtain learning experiences; and

WHEREAS, Affiliate recognizes the need for clinical experiences in the training of current and future practitioners of the Discipline(s) and agrees to make available certain Affiliate resources for Students training in the Discipline(s) to participate in learning experiences at the Clinical Sites.

NOW THEREFORE, in consideration of the above recitals, the terms and conditions hereinafter, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and for their mutual reliance the parties hereto agree as follows:

I. RESPONSIBILITIES OF AFFILIATE

- A. General. Affiliate agrees to accept, in accordance with the terms of this Agreement, Students and Instructors for participation in clinical experiences at the Clinical Sites, indicated herein below, but subject to the availability of appropriate resources at the Clinical Sites as determined by Affiliate in its sole discretion.
- B. Liaison. Affiliate agrees to designate an appropriate staff member (the "Affiliate Liaison") in its Clinical Education Department to work with the School's designated liaison to coordinate student clinical experiences at the Clinical Sites.
- C. Active Participation. Affiliate agrees to permit each Student to participate as appropriate in the delivery of care to patients during such Student's assigned rotation at a Clinical Site, under the supervision of School Instructors or Affiliate personnel. For the purposes of this Agreement, participation may include observation, intervention and/or the provision of health care under supervision consistent with the Student's level of training and in accordance with applicable state law and Affiliate's policies.
- D. Oversight. Affiliate personnel or School Instructors shall oversee the supervision of Students when they provide patient care, treatment and services at the Clinical Sites.
- E. Facilities and Equipment. Affiliate agrees to arrange for Instructors and Students to have access to such facilities and equipment at the Clinical Sites as are reasonably necessary for activities of the Instructors and Students under this Agreement.

- F. Evaluation. Affiliate agrees to cooperate in evaluating the performance of each Student at the termination of such Student's rotation, or upon a schedule mutually agreed to by the parties, and shall provide the School liaison with copies of any such evaluations generated by Affiliate.
- G. Student/Instructor Behavior/Termination. In the event Affiliate determines that any Student or Instructor assigned to a Clinical Site has engaged or is engaging in inappropriate behavior, or if Affiliate determines a Student's or Instructor's performance while on the rotation at any Clinical Site is unsatisfactory, Affiliate will notify School. Affiliate and School agree to work together and with the Instructor or Student to attempt to remedy and/or correct the problem. Notwithstanding the foregoing, in the event that Affiliate determines, in its sole discretion, that immediate removal of an Instructor or Student is necessary for patient safety, Affiliate may immediately terminate the assignment of any Instructor or Student. Affiliate's right to terminate an Instructor or Student assignment shall include, but not be limited to, the right to terminate for inappropriate behavior, failure to comply with Rules, poor clinical performance, unacceptable attendance, or other cause deemed appropriate by Affiliate. In the event a Student or Instructor is dismissed from one Clinical Site, such Student or Instructor shall not thereafter be assigned to another Clinical Site.
- H. Emergency Treatment. Affiliate shall provide emergency treatment to Instructors and Students if needed for illness or injuries suffered while participating in clinical experiences at the Clinical Sites. Such treatment shall be at the expense of the individual treated.

II. RESPONSIBILITIES OF SCHOOL

- A. General. School shall retain full responsibility for the planning, implementation, and execution of the Program, including programming, administration, curriculum, content, grading, and requirements for matriculation, promotion and graduation. School's recommended placement of a Student or Instructor at a Clinical Site shall be subject to the final approval of Affiliate.
- B. Liaison. School shall designate one of its employees to serve as the liaison between Affiliate and School (the "School Liaison"). Subject to approval of Affiliate, the School Liaison shall coordinate the clinical and academic experience of the Students, and assist the Clinical Sites as necessary to operate an effective clinical program. The School Liaison shall work and cooperate with the Affiliate Liaison and designated personnel at the Clinical Sites to coordinate Student activities and training. School shall provide Affiliate with forms for evaluation of student performance.
- C. Instructors. School and/or Students shall be responsible for obtaining preceptors, clinical instructors, or adjunct faculty for the clinical experience as needed ("Instructors"). Affiliate is not responsible to provide Instructors. If a School provides Instructors, School shall: (i) ensure that each Instructor holds an unrestricted license to practice the Discipline in the state where the Clinical Site is located, (ii) ensure the Instructor is otherwise qualified to provide such instruction, (iii) provide evidence of such licensure and qualifications as requested by Affiliate, (iv) ensure that each Instructor is of appropriate physical fitness to conduct the activities contemplated hereunder, and (v) ensure that Instructor has obtained all appropriate immunization and health screenings as may be required by Affiliate. School acknowledges and agrees that Affiliate may require copies of all immunization records and other health related information prior to permitting any Instructor to provide

instruction at a Clinical Site, and may require that such Instructor undergo an appropriate criminal background check, at the Instructor's expense. School further acknowledges and agrees that each Instructor shall be required to complete Affiliate's general orientation program online, complete and submit all forms and documents as required in the orientation, and complete any applicable department specific orientation programs or other required training prior to providing supervision at a Clinical Site, including training programs for health information systems utilized at the Clinical Sites.

- D. Assignment of Students. School shall provide, to Affiliate not less than one (1) month prior to the commencement of each rotation: (i) the name of each Student and a proposed schedule of assignment to the Clinical Sites; (ii) the name of the Instructor responsible for supervision of each Student (if any); (iii) the expected level of experience to which School proposes each Student will be assigned; (iv) the expected learning objectives of each Student; and (v) a summary of each Student's education and clinical experience. The period of assignment will be subject to the agreement of Affiliate, during which such Student may be allocated among the Clinical Sites. Scheduling the level of expected experience and the degree of complexity of the activities assigned to each Student shall be subject to the mutual agreement of School and Affiliate.
- E. Qualifications of Students. Only those Students who meet the academic and other qualifications for the clinical program shall be eligible for a rotation at a Clinical Site. School shall ensure that each Student assigned is of appropriate physical fitness to conduct the activities contemplated hereunder and has obtained all appropriate immunization and health screenings as may be required by Affiliate. School acknowledges and agrees that Affiliate may require copies of all immunization records and other health related information prior to accepting any Student for clinical experience under this Agreement, and may require that such Student undergo an appropriate criminal background check, at the Student's expense. School further acknowledges and agrees that each Student shall be required to complete Affiliate's general orientation program online, pass the online examination, complete and submit all forms and documents as required in the orientation, complete any applicable department specific orientation programs or other required training programs including without limitation training programs for health information systems utilized at the Clinical Sites, and complete all required background screening requirements prior to commencement of a learning experience.
- F. Policies. School shall require Students and Instructors to comply with all applicable bylaws, rules, regulations, policies and procedures of Affiliate ("Rules"), including without limitation those regarding the security and confidentiality of information and documentation of medication administration. The parties acknowledge and agree that, to the extent School and/or any Student or Instructor is given access to Rules and/or other materials which are privileged under applicable state law ("Privileged Materials"), that such access will be granted only on the premises of the Clinical Site, that no copies will be made or retained by Student or Instructor, and that such Privileged Materials shall be deemed confidential and nothing herein shall be interpreted as a waiver of the confidentiality of such Privileged Materials nor as a waiver of any privilege with respect to such Privileged Materials.
- G. Insurance. For clinical Disciplines, School shall provide and maintain professional liability insurance for each Student and Instructor or shall require and ensure that each Student and Instructor provide and maintain professional liability insurance through an occurrence policy. For Clinical Sites in Tennessee, such policy for each individual shall have minimum

limits of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) annual aggregate. For Clinical Sites in Virginia, the amount required shall be three million dollars (\$3,000,000) per occurrence and five million dollars (\$5,000,000) annual aggregate. School agrees to provide appropriate evidence of such professional liability insurance prior to commencement of each Student's or Instructor's participation in a clinical experience hereunder, and thereafter upon request by Affiliate. For all Disciplines, School shall provide and maintain or shall ensure that each Student and Instructor carry and maintain health insurance. Ballard reserves the right in its sole discretion to allow or refuse a clinical rotation to any Student or Instructor without health insurance.

- H. Insurance by Tennessee and other state public entity Schools. For Schools that are public entities of Tennessee or states other than Tennessee, the insurance requirement in Part G above will be satisfied through the School's participation in a similar state-maintained insurance or self-insurance program for public entities as provided by that state's law. Affiliate acknowledges that the State of Tennessee is self-insured, and prohibits a public entity School in Tennessee from providing, carrying, or maintaining commercial general liability insurance or medical professional or hospital liability insurance. Any and all claims against a public entity School of the State of Tennessee for personal injury and/or property damage, expense, or attorneys' fees shall be submitted to the Claims Commission for the State of Tennessee. Damages recoverable against School shall be expressly limited to claims paid by the claims Commission pursuant to Tennessee Code Annotated § 9-8-301 et. seq..
- I. Student Supervision. School agrees that at no time will any Student be given an independent assignment. Affiliate personnel at the Clinical Sites will maintain the responsibility for patient care and will oversee supervision of Student involvement with that care. School agrees that Students must be supervised by Instructors and/or Affiliate personnel when rendering care or performing services under this Agreement. School shall notify Students of all applicable supervision requirements prior to commencement of a Student's rotation.
- J. Accreditation Standards. School agrees that Students and Instructors participating in clinical experiences at Clinical Sites shall render services in compliance with the standards of The Joint Commission and/or other applicable accreditation organizations and, upon request, will assist Affiliate in its performance improvement and quality assurance programs.

III. GENERAL PROVISIONS

- A. HIPAA. The parties acknowledge and agree that:
 - i. Affiliate is a covered entity for purposes of the Health Information Portability and Accountability Act ("HIPAA").
 - ii. To the extent that Students and Instructors are participating in clinical experiences at the Clinical Sites as part of the Program, such Students and Instructors shall: (a) be considered part of Affiliate's workforce for HIPAA compliance purpose in accordance with 45 CFR § 164.103, but shall not be construed to be employees of Affiliate; (b) receive training by Affiliate on, and be subject to compliance with, all of Affiliate's privacy policies; and

(c) not disclose any Protected Health Information, as that term is defined by 45 CFR §160.103, accessed through Program participation that has not been de-identified as provided in 45 CFR § 164.514(a).

- B. FERPA. Affiliate agrees that to the extent a students' education records and any personally identifiable information from such education records (collectively "Student Information") is subject to the Family Educational Rights and Privacy Act, 20 USC § 1232g and its implementing regulations ("FERPA"), Affiliate will comply with such obligations. Affiliate agrees to only use Student Information for the purposes for which it was disclosed.
- C. Term and Termination. This Agreement shall commence on the date first set forth above and shall continue in effect for a period of five (5) years. Either party may terminate this Agreement for any reason, with or without cause, upon thirty (30) calendar days written notice. In the event this Agreement is terminated without cause, Students assigned to a Clinical Site who commence their rotational assignment prior to the termination of this Agreement shall be permitted to complete their rotations pursuant to the terms and conditions of this Agreement, except as otherwise provided hereunder.
- D. Status of the Parties. The parties agree that no Student or Instructor participating in the Program, or any other employee or agent of School shall be considered an employee, agent, contractor, or representative of Affiliate for any purpose including, but not limited to workers compensation, employee benefits and taxes, salary, and professional liability. The parties further agree that no employee agent of Affiliate shall be considered an employee, contractor, or representative of School for any purpose including, but not limited to, workers compensation, employee benefits and taxes, salary, and professional liability. The parties expressly understand and agree that this Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or associations among the parties, or between any Student or Instructor and Affiliate but is rather an agreement by and among independent parties.
- E. No Discrimination. The parties agree that neither shall unlawfully discriminate against the Students or Instructors who are covered by this Agreement on the basis of age, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or other federally protected status.
- F. Assignment. This Agreement shall not be assigned, subcontracted or transferred by either party without the written approval of the other party.
- G. Notices. Any notice or other communication required by this Agreement shall be in writing and shall be deemed given if hand delivered, sent via overnight courier by a nationally recognized overnight courier, or sent postage prepaid by certified or registered mail, return receipt requested, addressed as follows:

If to Affiliate: Ballad Health
400 N. State of Franklin Road
Johnson City, TN 37604
Attn: System Student Education Coordinator

If to School:
As Indicated on
Signature Page

or to such other addresses or persons as may be furnished from time to time in writing by one party to the other party. The notice shall be effective on the date of delivery if delivered

by hand, or the date of delivery as indicated on the receipt if sent via overnight courier, or the date on the return receipt whether or not such notice is accepted by the addressee.

- H. Entire Agreement. This Agreement contains all the terms and conditions agreed upon by the parties regarding the subject matter of the Agreement and supersedes any prior agreements, releases, or stipulations, oral or written, and all other communications between the parties relating to such subject matter, including specifically superseding any prior agreements of this subject matter with Affiliate's subsidiaries and affiliated entities.
- I. Severability. If any provision of the Agreement is held to be illegal, invalid, or unenforceable under the present or future laws effective during the term of this Agreement, the validity and enforceability of the remaining provisions of this Agreement shall not be affected thereby.
- J. No Third Party Beneficiaries. This Agreement is solely between and for the benefit of School and Affiliate, and this Agreement is in no way intended to confer any rights, benefits or obligations to or on any third party.
- K. Waiver. Any waiver of any provision hereof shall not be effective unless expressly made in writing and executed by the party to be charged. The failure of any party to insist on performance of any term or condition of this Agreement shall not be construed as a waiver or relinquishment of any rights granted hereunder or of the further performance of any such term, covenant or condition, and the obligations of the parties with respect thereto shall continue in full force and effect.
- L. Debarment and Suspension. School hereby certifies that neither it nor any of its personnel providing services on behalf of Affiliate is (a) a listed vendor in the Federal General Services Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Presidential Executive Orders 12549 and 12689, "Debarment and Suspension," or (b) listed in the Office of Inspector General's "List of Excluded Individuals/Entities (LEIE)" pursuant to 42 U.S.C. 1320a-7. This Agreement shall automatically terminate in the event that any of the certifications in this section are untrue with respect to School.
- M. Governing Law and Forum. If a School is prohibited by state law from agreeing to the jurisdiction of another state, this Section M shall not apply. This Agreement is made and entered in the State of Tennessee and shall be construed, interpreted and governed by the laws thereof without giving effect to choice or conflict of law provisions that would cause the application of the domestic substantive laws of any other jurisdiction. In the event of any dispute arising herein, the venue of all legal proceedings shall be in the state courts of Tennessee located in Washington County, Tennessee or in the Federal Court for the Eastern District of Tennessee, located in Greeneville, Tennessee, or the Tennessee State Claims Commission, and each party hereby waives all objections to jurisdiction or venue or forum non conveniens with respect to any litigation filed in such courts.

[Remainder of page left intentionally blank. Signatures appear on following page.]

IN WITNESS WHEREOF, the parties hereto have signed this Agreement effective as of the date set forth above.

Affiliate: Ballard Health

School: Walters State Community College

DocuSigned by:
 Signature: Matthew Loos
 Print: Matthew Loos
 Title: VP/ Chief Academic officer, Ballard Health

DocuSigned by:
 Signature: Dr. Tony Mksa
 Print: Dr. Tony Mksa
 Title: President

APPROVED BY BALLAD LEGAL
 DEPARTMENT AS TO FORM

Signature: _____
 Print: _____
 Title: _____

NOTICE ADDRESS AND CLINICAL SITES INCLUDED

SCHOOL NAME: Walters State Community College	NOTICE ADDRESS:
STUDENT TYPES: Medical Laboratory Technician (MLT)	500 South Davy Crockett Parkway
	Morristown, TN 37813
<input checked="" type="checkbox"/> ALL HOSPITAL FACILITIES OR SPECIFY: <input type="checkbox"/> Bristol Regional Medical Center <input type="checkbox"/> Dickenson Community Hospital <input type="checkbox"/> Franklin Woods Community Hospital <input type="checkbox"/> Greeneville Community Hospital <input type="checkbox"/> Hancock County Hospital <input type="checkbox"/> Hawkins County Memorial Hospital <input type="checkbox"/> Holston Valley Medical Center <input type="checkbox"/> Indian Path Community Hospital <input type="checkbox"/> Johnson City Medical Center	<input type="checkbox"/> Johnson County Community Hospital <input type="checkbox"/> Johnston Memorial Hospital <input type="checkbox"/> Lee County Community Hospital <input type="checkbox"/> Lonesome Pine Hospital <input type="checkbox"/> Mountain View Regional Hospital <input type="checkbox"/> Niswonger Children’s Hospital <input type="checkbox"/> Norton Community Hospital <input type="checkbox"/> Russell County Hospital <input type="checkbox"/> Smyth County Community Hospital <input type="checkbox"/> Sycamore Shoals Hospital <input type="checkbox"/> Unicoi County Hospital <input type="checkbox"/> Woodridge Hospital
CLINICS: <input checked="" type="checkbox"/> Ballard Health Medical Associates (All) <input checked="" type="checkbox"/> Urgent Care Centers (All) <input checked="" type="checkbox"/> Wellmont Cardiology Services	OTHER: <input checked="" type="checkbox"/> Imaging Centers <input checked="" type="checkbox"/> Ballard Home Health and Hospice <input checked="" type="checkbox"/> Corporate locations <input type="checkbox"/> Long Term Care Facilities (specify):



WSCC Contract Number: 332.96- 24-244N

PR Number: NA

**WALTERS STATE COMMUNITY COLLEGE
CONTRACT SUMMARY SHEET**

If contract is submitted less than two (2) weeks before the effective date (2 months required for complex contracts), provide an explanation of the delayed submission: _____

1. Initiator: Cheryl McCall Date received by contract office: 4/1/2024
2. Contractor: Hamblen County School System
Contact person: _____ Phone: _____ Email: _____
3. Purpose of contract: Medical Laboratory Technician Work-Based Learning Training Agreement
4. This contract is (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> Drafted by WSCC/not standard form | <input type="checkbox"/> Clinical Agreement N/A |
| <input checked="" type="checkbox"/> Standard Form Agreement | <input type="checkbox"/> Dual Service Agreement |
| <input type="checkbox"/> Renewal of an Existing Contract | <input type="checkbox"/> Amendment/Addendum |
| <input type="checkbox"/> Vendor Generated Agreement | <input type="checkbox"/> From Bid/RFP |
5. Contract Term:
Term: 8/1/2024 - 6/30/2028
6. Does this agreement meet TBR/WSCC Guidelines/Policies? Yes No
If no, explain: _____

7. Approvals

Please insert initials below	
Originator	<u>CM</u> Cheryl McCall
Contracts Office	<u>CW</u> Clint Williams
Departmental Approval	<u>SW</u> Sheila Williams
Departmental Approval	<u>BF</u> Brock Fisher
Vice President for Business Affairs	<u>MH</u> Mark Hurst
Please insert signature on subsequent pages	
President	Tony Miksa
Contractor/Vendor	Hamblen County School System

Additional Comments:

**MEMORANDUM OF UNDERSTANDING (MOU) AND AGREEMENT
BETWEEN
WALTERS STATE COMMUNITY COLLEGE
AND
HAMBLEN COUNTY SCHOOL SYSTEM**

This Memorandum of Understanding (MOU) and Agreement, made as of this 1st day of April, 2024, by and between Walters State Community College, hereinafter referred to as the "Institution", and Hamblen County School System, hereinafter referred to as the "School System".

WITNESSETH

In consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this Agreement according to the provisions set out herein:

The School System (Hamblen County Schools) agrees to perform the following services:

1. Participate in Guided Pathway Career teaching modules in the appropriate setting.
2. Participate in the Career Awareness Day(s) for Medical Laboratory Technician (MLT) students. Students will perform jobs at designated partner locations and journal their day.
3. Participate in Institution's Dual Enrollment MLT course offerings.
4. Support Work-Based Learning opportunities offered by the Institution or Workforce partners.
5. Participate in advisory council meetings to ensure continued progress towards the goals established for this project.
6. Recognize that the Institution retains a right to cancel this Agreement if the Institution perceives any action related to this activity as being harmful to or inconsistent with the normal practices and philosophy of the Institution and all applicable policies of the Tennessee Board of Regents.

The Institution (WSCC) agrees to perform the following services:

1. Collaborate on the implementation of School System (Hamblen County Schools) to begin the MLT program accreditation.
2. Take med lab equipment to demonstrate to CTE classes in Hamblen County (K-12).
3. Offer MLT Dual Enrollment opportunities to the students of School System.
4. Offer Career Awareness opportunities to middle school students for MLT and other health programs.
5. Provide the Institution's representative, Dr. Sheila Williams, Interim Dean of Health Programs, as the contact person.

6. Provide the facilities and support services to enable School System to render performance.
- A. The parties further agree that the following shall be essential terms and conditions of this Agreement.
1. The term of this Agreement shall be from August 1, 2024 through June 30, 2028.
 2. This Agreement may be terminated by either party by giving written notice to the other, at least 15 days before the effective date of termination. In that event, the School System shall be entitled to receive just and equitable compensation for any satisfactory authorized work completed as of the termination date.
 3. If the School System fails to fulfill in a timely and proper manner its obligations under this Agreement, or if the School System shall violate any of the terms of this Agreement, the Institution shall have the right to immediately terminate this Agreement and withhold payments in excess of fair compensation for work completed. Notwithstanding the above, the School System shall not be relieved of liability to the Institution for damages sustained by virtue of any breach of this Agreement by the School System.
 4. This Agreement may be modified only by written amendment executed by all parties hereto.
 5. The School System shall not assign this Agreement or enter into subcontracts for any of the work described herein without obtaining the proper written approval of the Institution or Board of Regents, as appropriate. Approval shall not be given if the proposed sub-School System was or is currently ineligible to bid on the Contract.
 6. Unless the School System is a State of Tennessee Agency, the School System warrants that no part of the total contract amount provided herein shall be paid directly or indirectly to any officer or employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as officer, agent, employee, sub-School System, or consultant to the School System in connection with any work contemplated or performed relative to this Agreement. If the School System is an individual, the School System warrants that within the past six months he/she has not been and during the term of this Agreement will not become an employee of the State of Tennessee.
 7. The School System hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Agreement or in the employment practices of the School System on the grounds of disability, age, race, color, religion, sex, veteran status, national origin, or any other classification protected by Federal, or State constitutional or statutory law. The School System shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
 8. The School System, being an independent School System and not an employee of this Institution, agrees to carry adequate public liability and other appropriate forms of insurance, to pay all taxes incident hereunto, and otherwise protect and hold the Institution

harmless from any and all liability not specifically provided for in this Agreement.


9. Any and all claims against the Institution for personal injury and/or property damage resulting from the negligence of the Institution in performing any responsibility specifically required under the terms for this Agreement shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee. Damages recoverable against the Institution shall be expressly limited to claims paid by the Board of Claims or Claims Commission pursuant to Tennessee law.
10. The School System shall maintain documentation for all charges against the Institution under this Agreement. The books, records, and documents of the School System, insofar as they relate to work performed or money received under this Agreement, shall be maintained for a period of three full years from the date of the final payment, and shall be subject to audit, at any reasonable time and upon reasonable notice, by the Institution or the state Comptroller of the Treasury, or their duly appointed representatives, or a licensed independent public accountant.
11. Tennessee Code Annotated §12-3-309, prohibits State entities from contracting to acquire goods and/or services from any person who knowingly utilizes the services of illegal immigrants in the performance of the contract and by signing this Agreement, School System attests that School System will not knowingly utilize the services of illegal immigrants in the performance of this Agreement and will not knowingly utilize the services of any sub-School System, if permitted under this Agreement, who will utilize the services of illegal immigrants in the performance of this Agreement.

If School System is discovered to have breached the Attestation, the Commissioner of Finance and Administration shall declare that the School System shall be prohibited from contracting or submitting a bid to any Tennessee Board of Regents institution or any other state entity for a period of one (1) year from the date of discovery of the breach. School System may appeal the one (1) year by utilizing an appeals process in the Rules of Finance and Administration, Chapter 0620.
12. As applicable, the School System shall be registered or have received an exemption from the Department of Revenue for the collection of Tennessee sales and use tax. This registration requirement is a material requirement of this Contract.
13. Subject to Funds Availability. This Agreement is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Institution reserves the right to terminate the Agreement upon written notice to the School System. Termination under this Section C.13 shall not be deemed a breach of Contract by the Institution. Upon receipt of the written notice, the School System shall cease all work associated with the Agreement. Should such an event occur, the School System shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the School System shall have no right to recover from the Institution any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

- 14. This Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee.
- 15. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101 et.seq., addressing contracting with persons with investment activities in Iran, shall be a material provision of this Contract. The School System agrees, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- 16. This Agreement shall not be binding upon the parties until it is approved by the president or his designee, or the Tennessee Board of Regents, as appropriate.

IN WITNESS WHEREOF, the parties have by their duly authorized representative set their signature.

Hamblen County School System



 Signature
 Superintendent of Schools

 Title

Date

Walters State Community College

Tony Miksa

 Tony Miksa

 President

 Title

4/3/2024

Date

Mailing Address:

Hamblen County School System
210 East Morris Boulevard
Morristown, TN 37813



WSCC Contract Number: 332.96- 24-276N

PR Number: NA

**WALTERS STATE COMMUNITY COLLEGE
CONTRACT SUMMARY SHEET**

If contract is submitted less than two (2) weeks before the effective date (2 months required for complex contracts), provide an explanation of the delayed submission: _____

1. Initiator: Cheryl McCall Date received by contract office: 4/15/2024
2. Contractor: East Tennessee Human Resource Agency (ETHRA)
Contact person: E.L. Morton Phone: _____ Email: emorton@ethra.org
3. Purpose of contract: Medical Laboratory Technician (MLT) Work-Based Learning Training Agreement
4. This contract is (check all that apply):
- | | |
|---|--|
| <input type="checkbox"/> Drafted by WSCC/not standard form | <input checked="" type="checkbox"/> Clinical Agreement N/A |
| <input checked="" type="checkbox"/> Standard Form Agreement | <input type="checkbox"/> Dual Service Agreement |
| <input type="checkbox"/> Renewal of an Existing Contract | <input type="checkbox"/> Amendment/Addendum |
| <input type="checkbox"/> Vendor Generated Agreement | <input type="checkbox"/> From Bid/RFP |
5. Contract Term:
Term: 8/1/2024 - 6/30/2028
6. Does this agreement meet TBR/WSCC Guidelines/Policies? Yes No
If no, explain: _____

7. Approvals

Please insert initials below	
Originator	<u>CM</u> Cheryl McCall
Contracts Office	<u>CW</u> Clint Williams
Departmental Approval	<u>SW</u> Sheila Williams
Departmental Approval	<u>BF</u> Brock Fisher
Vice President for Business Affairs	<u>MH</u> Mark Hurst
Please insert signature on subsequent pages	
President	Tony Miksa
Contractor/Vendor	East Tennessee Human Resource Agency (ETHRA)

Additional Comments:

**MEMORANDUM OF UNDERSTANDING (MOU) AND AGREEMENT
BETWEEN
WALTERS STATE COMMUNITY COLLEGE
AND
EAST TENNESSEE HUMAN RESOURCES AGENCY**

This Memorandum of Understanding (MOU) and Agreement, made as of this 8th day of April, 2024, by and between Walters State Community College, hereinafter referred to as the “Institution”, and East Tennessee Human Resources Agency or ETHRA, hereinafter referred to as the “Contractor”. ETHRA will serve as the Mandatory Partner as the *East Tennessee Local Workforce Development Board*.

Whereas, Walters State Community College (Walters State) and East Tennessee Local Workforce Development Board for the East Tennessee Local Workforce Development Area are interested in forming a long-term, regional Collaborative that includes higher education, area employers, economic development and workforce agencies, and local/regional K-12 systems.

Whereas, Walters State and East Tennessee Local Workforce Development Board are interested in working together to develop and to implement a GIVE grant Medical Laboratory Technician (MLT) program that will identify and address local/regional workforce needs and skills gaps in local workforce pools in the career cluster areas of Allied and Health Services.

Whereas, both Walters State and East Tennessee Local Workforce Development Board recognize that business engagement in the education and training of workers is key to successful labor market outcomes, and that long-term sustainability planning for successful initiatives and interventions is critical and will continue to serve the community beyond the grant period.

Whereas, seven of the counties in the East Tennessee Local Workforce Development Area are in the service area of Walters State; and

Whereas, Walters State and East Tennessee Local Workforce Development Board are interested in signing a memorandum of understanding outlining roles and responsibilities of each organization and partnering to demonstrate interest and capacity for GIVE GRANT MLT program participation in order to:

- 1) enhance, expand, and/or develop academic programs that create viable educational and career pathways that lead to industry-recognized credentials, self-sustaining employment, and career advancement;
- 2) develop and implement a collaborative, meaningful, and structured continuum of work-based learning (WBL) experiences, including development and/or expansion of internships, co-ops, apprenticeships, and externships;
- 3) develop/expand industry recognized certification preparation and attainment; and
- 4) align training and program goals with postsecondary credentials.

Now Therefore, each party agrees to the following:

Walters State Community College agrees to collaborate in the following ways:

- 1) Serve as lead entity and fiscal agent for the GIVE GRANT MLT project
- 2) Provide leadership for the planning, development, and implementation of the GIVE GRANT MLT project
- 3) Staff the grant program
- 4) Provide leadership for the development of a collaborative roundtable and/or advisory committee to plan activities and monitor achievement of measurable project outcomes
- 5) Conduct/facilitate collaborative roundtable/advisory committee meetings
- 6) Plan and organize a continuum of work-based learning experiences, including industry experiences, internships, co-ops, apprenticeships, and externships
- 7) Work with collaborative partners to prepare students with academic and other workplace readiness skills, including time management training, reading and math skill development, individual and group tutoring, advising and career counseling, and job placement services
- 8) Work with collaborative partners to develop and conduct outreach services and recruit students to higher education programs and appropriate disciplines
- 9) Work with collaborative partners to align and map education/training program curriculum and credentialing requirements to industry standards and needs
- 10) Provide a framework by which to support and mentor students that includes high school teachers, college faculty, college and high school staff, and employer partners
- 11) Provide a framework by which GIVE GRANT MLT initiatives will be evaluated and sustained

East Tennessee Local Workforce Development Board (ETHRA) agrees to collaborate in the following ways:

- 1) Participate actively in the Walters State GIVE GRANT MLT collaborative by providing workforce development practitioners to participate in collaborative/roundtable activities;
- 2) Work with collaborative partners to align and to map education/training program curriculum and credentialing requirements to industry standards and needs;
- 3) Assist with the implementation of assessments or credentials that can significantly strengthen the reliability of student learning outcome measures e.g., National Career Readiness assessment/certification;
- 4) Identify high demand, industry-recognized certifications or credentials used for hiring and promotion;
- 5) Participate in the development and implementation of a career and workplace readiness certification/acknowledgement program with participating schools;
- 6) Participate in the planning and execution of GIVE GRANT MLT project evaluation and with the determination of sustainability of successful project components;
- 7) Assist with the development and implementation of the GIVE GRANT MLT work-based learning continuum in areas of:
 - i. career awareness: i.e., develop projects/activities that favorably depict career options in targeted fields;
 - ii. career exploration: i.e., provide labor market information addressing high demand occupations for the region and the state; and
 - iii. career preparation and training: i.e., underwrite project-based based learning activities and capstone work-based learning experiences such as OJT, internships, and pre- and Registered Apprenticeships for eligible customers.
- 8) Share student/employee data with lead entity to be used for project evaluation and dissemination of outcomes/results of activities funded through the project
- 9) Provide supportive services to eligible customers; and
- 10) Work with collaborative partners to develop and conduct outreach services and recruit students to higher education programs and appropriate disciplines.

In consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this Agreement according to the provisions set out herein:

- A. The parties further agree that the following shall be essential terms and conditions of this Agreement.
1. The term of this Agreement shall be from August 1, 2024 through June 30, 2028.
 2. This Agreement may be terminated by either party by giving written notice to the other, at least 15 days before the effective date of termination. In that event, the Contractor shall be entitled to receive just and equitable compensation for any satisfactory authorized work completed as of the termination date.
 3. If the Contractor fails to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the terms of this Agreement, the Institution shall have the right to immediately terminate this Agreement and withhold payments in excess of fair compensation for work completed. Notwithstanding the above, the Contractor shall not be relieved of liability to the Institution for damages sustained by virtue of any breach of this Agreement by the Contractor.
 4. This Agreement may be modified only by written amendment executed by all parties hereto.
 5. The Contractor shall not assign this Agreement or enter into subcontracts for any of the work described herein without obtaining the proper written approval of the Institution or Board of Regents, as appropriate. Approval shall not be given if the proposed sub-Contractor was or is currently ineligible to bid on the Contract.
 6. Unless the Contractor is a State of Tennessee Agency, the Contractor warrants that no part of the total contract amount provided herein shall be paid directly or indirectly to any officer or employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as officer, agent, employee, sub-Contractor, or consultant to the Contractor in connection with any work contemplated or performed relative to this Agreement. If the Contractor is an individual, the Contractor warrants that within the past six months he/she has not been and during the term of this Agreement will not become an employee of the State of Tennessee.
 7. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Agreement or in the employment practices of the Contractor on the grounds of disability, age, race, color, religion, sex, veteran status, national origin, or any other

classification protected by Federal, or State constitutional or statutory law. The Contractor shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

8. The Contractor, being an independent Contractor and not an employee of this Institution, agrees to carry adequate public liability and other appropriate forms of insurance, to pay all taxes incident hereunto, and otherwise protect and hold the Institution harmless from any and all liability not specifically provided for in this Agreement.
9. Any and all claims against the Institution for personal injury and/or property damage resulting from the negligence of the Institution in performing any responsibility specifically required under the terms for this Agreement shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee. Damages recoverable against the Institution shall be expressly limited to claims paid by the Board of Claims or Claims Commission pursuant to Tennessee law.
10. The Contractor shall maintain documentation for all charges against the Institution under this Agreement. The books, records, and documents of the Contractor, insofar as they relate to work performed or money received under this Agreement, shall be maintained for a period of three full years from the date of the final payment, and shall be subject to audit, at any reasonable time and upon reasonable notice, by the Institution or the state Comptroller of the Treasury, or their duly appointed representatives, or a licensed independent public accountant.
11. Tennessee Code Annotated §12-3-309, prohibits State entities from contracting to acquire goods and/or services from any person who knowingly utilizes the services of illegal immigrants in the performance of the contract and by signing this Agreement, Contractor attests that Contractor will not knowingly utilize the services of illegal immigrants in the performance of this Agreement and will not knowingly utilize the services of any sub-Contractor, if permitted under this Agreement, who will utilize the services of illegal immigrants in the performance of this Agreement.

If Contractor is discovered to have breached the Attestation, the Commissioner of Finance and Administration shall declare that the Contractor shall be prohibited from contracting or submitting a bid to any Tennessee Board of Regents institution or any other state entity for a period of one (1) year from the date of discovery of the breach. Contractor

may appeal the one (1) year by utilizing an appeals process in the Rules of Finance and Administration, Chapter 0620.

12. As applicable, the Contractor shall be registered or have received an exemption from the Department of Revenue for the collection of Tennessee sales and use tax. This registration requirement is a material requirement of this Contract.
13. Subject to Funds Availability. This Agreement is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Institution reserves the right to terminate the Agreement upon written notice to the Contractor. Termination under this Section C.13 shall not be deemed a breach of Contract by the Institution. Upon receipt of the written notice, the Contractor shall cease all work associated with the Agreement. Should such an event occur, the Contractor shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Contractor shall have no right to recover from the Institution any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
14. This Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee.
15. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101 et.seq., addressing contracting with persons with investment activities in Iran, shall be a material provision of this Contract. The Contractor agrees, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
16. This Agreement shall not be binding upon the parties until it is approved by the president or his designee, or the Tennessee Board of Regents, as appropriate.

IN WITNESS WHEREOF, the parties have by their duly authorized representative set their signature.

East Tennessee Human Resources Agency Walters State Community College

E.L. Morton

Signature *E.L. MORTON*

Director, ETHRA WORKFORCE SERVICES

Title *-AND- EXECUTIVE DIRECTOR, EAST LWDB*

April 15, 2024

Date

Tony Miksa

Tony Miksa

President

Title

4/15/2024

Date

Mailing Address:

East Tennessee Human Resource Agency (ETHRA)

Attn: E.L. Morton, Workforce Services Director

9111 Cross Park Dr, Bldg D-100

Knoxville, TN 37923



WSCC Contract Number: 332.96- 24-267N

PR Number: NA

**WALTERS STATE COMMUNITY COLLEGE
CONTRACT SUMMARY SHEET**

If contract is submitted less than two (2) weeks before the effective date (2 months required for complex contracts), provide an explanation of the delayed submission: _____

1. Initiator: Cheryl McCall Date received by contract office: 4/15/2024
2. Contractor: Claiborne County School System
Contact person: Daniel Satterfield Phone: _____ Email: daniel.satterfield@claibornecsd.org
3. Purpose of contract: Medical Laboratory Technician Work-Based Learning Training Agreement
4. This contract is (check all that apply):
- | | |
|---|--|
| <input type="checkbox"/> Drafted by WSCC/not standard form | <input checked="" type="checkbox"/> Clinical Agreement N/A |
| <input checked="" type="checkbox"/> Standard Form Agreement | <input type="checkbox"/> Dual Service Agreement |
| <input type="checkbox"/> Renewal of an Existing Contract | <input type="checkbox"/> Amendment/Addendum |
| <input type="checkbox"/> Vendor Generated Agreement | <input type="checkbox"/> From Bid/RFP |
5. Contract Term:
Term: 8/1/2024 - 6/30/2028
6. Does this agreement meet TBR/WSCC Guidelines/Policies? Yes No
If no, explain: _____

7. Approvals

Please insert initials below	
Originator	<u>CM</u> Cheryl McCall
Contracts Office	<u>CW</u> Clint Williams
Departmental Approval	<u>SW</u> Sheila Williams
Departmental Approval	<u>BF</u> Brock Fisher
Vice President for Business Affairs	<u>MH</u> Mark Hurst
Please insert signature on subsequent pages	
President	Tony Miksa
Contractor/Vendor	Claiborne County School System

Additional Comments:

MEMORANDUM OF UNDERSTANDING (MOU) AND AGREEMENT
BETWEEN
WALTERS STATE COMMUNITY COLLEGE
AND
CLAIBORNE COUNTY SCHOOL SYSTEM

This Memorandum of Understanding (MOU) and Agreement, made as of this 15th day of April, 2024, by and between Walters State Community College, hereinafter referred to as the “Institution”, and Claiborne County School System, hereinafter referred to as the “School System”.

W I T N E S S E T H

In consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this Agreement according to the provisions set out herein:

The School System (Claiborne County Schools) agrees to perform the following services:

1. Participate in Guided Pathway Career teaching modules in the appropriate setting.
2. Participate in the Career Awareness Day(s) for Medical Laboratory Technician (MLT) students. Students will perform jobs at designated partner locations and journal their day.
3. Participate in Institution’s Dual Enrollment MLT course offerings.
4. Support Work-Based Learning opportunities offered by the Institution or Workforce partners.
5. Participate in advisory council meetings to ensure continued progress towards the goals established for this project.
6. Recognize that the Institution retains a right to cancel this Agreement if the Institution perceives any action related to this activity as being harmful to or inconsistent with the normal practices and philosophy of the Institution and all applicable policies of the Tennessee Board of Regents.

The Institution (WSCC) agrees to perform the following services:

1. Collaborate on the implementation of School System (Claiborne County Schools) to begin the MLT program accreditation.
2. Take med lab equipment to demonstrate to CTE classes in Claiborne County (K-12).
3. Offer MLT Dual Enrollment opportunities to the students of School System.
4. Offer Career Awareness opportunities to middle school students for MLT and other health programs.
5. Provide the Institution’s representative, Dr. Sheila Williams, Interim Dean of Health Programs, as the contact person.
6. Provide the facilities and support services to enable School System to render performance.

- A. The parties further agree that the following shall be essential terms and conditions of this Agreement.
1. The term of this Agreement shall be from August 1, 2024 through June 30, 2028.
 2. This Agreement may be terminated by either party by giving written notice to the other, at least 15 days before the effective date of termination. In that event, the School System shall be entitled to receive just and equitable compensation for any satisfactory authorized work completed as of the termination date.
 3. If the School System fails to fulfill in a timely and proper manner its obligations under this Agreement, or if the School System shall violate any of the terms of this Agreement, the Institution shall have the right to immediately terminate this Agreement and withhold payments in excess of fair compensation for work completed. Notwithstanding the above, the School System shall not be relieved of liability to the Institution for damages sustained by virtue of any breach of this Agreement by the School System.
 4. This Agreement may be modified only by written amendment executed by all parties hereto.
 5. The School System shall not assign this Agreement or enter into subcontracts for any of the work described herein without obtaining the proper written approval of the Institution or Board of Regents, as appropriate. Approval shall not be given if the proposed sub-School System was or is currently ineligible to bid on the Contract.
 6. Unless the School System is a State of Tennessee Agency, the School System warrants that no part of the total contract amount provided herein shall be paid directly or indirectly to any officer or employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as officer, agent, employee, sub-School System, or consultant to the School System in connection with any work contemplated or performed relative to this Agreement. If the School System is an individual, the School System warrants that within the past six months he/she has not been and during the term of this Agreement will not become an employee of the State of Tennessee.
 7. The School System hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Agreement or in the employment practices of the School System on the grounds of disability, age, race, color, religion, sex, veteran status, national origin, or any other classification protected by Federal, or State constitutional or statutory law. The School System shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
 8. The School System, being an independent School System and not an employee of this Institution, agrees to carry adequate public liability and other appropriate forms of insurance, to pay all taxes incident hereunto,

and otherwise protect and hold the Institution harmless from any and all liability not specifically provided for in this Agreement.

9. Any and all claims against the Institution for personal injury and/or property damage resulting from the negligence of the Institution in performing any responsibility specifically required under the terms for this Agreement shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee. Damages recoverable against the Institution shall be expressly limited to claims paid by the Board of Claims or Claims Commission pursuant to Tennessee law.
10. The School System shall maintain documentation for all charges against the Institution under this Agreement. The books, records, and documents of the School System, insofar as they relate to work performed or money received under this Agreement, shall be maintained for a period of three full years from the date of the final payment, and shall be subject to audit, at any reasonable time and upon reasonable notice, by the Institution or the state Comptroller of the Treasury, or their duly appointed representatives, or a licensed independent public accountant.
11. Tennessee Code Annotated §12-3-309, prohibits State entities from contracting to acquire goods and/or services from any person who knowingly utilizes the services of illegal immigrants in the performance of the contract and by signing this Agreement, School System attests that School System will not knowingly utilize the services of illegal immigrants in the performance of this Agreement and will not knowingly utilize the services of any sub-School System, if permitted under this Agreement, who will utilize the services of illegal immigrants in the performance of this Agreement.

If School System is discovered to have breached the Attestation, the Commissioner of Finance and Administration shall declare that the School System shall be prohibited from contracting or submitting a bid to any Tennessee Board of Regents institution or any other state entity for a period of one (1) year from the date of discovery of the breach. School System may appeal the one (1) year by utilizing an appeals process in the Rules of Finance and Administration, Chapter 0620.

12. As applicable, the School System shall be registered or have received an exemption from the Department of Revenue for the collection of Tennessee sales and use tax. This registration requirement is a material requirement of this Contract.
13. Subject to Funds Availability. This Agreement is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Institution reserves the right to terminate the Agreement upon written notice to the School System. Termination under this Section C.13 shall not be deemed a breach of Contract by the Institution. Upon receipt of the written notice, the School System shall cease all work associated with the Agreement. Should such an event occur, the School System shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the School System shall have no right to recover from the Institution any actual,

general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

- 14. This Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee.
- 15. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101 et.seq., addressing contracting with persons with investment activities in Iran, shall be a material provision of this Contract. The School System agrees, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- 16. This Agreement shall not be binding upon the parties until it is approved by the president or his designee, or the Tennessee Board of Regents, as appropriate.

IN WITNESS WHEREOF, the parties have by their duly authorized representative set their signature.

Claiborne County School System

Paul Sartifield
Signature
CTE Director/Secondary
Title
4-15-2024
Date

Walters State Community College

Tony Miksa
Tony Miksa
President
Title
4/16/2024
Date

Mailing Address:

1403 Tazewell Rd
Tazewell, TN
37879



WSCC Contract Number: 332.96- 24-238N
PR Number: NA

**WALTERS STATE COMMUNITY COLLEGE
CONTRACT SUMMARY SHEET**

If contract is submitted less that two (2) weeks before the effective date (2 months required for complex contracts), provide an explanation of the delayed submission: _____

1. Initiator: Cheryl McCall Date received by contract office: 3/21/2024
2. Contractor: Morristown Hamblen Healthcare Systems (MHHS)
Contact person: Valerie Victory Phone: _____ Email: vvictory@CovHlth.com
3. Purpose of contract: Medical Laboratory Technician Work-Based Learning Training Agreement
4. This contract is (check all that apply):

<input type="checkbox"/> Drafted by WSCC/not standard form	<input checked="" type="checkbox"/> Clinical Agreement N/A
<input checked="" type="checkbox"/> Standard Form Agreement	<input type="checkbox"/> Dual Service Agreement
<input type="checkbox"/> Renewal of an Existing Contract	<input type="checkbox"/> Amendment/Addendum
<input type="checkbox"/> Vendor Generated Agreement	<input type="checkbox"/> From Bid/RFP
5. Contract Term:
Term: 3/21/2024 - 3/20/2027
6. Does this agreement meet TBR/WSCC Guidelines/Policies? Yes No
If no, explain: _____

7. Approvals

Please insert initials below	
Originator	<u>CM</u> Cheryl McCall
Contracts Office	<u>CW</u> Clint Williams
Departmental Approval	<u>SW</u> Sheila Williams
Departmental Approval	<u>BF</u> Brock Fisher
Vice President for Business Affairs	<u>MH</u> Mark Hurst
Please insert signature on subsequent pages	
President	Tony Miksa
Contractor/Vendor	Morristown Hamblen Healthcare Systems (MHHS)

Additional Comments:

**MEMORANDUM OF UNDERSTANDING (MOU) AND AGREEMENT
BETWEEN
WALTERS STATE COMMUNITY COLLEGE
AND
MORRISTOWN HAMBLEN HEALTHCARE SYSTEMS (MHHS)**

This Memorandum of Understanding (MOU) and Agreement, made as of this 21st day of March, 2024, by and between Walters State Community College, hereinafter referred to as the "Institution", and Morristown Hamblen Healthcare Systems (MHHS), hereinafter referred to as the "Contractor".

WITNESSETH

In consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this Agreement according to the provisions set out herein:

- A. The Contractor agrees to perform the following services:
1. Assist the Institution by providing Work-Based Learning training and opportunities onsite to upgrade skills for Medical Laboratory Technician (MLT) students.
 2. Provide training for employees, as needed, to fulfill supervisory responsibilities of Walters State students.
 3. Provide the required Work-Based Learning component of the to satisfy MLT program standards.
 4. Provide training documentation to Institution.
 5. Recognize that the Institution retains a right to cancel this Agreement if the Institution perceives any action related to this activity as being harmful to or inconsistent with the normal practices and philosophy of the Institution and all applicable policies of the Tennessee Board of Regents.
- B. The Institution agrees to perform the following services:
1. Provide the institutional representative, Dr. Sheila Williams, as the contact person.
 2. Provide the facilities and support services to enable Contractor to render performance.
 3. Provide Walters State's MLT students to Contractor that meet Contractor standards for Work-Based Learning and onsite training opportunities.
- C. The parties further agree that the following shall be essential terms and conditions of this Agreement.
1. The term of this Agreement shall be from March 21, 2024 through March 20, 2027.
 2. This Agreement may be terminated by either party by giving written notice to the other, at least 15 days before the effective date of termination. In that event, the Contractor shall be entitled to receive just and equitable compensation for any satisfactory authorized work completed as of the termination date.
 3. If the Contractor fails to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the terms of this Agreement, the Institution shall have the right to immediately terminate this Agreement and withhold payments in excess of fair compensation for work completed. Notwithstanding the above, the Contractor shall not be relieved of liability to the Institution for damages sustained by virtue of any breach of this Agreement by the Contractor.
 4. This Agreement may be modified only by written amendment executed by all parties hereto.


5. The Contractor shall not assign this Agreement or enter into subcontracts for any of the work described herein without obtaining the proper written approval of the Institution or Board of Regents, as appropriate. Approval shall not be given if the proposed subcontractor was or is currently ineligible to bid on the Contract.
6. Unless the Contractor is a State of Tennessee Agency, the Contractor warrants that no part of the total contract amount provided herein shall be paid directly or indirectly to any officer or employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as officer, agent, employee, subcontractor, or consultant to the Contractor in connection with any work contemplated or performed relative to this Agreement. If the Contractor is an individual, the Contractor warrants that within the past six months he/she has not been and during the term of this Agreement will not become an employee of the State of Tennessee.
7. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Agreement or in the employment practices of the Contractor on the grounds of disability, age, race, color, religion, sex, veteran status, national origin, or any other classification protected by Federal, or State constitutional or statutory law. The Contractor shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
8. The Contractor, being an independent contractor and not an employee of this Institution, agrees to carry adequate public liability and other appropriate forms of insurance, to pay all taxes incident hereunto, and otherwise protect and hold the Institution harmless from any and all liability not specifically provided for in this Agreement.
9. Any and all claims against the Institution for personal injury and/or property damage resulting from the negligence of the Institution in performing any responsibility specifically required under the terms for this Agreement shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee. Damages recoverable against the Institution shall be expressly limited to claims paid by the Board of Claims or Claims Commission pursuant to Tennessee law.
10. The Contractor shall maintain documentation for all charges against the Institution under this Agreement. The books, records, and documents of the Contractor, insofar as they relate to work performed or money received under this Agreement, shall be maintained for a period of three full years from the date of the final payment, and shall be subject to audit, at any reasonable time and upon reasonable notice, by the Institution or the state Comptroller of the Treasury, or their duly appointed representatives, or a licensed independent public accountant.
11. Tennessee Code Annotated §12-3-309, prohibits State entities from contracting to acquire goods and/or services from any person who knowingly utilizes the services of illegal immigrants in the performance of the contract and by signing this Agreement, Contractor attests that Contractor will not knowingly utilize the services of illegal immigrants in the performance of this Agreement and will not knowingly utilize the services of any subcontractor, if permitted under this Agreement, who will utilize the services of illegal immigrants in the performance of this Agreement.

If Contractor is discovered to have breached the Attestation, the Commissioner of Finance and Administration shall declare that the Contractor shall be prohibited from contracting or submitting a bid to any Tennessee Board of Regents institution or any other state entity for a period of one (1) year from the date of discovery of the breach. Contractor may appeal the one (1) year by utilizing an appeals process in the Rules of Finance and Administration, Chapter 0620.

- 12. As applicable, the Contractor shall be registered or have received an exemption from the Department of Revenue for the collection of Tennessee sales and use tax. This registration requirement is a material requirement of this Contract.
- 13. Subject to Funds Availability. This Agreement is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Institution reserves the right to terminate the Agreement upon written notice to the Contractor. Termination under this Section C.13 shall not be deemed a breach of Contract by the Institution. Upon receipt of the written notice, the Contractor shall cease all work associated with the Agreement. Should such an event occur, the Contractor shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Contractor shall have no right to recover from the Institution any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
- 14. This Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee.
- 15. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101 et.seq., addressing contracting with persons with investment activities in Iran, shall be a material provision of this Contract. The Contractor agrees, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- 16. This Agreement shall not be binding upon the parties until it is approved by the president or his designee, or the Tennessee Board of Regents, as appropriate.

IN WITNESS WHEREOF, the parties have by their duly authorized representative set their signature.

**MORRISTOWN HAMBLEN
HEALTHCARE SYSTEMS (MHHS)**




Signature
SVP Human Resources

Title

3/21/2024

Date

WALTERS STATE COMMUNITY COLLEGE



Tony Miksa

President

Title

4/1/2024

Date

Mailing Address:
Morristown Hamblen Healthcare Systems (MHHS)
Attn: Valerie Victory
1400 Centerpoint Blvd
Knoxville, TN 37932



WSCC Contract Number: 332.96- 25-006N
PR Number: NA

**WALTERS STATE COMMUNITY COLLEGE
CONTRACT SUMMARY SHEET**

If contract is submitted less than two (2) weeks before the effective date (2 months required for complex contracts), provide an explanation of the delayed submission: _____

1. Initiator: Cheryl McCall Date received by contract office: 4/18/2024
2. Contractor: First Tennessee Development District
Contact person: Lisa Evans Phone: _____ Email: levans@ftdd.org
3. Purpose of contract: Medical Laboratory Technician (MLT) Work-Based Learning Training Agreement
4. This contract is (check all that apply):

<input type="checkbox"/> Drafted by WSCC/not standard form	<input type="checkbox"/> Clinical Agreement N/A
<input checked="" type="checkbox"/> Standard Form Agreement	<input type="checkbox"/> Dual Service Agreement
<input type="checkbox"/> Renewal of an Existing Contract	<input type="checkbox"/> Amendment/Addendum
<input type="checkbox"/> Vendor Generated Agreement	<input type="checkbox"/> From Bid/RFP
5. Contract Term:
Term: 8/1/2024 - 6/30/2028
6. Does this agreement meet TBR/WSCC Guidelines/Policies? Yes No
If no, explain: _____

7. Approvals

Please insert initials below	
Originator	<u>CM</u> Cheryl McCall
Contracts Office	<u>CW</u> Clint Williams
Departmental Approval	<u>SW</u> Sheila Williams
Departmental Approval	<u>BF</u> Brock Fisher
Vice President for Business Affairs	<u>MH</u> Mark Hurst
Please insert signature on subsequent pages	
President	Tony Miksa
Contractor/Vendor	First Tennessee Development District

Additional Comments:

**MEMORANDUM OF UNDERSTANDING (MOU) AND AGREEMENT
BETWEEN
WALTERS STATE COMMUNITY COLLEGE
AND
FIRST TENNESSEE DEVELOPMENT DISTRICT**

This Memorandum of Understanding (MOU) and Agreement, made as of this 1st day of April, 2024, by and between Walters State Community College, hereinafter referred to as the “Institution”, and FIRST TENNESSEE DEVELOPMENT DISTRICT or FTDD, hereinafter referred to as the “Contractor”. FTDD will serve as the Mandatory Partner as the *Northeast Tennessee Local Workforce Development Board*.

Whereas, Walters State Community College (Walters State) and Northeast Tennessee Local Workforce Development Board for the Northeast Tennessee Local Workforce Development Area are interested in forming a long-term, regional Collaborative that includes higher education, area employers, economic development and workforce agencies, and local/regional K-12 systems.

Whereas, Walters State and Northeast Tennessee Local Workforce Development Board are interested in working together to develop and to implement a GIVE grant an Laboratory Medical Technician program that will identify and address local/regional workforce needs and skills gaps in local workforce pools in the career cluster areas of Allied and Health Services.

Whereas, both Walters State and Northeast Tennessee Local Workforce Development Board recognize that business engagement in the education and training of workers is key to successful labor market outcomes, and that long-term sustainability planning for successful initiatives and interventions is critical and will continue to serve the community beyond the grant period.

Whereas, three of the counties in the Northeast Tennessee Local Workforce Development Area are in the service area of Walters State; and

Whereas, Walters State and Northeast Tennessee Local Workforce Development Board are interested in signing a memorandum of understanding outlining roles and responsibilities of each organization and partnering to demonstrate interest and capacity for GIVE GRANT: WSSC: CREATING TECHNICAL PATHWAYS FOR SUCCESS program participation in order to:

- 1) enhance, expand, and/or develop academic programs that create viable educational and career pathways that lead to industry-recognized credentials, self-sustaining employment, and career advancement;
- 2) develop and implement a collaborative, meaningful, and structured continuum of work-based learning (WBL) experiences;
- 3) align training and program goals with postsecondary credentials.

Now Therefore, each party agrees to the following:

Walters State Community College agrees to collaborate in the following ways:

- 1) Serve as lead entity and fiscal agent for the GIVE GRANT WSSC: CREATING TECHNICAL PATHWAYS FOR SUCCESS project
- 2) Provide leadership for the planning, development, and implementation of the GIVE GRANT WSSC: CREATING TECHNICAL PATHWAYS FOR SUCCESS project
- 3) Staff the grant program
- 4) Provide leadership for the development of a collaborative roundtable and/or advisory committee to plan activities and monitor achievement of measurable project outcomes
- 5) Conduct/facilitate collaborative roundtable/advisory committee meetings
- 6) Plan and organize a continuum of work-based learning experiences,
- 7) Work with collaborative partners to prepare students with academic and other workplace readiness skills, including time management training, reading and math skill development, individual and group tutoring, advising and career counseling, and job placement services
- 8) Work with collaborative partners to develop and conduct outreach services and recruit students to higher education programs and appropriate disciplines
- 9) Work with collaborative partners to align and map education/training program curriculum and credentialing requirements to industry standards and needs
- 10) Provide a framework by which to support and mentor students that includes high school teachers, college faculty, college and high school staff, and employer partners
- 11) Work with local employers to setup clinicals, job shadowing and other career readiness efforts, where appropriate and
- 12) Provide a framework by which GIVE GRANT WSSC: CREATING TECHNICAL PATHWAYS FOR SUCCESS initiatives will be evaluated and sustained.

Northeast Tennessee Local Workforce Development Board (FTDD) agrees to collaborate in the following ways:

- 1) Participate actively in the Walters State GIVE GRANT WSSC: CREATING TECHNICAL PATHWAYS FOR SUCCESS collaborative by providing workforce development practitioners to participate in collaborative/roundtable activities;
- 2) Work with collaborative partners to align and to map education/training program curriculum and credentialing requirements to industry standards and needs;
- 3) Assist with the implementation of assessments or credentials that can significantly strengthen the reliability of student learning outcome measures;
- 4) Identify high demand, industry-recognized certifications or credentials used for hiring and promotion;
- 5) Participate in the development and implementation of a career and workplace readiness certification/acknowledgement program with participating schools;
- 6) Participate in the planning and execution of GIVE GRANT WSSC: CREATING TECHNICAL PATHWAYS FOR SUCCESS project evaluation and with the determination of sustainability of successful project components;
- 7) Assist with the development and implementation of the GIVE GRANT WSSC: CREATING TECHNICAL PATHWAYS FOR SUCCESS work-based learning continuum in areas of:
 - a. career awareness: i.e., develop projects/activities that favorably depict career options in targeted fields;
 - b. career exploration: i.e., provide labor market information addressing high demand occupations for the region and the state; and
 - c. career preparation and training: i.e., underwrite project-based based learning activities and capstone work-based learning experiences such as On-The-Job Training, for eligible customers.
- 8) Share student/employee data with lead entity to be used for project evaluation and dissemination of outcomes/results of activities funded through the project
- 9) Provide supportive services to eligible customers; and
- 10) Work with collaborative partners to develop and conduct outreach services and recruit students to higher education programs and appropriate disciplines.

In consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this Agreement according to the provisions set out herein:

- A. The parties further agree that the following shall be essential terms and conditions of this Agreement.

1. The term of this Agreement shall be from August 1, 2024 through June 30, 2028.
2. This Agreement may be terminated by either party by giving written notice to the other, at least 15 days before the effective date of termination. In that event, the Contractor shall be entitled to receive just and equitable compensation for any satisfactory authorized work completed as of the termination date.
3. If the Contractor fails to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the terms of this Agreement, the Institution shall have the right to immediately terminate this Agreement and withhold payments in excess of fair compensation for work completed. Notwithstanding the above, the Contractor shall not be relieved of liability to the Institution for damages sustained by virtue of any breach of this Agreement by the Contractor.
4. This Agreement may be modified only by written amendment executed by all parties hereto.
5. The Contractor shall not assign this Agreement or enter into subcontracts for any of the work described herein without obtaining the proper written approval of the Institution or Board of Regents, as appropriate. Approval shall not be given if the proposed sub-Contractor was or is currently ineligible to bid on the Contract.
6. Unless the Contractor is a State of Tennessee Agency, the Contractor warrants that no part of the total contract amount provided herein shall be paid directly or indirectly to any officer or employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as officer, agent, employee, sub-Contractor, or consultant to the Contractor in connection with any work contemplated or performed relative to this Agreement. If the Contractor is an individual, the Contractor warrants that within the past six months he/she has not been and during the term of this Agreement will not become an employee of the State of Tennessee.
7. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Agreement or in the employment practices of the Contractor on the grounds of disability, age, race, color, religion, sex, veteran status, national origin, or any other classification protected by Federal, or State constitutional or statutory law. The Contractor shall, upon request, show proof of such nondiscrimination

and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

8. The Contractor, being an independent Contractor and not an employee of this Institution, agrees to carry adequate public liability and other appropriate forms of insurance, to pay all taxes incident hereunto, and otherwise protect and hold the Institution harmless from any and all liability not specifically provided for in this Agreement.
9. Any and all claims against the Institution for personal injury and/or property damage resulting from the negligence of the Institution in performing any responsibility specifically required under the terms for this Agreement shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee. Damages recoverable against the Institution shall be expressly limited to claims paid by the Board of Claims or Claims Commission pursuant to Tennessee law.
10. The Contractor shall maintain documentation for all charges against the Institution under this Agreement. The books, records, and documents of the Contractor, insofar as they relate to work performed or money received under this Agreement, shall be maintained for a period of three full years from the date of the final payment, and shall be subject to audit, at any reasonable time and upon reasonable notice, by the Institution or the state Comptroller of the Treasury, or their duly appointed representatives, or a licensed independent public accountant.
11. Tennessee Code Annotated §12-3-309, prohibits State entities from contracting to acquire goods and/or services from any person who knowingly utilizes the services of illegal immigrants in the performance of the contract and by signing this Agreement, Contractor attests that Contractor will not knowingly utilize the services of illegal immigrants in the performance of this Agreement and will not knowingly utilize the services of any sub-Contractor, if permitted under this Agreement, who will utilize the services of illegal immigrants in the performance of this Agreement.

If Contractor is discovered to have breached the Attestation, the Commissioner of Finance and Administration shall declare that the Contractor shall be prohibited from contracting or submitting a bid to any Tennessee Board of Regents institution or any other state entity for a period of one (1) year from the date of discovery of the breach. Contractor may appeal the one (1) year by utilizing an appeals process in the Rules of Finance and Administration, Chapter 0620.

12. If applicable, Contractor shall have policies and procedures in place to detect relevant Red Flags that may arise in the performance of the Contractor's activities under the Agreement.

13. Data Privacy and Security.

Data Privacy. "Personal Information" means information provided to Contractor by or at the direction of Institution, or to which access was provided to Contractor by or at the direction of Institution, in the course of Contractor's performance under this Agreement that: (i) identifies or can be used to identify an individual (including , without limitation , names, signatures, addresses, telephone numbers, e-mail addresses and other unique identifiers); or (ii) can be used to authenticate an individual (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or PINs, financial account numbers, credit report information, biometric or health data, answers to security questions and other personal identifiers.

Contractor represents and warrants that its collection, access, use, storage, disposal and disclosure of Personal Information complies with all applicable international, federal and state privacy and data protection laws, including without limitation, the Gramm-Leach-Bliley Act ("GLBA"); the Health Information Portability and Accountability Act ("HIPAA");the Family Educational Rights and Privacy Act ("FERPA") of 1974 (20 U.S.C.1232g), the FTC's Red Flag Rules, as amended together, with regulations promulgated thereunder.

Some Personal Information provided by Institution to Contractor is subject to FERPA. Contractor acknowledges that its improper disclosure or re-disclosure of Personal Information covered by FERPA may, under certain circumstances, result in Contractor's exclusion from eligibility to contract with Customer for at least five (5) years and agrees to become a "school official" as defined in the applicable Federal Regulations for the purposes of this Agreement.

With respect to any processing of personal data of persons located in, or personal data obtained from within, the European Union (EU), Contractor certifies that it will comply with all applicable laws or regulations related to acceptance, transmission, and/or storage of such personal data as defined by and in accordance with the EU's General Data Protection Regulations ("GDPR"). Contractor will only act on the written instruction of the Institution and will assist the Institution in compliance with GDPR in relation to the security of processing, the notification of personal data breaches, data

protection impact assessments, answering data subjects' requests, and allowing data subjects to exercise their rights under the GDPR. Contractor consents to audits and inspections as necessary to ensure compliance with these provisions.

Data Security. Contractor represents and warrants that Contractor will maintain compliance with the SSAE 16 standard, and shall undertake any audits and risk assessments Contractor deems necessary to maintain compliance with SSAE16.

Incident Response. "Security Incident" means any reasonably suspected breach of information security, unauthorized access to any System, server or database, or any other unauthorized access, use, or disclosure of Personal Information or Highly-Sensitive Personal Information occurring on Systems under Contractor's control. Contractor shall: (i) provide Institution with the name and contact information for an employee of Contractor who shall serve as Customer's primary security contact and shall be available to assist Customer twenty-four (24) hours per day, seven (7) days per week as a contact in resolving obligations associated with a Security Incident; (ii) notify Institution of a Security Incident as soon as practicable, but no later than forty eight (48) hours after Contractor becomes aware of it, except where disclosure is prohibited by law; and (iii) notify Institution of any such Security Incident by email to Stephen.Annis@ws.edu with a copy by e-mail to Contractor's primary business contact at the Institution.

Contractor shall use best efforts to immediately mitigate or resolve any Security Incident, at Contractor's expense and in accordance with applicable privacy rights, laws, regulations and standards. Contractor shall reimburse Institution for actual costs incurred by Institution in responding to, and mitigating damages caused by, any Security Incident, including all costs of notice and/or remediation incurred under all applicable laws as a result of the Security Incident.

Return of Personal Information. At any time during the term of this Agreement, at the Institution's written request or upon the termination or expiration of this Agreement, Contractor shall return to the Institution all copies, whether in written, electronic or other form or media, of Confidential, Highly-Sensitive, or Personal Information in its possession, or at Customer's direction, securely dispose of all such copies.

14. **Contractor Commitment to Diversity.** The Contractor shall assist the Institution in monitoring the Contractor's performance of this commitment by providing, as requested, a quarterly report of participation in the

performance of this Agreement by small business enterprises and businesses owned by minorities, women, and Tennessee service-disabled veterans. Such reports shall be provided to the Institution in form and substance as required by Institution.

15. Service and Software Accessibility Standards. The Contractor warrants and represents that the service and software, including any updates, provided to the Institution will meet the accessibility standards set forth in WCAG 2.0 AA (also known as ISO standard, ISO/IEC 40500:2012), EPub 3 and Section 508 of the Vocational Rehabilitation Act.
16. As applicable, the Contractor shall be registered or have received an exemption from the Department of Revenue for the collection of Tennessee sales and use tax. This registration requirement is a material requirement of this Contract.
17. Subject to Funds Availability. This Agreement is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Institution reserves the right to terminate the Agreement upon written notice to the Contractor. Termination under this Section C.13 shall not be deemed a breach of Contract by the Institution. Upon receipt of the written notice, the Contractor shall cease all work associated with the Agreement. Should such an event occur, the Contractor shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Contractor shall have no right to recover from the Institution any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
18. If the other terms of this Grant Agreement allow reimbursement for the cost of goods, materials, supplies, equipment, motor vehicles, or contracted services, the procurement of these goods or services by the Grantee shall be competitive where practicable and all applicable regulations. For any procurement for which reimbursement is paid under this Grant Agreement, the Grantee shall document the competitive procurement method. In each instance where it is determined that use of a competitive procurement method is not practicable, supporting documentation shall include a written justification for the decision and for the use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.318—200.326 when procuring property or services under a federal award.

19. Reimbursement for the cost of procuring goods, materials or services shall be subject to the contractor's compliance with applicable federal procurement requirements.
20. The Contractor shall cause to be performed, in accordance with auditing standards prescribed by the Comptroller of the Treasury of the State of Tennessee, an audit of all its program(s) funded by this contract; provided, however, that any contract for such audit shall be subject to prior approval of the Comptroller of the Treasury of the State of Tennessee, and must be submitted on the standard contract to audit accounts' form published by the Comptroller of the Treasury. The audit may include and be combined with an audit of other programs of the contractor, and the existence of more than one contract between the contractor and any agency of the State of Tennessee shall not necessitate more than one (1) audit of the contractor's programs to be performed every two years.
21. Inventory/Equipment Control. No equipment shall be purchased under this Agreement.
22. The Contractor shall be responsible for the correct use, maintenance, and protection of all articles of nonexpendable, tangible, personal property furnished by the Institution for the Contractor's temporary use under this Agreement. Upon termination of this Agreement, all property furnished shall be returned to the Institution in good order and condition as when received, reasonable use and wear thereof excepted. Should the property be destroyed, lost, or stolen, the Contractor shall be responsible to the Institution for the residual value of the property at the time of loss.
23. Political Activity Certification. Contractor, by signing this Agreement, certifies that no state property provided hereunder will be used for any political purpose prohibited by state or federal law and further that no funds provided hereunder have been paid, or will be paid, by or on behalf of the Contractor to any person or any agency for any political purpose prohibited by state or federal law or in connection with the awarding of this Agreement. The Contractor agrees to comply with all applicable disclosure laws relating to political contributions or lobbying activities.
24. Debarment and Suspension. The Contractor certifies, to the best of its knowledge and belief, that it and its principals:
 - a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or state department or agency;

- b. have not within a three (3) year period preceding this Agreement been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining attempting to obtain, or performing a public (Federal, State, or Local) transaction or grant under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c. are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or Local) with commission of any of the offenses listed in section b. of this certification; and
 - d. have not within a three (3) year period preceding this Agreement had one or more public transactions (Federal, State, or Local) terminated for cause or default.
25. The obligations of the parties to this Agreement are subject to prevention by causes beyond the parties' control that could not be avoided by the exercise of due care including, but not limited to, acts of God, riots, wars, epidemics or any other similar cause.
26. The Contractor shall comply with all applicable State and Federal laws and regulations, including Institution policies and guidelines in the performance of this Agreement.
27. This Agreement shall be governed by and construed in accordance with the laws of the State of Tennessee. The Contractor agrees that it will be subject to the exclusive jurisdiction of the Tennessee Claims Commission in actions that may arise under this Agreement. The Contractor acknowledges and agrees that any rights or claims against the Institution or its employees hereunder, and any remedies arising therefrom, shall be subject to and limited to those rights and remedies, if any, available under Tennessee Code Annotated, Sections 9-8-101 through 9-8-407.
28. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101 et.seq., addressing contracting with persons with investment activities in Iran, shall be a material provision of this Contract. The Contractor agrees, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

29. This Agreement shall not be binding upon the parties until it is approved by the president or his designee, or the Tennessee Board of Regents, as appropriate.

IN WITNESS WHEREOF, the parties have by their duly authorized representative set their signature.

**FIRST TENNESSEE
DEVELOPMENT DISTRICT**

**WALTERS STATE
COMMUNITY COLLEGE**

Lisa Evans
Signature

Tony Miksa
Tony Miksa

WIOA Program Director
Title

President
Title

4/24/2024
Date

4/22/2024
Date

Mailing Address:

First Tennessee Development District
Attn: Lisa Evans
3211 N. Roan St.
Johnson City, TN 37601

January 29, 2024

Mr. Mitch Currey, Senior Director Workforce and Economic Development
Tennessee Higher Education Commission
312 Rosa Parks Avenue, 9th Floor
Nashville, Tennessee 37243

Dear Mr. Currey,

Please accept this letter of commitment from Walters State Community College (WSCC) in support of the Governor's Investment in Vocational Education (G.I.V.E.) 3.0 grant proposal. Walters State is proud of the exemplary training provided to health professionals through its Division of Health Programs. As educators, it is our intent to provide well-trained individuals to serve the East Tennessee region.

We respectfully request \$1,999,882.38 to help underwrite the purchase of equipment, supplies and personnel costs for Walters State's creation of a Medical Laboratory Technician program. These resources will allow additional collaboration between our industry, K-12, and Workforce Development Partners. The college will commit any funds above those sought by the grant to ensure implementation and sustainability. This formal letter of commitment documents WSCC's willingness to establish, maintain and continue expansion of the Medical Laboratory Technician program in our East Tennessee ten-county region.

Furthermore, the effort will enable us to reach goals stated in the 2025-2030 WSCC Academic Master Plan. We seek to offer our communities access to local industry-based programs. One of our key priorities over the next five years is to explore new programs and expand programs to meet the ever-changing needs of our region. This grant funding will support these efforts.

It is critical to have the newest technology on which to train our students and that meets state and national standards that these future healthcare professionals will use in the field. The equipment requested enables the Health Programs Division to build a pipeline of career-ready professionals, based on quality classroom and laboratory training, and clinical work-based learning opportunities.

Thank you so much for your support in this process. We look forward to hearing from you in the near future.

Sincerely,



Tony Miksa
President

Northeast Tennessee - Occupations with High Employer Demand									
SOC Code	Description	2021 Jobs	2021 Employment Concentration (National Avg. is 1.0%)	Annual Openings (2018 - 2028)	Job Postings: Openings Advertised Online 2021	2021 Hires	Entry Level Wages	Median Wages	Experienced Wages
13-2052	Personal Financial Advisors	110	0.32	17	22	35	\$18.32	\$29.56	\$48.52
15-1212	Information Security Analysts	90	0.43	17	6	57	\$25.69	\$37.30	\$45.07
15-1232	Computer User Support Specialists	350	0.41	44	59	245	\$15.40	\$21.46	\$26.92
17-2051	Civil Engineers	160	0.40	16	62	83	\$27.32	\$37.03	\$46.14
17-2141	Mechanical Engineers	320	0.87	38	57	111	\$34.04	\$46.68	\$57.27
17-2199	Engineers, All Other	180	0.90	25	57	66	\$24.82	\$37.26	\$54.45
17-3023	Electrical and Electronic Engineering Technologists and Technicians	100	0.75	24	32	49	\$20.92	\$29.57	\$34.74
17-3029	Engineering Technologists and Technicians, Except Drafters, All Other	90		0	11	84	\$23.75	\$36.44	\$37.00
21-1012	Educational, Guidance, and Career Counselors and Advisors	340	0.87	31	42	144	\$19.65	\$23.61	\$27.94
21-1019	Counselors, All Other	90	2.32	13	28	55	\$14.94	\$19.89	\$22.58
21-1021	Child, Family, and School Social Workers	400	0.89	59	5	217	\$16.44	\$21.39	\$24.35
21-1022	Healthcare Social Workers	450	1.96	19	76	266	\$15.06	\$20.95	\$24.95
21-1093	Social and Human Service Assistants	320	0.61	53	28	181	\$11.47	\$14.58	\$17.33
23-1011	Lawyers	340	0.38	31	23	90	\$29.16	\$49.77	\$78.83
25-2011	Preschool Teachers, Except Special Education	290	0.56	51	9	170	\$9.68	\$16.77	\$20.14
25-4022	Librarians and Media Collections Specialists	170	1.01	18	10	64	\$21.01	\$28.49	\$29.95
27-1024	Graphic Designers	130	0.48	25	12	86	\$15.08	\$21.05	\$27.33
27-1026	Merchandise Displayers and Window Trimmers	200	0.95	16	387	120	\$12.11	\$14.17	\$16.91
27-3031	Public Relations Specialists	110	0.34	11	13	60	\$13.90	\$22.69	\$31.78
29-1071	Physician Assistants	190	1.08	19	49	68	\$37.37	\$47.71	\$55.72
29-1126	Respiratory Therapists	350	1.99	32	260	93	\$19.74	\$22.62	\$26.78
29-1131	Veterinarians	100	0.98	13	25	22	\$31.60	\$46.96	\$55.88
29-1292	Dental Hygienists	330	1.21	29	24	87	\$25.44	\$36.12	\$37.06
29-2010	Clinical Laboratory Technologists and Technicians	440	1.05	56	228	130	\$15.54	\$22.71	\$28.90
29-2032	Diagnostic Medical Sonographers	150	1.45	17	108	52	\$23.80	\$29.23	\$37.19
29-2052	Pharmacy Technicians	940	1.63	84	281	518	\$12.45	\$14.05	\$17.47
29-2055	Surgical Technologists	120	0.83	27	336	44	\$15.34	\$22.33	\$23.75
29-2061	Licensed Practical and Licensed Vocational Nurses	2,220	2.64	242	1,245	1,015	\$16.04	\$18.10	\$21.65

County Economic Status and Number of Distressed Areas in Appalachian Tennessee, Fiscal Year 2023

*Counties in **Bold** Contain Distressed Areas*

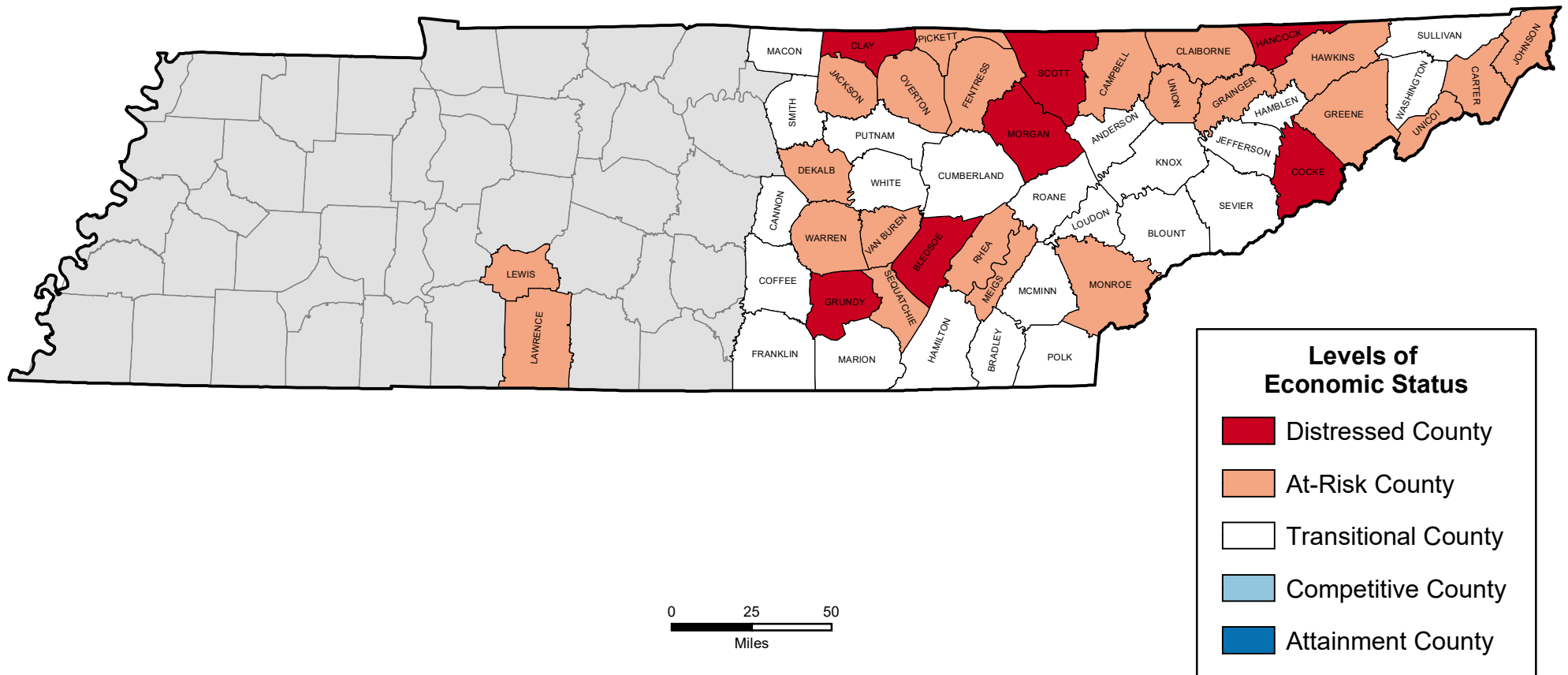
<i>County</i>	<i>Economic Status</i>	<i>Number of Distressed Areas</i>	<i>County</i>	<i>Economic Status</i>	<i>Number of Distressed Areas</i>
Anderson	Transitional	6	Macon	Transitional	2
Bledsoe	Distressed		Marion	Transitional	
Blount	Transitional	2	Meigs	At-Risk	
Bradley	Transitional	6	Monroe	At-Risk	1
Campbell	At-Risk	7	Morgan	Distressed	
Cannon	Transitional	1	Overton	At-Risk	2
Carter	At-Risk	7	Pickett	At-Risk	1
Claiborne	At-Risk	6	Polk	Transitional	
Clay	Distressed		Putnam	Transitional	4
Cocke	Distressed		Rhea	At-Risk	1
Coffee	Transitional	2	Roane	Transitional	2
Cumberland	Transitional	2	Scott	Distressed	
DeKalb	At-Risk	1	Sequatchie	At-Risk	1
Fentress	At-Risk	1	Sevier	Transitional	7
Franklin	Transitional	1	Smith	Transitional	
Grainger	At-Risk		Sullivan	Transitional	8
Greene	At-Risk	3	Unicoi	At-Risk	
Grundy	Distressed		Union	At-Risk	
Hamblen	Transitional	3	Van Buren	At-Risk	
Hamilton	Transitional	15	Warren	At-Risk	2
Hancock	Distressed		Washington	Transitional	8
Hawkins	At-Risk	4	White	Transitional	1
Jackson	At-Risk	1			
Jefferson	Transitional				
Johnson	At-Risk	2			
Knox	Transitional	18			
Lawrence	At-Risk	2			
Lewis	At-Risk				
Loudon	Transitional	1			
McMinn	Transitional	3			

Distressed Areas in Appalachian Tennessee, Fiscal Year 2023

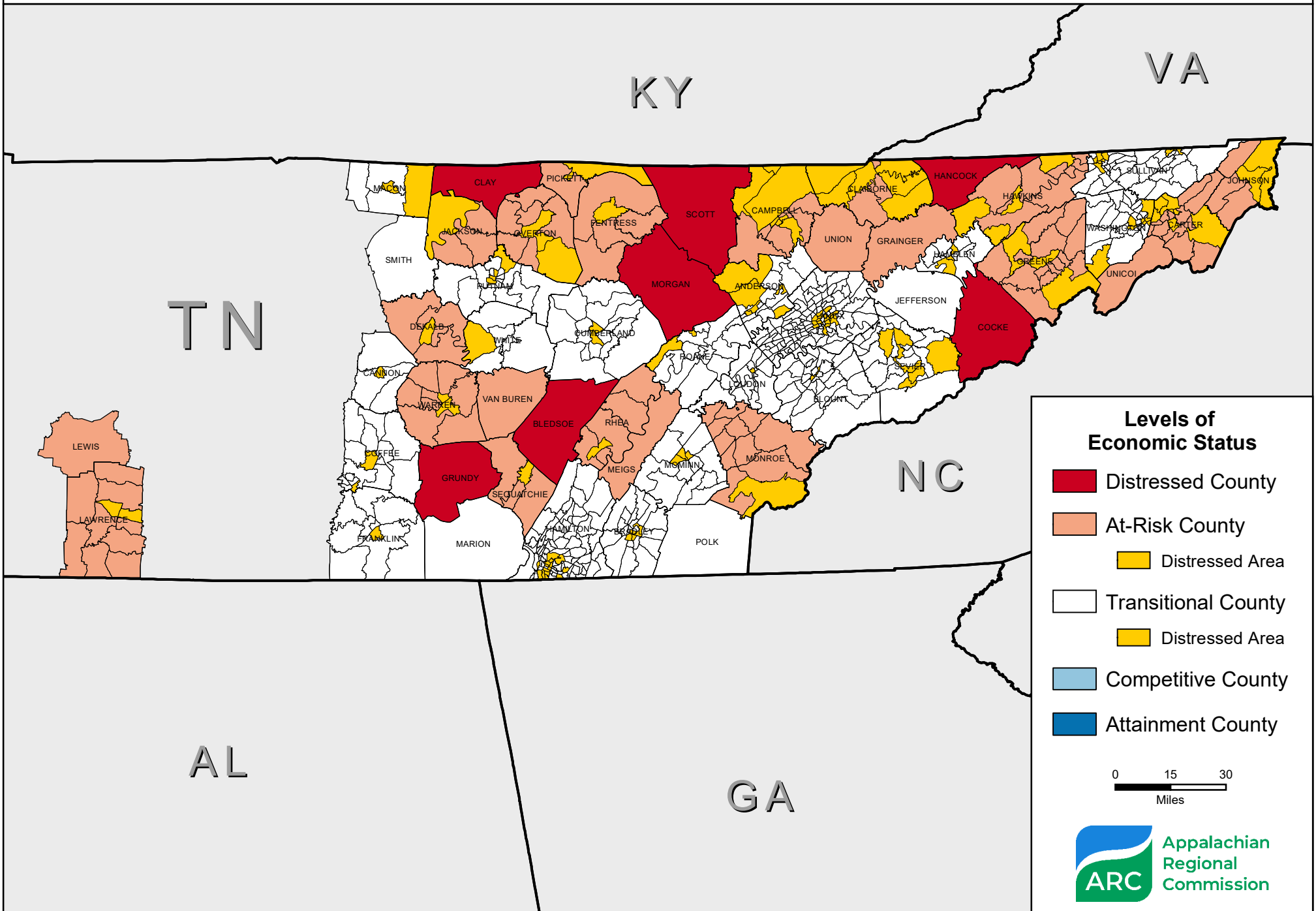
<i>County</i>	<i>Census Tract ID Number</i>	<i>County</i>	<i>Census Tract ID Number</i>
Anderson	204	Coffee	9704.02
Anderson	205	Coffee	9709
Anderson	207	Cumberland	9704.01
Anderson	210.01	Cumberland	9705.02
Anderson	212.02	DeKalb	9202.01
Anderson	213.04	Fentress	9651
Blount	105	Franklin	9605
Blount	108	Greene	901
Bradley	102.01	Greene	910.01
Bradley	103	Greene	913
Bradley	104	Hamblen	1001
Bradley	105	Hamblen	1003
Bradley	107	Hamblen	1008
Bradley	108	Hamilton	4
Campbell	9501	Hamilton	11
Campbell	9502	Hamilton	12
Campbell	9503	Hamilton	13
Campbell	9506.01	Hamilton	16
Campbell	9506.02	Hamilton	19
Campbell	9507.02	Hamilton	23
Campbell	9510	Hamilton	24
Cannon	9602.01	Hamilton	25
Carter	701	Hamilton	26
Carter	704	Hamilton	34
Carter	706	Hamilton	114.44
Carter	710	Hamilton	116
Carter	711	Hamilton	122
Carter	712	Hamilton	123
Carter	716	Hawkins	501
Claiborne	9701	Hawkins	503.02
Claiborne	9703	Hawkins	505.01
Claiborne	9704	Hawkins	509
Claiborne	9705	Jackson	9601
Claiborne	9708	Johnson	9563
Claiborne	9709	Johnson	9564

<i>County</i>	<i>Census Tract ID Number</i>	<i>County</i>	<i>Census Tract ID Number</i>
Knox	8	Sevier	804.02
Knox	14	Sevier	806.01
Knox	15	Sevier	807.02
Knox	17	Sevier	808.01
Knox	19	Sevier	810.02
Knox	20	Sevier	811.01
Knox	21	Sevier	811.04
Knox	24	Sullivan	402
Knox	26	Sullivan	405
Knox	27	Sullivan	406
Knox	28	Sullivan	418
Knox	29	Sullivan	419
Knox	30	Sullivan	427.03
Knox	32	Sullivan	427.04
Knox	67	Sullivan	428.02
Knox	68	Warren	9305
Knox	69.03	Warren	9306
Knox	70	Washington	601
Lawrence	9604.01	Washington	605.01
Lawrence	9605.01	Washington	605.03
Loudon	602.03	Washington	608
McMinn	9702.01	Washington	609.01
McMinn	9702.02	Washington	609.02
McMinn	9703	Washington	612
Macon	9701	Washington	619.04
Macon	9703.01	White	9352
Monroe	9255.04		
Overton	9503.02		
Overton	9506		
Pickett	9251.02		
Putnam	2.02		
Putnam	3.04		
Putnam	7		
Putnam	8		
Rhea	9754.01		
Roane	305		
Roane	308.01		
Sequatchie	601.03		

County Economic Status in Appalachian Tennessee, Fiscal Year 2023



County Economic Status and Distressed Areas in Appalachian Tennessee, Fiscal Year 2023



Persistent Poverty in Counties and Census Tracts

American Community Survey Reports

Craig Benson, Alemayehu Bishaw, and Brian Glassman

May 2023

ACS-51

INTRODUCTION¹

Research has suggested that people living in higher poverty areas experience more acute systemic problems than people in lower poverty areas (e.g., limited access to medical services, healthy and affordable food, quality education, and civic engagement opportunities).² Government agencies and researchers have previously identified counties with high rates of poverty over an extended period as targets for increased level of support. While definitions vary, counties are typically considered to be in persistent poverty if they maintained poverty rates of 20 percent or more for the past 30 years.

Persistent poverty is different from and should not be confused with chronic poverty. Chronic poverty identifies individuals and families that are consistently in poverty over time, whereas persistent poverty in this report focuses on geographic locations that have had high poverty rates for an extended time.

To identify counties in persistent poverty, this report incorporates poverty estimates from the 1990 and 2000 Censuses, the 2005–2009 American Community Survey (ACS), 5-year estimates, and the 2015–2019 ACS, 5-year estimates. Other governmental agencies have alternative definitions of persistent poverty for programmatic purposes. This has created a need

¹ The Census Bureau reviewed this data for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release: CBDRB-FY22-SEHDD003-038. All comparative statements have undergone statistical testing and are statistically significant at the 90 percent confidence level, unless otherwise noted.

² Refer to <www.ers.usda.gov/amber-waves/2021/august/rural-poverty-has-distinct-regional-and-racial-patterns/>.

for more consistent methods that can be universally applied, and examples of such are described in this report.

This report expands upon the persistent poverty literature by examining subcounty geographies (specifically, census tracts) and comparing those results to county results. By using this smaller geography, additional populations that may benefit from targeted intervention are identifiable. In addition, census tracts are explored over a longer time than what has been typically done in other persistent poverty analyses, allowing for comparison with identified persistent poverty counties.

HIGHLIGHTS

- From 1989 to 2015–2019, there were 341 counties, 10.9 percent of the total, in persistent poverty.
- Approximately 6.1 percent of the U.S. population in 2019 lived in a persistent poverty county.
- From 1989 to 2015–2019, 8,238 tracts, 11.3 percent of the total, were in persistent poverty.
- Approximately 9.0 percent of the U.S. population in 2019 lived in a persistent poverty tract.
- Approximately 9.1 million more people lived in a persistent poverty tract than lived in a persistent poverty county. Census tracts were more geographically precise in identifying persistent poverty populations than counties.
- Over 74 percent of persistent poverty census tracts were not in a persistent poverty county.

BACKGROUND

The definition of persistent poverty has been shaped by federal interventions that attempted to target communities rather than individuals. The poverty rate of 20 percent as a threshold has been discussed in the literature as relevant for examining social characteristics of high versus low poverty areas (Dalaker, 2021). A U.S. Government Accountability Office report from May 2021 found that government agencies identified persistent poverty counties in many different ways, and therefore they may not have been targeting counties with the greatest need.³ The approaches developed for this report, described in detail in the Methods section, provide a comprehensive model for consistently examining persistent poverty geographies over time.

The “10-20-30” provision was first implemented in the American Recovery and Reinvestment Act (ARRA) of 2009.⁴ The act required the Secretary of Agriculture to allocate at least 10 percent of funds from three rural development program accounts to counties that maintained poverty rates of 20 percent or more for the past 30 years, as measured by the 1980, 1990, and 2000 Censuses.⁵ Since ARRA, Congress has applied the 10-20-30 provision to other programs. Since the decennial census stopped collecting income information after 2000, the definitions of persistent poverty have varied in subsequent appropriation bills and among various departments and agencies.

As shown in Table 1, there are a number of areas of methodological differences among researchers

³ Refer to <www.gao.gov/products/gao-21-470>.

⁴ Refer to <www.govinfo.gov/content/pkg/PLAW-111publ5/pdf/PLAW-111publ5.pdf>.

⁵ Refer to <<https://crsreports.congress.gov/product/pdf/R/R45100>>.

working on persistent poverty: number of datapoints used, datasets used, whether margins of error (MOE) were included, and whether census tracts were analyzed.

While most previous studies used three datapoints, this report uses four datapoints to more accurately count persistent poverty areas and to use roughly equal periods between readings. Conversely, this report follows the vast majority of previous studies in rounding to the nearest tenth of a percent, using a cutoff of 20.0 percent, without rounding to the nearest whole number, and without using margins of error to test whether poverty rates were statistically different from 20.0 percent. Finally, while most previous work has focused on counties, three studies in Table 1 also examined tract poverty. Each of these studies uses one ACS 5-year period. This report improves on this method by including four different datapoints to measure tract persistent poverty.

METHODS

How Poverty Is Determined

Poverty status is determined by comparing annual income to a set of dollar values (poverty thresholds) that vary by family size, the number of children in the household, and the age of the householder. If a family’s before-tax money income is less than the dollar value of their threshold, then that family and every individual in it are considered to be in poverty. For people not living in families, poverty status is determined by comparing the individual’s income to his or her poverty threshold.

The poverty thresholds are updated annually to account for changes in the cost of living using the Consumer Price Index for All

Urban Consumers (CPI-U). They do not vary geographically. As the ACS is continuously administered throughout the year and income is reported for the previous 12 months, the appropriate poverty threshold for each family is determined by multiplying the base year poverty threshold from 1982 by the average of monthly CPI values for the 12 months preceding the survey month.

The poverty universe excludes children under the age of 15 who are not related to the householder, people living in institutional group quarters (e.g., nursing homes or correctional facilities), and people living in college dormitories or military barracks. Population totals for the nation, states, and other geographic units in this report were computed using the poverty universe, the population for whom poverty status can be determined.

Data Sources

This report uses several data sources to generate a list of persistent poverty counties and census tracts. Data from the 1990 and 2000 Censuses provide information about the previous calendar years—1989 and 1999. After the 2000 Census, the long form, which provided the income information to generate poverty rates, was discontinued. Therefore, data to reflect more recent periods come from different sources. The 2005–2009 and 2015–2019 ACS, 5-year estimates are used with the earlier decennial estimates to determine persistent poverty in various periods. An additional analysis uses the 2009 and 2019 Small Area Income and Poverty Estimates (SAIPE) in place of the 2005–2009 and 2015–2019 ACS, 5-year estimates.⁶

⁶ Detailed descriptions of each data source used are in the appendix.

Table 1.

A Comparison of Persistent Poverty Methodologies

Persistent poverty project	Number of datapoints— (surveys used)	Number of counties in persistent poverty	Margin of error used?	Tracts
<i>Persistent Poverty in Counties and Census Tracts</i> —Benson, Bishaw, and Glassman, 2023	4—(1990 and 2000 Censuses; 2005–2009 and 2015–2019 ACS, 5-year estimates)	341	No	1990 and 2000 Censuses; 2005–2009 and 2015–2019 ACS, 5-year estimates
Housing Assistance Council, 2022	3—(2000 Census, 2006–2010 and 2016–2020 ACS, 5-year estimates)	377	No	No
U.S. Economic Development Administration, 2022 (EDA)	3—(1990 and 2000 Censuses; most recent SAIPE ¹ estimates); used 19.5% as cutoff	489	Yes	No
U.S. Department of Transportation, 2022	3—(1990 and 2000 Censuses; 2020 SAIPE)	354	No	2014–2018 ACS, 5-year estimates
Dalaker, 2021 (CRS 1)	3—(1990 and 2000 Censuses; 2015–2019 ACS, 5-year estimates)	375	No	No
Dalaker, 2021 (CRS 2)	3—(1990 and 2000 Censuses; 2015–2019 ACS, 5-year estimates); used 19.5% as cutoff	418	No	No
Dalaker, 2021 (CRS 3)	3—(1990 and 2000 Censuses; 2019 SAIPE)	361	No	No
Farrigan, 2021 (ERS 1)	4—(1980, 1990, and 2000 Censuses; average of 2007–2011 and 2015–2019 ACS, 5-year estimates)	310	No	No
Farrigan, 2021 (ERS 2)	4—(1980, 1990, and 2000 Censuses; 2007–2011 ACS, 5-year estimates)	353	No	No
Government Accountability Office, 2021	3—(1990 and 2000 Censuses; 2017 SAIPE)	409	Yes	2013–2017 ACS, 5-year estimates
Srinivasan and Kennedy, 2021	4—(1980, 1990, and 2000 Censuses; 2007–2011 ACS, 5-year estimates)	353	No	Yes
U.S. Department of The Treasury Community Development Financial Institutions Fund, 2020 (CDFI)	3—(1990 and 2000 Censuses; 2011–2015 ACS, 5-year estimates)	395	No	2011–2015 ACS, 5-year estimates
Miller and Weber, 2003	5—(1960–2000 Censuses)	382	No	No

¹ SAIPE refers to Small Area Income and Poverty Estimates Program. EDA uses the most recent SAIPE dataset (released December of every year, at which time the Persistent Poverty Counties [PPC] list for that fiscal year is updated). For more information, refer to the Small Area Income and Poverty Estimates Program at <www.census.gov/programs-surveys/saipe/about.html>.

Determining Persistent Poverty

In this report, counties and census tracts with poverty rates of 20.0 percent or greater are considered to have a high poverty rate. Margins of error (MOE) were not used to determine whether poverty rates were significantly different from 20.0 percent.⁷ This is consistent with the majority of examples of past persistent poverty calculations. If a county or census tract had a high poverty rate at all 4 datapoints from 1989 to 2015–2019 (i.e., a county or tract had a poverty rate of 20.0 percent or greater for the 1990 and 2000 Census data and the 2005–2009 and 2015–2019 ACS, 5-year estimates), then we include the geographic unit in the persistent poverty category. Unlike some previous studies, this report includes four datapoints to increase the accuracy of the county being in persistent poverty for the entire period and to use roughly equal periods between readings.

This definition of persistent poverty is a definition purely for this report and is one of several viable options. The U.S. Census Bureau takes no official position at this time on how persistent poverty should be defined.

⁷ For example, a county with a rate of 18 percent and a margin of error of 2 would be included if MOEs were used and would not be included if MOEs were not used.

Geography

Persistent poverty is analyzed at both the county- and census-tract levels of geography. The persistent poverty at these spatial levels is aggregated to provide state totals. In this report, estimates are provided for the the 50 states and the District of Columbia. Puerto Rico is excluded from this analysis. It should be noted that in addition to being a state equivalent, the District of Columbia is also considered a county equivalent for the purposes of data presentation.

Counties are relatively stable over time, but there are occasional name or boundary changes along with county creations and deletions. The set of counties used in this report includes all counties that existed in each of the four datasets used for analysis.

Census tracts are small, statistical subdivisions of a county or statistical equivalent entity.⁸ Since it is possible for census tract boundaries to change with each decennial census, the total number of census tracts varies during each 10-year period. To account for this, we use harmonized census-tract data from the Integrated Public Use Microdata Series (IPUMS) National

⁸ For more information on census tracts, refer to the Glossary at <<https://www.census.gov/glossary/>>.

Historical Geographic Information System (NHGIS).⁹

RESULTS¹⁰

Counties With High Poverty Rates

Before examining persistent poverty in counties, it is helpful to establish the number of counties that had a high poverty rate at each datapoint as a means of comparison.

Table 2 shows the number of counties with poverty rates equal to or greater than 20.0, 25.0, and 30.0 percent at individual years. The number of counties with poverty rates equal to or higher than 20.0 percent was highest in 1989. It decreased in 1999, increased in 2005–2009, and decreased to current 2015–2019 levels.

In 2015–2019, the most current period in this study, there were 590 counties with a poverty rate equal to or greater than 20.0 percent according to the ACS data. These 590 counties accounted for 18.8 percent of the nation's counties. Using SAIPE estimates, more

⁹ For more information on the IPUMS NHGIS and census-tract harmonization, refer to the IPUMS NHGIS, National Historical Geographic Information System, at <<https://www.nhgis.org/geographic-crosswalks/>>.

¹⁰ Population totals for this report are computed using the poverty universe, the population for whom poverty status is determined. The estimates presented here do not reflect the COVID-19 pandemic and its potential impact.

Table 2.

Number and Percentage of Counties With High Poverty Rates

Dataset	Poverty rate 20.0 percent or more		Poverty rate 25.0 percent or more		Poverty rate 30.0 percent or more	
	Number of counties	Percent of counties	Number of counties	Percent of counties	Number of counties	Percent of counties
1990 Decennial Census (1989)	858	27.3	429	13.7	199	6.3
2000 Decennial Census (1999)	500	15.9	203	6.5	85	2.7
2005–2009 ACS, 5-year estimates	639	20.3	246	7.8	91	2.9
2015–2019 ACS, 5-year estimates	590	18.8	222	7.1	87	2.8
2009 SAIPE estimates	748	23.8	290	9.2	112	3.6
2019 SAIPE estimates	478	15.2	169	5.4	67	2.1

Source: U.S. Census Bureau, 1990 and 2000 Censuses; 2005–2009 and 2015–2019 American Community Survey, 5-year estimates; and the 2009 and 2019 Small Area Income and Poverty Estimates (SAIPE).

counties had poverty rates equal to or greater than 20.0 percent in 2009, and fewer counties had poverty rates equal to or greater than 20.0 percent in 2019.¹¹

Counties in Persistent Poverty

Having a sense of the current number of counties with high poverty rates helps put into context the counties identified as being persistently in poverty. In the most recent period (2015–2019), 341 of the 590 high poverty counties were persistently in poverty, having a poverty rate of 20.0 percent or higher in 1989, 1999, 2005–2009, and 2015–2019. These 341 counties represent 10.9 percent of all the counties in the nation.

Table 3 breaks down the population living in persistent poverty by state and shows an alternate number of counties identified if 2009 and 2019 SAIPE estimates are used for the last two datapoints rather than 2005–2009 and 2015–2019 ACS, 5-year estimates.

In the 1989 to 2015–2019 period, 19.4 million people lived in counties identified as being persistently in poverty, or 6.1 percent of the population. More closely examining individual state totals, the states had a range of 0 to 44 counties in persistent poverty. Fifteen states and the District of Columbia had no counties identified and therefore had no population living in persistent poverty counties. An

¹¹ The SAIPE estimates are from a single year (2019), whereas the 2019 ACS, 5-year estimates are pooled 1-year estimates from 2015, 2016, 2017, 2018, and 2019.

additional eight states had less than 1 percent of their population living in persistent poverty counties. Ten states had 10 percent or more of their population living in persistent poverty counties.

Examination of the difference between the 1989 to 2015–2019 ACS and 1989 to 2019 SAIPE counts shows that there were fewer counties in persistent poverty with the ACS, though the ACS counties resulted in a larger population. Note that the 2015–2019 ACS, 5-year estimates reflect 5 individual years (2015, 2016, 2017, 2018, and 2019) pooled together, whereas SAIPE is solely based upon 2019 estimates. The two data sources also employ different methodologies in determining estimates.¹²

The percentage of the population living in persistent poverty may better reflect current economic conditions rather than the percentage of counties in persistent poverty. This is especially true in states with many counties with smaller

¹² One notable state difference between the ACS and SAIPE counts was in New York. The 2015–2019 ACS poverty estimate (20.0 percent) places Kings County into persistent poverty (in combination with its 1989, 1999, and 2005–2009 estimates), while its 2009 and 2019 SAIPE estimates of 21.7 percent and 17.7 percent do not. This places an additional 2.6 million people (the 2019 population of Kings County) into persistent poverty using the 1989 to 2015–2019 ACS. This county alone accounted for 50.6 percent of the difference between the total in persistent poverty population numbers.

populations.¹³ A list of all 341 counties in persistent poverty identified in the 1989 to 2015–2019 ACS, 5-year period by state accompanies this report.

Figure 1 spatially represents the percentage of each state's population living in counties that were in persistent poverty during the 1989 to 2015–2019 ACS period. The state population is based on the 2015–2019 ACS 5-year population for whom poverty status can be determined.¹⁴ This figure highlights the uneven distribution of persistent poverty observed at the nation level.

Overall, 278 of the 341 persistent poverty counties were in the South, making up 81.5 percent of the national total. Nearly 1 in 5 (19.5 percent) counties within the South region were in persistent poverty. No other region (West, Northeast, Midwest) had more than 5.8 percent of its counties in persistent poverty.¹⁵

¹³ For Mississippi in the 1989 to 2015–2019 ACS, 44 out of its 82 counties, or 53.7 percent, were identified as being in persistent poverty, whereas 34.8 of its total population lived in these counties. New York was an example of the opposite: there, a small number of total counties, but among the largest in population, were in persistent poverty. New York has just 3.2 percent of its 62 counties identified, yet that captured 20.8 percent of state population.

¹⁴ Poverty status is determined for individuals in housing units and noninstitutional group quarters. The poverty universe excludes children under the age of 15 who are not related to the householder, people living in institutional group quarters, and people living in college dormitories or military barracks.

¹⁵ For information on census regions and divisions of the United States, refer to <https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf>.

Table 3.

Number of Counties and Population in Persistent Poverty Within States

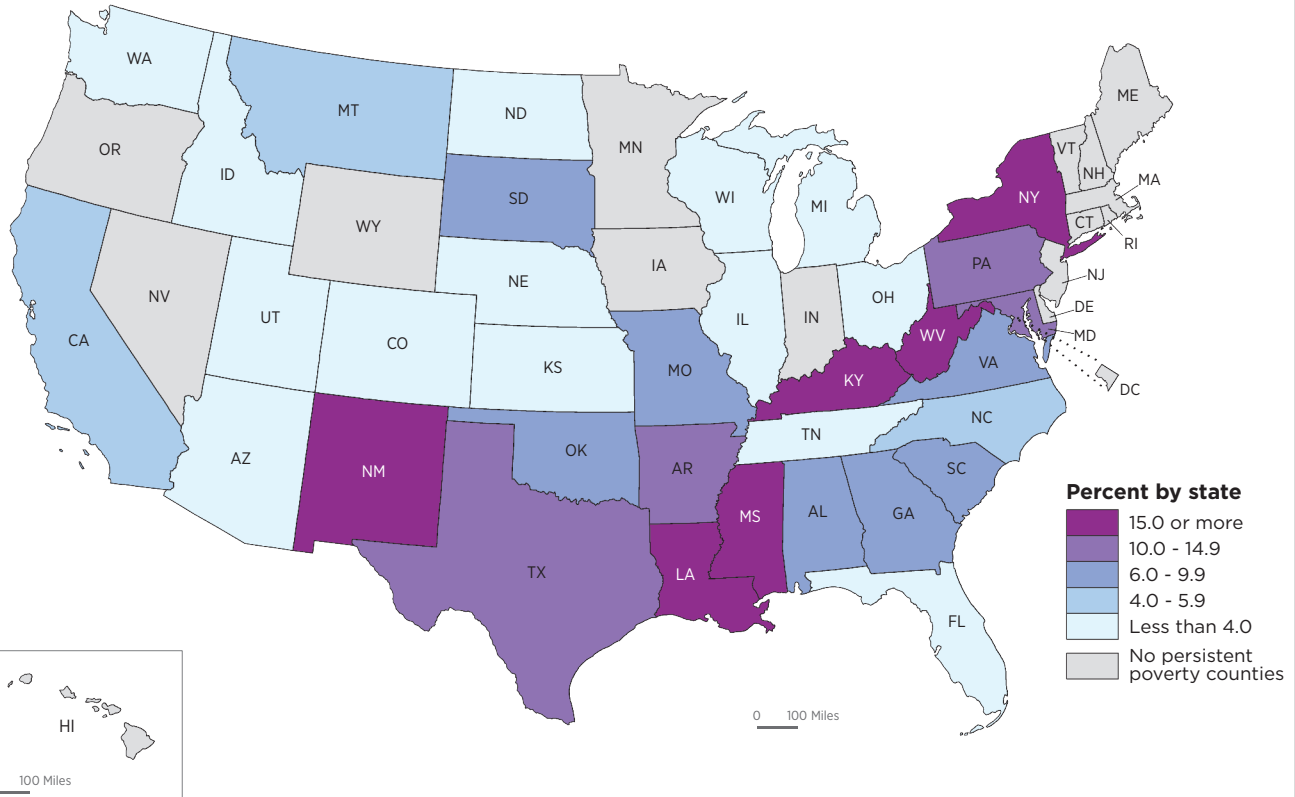
Area	Total counties (number)	1989 to 2015–2019 ACS ¹ persistent poverty counties			1989 to 2019 SAIPE ¹ persistent poverty counties		
		Number	Population (thousands)	Percent of population	Number	Population (thousands)	Percent of population
United States	3,142	341	19,420.0	6.1	348	14,350.0	4.5
Alabama	67	18	330.6	7.0	18	319.3	6.7
Alaska	29	2	13.5	1.9	2	23.0	3.2
Arizona	15	3	222.8	3.2	3	210.7	3.1
Arkansas	75	15	305.7	10.5	16	313.8	10.8
California	58	3	1,595.0	4.1	2	1,139.0	3.0
Colorado	64	2	18.7	0.3	2	10.3	0.2
Connecticut	8	0	0	0	0	0	0
Delaware	3	0	0	0	0	0	0
District of Columbia	1	0	0	0	0	0	0
Florida	67	4	364.3	1.8	4	124.3	0.6
Georgia	159	40	758.1	7.5	46	783.9	7.7
Hawaii	5	0	0	0	0	0	0
Idaho	44	1	38.7	2.3	1	38.7	2.3
Illinois	102	3	65.6	0.5	3	65.6	0.5
Indiana	92	0	0	0	0	0	0
Iowa	99	0	0	0	0	0	0
Kansas	105	1	65.2	2.3	1	65.2	2.3
Kentucky	120	40	678.3	15.7	42	741.8	17.2
Louisiana	64	27	1,545.0	34.1	21	1,110.0	24.5
Maine	16	0	0	0	0	0	0
Maryland	24	1	586.8	10.0	1	586.8	10.0
Massachusetts	14	0	0	0	0	0	0
Michigan	83	1	64.2	0.7	1	64.2	0.7
Minnesota	87	0	0	0	0	0	0
Mississippi	82	44	1,004.0	34.8	45	939.1	32.5
Missouri	115	12	483.3	8.2	12	468.6	7.9
Montana	56	4	44.1	4.3	4	44.1	4.3
Nebraska	93	1	7.1	0.4	1	7.1	0.4
Nevada	17	0	0	0	0	0	0
New Hampshire	10	0	0	0	0	0	0
New Jersey	21	0	0	0	0	0	0
New Mexico	33	9	434.6	21.2	11	397.7	19.4
New York	62	2	3,965.0	20.8	1	1,400.0	7.3
North Carolina	100	8	484.9	4.9	9	339.5	3.5
North Dakota	53	3	25.4	3.5	3	25.4	3.5
Ohio	88	1	56.2	0.5	1	56.2	0.5
Oklahoma	77	11	263.9	6.9	13	295.9	7.8
Oregon	36	0	0	0	0	0	0
Pennsylvania	67	1	1,535.0	12.4	1	1,535.0	12.4
Rhode Island	5	0	0	0	0	0	0
South Carolina	46	12	345.0	7.1	12	345.0	7.1
South Dakota	66	11	69.3	8.2	10	46.1	5.5
Tennessee	95	8	152.9	2.3	8	152.9	2.3
Texas	254	30	3,049.0	11.0	35	2,297.0	8.3
Utah	29	1	14.9	0.5	1	14.9	0.5
Vermont	14	0	0	0	0	0	0
Virginia	133	9	492.2	6.0	6	162.4	2.0
Washington	39	1	42.3	0.6	1	42.3	0.6
West Virginia	55	11	294.8	16.7	10	179.5	10.2
Wisconsin	72	1	4.5	0.1	1	4.5	0.1
Wyoming	23	0	0	0	0	0	0

¹ Data used for the 1989 to 2015–2019 ACS period include the 1990 and 2000 Censuses and the 2005–2009 and 2015–2019 American Community Survey, 5-year estimates. Data used for the 1989 to 2019 SAIPE period include the 1990 and 2000 Censuses, the 2009 SAIPE estimates, and the 2019 SAIPE estimates.

Source: U.S. Census Bureau, 1990 and 2000 Censuses; 2005–2009 and 2015–2019 American Community Survey, 5-year estimates; and the 2009 and 2019 Small Area Income and Poverty Estimates (SAIPE).



Figure 1.
Percentage of State Population Living in Persistent Poverty Counties: 1989 to 2015-2019



Source: U.S. Census Bureau, 1990 and 2000 Decennial Censuses; and 2005-2009 and 2015-2019 American Community Survey, 5-year estimates.

The majority of the persistent poverty population, 54.9 percent, lived in the South. However, a significant amount, 28.4 percent, lived in the Northeast region.

Figure 2 shows the specific locations of the 341 counties found to be in persistent poverty and shows the aforementioned spatial clustering.

Census Tracts With High Poverty

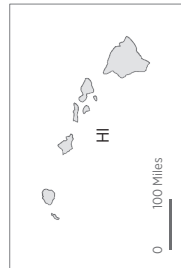
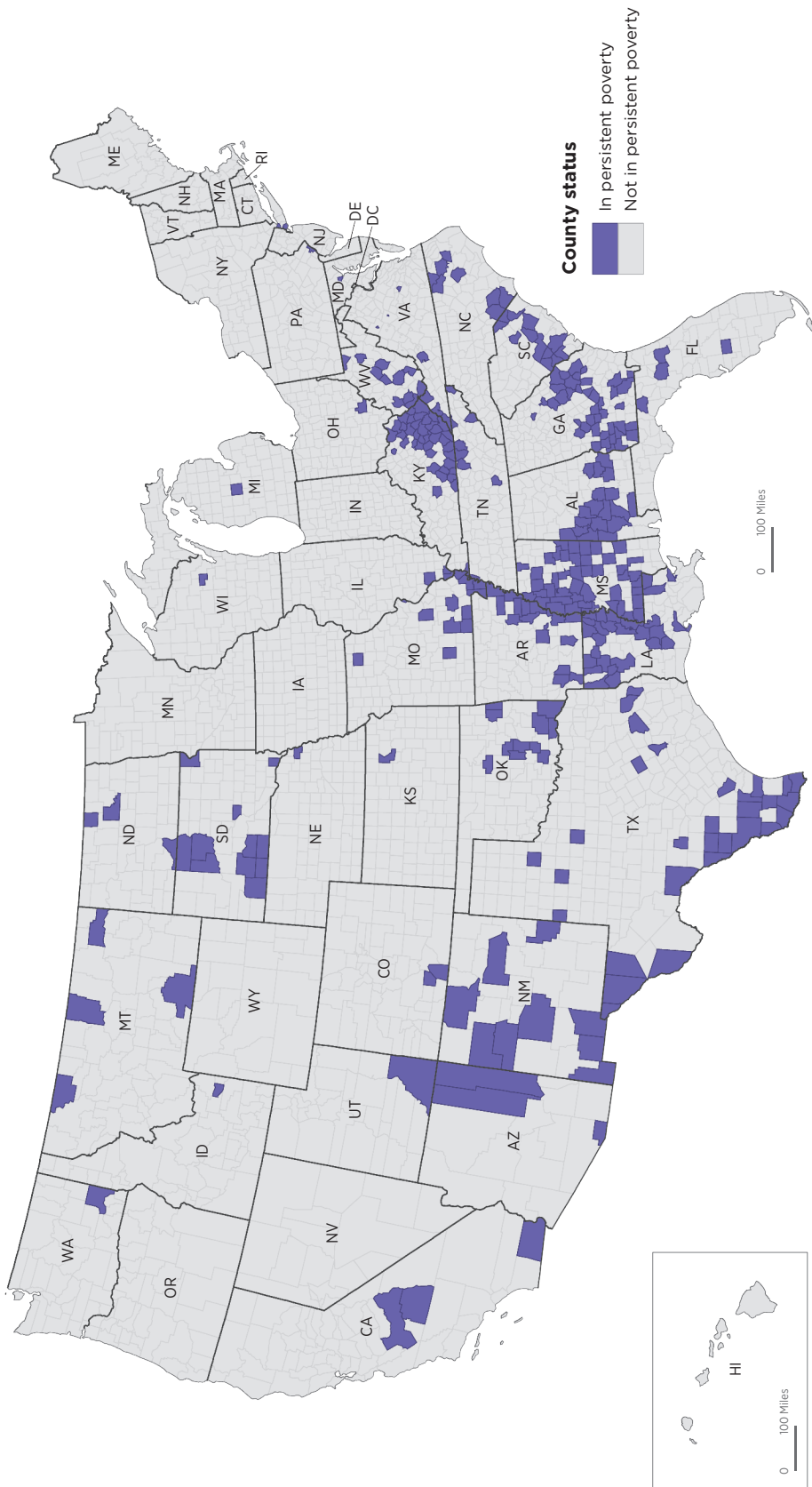
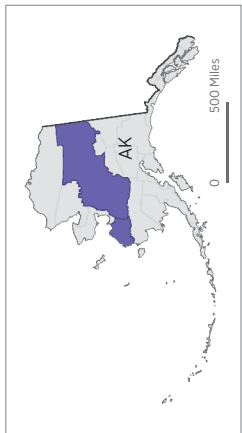
Unlike counties, census tracts are less stable over time. As tracts either increase or decrease in population, changes are made to boundaries. To accomplish this,

census tracts can be split into multiple tracts, or several tracts can be combined into one, depending on local population trends. This makes comparisons over longer periods more difficult and is likely why most previous research with tracts has spanned only one ACS 5-year period. In this report, harmonized census tracts from IPUMS NHGIS were used, and therefore this report provides longer periods of persistent poverty in census tracts that are more consistent with the persistent poverty counties. For the 2015-2019 ACS, 5-year estimates, there were more than 73,000 census tracts. Table 4

provides a baseline of the tracts identified as being equal or greater to a 20.0 percent poverty rate for data from the 1990 and 2000 Censuses and the 2005-2009 and 2015-2019 ACS, 5-year estimates.

In utilizing just the 2015-2019 ACS, 5-year estimates, over 17,000 census tracts, or 24.4 percent, had rates of 20.0 percent or higher. This number was higher in both number and percentage of census tracts than the three other datasets. However, as discussed in the next section, less than half of this total maintained this rate over a longer (persistent) time.

Figure 2.
Countries in Persistent Poverty: 1989 to 2019



Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Table 4.

Number and Percentage of Census Tracts With High Poverty Rates

Year	Census tracts with poverty rates of 20.0 percent or higher	
	Number	Percent
1990 Census	14,851	20.4
2000 Census	14,110	19.4
2005–2009 ACS, 5-year estimates	16,752	23.1
2015–2019 ACS, 5-year estimates	17,809	24.4

Source: U.S. Census Bureau, 1990 and 2000 Censuses and the 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Census Tracts in Persistent Poverty

To determine whether a census tract was in persistent poverty, this report uses the same four datasets that we used in the county-level analysis. As discussed in the background section, this is different from how most governmental agencies have determined persistent poverty census tracts in both the number of datasets and in the years covered. Our approach provides a comprehensive look at census tract poverty over the past 30 years and provides the ability to compare tracts to persistent poverty counties (by using the same datasets and time).

Of the 17,809 census tracts found to have poverty rates of greater than or equal to 20.0 percent in 2015–2019, 8,238 of them were in persistent poverty using the 1990 and 2000 Censuses and the 2005–2009 and 2015–2019 ACS, 5-year estimates. Table 5 breaks down the number of census tracts and the population living in those census tracts by state. A list of all census tracts in persistent poverty accompanies this report.

As with counties, there was variation in the percentage of census tracts and the population living in persistent poverty census tracts within states. Unlike counties, all states and the District of Columbia had at least one census tract in persistent poverty.

We find that 30 states had 10 percent or fewer of their census tracts in persistent poverty. Furthermore, 20 states had 5 percent or less of their population living in persistent poverty tracts. Three states had 20 percent or more of their population in persistent poverty tracts.

Figure 3 shows the percentage of each state’s population living in persistent poverty census tracts. There is a cluster of states with less than 5 percent of their population living in persistent poverty census tracts in the Midwest and West. States with 15 percent or more of their population living in these tracts were generally in the South (except for New Mexico in the West).

In the appendix of this report, there is a series of maps that show census tracts in persistent poverty by census division. In addition, there are maps of the locations of persistent poverty census tracts for the vicinity of the 25 most populous metro areas.

The 1989 to 2015–2019 period captured 28.5 million people living in persistent poverty census tracts. This is equal to 9 percent of the nation’s population in 2019. It is also more than the people found to be living in persistent poverty counties. Analyzing a smaller geography may be able to capture nuances that a county-level analysis cannot.

Measuring Persistent Poverty by County and Census Tract Differences

The level of geography used to define persistent poverty changes both the number of people living in areas classified as persistently poor as well as the geographic distribution of these areas throughout the country. Persistent poverty census tracts are more evenly spread throughout the country than persistent poverty counties.

Many census tracts that were in persistent poverty were not in a county that was persistently poor. Table 6 shows state and national differences in the population in persistent poverty when using either counties or census tracts for identifying areas.

A total of about 9.1 million more people were found to be living in persistent poverty census tracts than persistent poverty counties. There were more people living in persistent poverty tracts than in persistent poverty counties in 41 states and the District of Columbia. This was particularly evident in the 15 states and the District of Columbia where there were no persistent poverty counties.

Nine states had fewer people living in persistent poverty census tracts than persistent poverty counties.

Overall, 25.7 percent of persistent poverty census tracts were located within persistent poverty counties.

Table 5.

Number and Population of Census Tracts in Persistent Poverty

Area	1989 to 2015-2019 ¹				
	Total census tracts (number)	Persistent poverty census tracts			
		Number	Percent of total census tracts	Population ² (thousands)	Percent of total population
United States	73,060	8,238	11.3	28,490.0	9.0
Alabama	1,181	226	19.1	574.6	12.1
Alaska	167	4	2.4	20.7	2.9
Arizona	1,526	192	12.6	778.4	11.3
Arkansas	686	103	15.0	315.5	10.8
California	8,057	838	10.4	3,816.0	9.9
Colorado	1,249	71	5.7	247.6	4.5
Connecticut	833	66	7.9	188.1	5.4
Delaware	218	11	5.0	27.3	2.9
District of Columbia	179	37	20.7	129.4	19.6
Florida	4,245	330	7.8	1,355.0	6.6
Georgia	1,969	288	14.6	946.6	9.3
Hawaii	351	11	3.1	42.8	3.1
Idaho	298	11	3.7	54.0	3.2
Illinois	3,123	349	11.2	912.0	7.3
Indiana	1,511	136	9.0	328.8	5.1
Iowa	825	39	4.7	109.8	3.6
Kansas	770	58	7.5	157.5	5.6
Kentucky	1,115	238	21.3	755.0	17.5
Louisiana	1,148	306	26.7	948.3	20.9
Maine	358	15	4.2	39.7	3.1
Maryland	1,406	80	5.7	188.8	3.2
Massachusetts	1,478	129	8.7	453.8	6.9
Michigan	2,813	364	12.9	860.9	8.8
Minnesota	1,338	72	5.4	230.6	4.2
Mississippi	664	214	32.2	705.8	24.4
Missouri	1,393	168	12.1	465.2	7.9
Montana	271	27	10.0	92.5	9.0
Nebraska	532	35	6.6	93.9	5.0
Nevada	687	20	2.9	60.7	2.1
New Hampshire	295	5	1.7	10.9	0.8
New Jersey	2,010	130	6.5	445.2	5.1
New Mexico	499	107	21.4	436	21.3
New York	4,919	657	13.4	2,656.0	13.9
North Carolina	2,195	190	8.7	636.5	6.4
North Dakota	205	11	5.4	32.8	4.5
Ohio	2,952	427	14.5	1,001.0	8.8
Oklahoma	1,046	174	16.6	502.6	13.2
Oregon	834	44	5.3	174.2	4.3
Pennsylvania	3,218	320	9.9	963.5	7.8
Rhode Island	244	28	11.5	110.0	10.8
South Carolina	1,103	135	12.2	461.6	9.5
South Dakota	222	19	8.6	55.4	6.6
Tennessee	1,497	194	13.0	619.8	9.5
Texas	5,265	914	17.4	4,026.0	14.6
Utah	588	36	6.1	134.2	4.4
Vermont	184	4	2.2	15.0	2.5
Virginia	1,907	107	5.6	367.5	4.5
Washington	1,458	80	5.5	359.0	4.9
West Virginia	484	93	19.2	255.1	14.4
Wisconsin	1,409	121	8.6	319.4	5.7
Wyoming	132	4	3.0	9.3	1.6

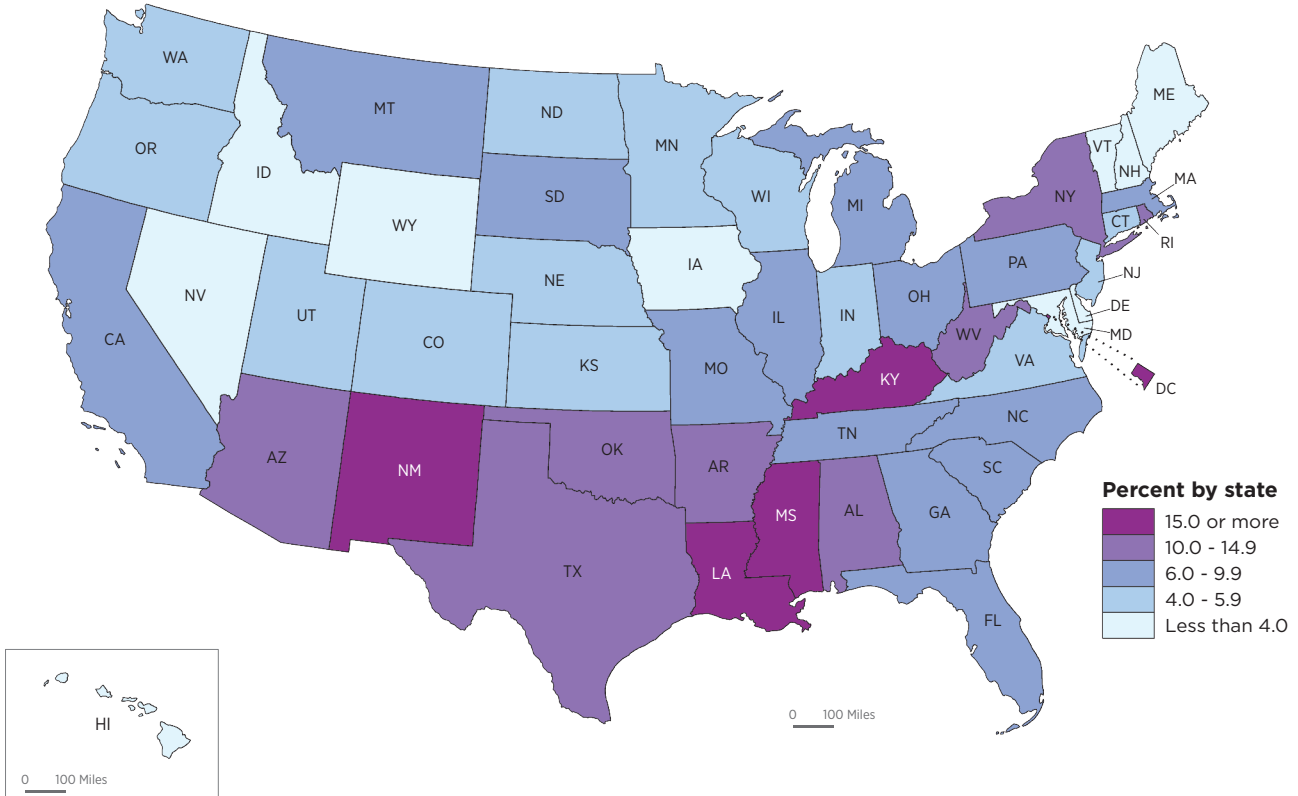
¹ Based on the 1990 and 2000 Censuses and the 2005-2009 and 2015-2019 ACS, 5-year estimates.

² Population for whom poverty status could be determined.

Source: U.S. Census Bureau, 1990 and 2000 Censuses and the 2005-2009 and 2015-2019 American Community Survey, 5-year estimates.



Figure 3.
**Percentage of State Population Living in Persistent Poverty
 Census Tracts: 1989 to 2015-2019**



Source: U.S. Census Bureau, 1990 and 2000 Decennial Censuses; and 2005-2009 and 2015-2019 American Community Survey, 5-year estimates.

Conversely, this means slightly less than three-quarters of all persistent poverty tracts were located outside persistently poor counties.

CONCLUSION

This report uses decennial census and ACS 5-year data to identify counties and census tracts in persistent poverty. For the 1989 to 2015-2019 period, 341 counties (10.9 percent) were persistently in poverty. These counties had a population of 19.4 million and accounted for 6.1 percent of the population for which poverty status could be determined. The South was home to 278 (81.5

percent) of the 341 counties in persistent poverty and 54.9 percent of the people identified nationally as living in persistent poverty counties.

For the 1989 to 2015-2019 period, 8,238 census tracts (11.3 percent) were persistently in poverty. There were 28.5 million people living within these tracts, which is 9.0 percent of the total population for whom poverty status could be determined in 2019. The South had 44.2 percent of all persistent poverty census tracts and 45.1 percent of the total population that lived in persistent poverty census tracts.

As with counties, there was variation among states, but all states and the District of Columbia had at least one persistently poor census tract.

Census tracts allow researchers to identify persistent poverty more precisely. We found many census tracts in persistent poverty that were not in persistently poor counties. In fact, slightly less than three-quarters of all persistent poverty tracts were not within a persistently poor county. Census tracts also identify the specific areas within a county that are in persistent poverty, thereby creating a

Table 6.

Population of People Living in Persistent Poverty Census Tracts and Counties

Area	1989 to 2015–2019 ¹					
	Census tract population		County population		Difference ³	
	Number (thousand)	Percent	Number ² (thousand)	Percent	Number (thousand)	Percentage point
United States	28,490.0	9.0	19,420.0	6.1	9,070.0	2.9
Alabama	574.6	12.1	330.6	7.0	243.9	5.1
Alaska	20.7	2.9	13,520.0	1.9	7.2	1.0
Arizona	778.4	11.3	222.8	3.2	555.5	7.6
Arkansas	315.5	10.8	305.7	10.5	9.8	0.3
California	3,816.0	9.9	1,595.0	4.1	2,221.0	5.7
Colorado	247.6	4.5	18.7	0.3	228.8	4.2
Connecticut	188.1	5.4	0	0	188.1	5.4
Delaware	27.3	2.9	0	0	27.3	2.9
District of Columbia	129.4	19.6	0	0	129.4	19.6
Florida	1,355.0	6.6	364.3	1.8	991	4.8
Georgia	946.6	9.3	758.1	7.5	188.5	1.9
Hawaii	42.8	3.1	0	0	42.8	3.1
Idaho	54.0	3.2	38.7	2.3	15.3	0.9
Illinois	912	7.3	65.6	0.5	846.5	6.8
Indiana	328.8	5.1	0	0	328.8	5.1
Iowa	109.8	3.6	0	0	109.8	3.6
Kansas	157.5	5.6	65.2	2.3	92.4	3.3
Kentucky	755	17.5	678.3	15.7	76.7	1.8
Louisiana	948.3	20.9	1,545.0	34.1	-596.7	-13.2
Maine	39.7	3.1	0	0	39.7	3.1
Maryland	188.8	3.2	586.8	10.0	-398.0	-6.8
Massachusetts	453.8	6.9	0	0	453.8	6.9
Michigan	860.9	8.8	64.2	0.7	796.7	8.1
Minnesota	230.6	4.2	0	0	230.6	4.2
Mississippi	705.8	24.4	1,004.0	34.8	-298.3	-10.4
Missouri	465.2	7.9	483.3	8.2	-18.1	-0.3
Montana	92.5	9.0	44.1	4.3	48.5	4.7
Nebraska	93.9	5.0	7.1	0.4	86.8	4.7
Nevada	60.7	2.1	0	0	60.7	2.1
New Hampshire	10.9	0.8	0	0	10.9	0.8
New Jersey	445.2	5.1	0	0	445.2	5.1
New Mexico	436.0	21.3	434.6	21.2	1.4	0.1
New York	2,656.0	13.9	3,965.0	20.8	-1,308.0	-6.9
North Carolina	636.5	6.4	484.9	4.9	151.6	1.5
North Dakota	32.8	4.5	25.4	3.5	7.4	1.0
Ohio	1,001.0	8.8	56.2	0.5	944.7	8.3
Oklahoma	502.6	13.2	263.9	6.9	238.7	6.3
Oregon	174.2	4.3	0	0	174.2	4.3
Pennsylvania	963.5	7.8	1,535.0	12.4	-571.7	-4.6
Rhode Island	110.0	10.8	0	0	110.0	10.8
South Carolina	461.6	9.5	345.0	7.1	116.5	2.4
South Dakota	55.4	6.6	69.3	8.2	-14.0	-1.7
Tennessee	619.8	9.5	152.9	2.3	467.0	7.1
Texas	4,026.0	14.6	3,049.0	11.0	976.9	3.5
Utah	134.2	4.4	14.9	0.5	119.3	3.9
Vermont	15.0	2.5	0	0	15.0	2.5
Virginia	367.5	4.5	492.2	6.0	-124.7	-1.5
Washington	359.0	4.9	42.3	0.6	316.7	4.4
West Virginia	255.1	14.4	294.7	16.7	-39.6	-2.2
Wisconsin	319.4	5.7	4.5	0.1	314.9	5.6
Wyoming	9.3	1.6	0	0	9.3	1.6

¹ Data used includes the 1990 and 2000 Censuses and the 2009 and 2019 ACS, 5-year estimates.² Population totals are based on the poverty universe, the population for whom poverty status could be determined.³ Differences may not sum to totals due to rounding.

Source: U.S. Census Bureau, 1990 and 2000 Censuses and the 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

more accurate and specific picture of where resources may need to be targeted.

Future work will focus on creating more precision with population totals that are in persistent poverty. This will be of value to agencies in determining where to target limited resources. Additional future work will further examine demographic and economic variables that are consistently shared among counties and census tracts in persistent poverty. Examination of the feasibility of using even smaller geographies, such as census blocks or block groups to even more precisely determine persistent poverty locations and populations would likely be a worthwhile endeavor.

SOURCE AND ACCURACY

The data presented in this report are based on the 1990 and 2000 Census long forms. The long form asked 52 questions of approximately 1 in 6 households. Additional data in this report are

from the 2005–2009 and 2015–2019 ACS, 5-year estimates. These data are based on the ACS sample interviewed from January 2005 through December 2009 and from January 2015 through December 2019. The estimates based on these samples describe the average values of person, household, and housing unit characteristics over this period of collection. In addition to sampling error, nonsampling error may be introduced during any of the operations used to collect and process survey data such as editing, reviewing, or keying data from questionnaires. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please refer to the 2019 ACS Accuracy of the Data document located at <www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html>. This report also uses 2009 and 2019 SAIPE estimates. For more information on SAIPE methodology, refer to <www.census.gov/programs-surveys/saipe.html>.

HOW TO ACCESS ADDITIONAL ACS POVERTY DATA

All ACS data products are now released on data.census.gov, the U.S. Census Bureau's primary data dissemination and digital content platform located at <<https://data.census.gov>>. The centralized experience allows data users of all skill levels to search tables, visualize and download data, and create custom statistics. ACS data from 2010 forward are available. Estimates from Table S1701 were used to obtain the county and census tract poverty estimates in this report. An additional method for obtaining ACS data is through the Census Bureau's application programming interface (API) at <www.census.gov/data/developers.html>. This tool provides the public with maximum flexibility to query data directly from Census Bureau servers.

Additional poverty estimates, publications, working papers, visualizations, and data from other surveys can be found at <www.census.gov/topics/income-poverty/poverty.html>.

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APPENDIX

Data Source Information

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely demographic, social, economic, and housing data for the nation, states, congressional districts, counties, places, and other localities every year. It has an annual sample size of about 3.5 million addresses across the United States and includes both housing and group quarters (e.g., nursing facilities and prisons).¹⁶ The ACS is conducted in every county throughout the nation. Beginning in 2005, ACS 1-year data have been released annually for geographic areas with populations of 65,000 or greater. The Census Bureau combines 5 consecutive years of ACS data to produce multiyear estimates of geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. For information on the ACS sample design and other topics, visit <www.census.gov/programs-surveys/acs>.

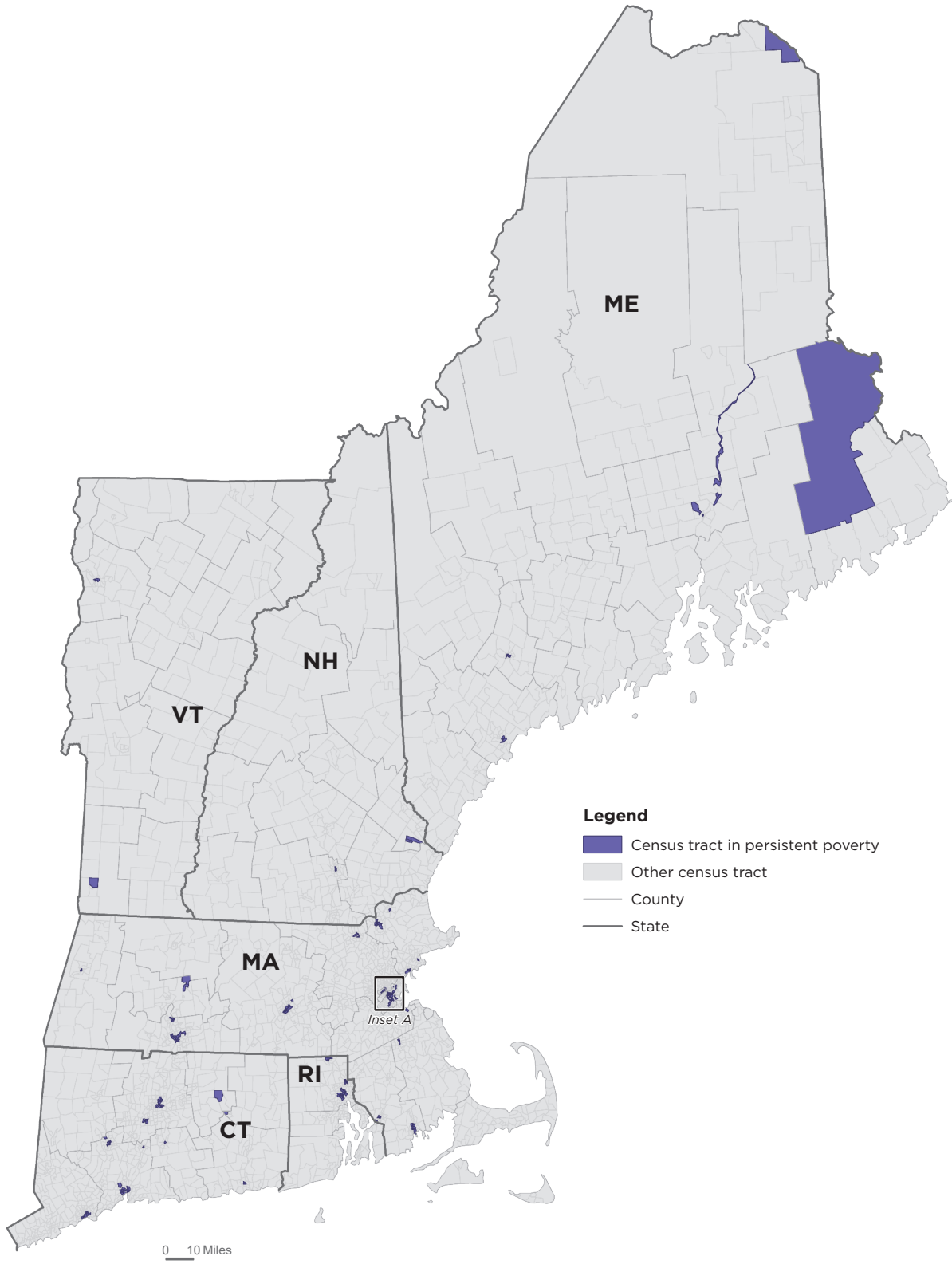
The decennial census is conducted every 10 years to determine the number of people living

¹⁶ While people living in group quarters are sampled in the ACS, those living in institutional group quarters (e.g., nursing homes or correctional facilities) are not included in the poverty universe. Puerto Rico, as a United States territory, is not included in the analysis in this report.

in the United States as required by Article I, Sections 2 and 9 of the Constitution of the United States. The data collected by the decennial census are used to apportion the number of seats each state has in the U.S. House of Representatives. In the 20th century, most addresses received a “short” form, while a portion of addresses received a more detailed “long” form. The short-form questionnaire was designed to collect basic demographic and housing information (such as age, race, sex, relationship, and tenure) to be used for apportionment and redistricting. The long-form questionnaire, sent to approximately 1 in 6 households, collected social, housing, and economic information (such as citizenship, educational attainment, disability status, employment status, income, and housing costs). Starting with the 2010 Census, only short-form information was collected, while long-form data was now collected annually by the ACS. Therefore, this project, which spans over 30 years, uses both long-form decennial census data from 1990 and 2000 and more recent ACS data. In this report, data from the 1990 Census are identified as 1989, and data from the 2000 Census are identified as 1999. For more information on the relationship between the decennial census and the ACS, visit <www.census.gov/programs-surveys/acs/about/acs-and-census.html>.

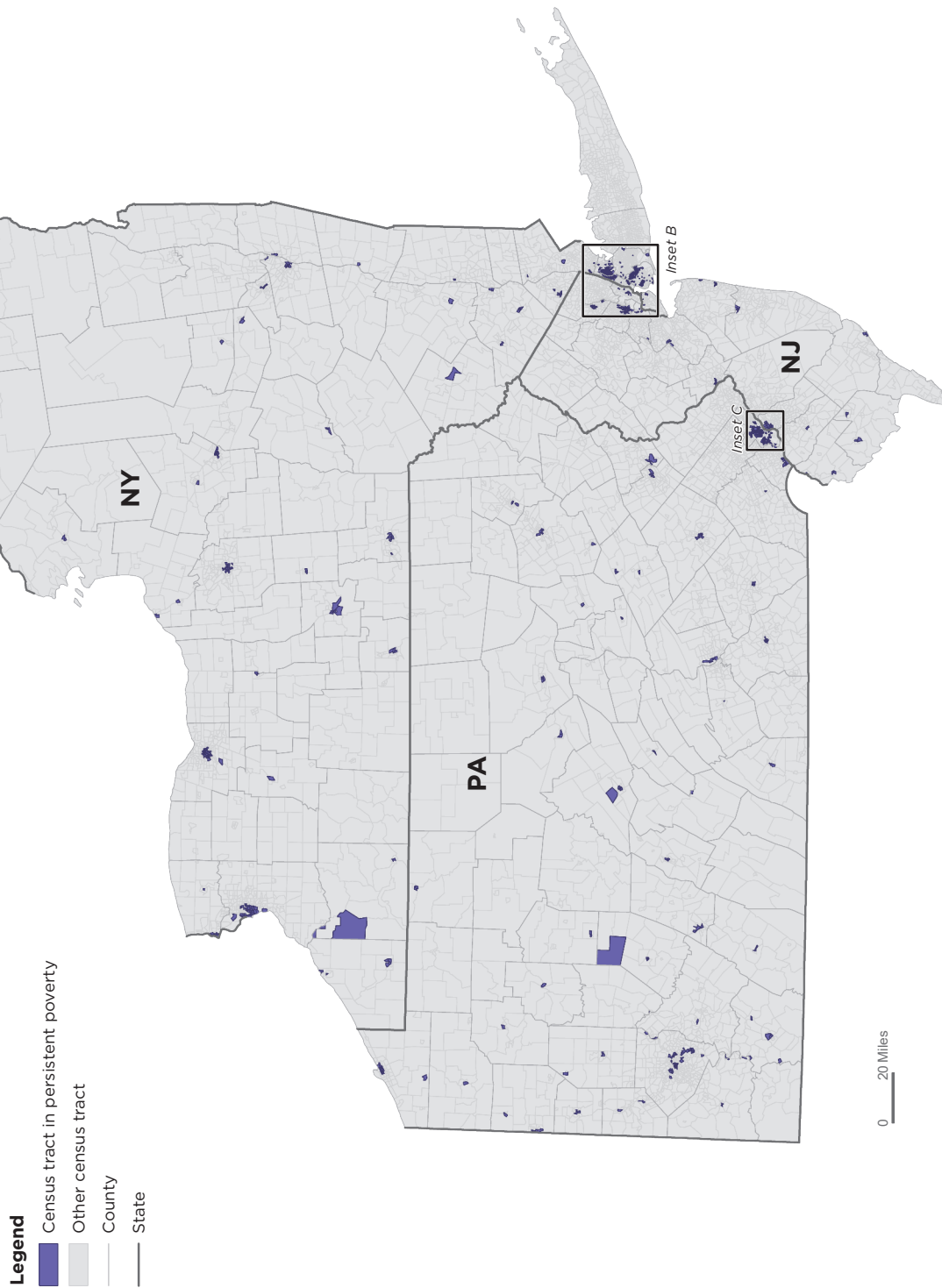
The U.S. Census Bureau’s Small Area Income and Poverty Estimates (SAIPE) program provides annual estimates of income and poverty statistics for all school districts, counties, and states. The SAIPE program produces county and state estimates of the total number of people in poverty. The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys. Instead, for counties and states, income and poverty estimates are modeled by combining 1-year ACS survey data with population estimates and administrative records. Beginning with the SAIPE program’s estimates for 2005, data from the ACS are used in the estimation procedure; all prior years used data from the Annual Social and Economic Supplements of the Current Population Survey. SAIPE estimates are available from 1989. In this project, 2009 SAIPE and 2019 estimates were used in combination with other data years to produce a set of persistent poverty counties. This is compared to the use of 2005–2009 and 2015–2019 ACS, 5-year estimates in producing a set of counties that meet the definition of being persistently in poverty. For more information on SAIPE and its methodology, refer to <www.census.gov/programs-surveys/saipe/about.html>.

Figure A-1.
Census Tracts in Persistent Poverty, 1989–2019: New England Division



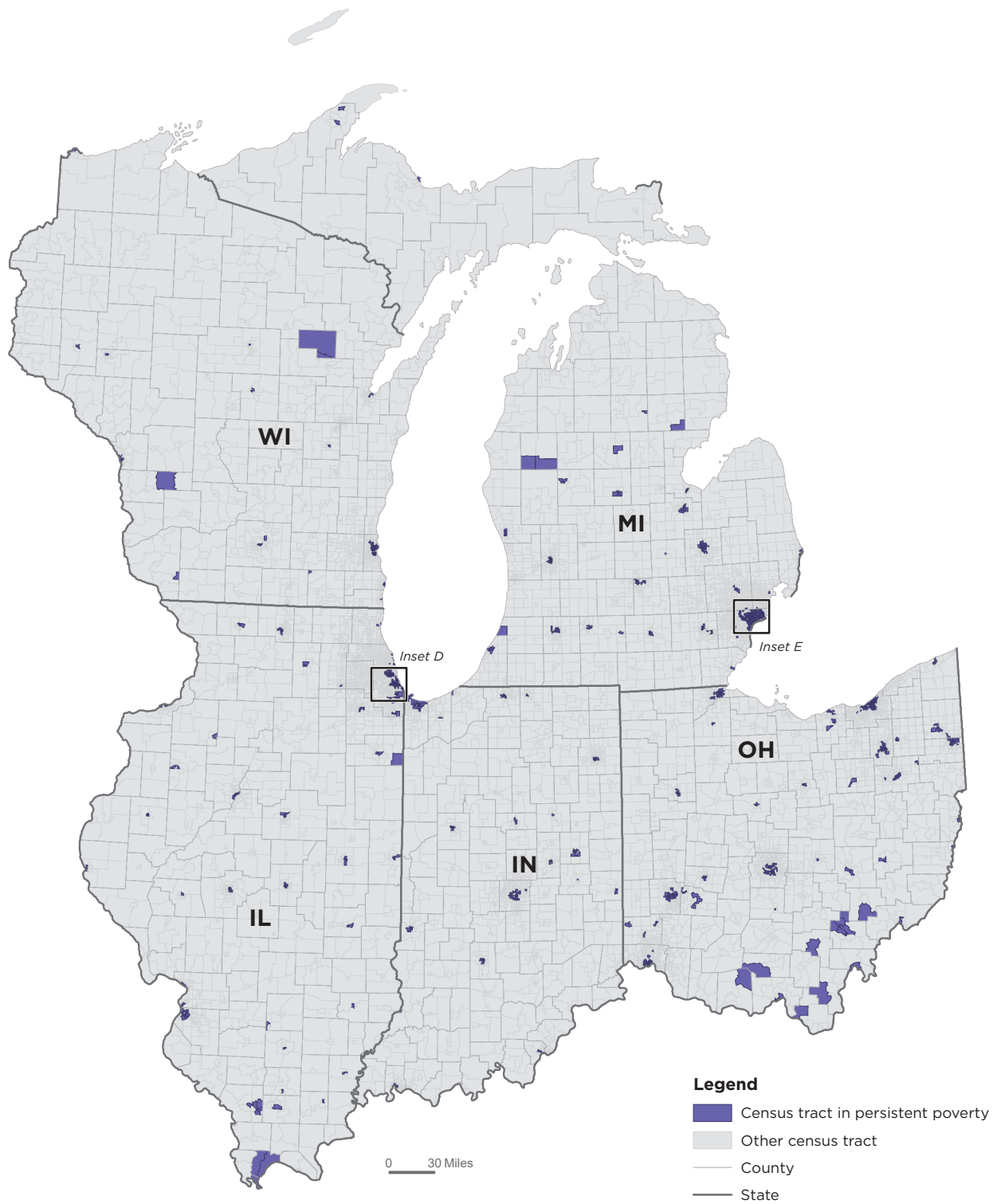
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-2.
Census Tracts in Persistent Poverty, 1989–2019: Middle Atlantic Division



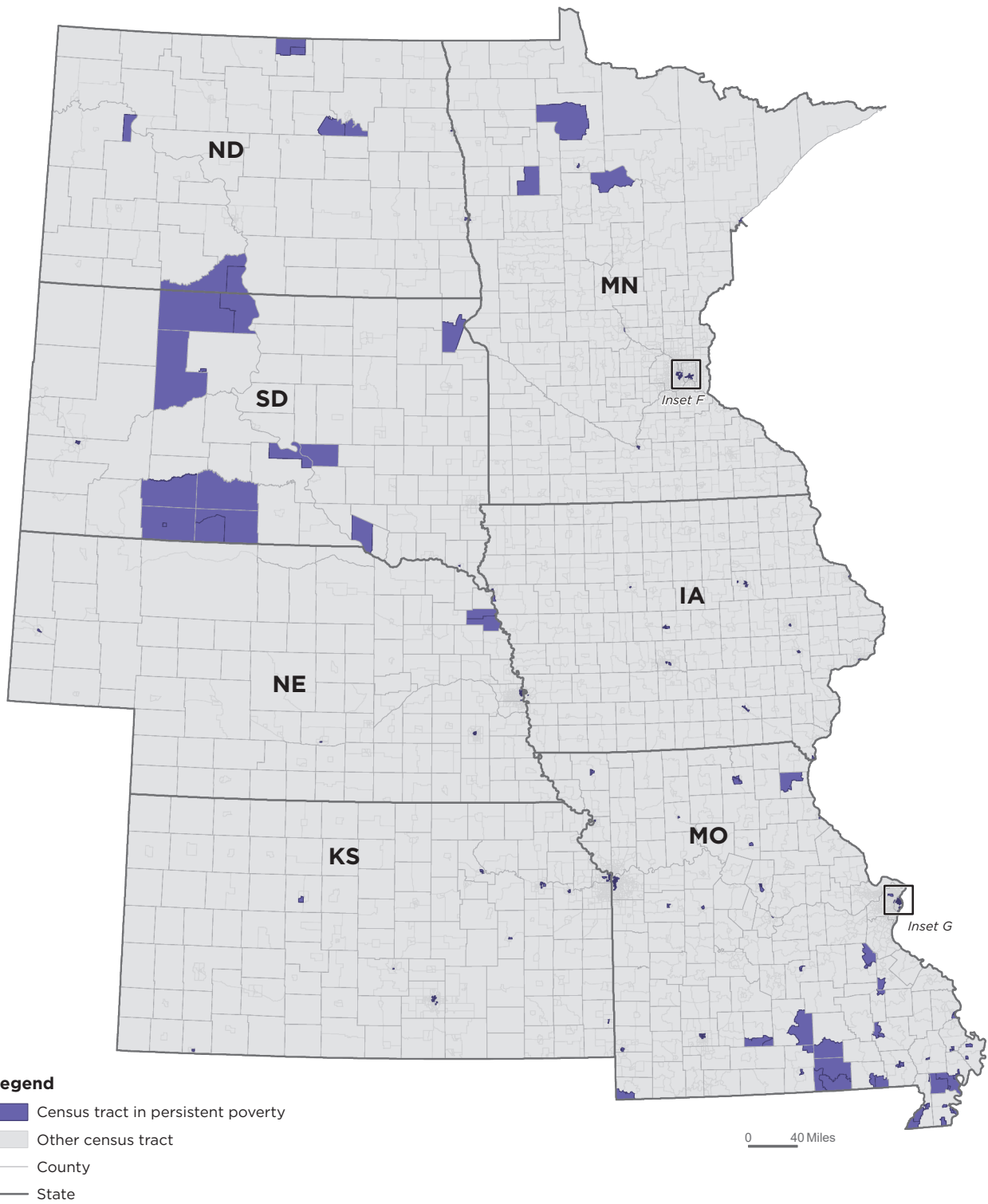
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-3.
Census Tracts in Persistent Poverty, 1989–2019: East North Central Division



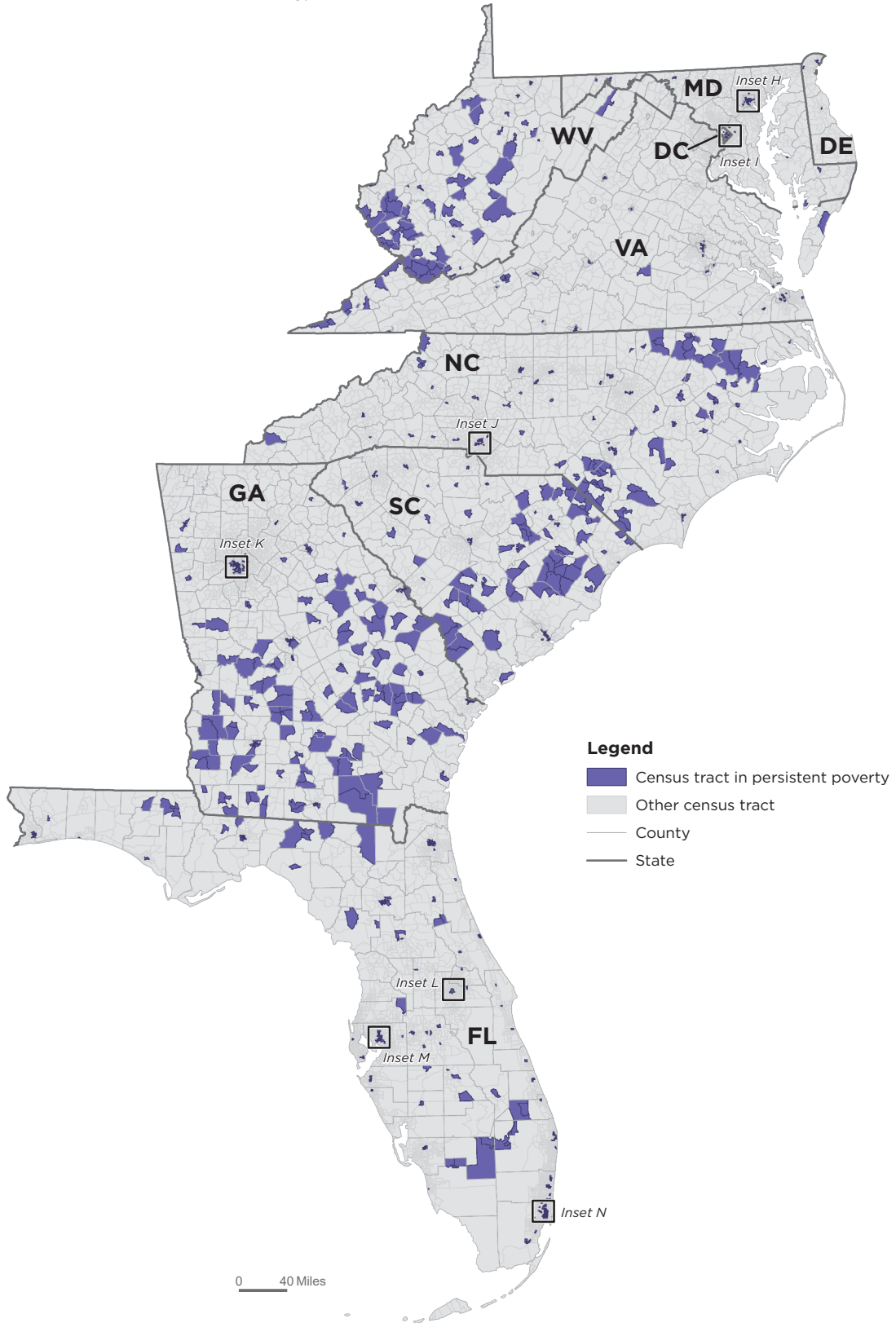
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-4.
Census Tracts in Persistent Poverty, 1989–2019: West North Central Division



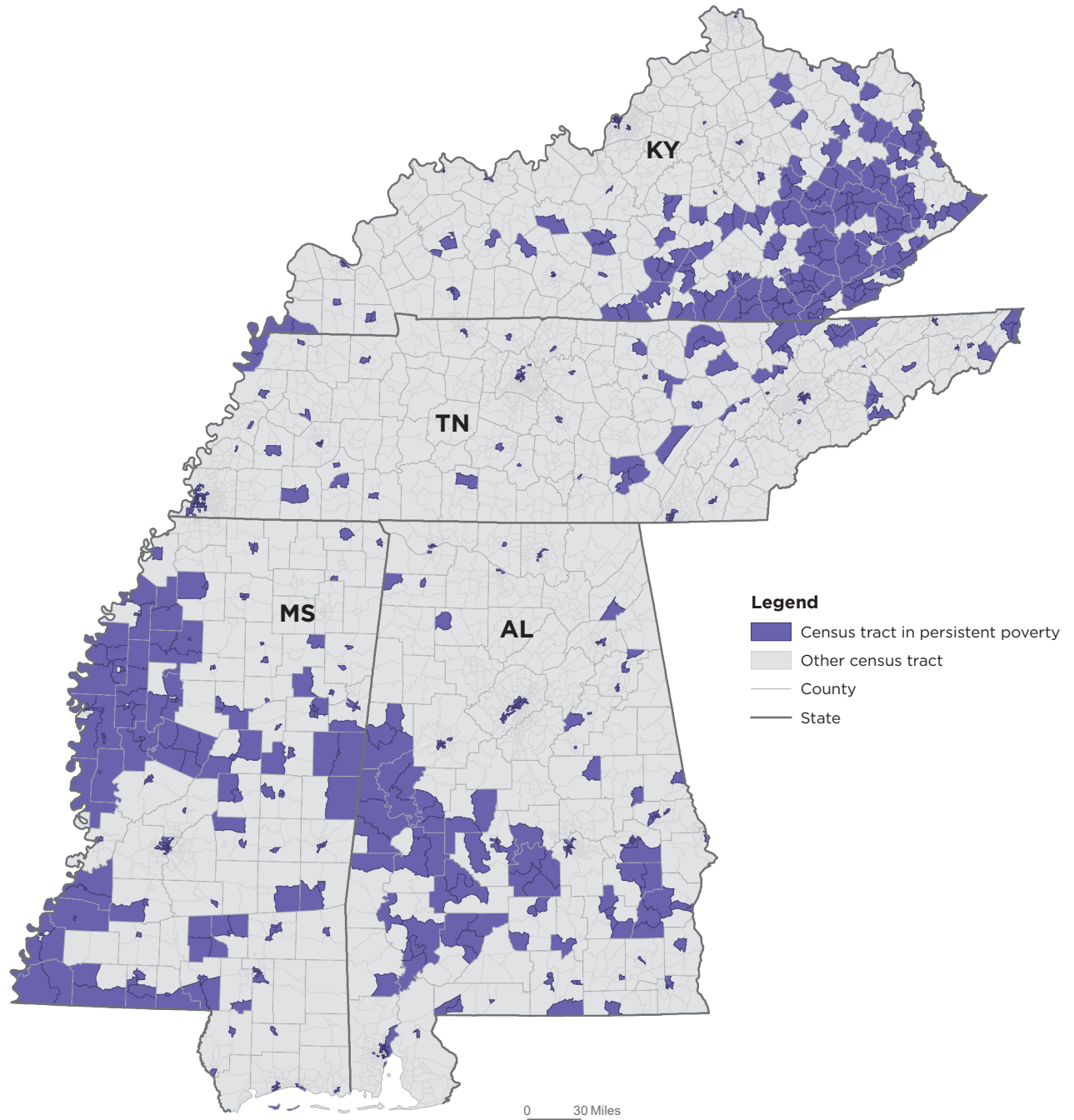
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-5.
Census Tracts in Persistent Poverty, 1989–2019: South Atlantic Division



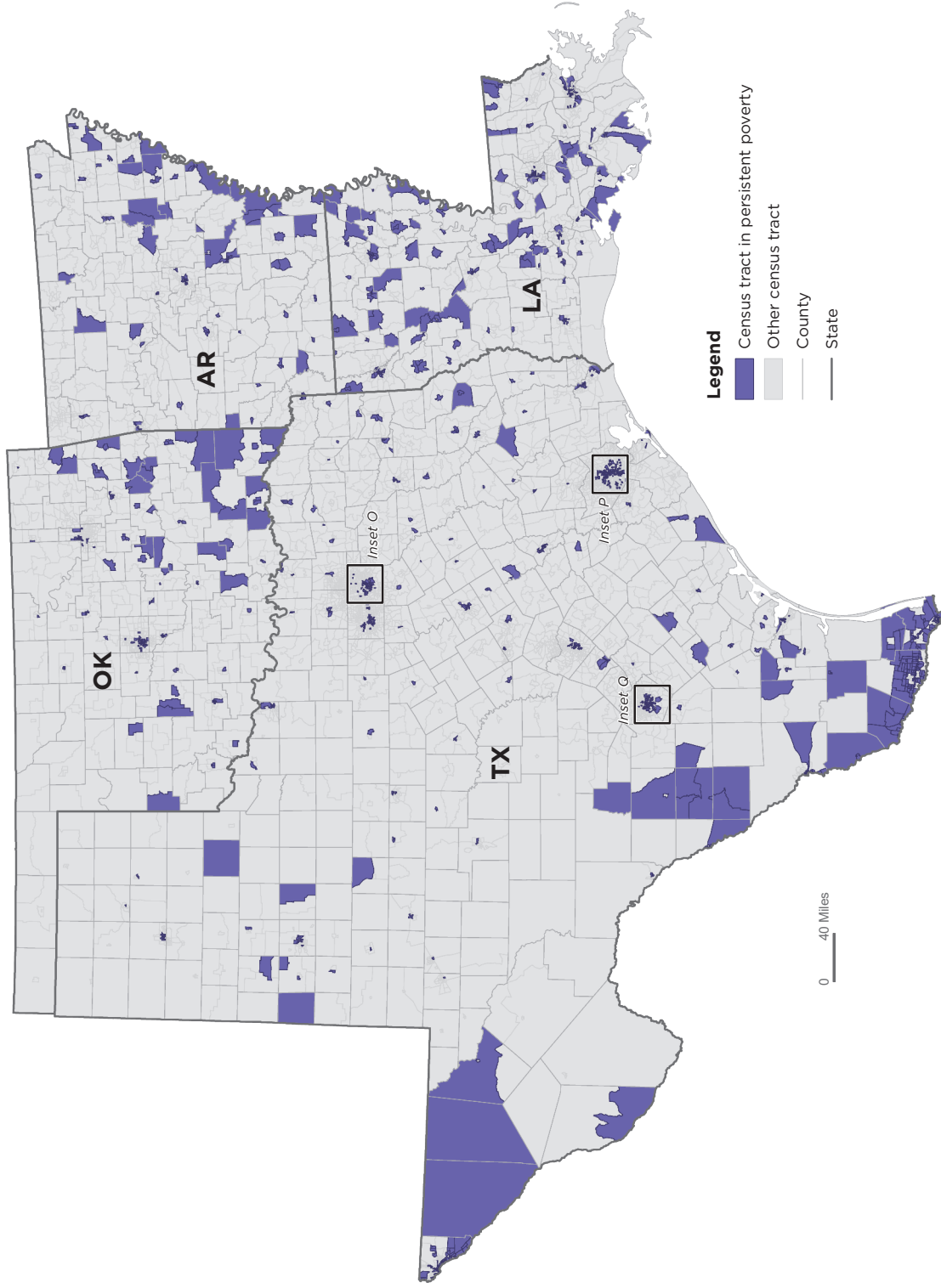
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-6.
Census Tracts in Persistent Poverty, 1989–2019: East South Central Division



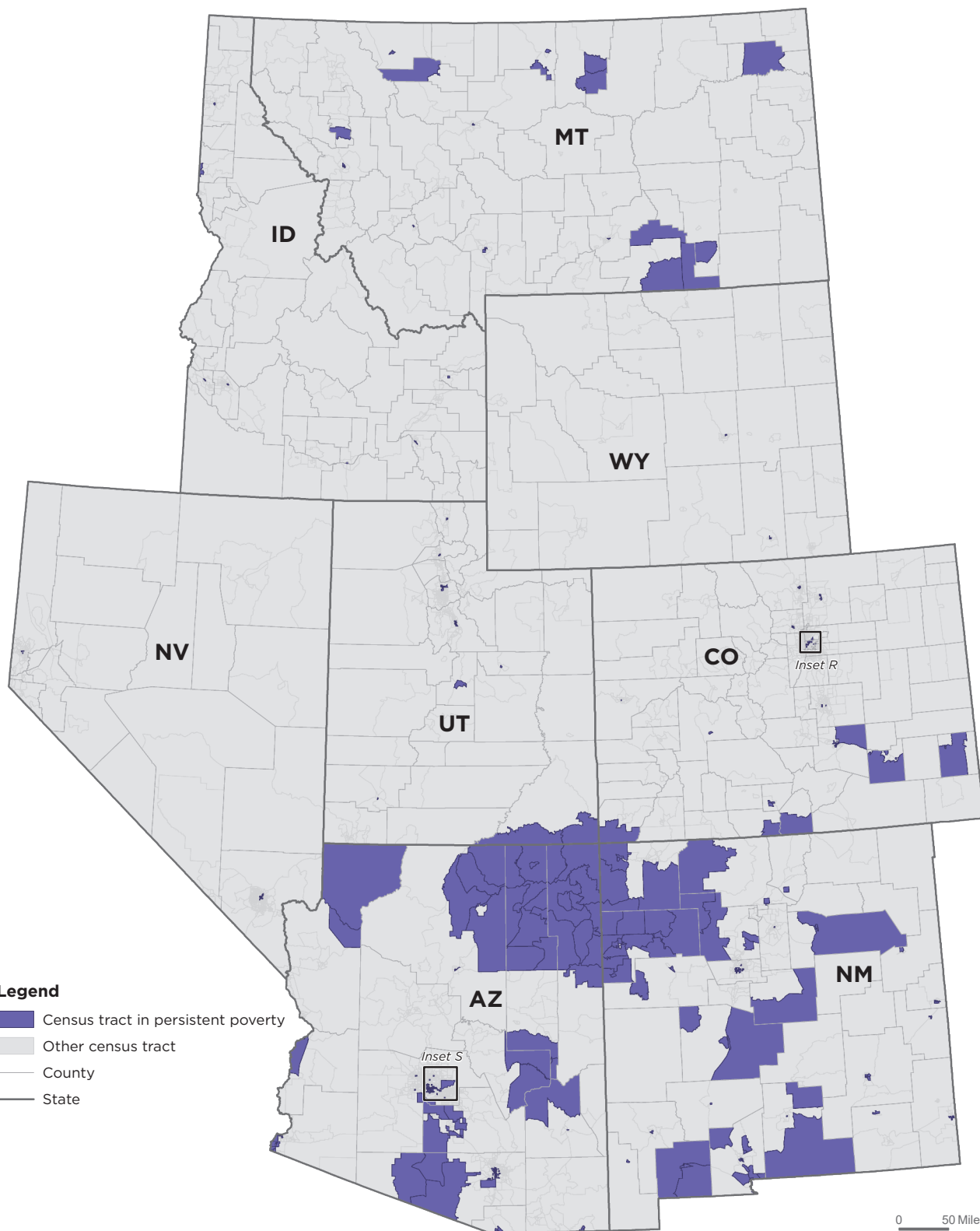
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-7.
Census Tracts in Persistent Poverty, 1989–2019: West South Central Division



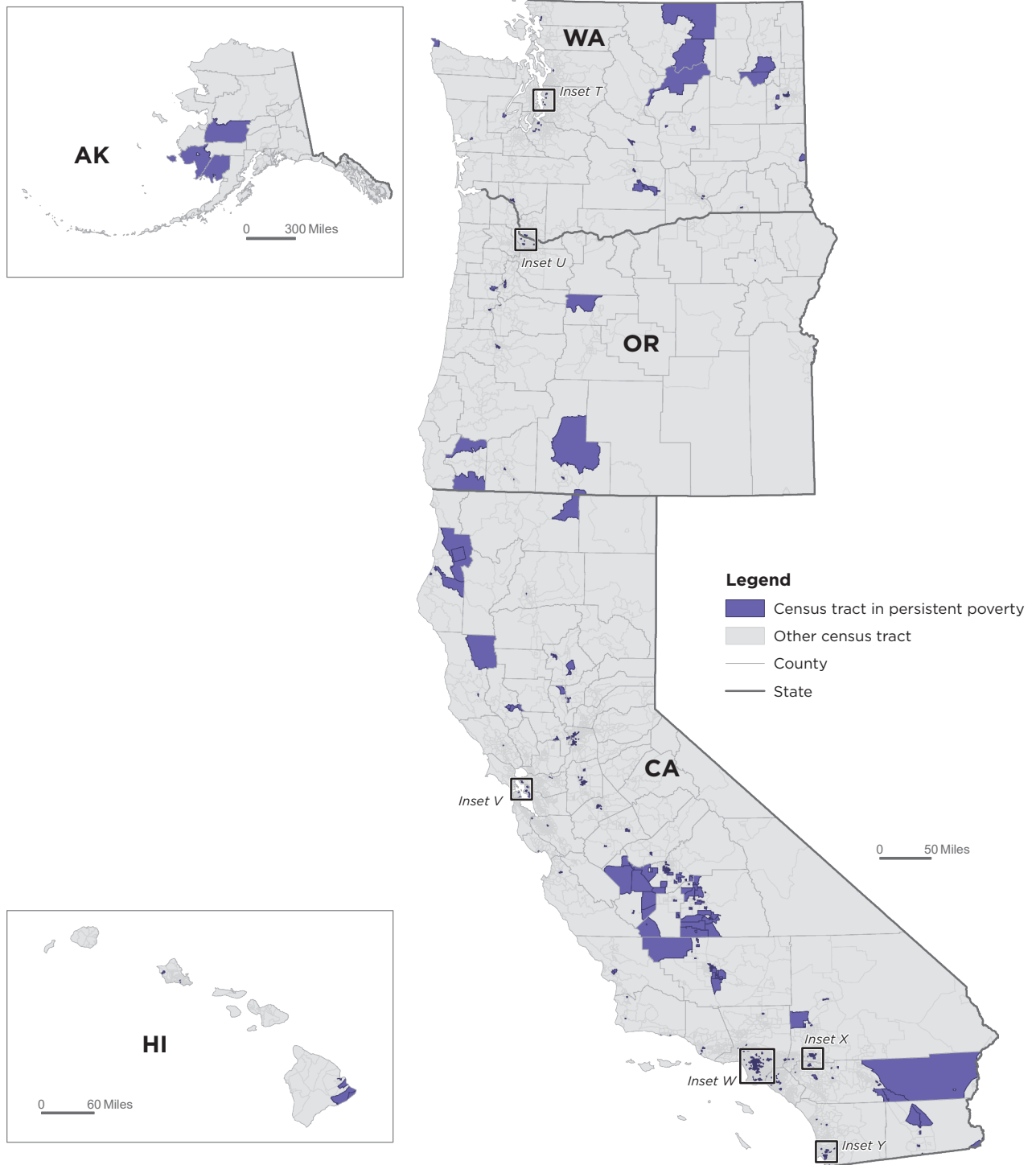
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-8.
Census Tracts in Persistent Poverty, 1989–2019: Mountain Division



Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-9.
Census Tracts in Persistent Poverty, 1989–2019: Pacific Division



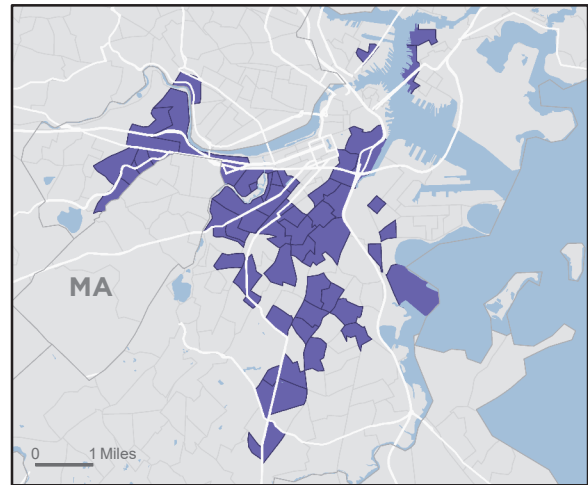
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-10.
Census Tracts in Persistent Poverty, 1989–2019: Inset Areas

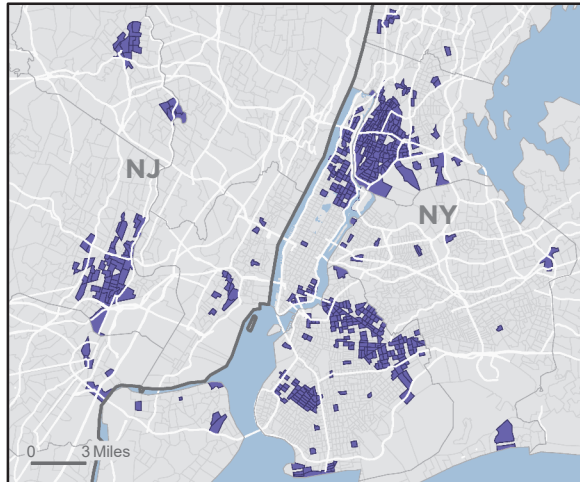
Inset Map Legend

- Census tract in persistent poverty
- Other census tract
- Primary and secondary roads
- County
- State

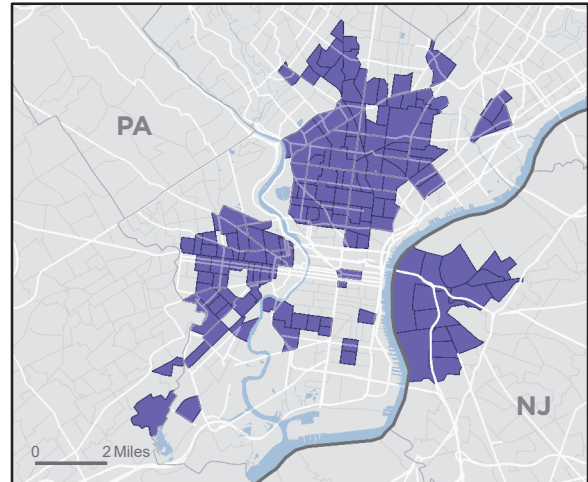
Inset A—Boston vicinity



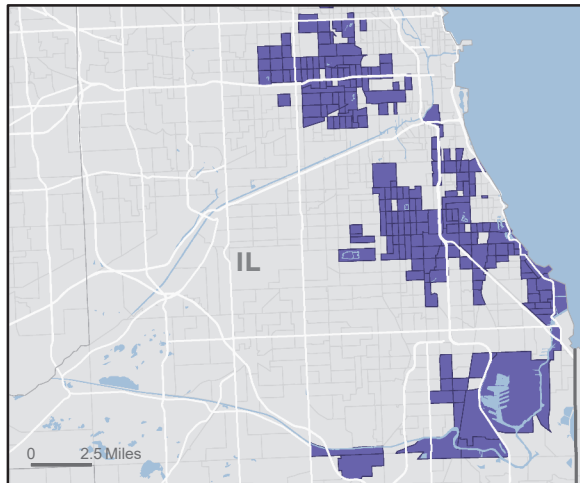
Inset B—New York City vicinity



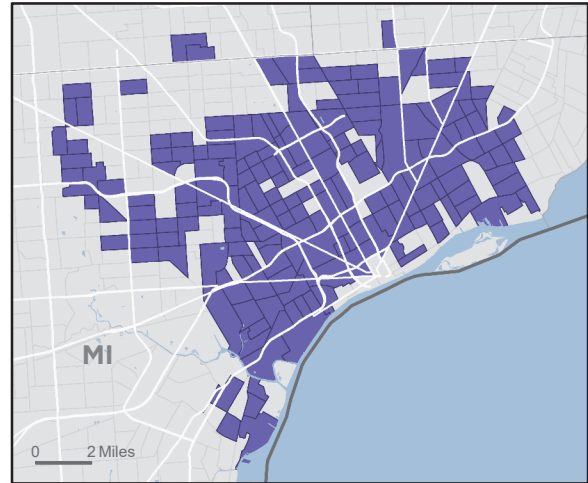
Inset C—Philadelphia and Camden vicinity



Inset D—Chicago vicinity



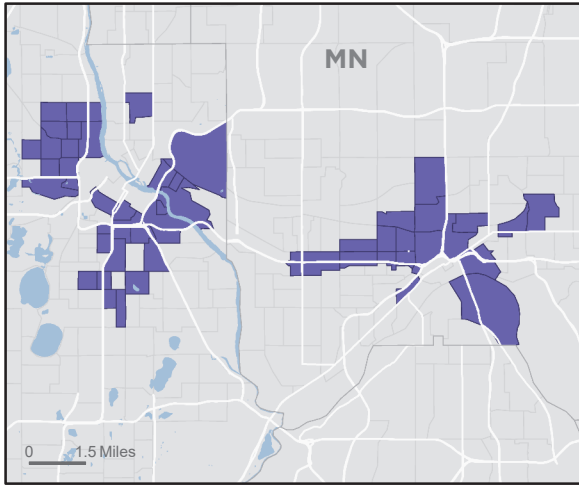
Inset E—Detroit vicinity



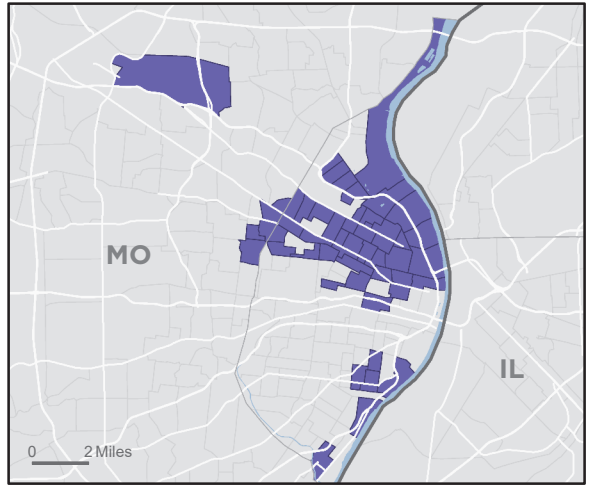
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-11.
Census Tracts in Persistent Poverty, 1989–2019: Inset Areas

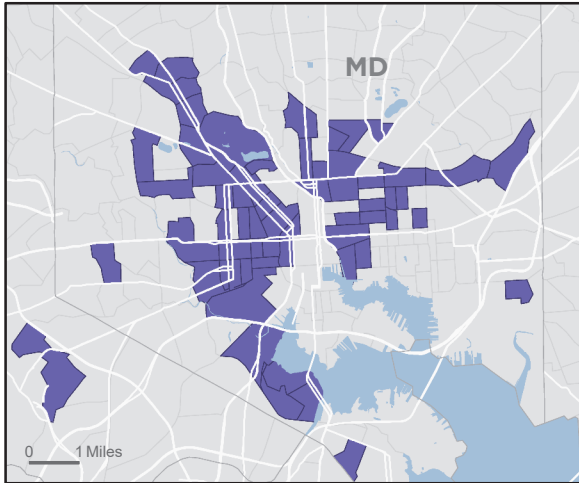
Inset F—Minneapolis and St. Paul vicinity



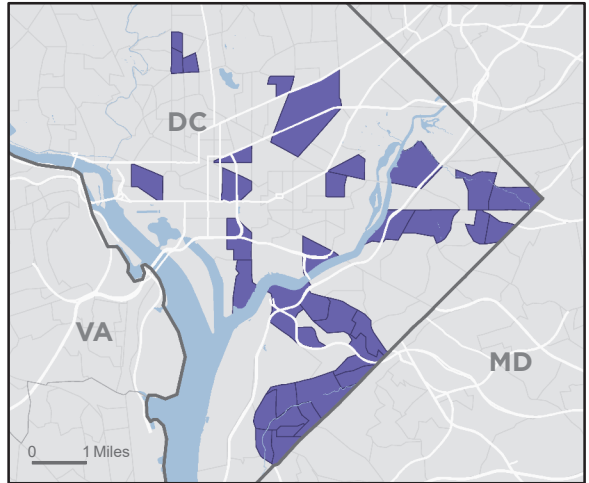
Inset G—St. Louis vicinity



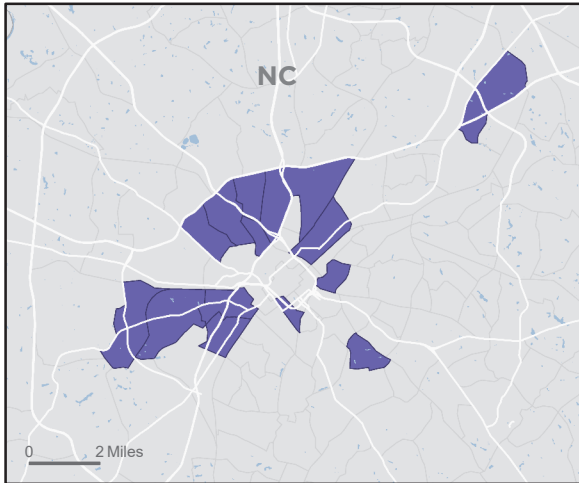
Inset H—Baltimore vicinity



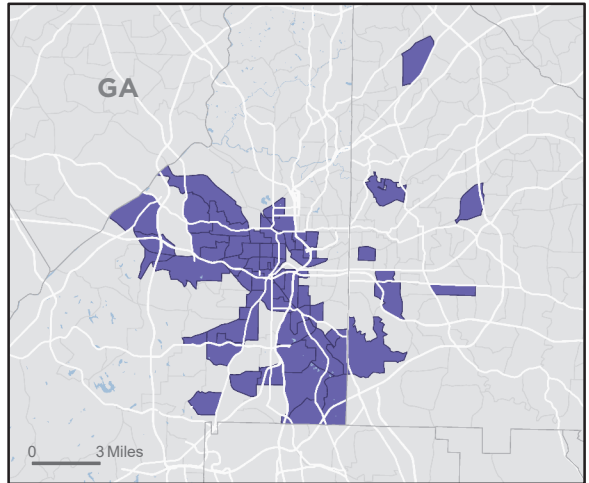
Inset I—District of Columbia vicinity



Inset J—Charlotte vicinity



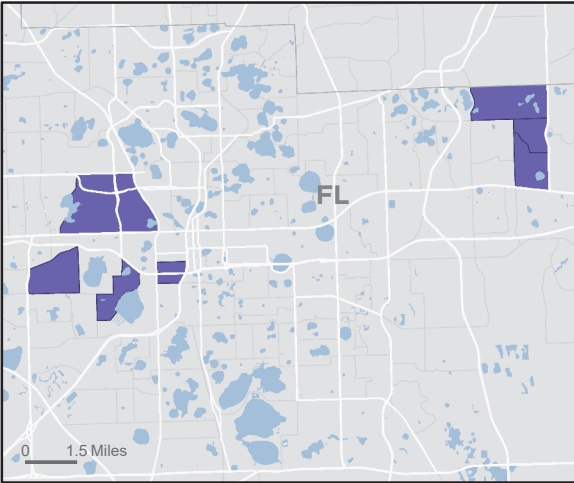
Inset K—Atlanta vicinity



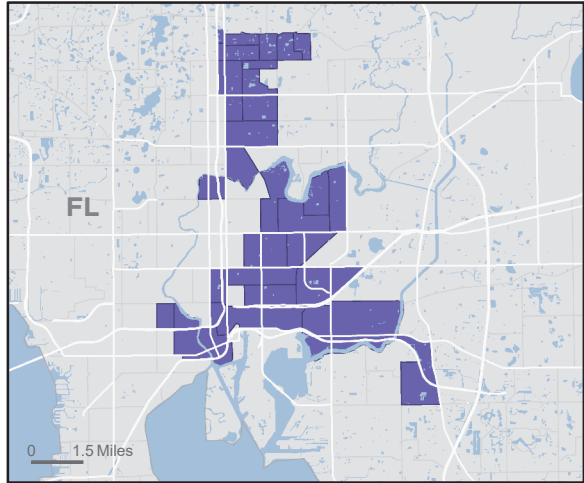
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-12.
Census Tracts in Persistent Poverty, 1989–2019: Inset Areas

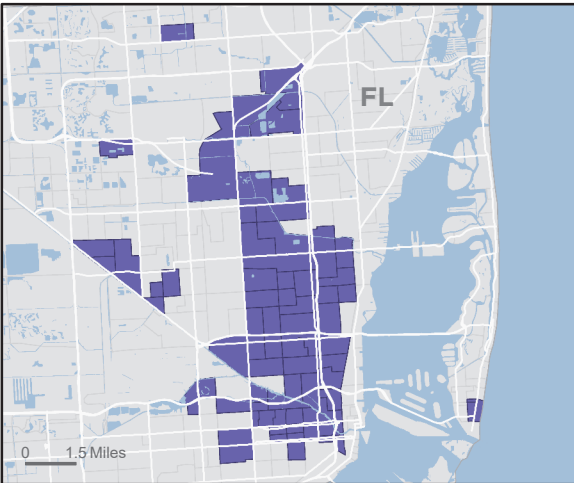
Inset L—Orlando vicinity



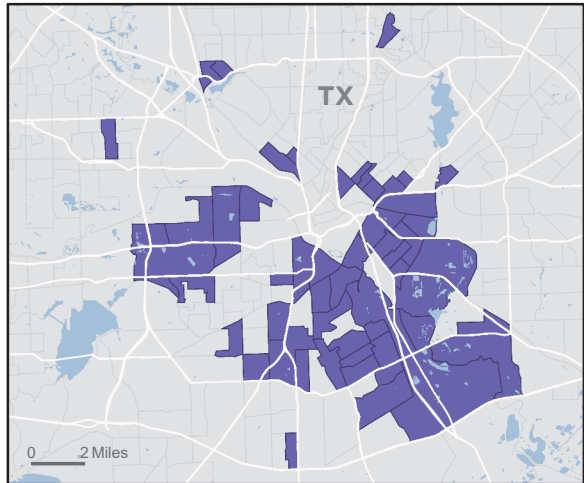
Inset M—Tampa vicinity



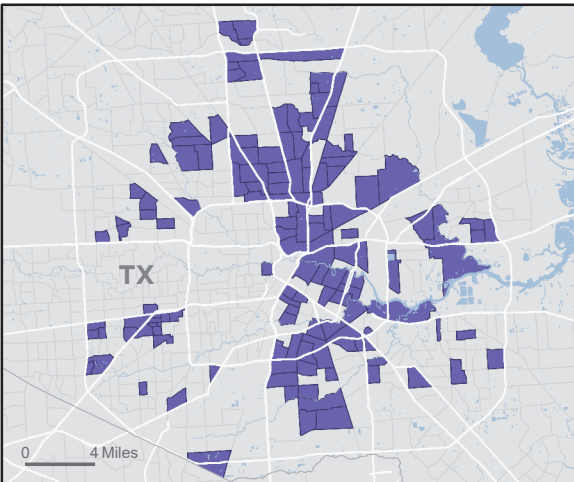
Inset N—Miami vicinity



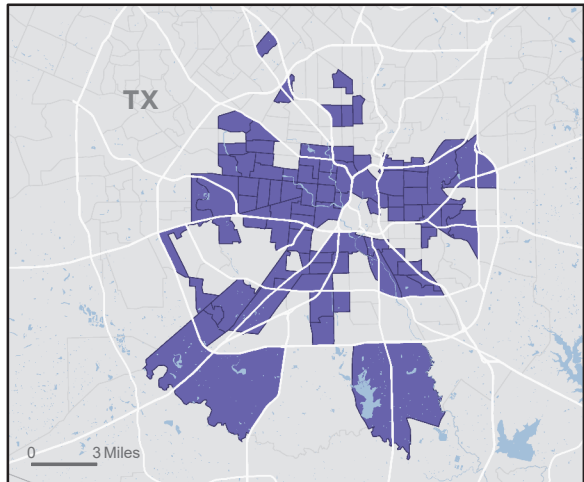
Inset O—Dallas vicinity



Inset P—Houston vicinity



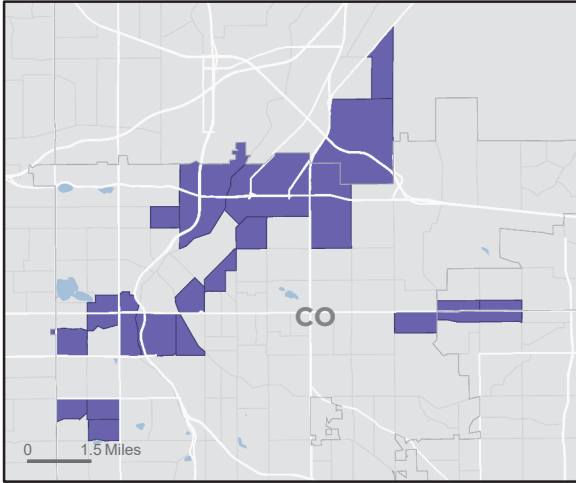
Inset Q—San Antonio vicinity



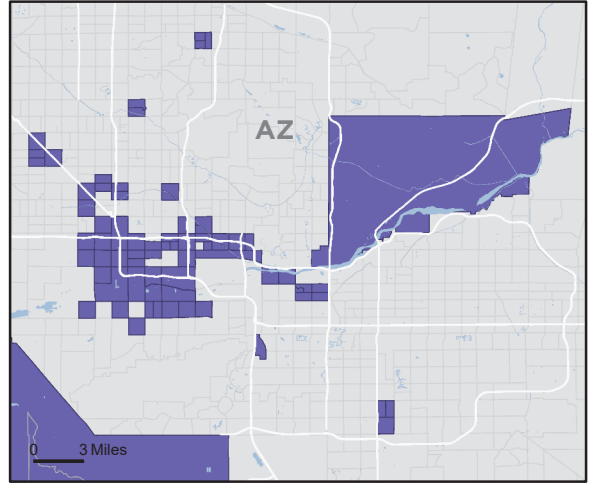
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-13.
Census Tracts in Persistent Poverty, 1989–2019: Inset Areas

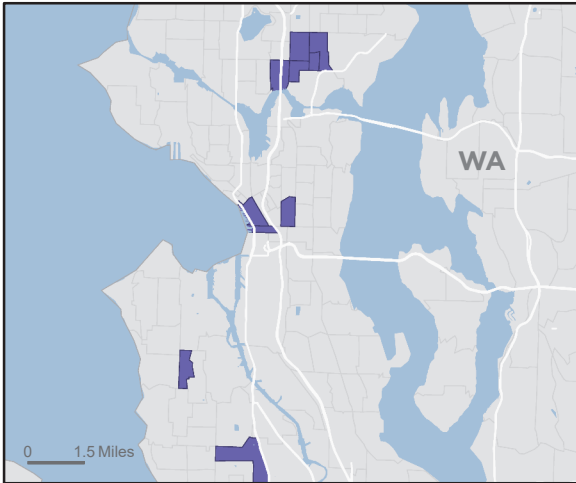
Inset R—Denver vicinity



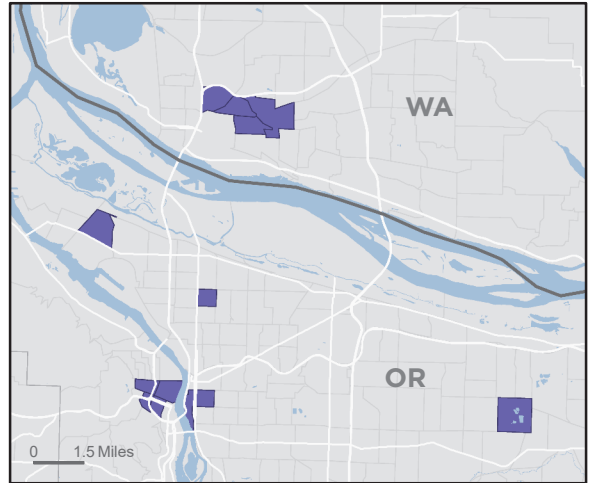
Inset S—Phoenix vicinity



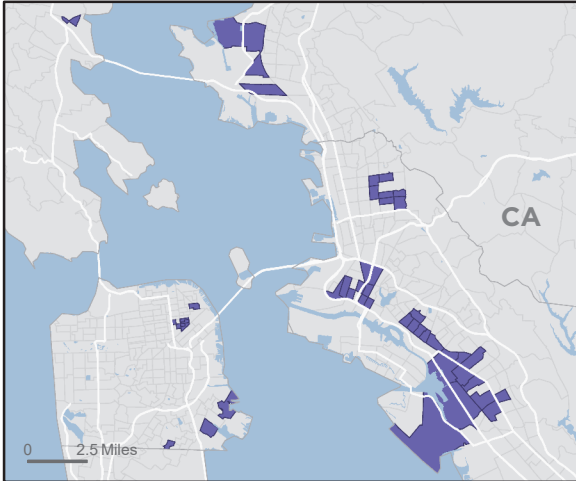
Inset T—Seattle vicinity



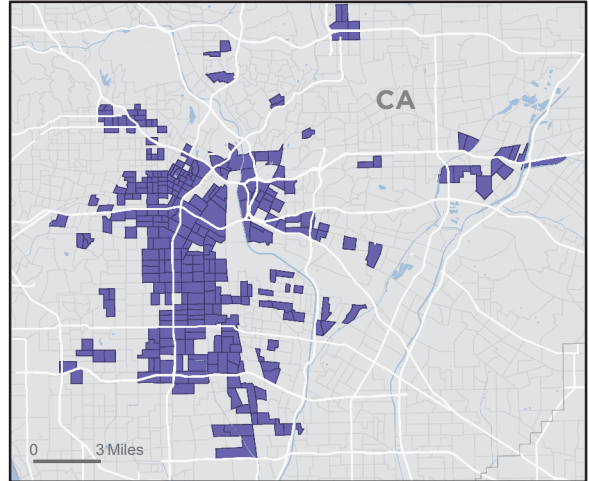
Inset U—Portland and Vancouver vicinity



Inset V—San Francisco and Oakland vicinity



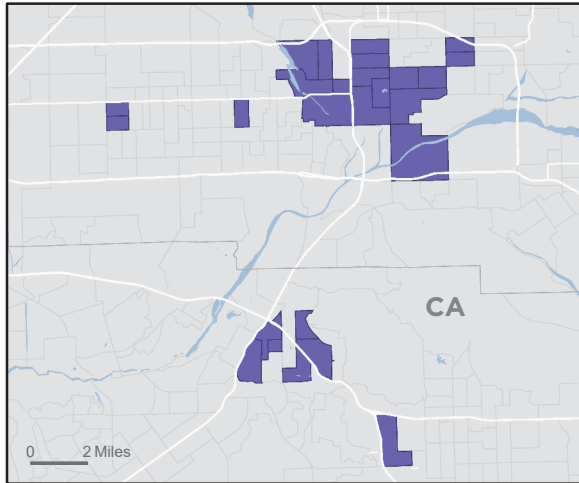
Inset W—Los Angeles vicinity



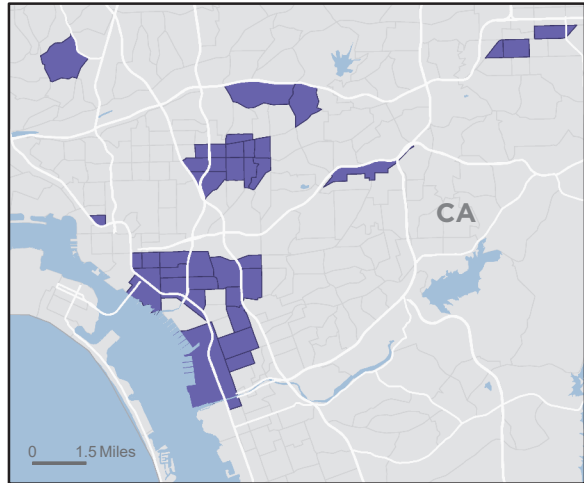
Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

Figure A-14.
Census Tracts in Persistent Poverty, 1989–2019: Inset Areas

Inset X—San Bernardino vicinity



Inset Y—San Diego vicinity

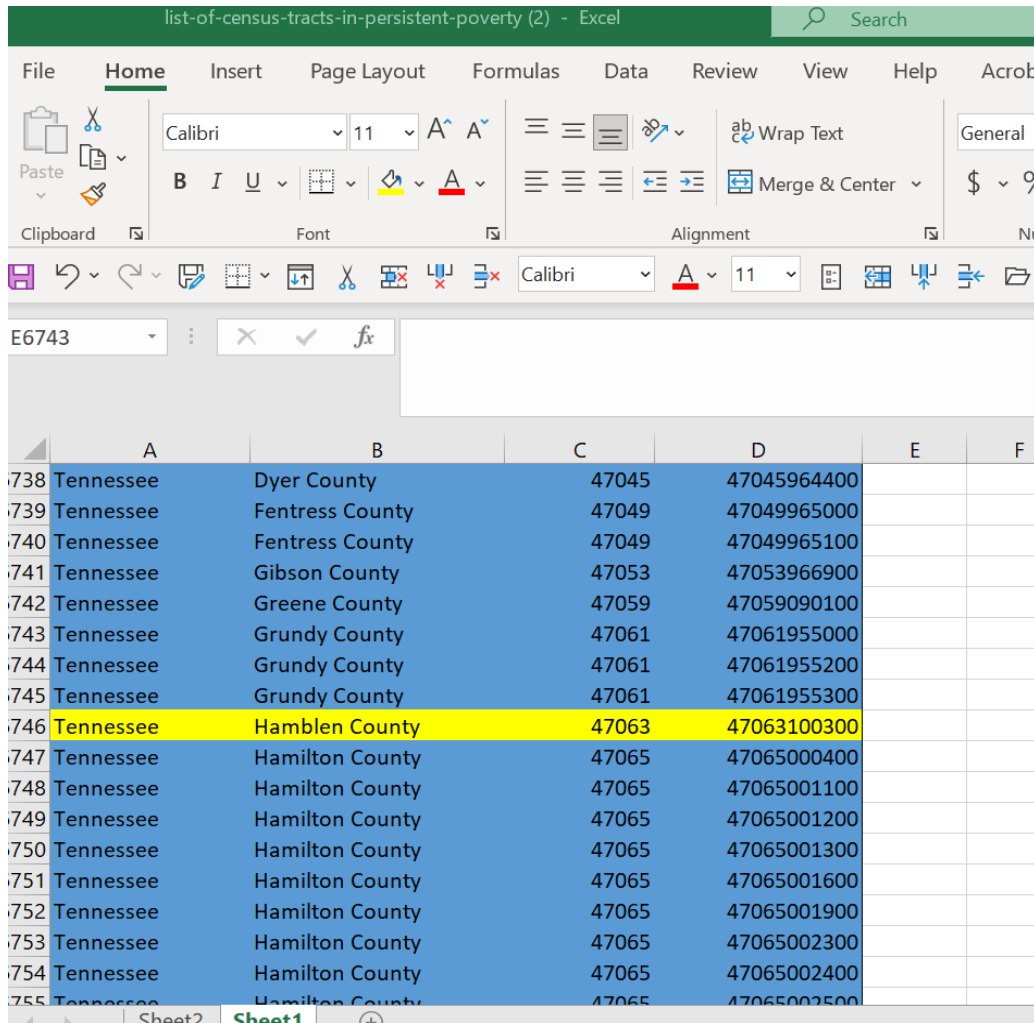


Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005–2009 and 2015–2019 American Community Survey, 5-year estimates.

LEAID	NAME_LEA23	TRACT	COUNT	LANDAREA	WATERAREA
4700001	Hamblen County School District	47063100100	12	3.44183448	0.0461323
4700001	Hamblen County School District	47063100200	12	2.808774017	0
4700001	Hamblen County School District	47063100300	12	1.612826391	0
4700001	Hamblen County School District	47063100400	12	3.006076862	0
4700001	Hamblen County School District	47063100500	12	12.23657137	4.355491608
4700001	Hamblen County School District	47063100600	12	11.64332267	1.057289455
4700001	Hamblen County School District	47063100700	12	34.67970392	1.175656412
4700001	Hamblen County School District	47063100800	12	14.58845331	0.0083305
4700001	Hamblen County School District	47063100900	12	3.681259527	0
4700001	Hamblen County School District	47063101000	12	45.87485039	1.955593231
4700001	Hamblen County School District	47063101100	12	14.75054749	2.043577036
4700001	Hamblen County School District	47063101200	12	12.86424493	3.972794855

Source: <https://nces.ed.gov/programs/edge/geographic/relationshipfiles>

Retrieved March 26, 2024





JOB DESCRIPTION

<i>Job Title</i>	Medical Laboratory Technician Program Director Consultant	<i>Department</i>	Health Programs
<i>Location (home)*</i>	Morristown	<i>EEOCategory</i>	Professionals
<i>Reports to (title)</i>	Dean of Health Programs	<input checked="" type="checkbox"/> Exempt or	<input type="checkbox"/> Nonexempt
<i>Created Date</i>	11/9/2023	<i>Revision Date(s)</i>	<i>Job Grade</i>

*Employees are assigned to a "home" location but may occasionally or regularly be required to work at other WSCC locations.

JOB PURPOSE

The overall purpose of this job is to oversee the process of developing a medical laboratory technician program. The position oversees the day to day operations of the Medical Laboratory Technology Program. Ensures compliance with the Tennessee Medical Laboratory Board, SACSCOC, and NAACLS statutes, rules and standards. This position oversees the development of high-quality effective instruction in accordance with the catalog description and the approved course syllabus; Facilitates student learning, and performs evaluations of student learning for all assigned classes, using each course's standard course outline as a guide; Advises and mentors students about academic and career goals.

ESSENTIAL JOB FUNCTIONS

- | | |
|--|-----|
| 1. Develop, implement, evaluate and revise the Medical Laboratory Technology program's master plan of education. | 30% |
| 2. Coordinate development, implementation, and revision process for the program's curriculum design; including but not limited to, course descriptions, course requirements, and evaluation systems. | 20% |
| 3. Investigate and review accreditation and state medical laboratory board requirements for a medical laboratory technician program. | 20% |
| 4. Develop a program evaluation to ensure ongoing effectiveness through outcomes assessment of quality indicators. | 10% |
| 5. Prepare and maintain the program budget within established parameters as needed for the program. | 10% |
| 6. Oversee the evaluation, maintenance, selection, and purchase of educational materials and equipment to meet the needs of the program. | 10% |
| 7. May perform other duties as assigned. | |

LEADERSHIP AND SUPERVISORY

The incumbent receives moderate supervision. One's immediate supervisor is readily accessible for consultation. Familiar work is expected to be performed with only moderate supervision, with periodic checks on progress and conformance with expectations. This incumbent has no responsibility for leading or supervising others.

QUALIFYING JOB STANDARDS

Required

- Masters Degree: Medical Laboratory Scientist/ Medical Technologist with ASCP-BOC Generalist Certification as Medical Laboratory Scientist/ Medical Technologist
- One-year experience in the workforce or related experience in related field.
- The position requires knowledge of education methods and administration as well as current National Accrediting Agency for Clinical Laboratory Science accreditation procedures and certification procedures.
- Working knowledge of computer software and standard office equipment (PC, phone, fax, email, copier, etc.), Banner software, and Microsoft Office Suite.

Preferred

- Experience with budgeting through contribution – perform analysis and interpretation that helps build or manage the budget.
- Experience with data management.

BEHAVIORAL CORE COMPETENCIES - EMPLOYEE

- Works effectively as team member to achieve goals and objectives.
- Shares information readily with others and listens effectively, showing openness to new ideas
- Treats team members with dignity and trust and shows respect for others' race, nationality, gender, age, background, perspectives, experience and style.
- Displays a high degree of personal effectiveness; pursues objectives with consistent determination. Willing and prepared to accept personal responsibility for actions, both positive and negative.
- Treats team members with respect. Willingly responds to requests for assistance from team members.
- Respects the College's rich heritage and historical achievements by embracing important changes that advance the College's mission while honoring the past.
- Exercises discretion and forethought in the efficient utilization of organizational resources, showing respect for the organization's generous benefactors and supporters.

ENVIRONMENT AND WORKING CONDITIONS

Office environment is temperature controlled with occasional fluctuations. May be exposed to varying conditions when traveling to various work locations.

PHYSICAL DEMANDS (including requirements for travel or working nights/weekends/holidays)

- Ability to travel by motor vehicle.
- Standing for extended periods of time.
- Sitting for extended periods of time.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties of this job.

Manager Signature

Date

Employee Signature

Date



JOB DESCRIPTION

<i>Job Title</i> Coordinator [AREA]	<i>Department</i> [AREA]	
<i>Location (home)*</i> LOCATION	EEOCategory Professionals	
<i>Reports to (title)</i> Dean/Designee of Division	<input checked="" type="checkbox"/> Exempt or <input type="checkbox"/> Nonexempt	
<i>Created Date</i> 10/04/23	<i>Revision Date(s)</i> 10/04/23	<i>Job Grade</i>

*Employees are assigned to a "home" location but may occasionally or regularly be required to work at other WSCC locations.

JOB PURPOSE

To serve in a leadership capacity to meet divisional needs.

ESSENTIAL JOB FUNCTIONS

1. Coordinate activities associated with the role.	100%
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LEADERSHIP AND SUPERVISORY

- Manage the operations of a unit or major function.
- Plan, manage and direct a project team.
- Perform analysis and interpretation that helps build or manage the budget.

QUALIFYING JOB STANDARDS

Required

- Master's Degree in an area of [DIVISION NAME] or related field of study.
- Previous teaching experience in related field.
- Working knowledge of computer software and standard office equipment, various academic software, and Microsoft Office Suite.

BEHAVIORAL CORE COMPETENCIES - MANAGER

- Empowers and motivates team to maximize effectiveness.
- Listens effectively, encourages and is receptive to new ideas; invites response/dissent; verifies he/she has a clear understanding of what others are saying.
- Breaks down barriers and develops influential relationships across teams/functions/layers; challenges others to identify new ways to view existing situations.
- Empowers team to adjust procedures to improve service quality and find creative solutions to problems. Recognizes and rewards achievement.
- Spends time with team to learn about their capabilities, needs, and priorities. Manages team conflict appropriately, providing feedback and coaching to develop team members.
- Inspires improvement to advance the College's mission while preserving institutional principles and character; recognizes and rewards people whose actions support organizational change efforts.

- Considers the impact and efficiency of decisions prior to deciding on a specific course of action in deference to WSCC's benefactors and supporters.

ENVIRONMENT AND WORKING CONDITIONS

Office environment is temperature controlled with occasional fluctuations. May be exposed to varying conditions when traveling to various work locations.

PHYSICAL DEMANDS (including requirements for travel or working nights/weekends/holidays)

- Ability to travel by motor vehicle.
- Sitting or standing for extended periods of time.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties of this job.

Manager Signature

Date

Employee Signature

Date



JOB DESCRIPTION

<i>Job Title</i>	Department Head of [DEPARTMENT] Program Director of [DEPARTMENT]	<i>Department</i>	[DEPARTMENT NAME]
<i>Location (home)*</i>	Morristown Campus	<i>EEOCategory</i>	First/Mid-Level Officials/Managers
<i>Reports to (title)</i>	Dean of [DIVISION]	<input checked="" type="checkbox"/> Exempt or	<input type="checkbox"/> Nonexempt
<i>Created Date</i>	1/18/18	<i>Revision Date(s)</i>	<i>Job Grade</i> -

*Employees are assigned to a "home" location but may occasionally or regularly be required to work at other WSCC locations.

JOB PURPOSE

The purpose of this position is to provide budgetary, curriculum, and instructional supervision for the instructors of the [NAME OF DEPARTMENT] department at Walters State Community College. Oversees class schedule development and acts as a representative of the department at institutional and regional meetings.

ESSENTIAL JOB FUNCTIONS

1. Oversees instructors, including the development of class schedules on campuses and various teaching sites, creating/completing annual division-specific unit objectives, and the recruiting/hiring/training of faculty members.	30%
2. Maintains curriculum supervision, including approving syllabi, textbook selection, coordination of departmental policies, and upkeep of master content files.	25%
3. Oversees the department by listening to faculty and student concerns, coordinating with the department of IDEAS, working with other campus stakeholders, ensuring the integrity of programs and courses, maintaining faculty cohesion, and leading the department in academic visioning.	20%
4. Represents the department at division/college/regional/state/national meetings.	15%
5. May perform other duties as assigned.	10%

LEADERSHIP AND SUPERVISORY

1. Oversees employees in non-exempt jobs.
2. Directly supervise and manage project teams.
3. Perform analysis and interpretation that helps build or manage the budget and make decisions about expenditures/investments.
4. Plan, lead, and monitor progress for projects.
5. Oversees and participates in the writing of accreditation reports if applicable.

QUALIFYING JOB STANDARDS

Required

- Master's Degree in an area of [DEPARTMENT NAME] or related field of study.
- Previous teaching experience in related field.
- Working knowledge of computer software and standard office equipment, various academic software, and Microsoft Office Suite.

BEHAVIORAL CORE COMPETENCIES - MANAGER

- Empowers and motivates team to maximize effectiveness.
- Listens effectively, encourages and is receptive to new ideas; invites response/dissent; verifies he/she has a clear understanding of what others are saying.
- Breaks down barriers and develops influential relationships across teams/functions/layers; challenges others to identify new ways to view existing situations.
- Empowers employees to adjust procedures to improve service quality and find creative solutions to problems. Recognizes and rewards achievement.
- Spends time with employees to learn about their capabilities, needs, and priorities. Manages team conflict appropriately, providing feedback and coaching to develop team members.
- Inspires improvement to advance the College's mission while preserving institutional principles and character; recognizes and rewards people whose actions support organizational change efforts.
- Considers the impact and efficiency of decisions prior to deciding on a specific course of action in deference to WSCC's benefactors and supporters.

ENVIRONMENT AND WORKING CONDITIONS

- Office environment is temperature controlled with occasional fluctuations. May be exposed to varying conditions when traveling to various locations.
- Department specific conditions apply.

PHYSICAL DEMANDS (including requirements for travel or working nights/weekends/holidays)

Demands will vary by department. Department demands are listed below.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties of this job.

Manager Signature

Date

Employee Signature

Date