

PICTURE OF HEALTH:

Best Practices in Training and Employing Chicago's Entry-level Health Care Workforce

ACKNOWLEDGMENTS

Sidebar text (as in IETC report): We wish to thank all of the health industry training agencies and employers who were so generous in sharing their time and knowledge with us to make this project a success. Rosters of the agencies and institutions whose staff participated in our research appear in the appendix.

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Text in column on right: The Best Practices Report project was initiated by the Chicago Jobs Council's Health Care Jobs Group, a volunteer committee of employment and training service providers and policy advocates. The report would not have been possible without the invaluable assistance of a research committee of Health Care Jobs and Workforce Development Group members, who contributed time, knowledge, and expertise to the project. Special thanks to the chair of the Health Care Jobs Group, Jenny Wittner of Chicago Commons Employment Training Center, for her able stewardship of the group's activities, including the Best Practices Report Project.

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The Big Picture: Training Programs or **Panoramic View: Training Programs**

(we haven't made a choice – what do you think?)

Summary of findings on employers:

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Detailed findings on employers:

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Within all of the sections above, I've suggested "**Freeze Frame**" to set off quotes or other points, (like the use of "Point of Interest" in the IETC report)

Recommendations:

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Recommendation subsections: (I like Make Reprints, but I think the others are a little flat)

Make Reprints:

Training Programs and Employers should Emulate What Works

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EXECUTIVE SUMMARY

Text in sidebar (as in “Executive Summary” section of IETC report):

The aim of this report is to offer our findings on “what works” in training and employing entry-level workers in Chicago’s health care industry, and to recommend ways that these practices can be enhanced.

main text: begin columns

The health care industry is a growing source of jobs for Chicagoans seeking work, particularly for those seeking their first job or a job that requires relatively short training or preparation. However, the industry is also one in which job requirements are changing quickly and career paths are uncertain. This report presents findings from a one-year research effort to understand how some training programs are successfully preparing Chicagoans for entry-level health care jobs, and how some employers are successfully hiring, retaining, and promoting these workers. The report also offers detailed recommendations to policy makers, legislators, funding institutions, trainers, and employers, on the individual and collective ways they can enhance the success of entry-level health care workers.

Research Overview

In late 1996, the Chicago Jobs Council (CJC), a coalition of more than ninety community-based, civic and advocacy organizations, conducted this research project to learn how unemployed Chicago residents can secure training and access to entry-level jobs in the health care field. This research set out to identify:

These should be boxed/set off

- (1) programs that provide excellent training, placement, and follow-up services for entry-level workers facing multiple employment barriers and the components that make them successful, and
- (2) practices on the part of health care employers that result in the successful hiring and retention of community residents, clear career ladders, and fair wages.

Research was conducted in two phases. The first phase included a survey of over 180 health care training programs, from which we selected eight programs with a range of “best practices” for closer study. In the second phase, we interviewed opinion leaders to identify over 50 employers with experience in hiring and retaining entry-level workers. Sixteen employers participated in three focus groups to discuss their workplace practices.

Key Findings

This research confirmed CJC members’ experience and our previous research on the needs of entry-level workers as they seek training and employment, whether in health care or in other fields. These needs include:

- gaining familiarity with the world of work and developing workplace skills
- learning how to balance the demands of training/work and family responsibilities
- addressing personal and relationship issues
- overcoming personal and systemic barriers to long-term progress

We found in this research that training programs face organizational challenges related to funding, regulatory requirements, and outcome measures. However, the programs we studied are finding ways to successfully meet the needs of their students and prepare them for work. Their practices include:

- teaching workplace skills
- providing or connecting students to resources needed to meet family responsibilities
- providing or connecting students to counseling and other resources to address personal issues
- offering limited follow-up services to help students transition to work

In our research on training programs, we also learned about agencies that train community residents for non-traditional positions such as “community health advocate.” Such positions can be valuable opportunities for entry-level workers to gain work experience and build confidence.

Employers who participated in our focus groups reported that they face challenges in hiring qualified entry-level workers, retaining them, and helping them build careers. They also said that workplace resources available to entry-level workers are underused. However, some practices that work include:

- offering resources and hands-on opportunities for workers to build workplace experience and skills
- providing limited resources to help workers balance work and family responsibilities
- offering some support to help workers address personal issues
- offering some opportunities and resources for entry-level workers to build careers

Recommendations

Drawing from our research findings, we recommend: replication of successful practices; allocation of resources to support training and needed services; increased cooperation between trainers and employers; and targeted changes in workplace policies.

Box each recommendation off?

- Health industry training programs and employers should replicate what works: we identify practices that are successful and recommend replication.
- Policy makers, legislators, and funding institutions should: allocate funding for effective training programs and resources for long-term follow-up; and develop outcome measures that more accurately capture the progress made by entry-level trainees.
- Health industry trainers and employers should work together to: secure resources that meet students’ and workers’ needs; ensure that training reflects the changing workplace; incorporate successful training practices into the workplace; help workers take advantage of workplace benefits; and create more career ladders for entry-level workers.
- Health industry employers should also: advocate for funding for training that works; reposition the underused Employee Assistance Programs (EAPs) and other resources; and increase retention of successful workers by offering competitive benefits and compensation.

We also suggest areas for further research:

- non-traditional positions such as “health advocate” and their role in health care career ladders
- treatment and training options available to individuals with substance abuse problems
- health career options available to individuals with criminal records

VIEWFINDER

Text in sidebar (as in “Executive Summary” section of IETC report):

While considerable reorganization and other changes continue to take place in the health care industry, job growth in this sector makes it one of the most promising for Chicagoans seeking employment, particularly at the entry-level. As this report is being issued, the economic climate in metropolitan Chicago is marked by low unemployment and rapid growth in many sectors. However, many low-income, unemployed Chicagoans do not have the skills and experience required to secure work, even at the entry-level. This report identifies how some Chicago training programs successfully prepare entry-level workers for careers in health care, and how some health industry employers are working to hire and retain entry-level workers.

text in columns as in IETC report

In late 1996, the Chicago Jobs Council (CJC), a coalition of over ninety community-based civic and advocacy organizations, conducted this research project to learn how unemployed Chicago residents can secure training and entry-level jobs in the health care field. This research set out to identify:

boxed as in IETC report

(1) health career programs that provide excellent training, placement, and follow-up services for entry-level workers facing multiple employment barriers and the components that make them successful; and

(2) practices on the part of health care employers that result in the successful hiring and retention of community residents, clear career ladders, and fair wages.

It is important to note that this research sought to identify best *practices*, not the “best programs” or “best employers.” Thus, this report does not single out individuals organizations, but rather aggregates and discusses common practices and themes and highlights innovative approaches.

Research Context

The context for our research was marked by two factors affecting the health care industry:

- **Job Growth:** the health care industry is projected to be a growing source of jobs well into the next century. Between 1996 and 2006, the health care industry is ranked second among the 10 industries with the fastest projected employment growth. Moreover, much of this growth will be in entry-level jobs that require only short-term training. Six of the 10 occupations with the fastest projected employment growth between 1996 and 2006 are in the health care field, including personal and home care aides, home health aides, and medical assistants.¹

- **Industry Changes:** changes such as corporate reorganization and mergers are creating considerable uncertainty in the health care sector. The increasing use over the past decade of managed care rather than traditional “fee for service” plans has contributed to an emphasis on primary and preventative care over specialty and surgical care. Care is increasingly provided in outpatient settings rather than in hospitals, and is being provided by an array of lower-skilled workers who reduce health care corporations’ employment costs. Although the demand for entry-level workers is growing, job descriptions and skill sets required by employers are changing rapidly. These changes in job structure often outpace the ability of training programs to prepare entry-level workers, and test the ability of those employed at the entry-level to be flexible and learn new skills quickly.²

Additionally, CJC recognized that two factors affected our target population:

- **Welfare Reform:** The lives of low-income, unemployed Chicagoans have been dramatically affected in the past few years by implementation of state and federal welfare reform initiatives. The Temporary Assistance to Needy Families program (TANF replaced AFDC, or Aid to Families with Dependent Children) requires welfare recipients to find work as soon as possible, and sets a five-year lifetime limit on benefits for most individuals. This lifetime limit makes it crucial that recipients not only find jobs, but also build careers.

• **Public System Changes:** Illinois and Chicago have implemented significant changes in the public agencies and systems that deliver social and employment services to Chicago residents. In 1997, as TANF went into effect, Governor Edgar consolidated seven state human service agencies, including the Illinois Department of Public Aid, into the Illinois Department of Human Services (IDHS). The creation of IDHS has required Chicagoans to simultaneously become familiar with a new service delivery system and new TANF policies. In 1996, Illinois also followed a national trend of streamlining employment and training services by creating “one-stop” Illinois Employment and Training Centers (IETCs). Funds that once supported community-based agencies in Chicago have been shifted to IETCs, affecting the ability of neighborhood employment and training providers to offer training and supportive services to residents.³ Further, in Chicago, IDHS and IETCs function as separate systems, which compounds the difficulty of tracking the availability of and eligibility requirements for employment-related services.

Research Definitions

We drew on our 1995 report, *Health Care Careers: A Review*, which identified job categories that required relatively short-term training and that exhibited significant growth potential. Based on the findings in *Health Care Careers*, two important definitions were developed for this research:

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Target Population

The following characteristics describe entry-level workers with “multiple employment barriers”:

- both males and females
- likely to have children
- receive some form of public assistance, such as cash grants, food stamps and/or medical benefits,
- may have little to no consistent work experience
- have limited educational attainment
- have limited literacy skills.

Other barriers may include one or more of the following:

- substance abuse
- domestic violence
- poor access to transportation, child care, or other supports
- a conviction history that by law restricts access to certain jobs.

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“Accessible” Entry-Level Jobs

The 14 job categories identified in *Health Care Careers* include Home Health Aide, Physical Therapy Aide, Certified Nursing Assistant and Licensed Practical Nurse. These categories were used to identify both training programs and employers in the metropolitan Chicago area for this project. Further, programs were defined in this research to be “accessible” if they require no more than a high school diploma or GED for entrance, and take no longer than two years to complete (completion results in a credential or preparation to take a credentialing exam that enables work in a specific area of the health care field).

A Note on Methodology

This year-long study was conducted by CJC staff in conjunction with a professional research consultant who developed the research methodology and oversaw data collection for both phases. Additionally, project oversight and feedback were provided throughout the project by members of CJC’s Health Care Jobs and Workforce Development working groups. This is a brief overview of the methodology for this report. A full methodology is given in the Appendices.

Phase One: Training Agencies. The research team conducted telephone interviews with staff of more than 180 health career programs in the Chicago area, identifying 65 programs that were accessible to

the target population. The team then selected eight programs with evidence of “best practices” for site visits and in-depth interviews.

Phase Two: Employers. The research team conducted telephone interviews with health industry “opinion leaders,” who were asked to name health care employers who had successfully hired and retained entry-level workers. The team then conducted telephone interviews with approximately 50 employers that opinion leaders identified. Three focus groups were held with 16 employers from this group to discuss their employment and workplace practices at the entry-level.

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1. Bureau of Labor Statistics, Employment Projections. <http://stats.bls.gov/ecopro.table4.html>; table6.html.
2. Chicago Jobs Council, *Health Care Careers: A Review*, 1995; Urban Institute, *The Effects of Health Industry Changes on Health Care Workers and Quality of Patient Care*, 1997.
3. Chicago Jobs Council, *Five Stops on the Road to Improving Chicago's One-Stops*, 1998.

SNAPSHOT: TARGET POPULATION

Our target population, entry-level workers with multiple employment barriers, is comprised of diverse individuals who display varying levels of preparation for training and work. We drew a target population description from *Health Care Careers*, and in the course of our research asked both training programs and employers to share their perceptions of the target population's needs. Their responses confirmed our description and echoed the experience of CJC's members, who provide training in a number of sectors. In addition to the need for "hard" skills provided by vocational education programs, trainers and employers reported the following target population characteristics (these are elaborated further within the employer findings):

1. Lack of familiarity with the world of work

Employers felt that younger entry-level workers are least well prepared for the world of work. Both trainers and employers specifically cited the need to learn:

- **Timeliness and regular attendance**, as well as calling in before an absence.
- **Appropriate attire** for the workplace.
- **Personal hygiene**: clean nails, combed hair, and good grooming.
- **Good communication skills**: interacting with co-workers and customers/patients, demonstrating "customer service" skills, and managing inter-personal conflict.
- Ability to **accept and respond to supervision**.
- **Knowledge of basic job search skills**: how to write a resume, interviewing skills.

2. Difficulty balancing training/work and family

- **Child care**: finding stable, quality care, especially over an extended period, for infants, and for evening and weekend shifts.
- **Transportation**: paying for transportation; feeling comfortable using transportation and overcoming fear of an unknown or "inhospitable" place, or concern about crossing gang lines; and finding reliable and convenient transportation, particularly to the suburbs and during evening or weekend shifts.
- **Family issues**: frequently cited examples include responsibility for caring for ill family members, or helping friends or relatives through the criminal justice system. Meeting these responsibilities can affect attendance at both training and work.

3. Need to address personal issues

- **Relationship issues**: participating in a training program or going to work can change relationships with friends and family, who may feel resentful or threatened by these changes and take steps to maintain the status quo. Examples cited include: subtle "sabotage," such as distractions and encouragement not to study, disruptive behavior by children, and the precipitation or exacerbation of domestic violence.
- **Self-esteem** may be low due to a variety of factors, including lack of successful experiences and/or previous failure to complete training or retain work.
- **Substance abuse**: some trainers and most employers require drug tests. Failure to pass a drug test almost always results in immediate disqualification from training or work, and much less frequently results in referral to treatment.
- **Conviction history**: individuals with criminal records are restricted by state and federal laws from holding many health care positions, particularly those requiring patient contact.

4. Need to overcome obstacles to long-term growth and progress

- **Accurate expectations of work**, and what a job will and will not mean. Both trainers and employers felt that inaccurate or unclear expectations could lead to disillusionment and dropping out.
- **Familiarity with workplace resources**, for example knowing that resources such as mentoring, pensions, and/or training accounts exist and understanding how to use them.

- Ability to move beyond a day-to-day or “crisis” orientation to **develop long-term vision**: taking initiative by going beyond assigned duties and seeking more responsibility, and planning a career by seeking and completing additional training.
- **Growth opportunities**: even with assets such as long-term vision, the target population has few opportunities for upward mobility because wage raises and career ladders are limited.

SNAPSHOT: TRAINING PROGRAM FINDINGS

The training programs we studied varied considerably in size, mission, location, and the type and length of training offered. However, all consistently exhibited a key set of characteristics and practices in meeting students' needs. Significantly, all of the programs recognized and expressed respect for the complexity of students' lives, responding with an emphasis on individual contact and mentoring. Programs also recognized that instructors needed support, and provided staff development opportunities such as advanced training. Although the programs we studied are successfully preparing students for work, many face significant challenges in maintaining their services, including:

- **Changes in funding:** one program selected for study lost funding and discontinued classes. Other programs dependent on private sources or government contracts noted that these resources are not always consistent or adequate.
- **Regulatory requirements:** examples include maintaining enrollment numbers per class, and adjusting the curriculum to meet accreditation requirements.
- **Inflexible or limited outcome measures:** training programs reported that program completion and placement statistics are commonly the primary measures used by funding and regulatory institutions to determine a program's success and eligibility for continued support. These limited measures do not take into account the differences in student characteristic across programs.

In addition to innovative teaching methods, these practices were consistent across programs studied:

1. Creating familiarity with the world of work

- **Rules for timeliness and attendance, and rewards,** such as posting names of students with perfect attendance, for those who succeed.
- **Individual feedback on appropriate attire** for the workplace.
- **Individual feedback on personal hygiene** issues.
- **Communication skills development** through role plays of situations with co-workers and customers, and verbal and written communication exercises.
- **Hands-on experience accepting supervision** through clinical placements.
- **Training on basic job search skills,** such as writing a resume and interviewing skills.

2. Helping students balance training and family

- **Help using available child care benefits,** particularly through the Illinois Department of Human Services (IDHS) and assistance in maintaining stable care.
- **Transportation tokens** so students can travel to training and/or clinical sites.
- **Personal support** to build **comfort level in using transportation,** such as accompanying students to an interview, or on the first day of a clinical placement or job.
- **Counseling and/or service referrals** to help address family responsibilities.

3. Helping students address personal issues

- **Family conflict resolution strategies** included efforts to diffuse opposition and build family members' support for students, such as inviting families to a luncheon to meet instructors.
- **Posting names of students with high scores** or good attendance to build self-esteem.

4. Providing post-placement support to address long-term growth and progress

- **Clinical placements** (mentioned above) also help create **accurate expectations of work.**
- **Post-placement services:** programs studied provide varying levels of informal or formal post-placement services for up to 6 months (on average, 3 months) to help students access supportive services and solve related problems. This service is limited by funding.

Other Findings: sidebar or box on this page?

The research team expanded the research to look at organizations that primarily pursue public health-related goals, and secondarily train and hire community residents. Many of these organizations have

successfully trained residents for “non-traditional” positions such as “health advocate.” For example, one program promotes breast-feeding by training women to serve as peer advocates.

A limited number of interviews with some of these organizations revealed that:

- they offer individuals with little work experience or training a chance to establish a work history.
- these “non-traditional” positions are potential stepping stones to jobs requiring more training, but our limited research indicates that this career ladder is a difficult one to build.
- as organizations, they are vulnerable to funding changes that in turn affect their participants.

“THE BIG PICTURE” OR “PANORAMIC VIEW”: TRAINING PROGRAMS

The first phase of research sought to identify the practices of Chicago’s health care training programs that successfully prepare unemployed residents for entry-level health careers. The individuals CJC seeks to benefit with this research are a heterogeneous group, with a common set of needs, but widely differing levels of preparation with respect to meeting these needs. The training studied in this phase of research also spans a continuum, from a seven week home health care aide class to a two year dietetic technician program.

Training agencies profiled in this phase of the research were identified through a “canvassing” approach, in which CJC staff contacted over 180 health care programs at 45 institutions in the Chicago area. These programs were identified as “accessible” to the students we wished to serve if they required no more than a high school diploma or GED, and if they took no more than two years to complete. After identifying 65 “accessible” programs, the research committee examined these programs for evidence of best practice, eventually selecting eight programs with a broad range of promising attributes.

The programs we studied varied significantly in attributes such as mission, selection methods, student characteristics, stability and outcomes. What is most significant about our findings in this phase of research is that despite these differences, there are striking similarities across programs in their overall approach and the range of supports offered to students.

During this phase of research, the research team also learned about programs which were not training agencies by mission, but which provided training to unemployed residents in the course of pursuing health-focused goals or delivering health services. The research team conducted interviews with a selected group of such agencies to learn more about how their approach to training could inform our study of “best practice.”

TRAINING PROGRAMS’ ORGANIZATIONAL CHALLENGES

A very significant finding in this phase of research is that despite the strengths of the eight selected training programs, all contended to some degree with funding and regulatory issues that, in the extreme cases, led to de-funding of one selected program and significant curriculum redesign of another. In less severe instances, funding issues caused one program to close an on-site child care center, and regulations governing the minimum number of students per class caused another program to struggle with enrollment. Funding was more clearly a challenge for those programs dependent on government contracts or philanthropic grants, rather than for those with greater access to public funds.

The research team conducted an interview, but no visit, with the program that was de-funded. The other program underwent significant changes in structure and content with the goal of meeting requirements for federal student aid funds. This model was too fluid for the research team to examine. Rather than substitute other programs for these two, the research team chose to include them to the extent possible because their situations reflect the financial and regulatory challenges facing many training programs, and raise important policy questions. Additionally, because the focus of this research is to identify best practices rather than best programs, these challenges should be recognized as factors that affect the ability of programs to implement best practices.

Training programs also reported that they contend with what they find are inflexible and limited outcome measures. They noted that program completion and placement statistics are commonly the primary measures used by funding and regulatory institutions to determine a program’s success and eligibility for continued funding. These measures do not take into account that differences in student populations can skew completion and placement results. Training programs, including those studied for this research, differ widely in their methods of student selection. As a result, some programs’

students are screened to be more prepared for success and these programs report higher completion and placement statistics.

Moreover, reliance on completion and placement statistics can cause funding and regulatory institutions to overlook other measures of progress. Students who are less prepared for training and work may make important progress in their ability to handle life challenges, or develop skills such as time management and memorization. These outcomes result from training programs' investment of time and resources, but are not captured in completion and placement statistics. Also, these activities are often not considered "fundable" by public and private funding institutions.

Freeze Frame (like the "point of interest" in the IETC report)

Several of the training programs contended with uncertain funding, regulatory requirements, and inflexible or limited outcome measures.

PROGRAM DIFFERENCES

The seven training programs for which on-site research took place differed greatly in their stability, age, size, location, mission, length and type of training offered, recruitment methods, selection of students, student characteristics, and student outcomes.

Stability: depending on the nature of the institution and the funding source for the program, programs exhibited varying degrees of stability. Two programs, as mentioned, underwent significant change.

Age: the length of time programs have been in existence varied from over 20 years to one year.

Size of institution: programs were housed at a range of institutions, from Chicago City Colleges to small, community-based organizations. Some programs, for example those at City Colleges, were one of many health career offerings at that institution, while other programs did not share this context.

Program/class size: varied from about 10 to 30.

Location: six programs were located across the City of Chicago, and one was located in a southern suburb.

Mission: the mission and target population varied from a goal of serving the City of Chicago to serving a specific neighborhood or suburban area. Some programs' missions also specified their goal of serving welfare participants and/or particular ethnic populations.

Length and type of training offered: The programs selected included one home health care aide (7 weeks), three certified nursing assistant (8 weeks to 22 weeks), one dental assistant (6 months), one pharmacy technician (2 years) and one dietetic technology (2 years). The eighth program (selected but not closely studied because of the changes it underwent) is a dietary aide program.

Recruitment of students: programs employed varying methods to recruit students, depending on the demand for the training offered. Some programs had waiting lists, but others found that maintaining enrollment required greater effort.

Selection of students: students who were recruited were screened for suitability by the programs. The level of screening varied, often in accordance with the program or institution's mission to serve a certain population. Screening methods ranged from determining whether students met basic eligibility requirements to more complex processes that included math and reading tests, multiple interviews, and observation of behavior (such as timeliness and organizational ability to complete required forms).

Student characteristics: programs served mostly women, most of whom were parents (often single), ranging in age from 20s to 50s, both English and non-English speaking, native-born and immigrant, inner-city and suburban, some with employment experience and many with little or none, and almost all at or below the poverty level.

Student outcomes: outcomes, such as attrition, completion, placement, and retention, vary across programs. However, the student characteristics also varied considerably. Programs that serve students with more barriers may have lower absolute figures for outcomes such as completion and placement, but these programs should be judged by benchmarks that are appropriate to the students served.

PROGRAM SIMILARITIES

The most significant aspect of our findings is that despite the differences among programs, there are common practices that have emerged. These practices build skills needed for the workplace, help students balance training and family, address personal issues, and, to some extent, provide support in building a career.

Supports that were consistently provided across the programs include: an overall approach of understanding students' needs, offering mentoring and close personal attention, and being flexible or willing to "bend the rules" as needed; innovative teaching approaches that engage students in learning the vocational curriculum; an orientation and socialization to the world of work, particularly through individual feedback, consistent structure, rules, and rewards, and specific job preparation training; social supports to help balance training and family; assistance in addressing personal issues, such as lack of family support or low self-esteem; and, limited post-placement follow-up to help students retain work.

Overall approach: mentoring, personal attention, flexibility

One instructor captured the overall approach expressed by all programs in noting that students "come to you with so many issues, and sometimes they're just looking for a little attention, or somebody to pat them on the back, . . . and you can't be afraid to do that." All of the programs studied provided this one-on-one mentoring and support, through visits, phone calls, individual tutoring sessions, follow-up visits at clinical sites and/or facilitation of peer support sessions.

All of the program staff interviewed also indicated an understanding of the complexity of students' lives and a willingness to be flexible in addressing students' challenges. All said that they try to mentor students and sometimes "bend the rules" to help students who are just short of success. This may include permitting the student to have extra absences because of a family emergency, or permitting her to make up missed work or retake a test. Many instructors said that they struggle to balance the need to provide this flexibility, and the need to maintain a structure that will be imposed on students "in the real world." An instructor noted that if she had "stuck to the rules 100 percent," very few students would complete the class. On the other hand, she noted that "we're trying to prepare them to be ready for their job, . . . and if you're absent three times in a month" from work, "they would call that excessive absenteeism." Knowing when to be flexible is, according to one instructor, developed through experience, and dependent on "gut feelings" about the accuracy or legitimacy of the issue a student is presenting. She balances sympathy with her experience, which she says prevents students from "selling me a story, telling me a lie."

Freeze Frame (like the "point of interest" in the IETC report)

students "come to you with so many issues, and sometimes they're just looking for a little attention, or somebody to pat them on the back, . . . and you can't be afraid to do that."

Innovative teaching approach

All of the programs use standardized curricula that meet the regulatory guidelines for the profession, but have also developed methods of delivering the curricula that keep students engaged. One instructor noted that she tries as much as possible to fill her lectures with examples that students can relate to: when teaching a lesson on the nervous system and convulsions, she uses an analogy to "when a fuse blows," because "they can relate to light sockets and electrical sockets and how too much energy causes that blow-out." Programs also reported using videos, interactive computer programs and friendly team "competitions" to stimulate students' interest.

Orientation to the world of work

All of the programs work closely with students to help them build skills they will need for work, such as prompt and regular attendance, a neat appearance, and an ability to interact with co-workers and

supervisors and accept supervision. One instructor noted that the students “need everything. From the importance of punctuality, attendance, appropriate dress, appropriate attitude, personal hygiene, on-the-job relationships, how to handle difficulties or how to be heard on the job. We have to start at point zero and work our way up.”

Attendance and punctuality are addressed by several programs by setting strict guidelines, with rewards for students who meet the requirements. One program requires a doctor’s note excusing an absence of more than two days, and requires students to “make up” for tardiness to class with an extra homework assignment. An instructor noted that she continuously drills students to be “not one minute” late for class, and to have their homework ready to submit. While the strictness of these rules sometimes caused students to drop out of the program, instructors reported that setting clear expectations and providing positive feedback, such as posting perfect attendance rosters, can have the opposite effect. “If attendance is required, then they are there,” one instructor noted, adding that it is crucial to both “set guidelines” and to keep assuring students that they are capable of meeting these guidelines. Although structure was seen as very important to the programs’ success, several instructors also emphasized the importance of combining this with flexibility on a case by case basis.

To build communication skills, most of the programs combine personal feedback from the instructor with peer group work on role-playing and simulations of challenging inter-personal conflicts. One instructor emphasized the importance of shaping students’ attitudes. “If they have the proper attitude, they can perceive things differently,” he noted, and not react “defensively” to workplace situations. These communication and interpersonal skills are honed through clinical placements, which offer students a hands-on introduction to the world of work. All of the programs studied also invest considerable effort in specific job training, such as helping students develop resumes, practice interviewing skills, and engage in a job search. Several programs conduct mock interviews with students, and some videotape these interviews for review and feedback. All of the programs have developed relationships with employers in their field, and several conduct on-site “interview days” during which employers give presentations on their workplaces and hire students directly.

Freeze Frame (like the “point of interest” in the IETC report)

“We know pretty much everything about them because they’re in the program and we’re that comprehensive with them. The relationship is personal.”

Support in balancing training and family

All of the programs recognized that meeting students’ needs for supportive services, primarily child care and transportation, is essential if students are to complete training. While most programs do not have the resources to provide child care on-site, all of them assist students in solving child care issues. Programs that serve welfare participants make sure that their students take advantage of the child care payments provided by the Illinois Department of Human Services. Assistance ranges from helping find a child care provider to mediating issues that may arise between a student and the provider. For example, one program instructor notes that many of her students rely on family members to provide child care, and a rift in the relationship between the student and the relative can cause the child care arrangement to fall through. In this case, the instructor tries “to encourage her and say, ‘Look, you’ve got to go make up with [the provider], go buy her some flowers, buy her a dress or a blouse, do whatever you need to do to make up, just explain to her that it’s just two more weeks.’” Other programs report that while children are not usually allowed in the classroom, if the training session begins before schools are in session, students may bring school-age children to the training program for a few days. In this case, instructors “look the other way” or, if possible, help the student find a temporary solution.

Similar attention is paid to transportation. Many programs distribute tokens on a daily basis to make sure students are able to come to class the next day or to travel to a practicum/clinical site. Programs reflected an understanding that for some students, *access* to transportation is not the barrier so much as

reluctance to *use* transportation. Some students grow up in one area of the city and are afraid “to venture out of their neighborhood,” partly because it is unfamiliar, but also out of fear of crossing gang lines. One program reported that this is a particular concern, which they address by making sure that students are accompanied to their clinical site the first time, visited by a staff member regularly at that site, and often accompanied to interviews or their first day of work once they are placed.

Students’ needs for personal counseling to help address family responsibilities are usually met through case management staff or institutional counseling offices, but all instructors reported that they monitor students’ issues and progress on an individual basis. One instructor said that “we know pretty much everything about them because they’re in the program and we’re that comprehensive with them. The relationship is personal.”

Assistance in addressing personal issues

The programs reported finding that a student’s ability to succeed very often hinges on the level of support she is receiving from her friends and family, particularly spouses or partners. While domestic violence can clearly sabotage a student’s ability to stay in the course, programs reported that more subtle “interference,” or resistance to change on the part of the partner/family member is also a challenge. Some students reported that their partners and children were unhappy with the amount of time that training required from the student, and tried to distract the student from studying, or interfered with child care or transportation arrangements. Programs reported that they have developed strategies to diffuse this resistance and “sell” the program to family members to build support for the student’s efforts. One program holds an annual luncheon at which families can meet the program staff, who “engage the whole family, not just the individual, in achieving their goal.” Another program’s staff will call and intervene with children who are “acting out” and preventing the student from succeeding.

Low self-esteem is another personal issue that students must address. Programs noted that students, despite their differences, all seem to lack self-confidence and many express a “belief that they can’t accomplish too much of anything.” Positive reinforcement is uniformly provided by all of the programs, ranging from a one-on-one evaluation to discuss progress made, to posting the names of students who have high grades or perfect attendance. One two-year program offers a “scholarship” to students who continue to the second year of the program. While the scholarship amount may be nominal, the instructor noted that the students respond to being recognized for their perseverance as scholars.

Freeze Frame (like the “point of interest” in the IETC report)

One program holds an annual luncheon at which families can meet the program staff, who “engage the whole family, not just the individual, in achieving their goal.”

Post-placement follow-up

Programs noted that they provide assistance to students in resolving problems that arise on the job and encourage students to call if they need advice. Follow-up services offered by programs studied were both informal and formal, and were offered for three months on average, to a maximum of 6 months. Programs indicated that the duration of follow-up services is limited by funding constraints.

box this section? set off somehow?

OTHER FINDINGS

In the process of conducting research on health career training programs, the research team learned about programs which are not training agencies by mission, but which provide training to unemployed residents in the course of pursuing health-focused goals or delivering health services. The research team noted that these agencies have successfully trained community residents for “non-traditional”

positions such as “health advocate,” and felt that interviews with a selected group of such agencies could inform our study of “best practice.”

Our interviews indicated that in most cases, organizations employing health advocates conduct minimal screening, with the result that their participants often have very little work experience and many personal barriers. However, positions such as “community health advocate,” maximize the *strengths* of the individuals, such as their familiarity with and standing in the community. Additionally, while providing training is not a primary focus for this group of organizations, they have found ways to address participants’ needs and successfully train them to fill health promotion, outreach, and prevention positions. Health advocate positions we learned about most often have flexible schedules that permitted advocates to easily meet personal and family responsibilities. We were told that most advocates work as volunteers, since the organizations can at most provide small stipends. However, participation permits advocates to gain valuable hands-on experience, build self-confidence and establish a work history.

The organizations we interviewed noted that non-traditional positions have the potential to provide stepping stones to jobs requiring more training, such as Certified Nursing Assistant, and that some advocates have successfully made this transition. One program director noted that often, the next step for advocates may be a job outside the health care field, indicating that the advocate experience can offer generalizable work experience and skills. However, the career ladder between non-traditional and more formal positions is not clearly articulated and, from our limited research, appears to be a difficult one to build.

As organizations, agencies employing health advocates indicated that they are very vulnerable to funding changes. They noted that their programs are often funded only for one or two years at a time, and that funding may end just as the program seems to be achieving some positive results, in public health promotion as well as in helping advocates gain skills. We suggest further research into the work of these organizations in our recommendations.

SNAPSHOT: EMPLOYER FINDINGS

Employers who participated in our focus groups varied greatly in size, mission, location, and source of revenue. All expressed a keen recognition of the importance of entry-level workers to the success of their organizations, but they reported that on the whole, entry-level workers exhibit a wide range of needs which they are unable to meet fully, making retention and promotion difficult. Our findings in this phase are less clear-cut than in the first phase because fewer practices were consistent across employers, and employers themselves noted that entry-level employees underuse workplace resources.

One consistent and unexpected finding is that employers felt wages are not an issue in *hiring* workers, but become an issue when workers have been retained and integrated successfully into the workplace, at which point a slightly higher wage offer can lead to turnover. Apart from wages, employers identified three areas in which challenges arise:

- **Hiring:** regulatory issues, such as background check and drug screens, and finding workers with the appropriate workplace skills. In addition, the rapid rate of industry-wide changes in job skills makes hiring employees more difficult.
- **Adaptation to the workplace:** issues in helping entry-level workers adjust to work in the critical first three months of work include workplace skills, as well as personal issues, balancing work and family, unrealistic expectations of work, low self-esteem and issues of “respect.”
- **Establishing long-term retention and career paths** for workers is difficult, according to employers, because: very little work has been done to create clear career ladders at the entry level; the rapid rate of change in the health care industry makes it more difficult to create career ladders; and, entry-level employees underuse available resources such as training accounts and Employee Assistance Programs (EAPs).

The primary successful practice cited by most employers is provision of **one-on-one mentoring**, but this must almost always be sought by the employee. Some employers noted that **community-based organizations** can refer potential hires and more importantly, offer good follow-up and support services. Various employers also cited specific practices that address entry-level workers’ needs:

1. Creating familiarity with the world of work

- A \$50 **bonus for each month of perfect attendance**, which includes calling in before absences.
- **Communications skills development** through: customer service training, usually specific to the “culture” of the organization, and mentoring on interpersonal and work issues if sought by the worker.
- **Support from existing employees in learning workplace skills:** some employers encourage existing staff to feel invested in helping new workers succeed by involving staff in the interview process and hiring employee referrals.
- **Opportunities to experience and learn about work:** many employers offer clinical placements to help students in training programs learn workplace skills and give them an opportunity to demonstrate their job readiness; for the same reasons, many offer volunteer opportunities to individuals with little work experience; and, some hire from a “registry” of people who are “on-call” or available to fill in when permanent staff are sick or on vacation.

2. Helping workers balance work and family

- **Advice on handling child care and transportation**, if sought by the worker.
- **Limited direct assistance with transportation**, for example on weekends and holidays.

3. Helping workers address personal barriers

- **Advice on relationships**, if sought by the worker.
- **Recognizing accomplishments** to build self-esteem: bonuses for perfect attendance (above) and providing “nice uniforms with silk ties.”

4. Providing resources to encourage long-term growth and progress

- **Accurate expectations of work** are encouraged through use of a detailed job description checklist that the supervisor and employee are required to review together.
- **Familiarity with workplace resources** is encouraged, with limited success, through practices such as group and individual seminars on how to use benefits.
- **Retention and growth** are promoted with limited success through: training accounts; competitive benefits, such as health, dental, vision, and life insurance; creation of an internal career ladder, for example by adding a “bed maker” position to support and retain CNAs; and, “open” internal interviewing that guarantees existing staff an interview if they apply for open positions.

“THE BIG PICTURE” OR “PANORAMIC VIEW”: EMPLOYER FINDINGS

The second phase of research sought to identify, explore, and highlight the practices of Chicago health industry employers whose workplace practices result in successful hiring, retention and advancement for entry-level workers. As described in our discussion of successful training practices, the range of available “entry-level” jobs varies from home health aide, which requires seven weeks of training, to pharmacy technician, which requires two years of training. Employers contacted for this phase of research included those who hire and supervise workers in nearly every career category discussed in our research on training.

Employers with potential “best practices” were initially identified through telephone conversations with “opinion leaders,” including health industry professional organizations, training agencies, and CJC working group members. The approximately 50 employers named by opinion leaders were then contacted by telephone and asked to respond to a brief telephone questionnaire and participate in one of three focus groups. The information we obtained through this phase of research indicates that employers, from small nursing homes to large hospitals, are keenly aware of the issues facing their entry-level employees, and of the challenges these issues create for supervisors and managers who are responsible for integrating these employees into the organization. Employers noted that “I can’t think of a more significant issue right now than the selection of entry-level employees for health care organizations.” Others added that entry level workers have “a big effect on revenue production,” an effect that can be negative because of turnover, or positive when a satisfied employee refers relatives and friends to the organization for health care.

Many employers have taken steps to make their workplaces more supportive of entry-level employees, as discussed below. However, we found that few practices are consistent across employers, and these efforts are often not funded or fully supported by the institutions themselves, resulting in measures that reach some employees but fall short for the vast majority. On the other hand, entry-level workers underuse resources provided by employers, such as training accounts and Employee Assistance Programs.

A critical issue raised throughout our focus groups is that wages do not seem to be a concern until workers have made the adjustment to the workplace. As noted by one employer, “minimum wage seems to be an issue for teenagers, who are insulted by it, but not for older people who are looking for a job.” After workers have been integrated into the workplace, however, a slightly higher wage offer can lead to turnover.

Freeze Frame:

“I can’t think of a more significant issue right now than the selection of entry-level employees for health care organizations.”

CHALLENGES

The employers we contacted by telephone as well as those who participated in the focus groups differed significantly in their size, mission, location, revenue source, and service delivery, but shared common concerns in attempting to hire and retain entry-level workers. Challenges appeared to be concentrated in three areas: (1) hiring at the entry level, (2) helping workers adapt to the workplace and manage personal issues in the critical first three months of work, and (3) long-term retention and career paths. Some employers who participated in focus groups said that their ability to hire at the entry level is also strongly affected by union regulations, which, for example, can cause supervisors to “spend an inordinate time terminating someone, and then that holds up your next hire.” **Although many of the issues that comprise these three challenges have been discussed in the Target Population Snapshot and in the Training Program findings, they are elaborated here because our research with employers elicited the most responses in this area.**

Hiring at the entry level

Employers noted that the first challenge in filling entry-level positions is finding candidates who meet certain “basic” criteria: they must be able to pass a criminal background check and a drug screen, present themselves well, be punctual, and have a “customer service orientation.” In addition to basic literacy skills, candidates must have a valid license or certification as required for their fields. Employers in our focus groups expressed frustration with their difficulty in finding candidates who meet these criteria, which are “the basics, that we probably consider non-basics, because we’ve been out there.”

Criminal background checks and drug screening: state law requires criminal background checks and drug screens for many health care positions with patient contact, such as home health aide and Certified Nursing Assistant. Many hospitals reported routinely requiring drug screens for all new employees, and noted that these two regulatory issues disqualify many potential applicants. One focus group participant noted that a neighboring hospital struggled to fill its entry-level positions because local residents and many applicants they screened could not pass drug tests.

Hygiene/personal presentation: in the first stage of interviewing a candidate, employers emphasized the importance of good personal hygiene and appropriate clothing. One employer asks, “Did he wear a white, crisp shirt? Was it presentable? Was their hair cut, did she have stockings on, or just a dress, did they have clogs or shoes? If you come in and dress nicely, you are half way to getting hired.” Others added, “I am looking for nails, are they clean? Does [the individual] smell? Do they look clean?” Meeting these standards is necessary for most employers’ first cut.

Timeliness: several employers indicated that they use a two- or three-step interview process, and lateness for any interview is a “disqualifier.” Some suggested that lack of timeliness and other issues can be attributed to the fact that many of the “entry-level people grew up in households that have been on welfare for generations. They have never seen their parents get up and go to work.”

Basic literacy skills: “Even for high school grads,” poor reading and writing skills are a concern to employers. The ability to fill out an application form during an interview is one sign to employers that an applicant may have the necessary basic skills.

Attitude/“customer service orientation”: employers stressed that even if a candidate has skill deficiencies, “it’s important to hire for attitude. You can train people for most jobs, but we can’t teach them how to have a good attitude.” One recruiter felt that “it is more difficult to hire at the lower level, to get quality,” than for professional staff such as nurses. When “looking at the resume of an RN, there are certain assumptions that one can already make, and that are really borne out when they come for the interview. They tend to be articulate, they can organize their thoughts.” On the other hand, this recruiter felt that “I can’t just look at the resume [of an entry-level person] and say, this is going to be a good person,” causing much more time to be spent on interviewing and screening. The recruiter estimated that she needed to interview at least four people for every entry-level position before finding one who meets the organization’s criteria.

Freeze Frame:

“It’s important to hire for attitude. You can train people for most jobs, but we can’t teach them how to have a good attitude.”

Helping workers adapt to the workplace during the 90 day transition

Once a worker has been successfully hired, almost all employers said that they use a 90 day probationary period to make the final determination about a candidate’s potential. Focus group participants noted that this 90 day period is a crucial one during which many workers face difficulties adjusting to work responsibilities and managing personal issues. Employers also identified the period immediately after probation ends as a critical time, when workers either feel that “we can do whatever

we want” or a fragile support system may begin to fray. Issues that arise during the first three months include those mentioned in the hiring process, such as personal presentation, timeliness, and attitude. Additionally, employers felt that this is a time when workers often fail to find a balance between the demands of work and family, feel disillusioned because they did not have appropriate expectations of work, and faces issues of self-esteem and self-confidence.

Personal presentation issues/timeliness/attitude: once a new entry-level worker begins a job, employers find that significant coaching is still required (but not always available or provided) on “very basic job ethics, being on time, how to dress, how to respond to a supervisor.” They repeat that “the piece that is most frustrating” is customer service skills and the ability to interact with patients and co-workers; often, “both of these areas are extremely deficient.” Many entry-level employees “don’t know how to interact with their supervisors” and “don’t believe that they should take certain orders, or commands or directions” from supervisors. The “attitude” issue takes on additional significance for some professions, such as dental assistants. A dentist interviewed for the research noted that the biggest challenge in hiring and retaining a dental assistant is the “personality match” between the dentist and the assistant, who work closely as a team.

Even when employees respond to direction from supervisors, employers expressed frustration with a mindset of “these are my only duties.” During downtime, some employees “just go and sit in the nursing conference room,” causing frustration for managers, who “get very upset, feel that person has no initiative and is lazy, and should come up to the nurse and say, ‘I’ve finished my work, what else can I do?’”

Although most challenges related to an inability to accept structure and supervision, one employer, whose entry-level opportunities offer more flexibility, stated that this can backfire as well. The nature of his work requires travel within the community and employees are expected to call in twice a day to contact their supervisors. When employees do not call in, the employer finds it very difficult to believe. In the focus group, he exclaimed, “It really upsets me that someone can’t do that. I mean, why? Why is it? That’s the easiest thing in the world.”

Difficulty in managing personal issues, balancing work/family: the demands of work, which are often unfamiliar to many entry-level workers, can clash with the demands of family responsibilities. Employers say that many of their workers struggle to find a balance, particularly with regard to child care and family responsibilities. One employer noted that she recently hired six employees from a welfare-to-work program, and gave an example of one who cannot find stable child care for her nine-month-old child. “It’s been really difficult and time-consuming for me to sit with her and help her problem-solve around her personal life, and that’s what’s required to keep her on the job, because she can’t figure it out on her own. Her solution is not to come to work,” the employer noted. Child care issues can be compounded by personal relationships, particularly when women are in relationships with men who are “not the person who was involved in child production,” and may not be interested in child rearing. A few employers in the focus groups indicated that they have found domestic violence to also be an issue facing their employees.

How employees address other family responsibilities was also raised as a problem. For example, employers felt that entry-level employees, even if they have insurance, will handle family health issues by “just showing up somewhere and waiting one or two hours.” Those who do not have insurance “go to clinics, and then they spend all day there.” Another challenging responsibility is for “moving their kids, . . . their family members, their friends, through the criminal justice system, which takes an incredible amount of time.” Given the relative inflexibility of most entry-level positions, the time needed to handle familial health issues can quickly damage an employee’s chances of success in a new job.

Disillusionment because of inappropriate expectations: employers noted that some new employees, particularly those moving from welfare to work or those who do not have much work experience, have a high level of expectations about work and may become disillusioned. One employer felt that when “reality sets in,” and workers realize that “there are a lot of other obstacles they really have to consider, expenses that you incur when you want to live in a better environment,” the result may be disillusionment and a feeling that “I could probably just go back to welfare.” For example, workers may underestimate the cost of child care, or otherwise have difficulty with budgeting.

Self-esteem issues, issues around “respect”: employers repeatedly expressed concern over the low levels of self-esteem and self-confidence they reported seeing in entry-level employees. They noted that self-esteem issues seem to interact with culturally sensitive issues. A representative from a large hospital noted that self-esteem is a big concern in a hospital hierarchy, where “there are all these caste systems that go on,” and interactions between doctors, nurses, and service staff are such that “service staff’s perception is that they are being glossed over. . .we spend a lot of time smoothing feathers and trying to get them to see that it wasn’t intended to be that way.”

Employers indicated that they hire from a diverse pool and their staff reflects the diversity of the Chicago area, including Polish, Russian, African American, Nigerian, and various Hispanic/ Spanish-speaking groups. Each group, according to the focus groups, raises specific culturally sensitive issues for managers. It was expressed, by Caucasian as well as African-American focus group participants, that the “respect issue” is more of an issue for African American staff, particularly women. One employer noted that “feeling respected and respectable doing the kind of work that we do is a real struggle for that group of women.” Another employer, herself African-American, felt that “it’s so wearying, and so defeating. . .African-Americans in Chicago, . . .we have a whole other baggage that we carry here, too, which is that Chicago’s one of the most racially divisive cities,” even more, in this person’s opinion, than Washington, DC, or New York. Another organization said that “in our Latino group, we find that the male has a big role in saying if she is going to work. So, in the interview process, we check for whether she has told him and if he really wants her to work.” Mediating these issues was raised as a concern, both between groups of staff members and between staff and clients.

Problems immediately after the probationary period

Employers expressed keen awareness that it is particularly difficult when workers complete the 90 day probationary period and then begin experiencing difficulties or displaying “attitude” issues, because after the probationary period, “it is a long haul to go through the three to four steps that it take to terminate somebody.” The result, several employers said, is close attention during the 90 day period to potential signs of trouble. One employer noted, “it is the best time to nip it in the bud” if evidence of problems emerges. Another employer said that she emphasizes to new hires that the 90 days “is supposed to be your ‘glow period.’ This is when you should glow and shine and prove that you are worthy of us.” Despite this level of monitoring, an employer noted that “everybody knows, even myself, that after 90 days, . . .I made it!” Another added, that after probation, staff feel that “It’s over! We can do whatever we want to do.” In addition to behavioral issues, employers found that for many entry-level workers, just when “it looks like they’re really going to make it,” around the end of the 90 day period, “their support system begins to fail and they are unable to find a solution.”

Long-term retention and career path issues

Once an employee successfully completes the initial probationary period and appears to be succeeding, employers say that wages and advancement become the primary concern. Employees who are successful need growth opportunities or they may move to another employer. Employers note that first, employees need to have opportunities for wage increases, training, and advancement. Secondly, employees need to have both the long-term vision to recognize the value of using these opportunities and the knowledge of how to do so.

Freeze Frame

Because “we don’t have a career ladder for the majority of our positions, we’re not building incentive to stay with the organization. Without growth potential, you will move on. A proactive organization needs to focus on: what can we do to move you along?”

Wages, training, and advancement

Focus group participants expressed frustration with the prospect of losing an employee in whom they have invested time, attention, and training. One employer said that “I have had some success turning a piece of coal into a diamond,” but wages become an issue. She noted her consternation “when you have invested so much in someone to take them from the coal to the diamond stage and then someone comes in and offers them two or four dollars more, and then your diamond is gone. I have a diamond walking out of the door right now.” Other employers echoed this analogy, stating that they feel a need to become “the employer of choice” because “someone who makes \$7 an hour will leave and go down the street to make a quarter more.”

Employers recognized the problem of limited opportunity for entry-level workers; “after you bring someone in, where do they go?” Several indicated that this dilemma exists because “we don’t have a career ladder for the majority of our positions, we’re not building incentive to stay with the organization. Without growth potential, you will move on. A proactive organization needs to focus on: what can we do to move you along?”

Entry-level employees’ need for long-term vision

Some employers, particularly hospitals, said that even when some resources are in place, such as individual training accounts, “we have to do a lot of outreach to get entry-level employees to use it.” It was noted that it is not clear whether this is because entry-level employees don’t want “to deal with the additional obligation, or don’t want to do the paperwork, or don’t really know about the opportunity.”

Focus group participants felt that because of the personal and family issues that entry-level workers face, they are frequently in a “crisis” situation and are used to addressing issues on a day-to-day basis. They suggested that this “crisis orientation” and need to solve the problem at hand also leads to a short-term focus that does not recognize the long-term benefits of work. At one small organization, “when management announced a pension plan, nobody said anything. . .but when the management announced that we’re going to have a turkey for Thanksgiving, everyone was applauding. . .So, you can see that the concept of something immediate is [valued] over something that you’re not going to see for five years.” Another example was given by an employer whose entry-level employees have the opportunity to increase their income through commissions, but instead ask, “when am I going to get a raise?” The employer noted that commissions offer much more earnings potential than a raise, but “they want to see that immediate income as opposed to getting a commission check” less frequently.

PRACTICES THAT WORK

Employers indicated that they have taken steps to try and meet some of their employees’ needs, but also noted that these efforts are not systematic but rather initiated on an individual basis, only in response to employees seeking assistance. Several employers also noted that their institutions’ current allocation of resources reveals an emphasis on serving professional staff, rather than entry-level staff. One recruiter said that she spends approximately ½ hour in an interview with an entry-level candidate, but over an hour with a professional candidate, with the result that she “gives the seasoned person far more opportunity to sell themselves.”

Clearly, the most-discussed “best practice” in the focus groups was individual mentoring. Employers feel that intensive mentoring works, and is the only way some employees can be retained. However,

they expressed ambivalence about providing mentoring, noting that they are not equipped to serve all of the employees who need such attention; they feel that employees need to take responsibility for their own success without requiring mentoring; and they are also concerned about the fairness of offering mentoring to only select groups of employees. Other workplace practices that have varying degrees of success include: working with community-based organizations; offering bonuses for perfect attendance; providing customer service training; building support from existing workers for new hires by using a group hiring process or hiring employee referrals; offering clinical placements, volunteering opportunities and/or a “registry” pool, and hiring individuals who participate in these; offering limited group transportation to and from the workplace; providing short-term rewards to support self-esteem; using a job description checklist to ensure clear expectations; offering competitive benefits; providing seminars on available resources; offering (limited) opportunities for training and/or tuition reimbursement; and conducting “open” internal interviewing.

Mentoring: “It can be just one person who motivates you and makes it valuable to be there,” one employer noted, adding that new employees are often matched with a “preceptor” or “orientor” who can become a resource and support. Mentoring, as defined by the focus group participants, is very personal, and includes advice on diverse topics such as how to dress and how to devise a schedule to get to work on time, “problem solving” assistance with child care issues, and encouragement in pursuing further training. Several employers said that this kind of mentoring is “available, but it’s more individual. . .the individual has to seek it.” One added that with constant changes in the health care field, even entry-level positions are very demanding and “I believe, and this is me, it’s not coming from my company, that they need more mentoring, and more coaching in these positions.” One focus group participant shared his own story of “what works,” noting that with the help of supportive supervisors and managers, he went from a food service position to human resources over a fifteen year period. He stressed that “I had a goal, a drive when I started, and you’ve got to keep that drive,” and noted that he sought out mentoring from supervisors and took advantage of tuition reimbursement.

Another employer described her firsthand experience with the value of mentoring, which she feels is responsible for the retention of six participants from a welfare-to-work program. She said that of the six, “if I had applied our normal standards, only one of them would I not have canned by this point. I have kept them all, and I have spent an inordinate amount of time keeping them, because I feel personally committed to help these women move through this project.” The discussion of mentoring by focus group participants indicated that there is an important and unresolved debate on the implications of offering mentoring.

Freeze Frame

“Health care is changing every day. Most of us wear five hats and the pace is just nuts,” making it difficult to provide mentoring and positive feedback to managerial staff. “If the managers aren’t nurtured, then they can’t nurture their employees.”

Ambivalence about mentoring: insufficient resources

Many focus group participants raised feelings of ambivalence about the level of resources needed to provide mentoring. One said that “health care is changing every day. Most of us wear five hats and the pace is just nuts,” making it difficult to provide mentoring and positive feedback to managerial staff. She added that “if the managers aren’t nurtured, then they can’t nurture their employees.” Another noted that “on the one hand, we try to help [entry-level employees] feel welcome, but I can’t say, ‘Call me anytime,’” because she does not have the resources to meet that need. These statements were almost uniformly reflected throughout the focus groups.

Ambivalence about mentoring: what is the employee’s responsibility?

One employer, while acknowledging the value of mentoring, questioned whether employees were taking enough responsibility for their own success. She noted that “we may not have full-scale

mentoring, but employees who come in have. . .responsibility and accountability for their employment. . .Employment shouldn't just happen to someone. This has got to be a two way street." Another noted that "we have a mission that we drum into people's heads. But we still do not [proactively] mentor and coach people during that 90 day probationary period. . .we have an expectation that if we've hired you, . . .you come up to the plate."

Concerns about fairness

There were differing opinions on the fairness of providing mentoring or other special services to a group of entry-level employees on the basis of their welfare-to-work status or other such criteria. "You're going to get into a problem of discriminating," one focus group participant noted, and "you can't be segregating based on the challenges" an employee faces. Another employer felt, however, that "part of the dilemma that we face is we want to be consistent, and for a long time in people's minds that has meant treating everybody the same. But at the same time, we have diversity initiatives going on, and what diversity says is that there is a way to treat people fairly, but not necessarily the same, because in truth everyone is coming with different challenges." This employer felt that while they were not able to provide mentoring except on a small scale, any outside assistance, even for only a select group of employees, would be appreciated. For example, a community-based organization could assist: "they don't have to come on site, but call once a week at home and check in and see what [the employee's] progress is."

Links to community-based organizations: One recruiter felt that there is "a mandate" not only to partner with community agencies that "want us to work with them in placing individuals," but also for recruiters to identify CBOs that "do a better job in preparing the people we want." She felt that it is important to find CBOs that "present [candidates] honestly" and have "an understanding of my schedule enough to fit into my schedule and job." Based on this level of service from CBOs, "I very quickly decide who I want to work with at what agencies." Other employers repeated this statement, noting that they are each loyal to one or two CBOs that provide excellent follow-up and support.

Bonuses for perfect attendance: one employer reported that offering a \$50 bonus for perfect attendance, which includes calling in before an absence, is successful in promoting entry-level employees' timeliness and attendance.

Customer service training: many employers reported that they provide customer service training to all new hires, usually with a focus on the organizational culture and priorities of the particular workplace.

Support from existing workers for new employees: some employers said that they try to encourage existing staff to feel an investment in the success of new employees. For example, one employer uses a "group process" in hiring, which she has found leads to "more commitment to working with and helping the new person succeed." This employer representative, who directly supervises a team of employees, narrows candidates for a job to 2-3 individuals, who are then interviewed by all members of the team. A group meeting is then held to determine who to hire. Another employer noted the value of hiring employee referrals. She has "a fairly large extended family" working at her organization, and "all of them together may prevent someone from" behaviors that are detrimental, such as substance abuse, absenteeism, and tardiness.

Freeze Frame

One employer uses a "group process" in hiring, which she has found leads to "more commitment to working with and helping the new person succeed."

Opportunities for work experience: by offering opportunities for volunteering and clinical placements, employers said that they gave entry-level workers a chance to build workplace skills and demonstrate their readiness for work. An individual who shines as a volunteer or intern is often hired

permanently. An employer noted that “we strongly encourage [prospective employees] to go through the volunteer program. . .it’s a feeder for us for some kinds of positions.” Another mechanism used by some employers is a “registry” or “on-call” system, a pool of people who “may be on the schedule on a rotation on a regular basis,” but are also available to fill in when permanent staff are sick or on vacation. Employers noted that many hospitals have registry pools “in their larger areas, like nursing, environmental services, food service and security” and rely upon this pool both for meeting periodic staffing needs and as a source of permanent employees as openings arise. Hiring from registry assures employers that the employee has some familiarity with the organization and has shown reliability in the past.

Limited transportation assistance: One nursing home, which depends greatly on its CNAs to be at work every day, reported that it pays for a van to pick up and drop off employees on holidays and weekends, when there is insufficient scheduled public transportation. Another nursing home provides daily bus service to their suburban location from a Chicago transportation hub.

Short-term rewards to help build self-esteem: One employer, mentioned above, offers bonuses for perfect attendance to both improve timeliness and build self-esteem. Another recommended following “some corporate methods, giving staff some nice uniforms with silk ties. Employees say that it gives them more self-esteem and their whole attitude changes.”

Job description checklist: Several employers reported using this very detailed checklist for every position to describe the rules and responsibilities of the job. The supervisor and new hire must go over the checklist together, and the new hire must sign to indicate understanding. Employers feel that this process “gives the expectation, right up front, of every little thing” and “people can’t come to us and say, I didn’t know that I was supposed to do that.”

Offering competitive benefits: One employer has found that this works, but only for employees for whom benefits are a priority, rather than wages. She notes that “I can offer you free health insurance, dental insurance, vision insurance, life insurance, long-term disability insurance, a pension plan, paid sick time, paid time off. . .and they say, I need more than \$7.43 per hour. . .The person who buys that. . .is a woman in her 40s, 45, 50, then the health insurance matters, but a woman in her 20s, it’s how much cash money can [I get].”

Seminars on available resources/Opportunities for training/tuition reimbursement: Several hospitals and some smaller organizations indicated that employees are given access to individual training accounts, which they may not use. Some employers reported that they offer group seminars to publicize resources, with limited success. One hospital representative reported that through a program for CNAs, which pays \$9 per hour for part-time work and provides \$3000 per year for nursing school, three CNAs have received their RN degrees.

“Open” Internal Interviewing: One hospital gives employees a sense that they can move up within the organization by interviewing every employee who applies for an internal position, regardless of experience. While this does not apply “to a housekeeper who does not have an RN degree and is applying for an RN job,” it is a process that “doesn’t cost anything but a little bit of time” and can give an employee some encouragement.

UNDERUSED RESOURCES

Employee Assistance Programs (EAP): These were repeatedly mentioned and are almost uniformly provided by large employers. All services are confidential, including personal and family counseling, referrals or direct access to substance abuse treatment, financial management, etc. However, employers stressed that employees must take the first step to seek assistance. Additionally, several employers felt that there may be a stigma associated with using EAP and entry-level employees are less likely than others to take advantage of it.

Training Accounts: Again, many employers noted that they offer all employees access to a tuition reimbursement account, but only one employer reported that entry-level employees appeared to be taking advantage of the account. Other employers also offer “standard classes” such as medical terminology and word processing at very low cost or free to the employee, but also find that these resources are underused.

The Family and Medical Leave Act (FMLA): Several focus group participants mentioned the FMLA, which requires employers to offer unpaid leave to employees who need to meet personal or family responsibilities. However, FMLA applies only to workplaces with 50 or more employees, and only employees who have been working at least one year are eligible for FMLA benefits. Occasionally, an employer will voluntarily reduce the time requirement; one hospital reported making FMLA available after 9 months of employment. Even when entry-level workers become eligible for FMLA, employers feel that they do not take advantage of it.

Recommendations

Sidebar text, as in IETC report: Our recommendations seek to improve Chicago residents' ability to successfully complete training, secure jobs, and build careers in the health care field. To that end, these recommendations highlight both effective training program and employer practices that should be replicated; offer ways to improve existing practices or address unmet needs of students and workers; and suggest areas for further research and investigation.

Text in columns: **We have attempted to offer recommendations that are specific but not prescriptive, so that they may suit the unique needs of each program or workplace.** It is also important to note that while our recommendations specifically address the needs of entry-level students and workers, these recommendations can improve training and employment outcomes for all workers. For example, workers at all levels, whether "entry-level" or "professional," experience issues with timeliness, communication skills, and personal presentation. While workers with more experience and training may be able to draw on their own resources to address such issues, they will also benefit from a workplace that is oriented toward recognizing and providing resources to solve these issues for entry-level workers.

MAKE REPRINTS: Training Programs and Employers should Replicate What Works

We recommend that health career training programs and employers consider adopting the successful practices listed below, some of which may already be in place. These practices are described in greater detail in *Training Program Findings* and *Employer Findings*.

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*** Health career training programs should adopt these practices:**

- Provide one-on-one counseling and mentoring.
- Establish rules for timeliness and attendance, and reward those who succeed.
- Provide personal feedback on appropriate attire and personal hygiene issues.
- Provide training on basic job search skills.
- Conduct communication exercises and role play situations with coworkers and customers.
- Work with employers to offer clinical placements that give students hands-on preparation for the workplace.
- Help students find quality, stable child care and use available child care benefits, particularly through the Illinois Department of Human Services (IDHS).
- Provide transportation tokens.
- Accompany students, possibly in a group, on public transportation to build comfort levels.
- Diffuse opposition from, and engage the support of, students' families through counseling and conflict resolution strategies.
- Recognize and respond to diverse cultural factors, such as the role of males in some cultures.
- Build self-esteem by recognizing students' achievements.
- Reallocate resources and seek new resources to provide longer-term follow-up services.
- Provide support and growth opportunities for instructors and program staff.

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*** Health industry employers should adopt/adapt these practices:**

- Offer bonuses or recognition for employee achievements, such as perfect attendance.
- Provide and enhance customer service training to build "soft skills."
- Offer individual mentoring and advice.
- Involve staff in choosing new hires.
- If possible, hire employee referrals or give preference to referrals in the hiring process.
- Provide opportunities for work experience, such as clinical placements in partnership with training programs; opportunities for volunteering; and use of a "registry" through which workers can build familiarity with the company.

- Provide assistance with transportation. Explore group transportation options.
- Use a job description checklist to encourage accurate expectations of work.
- Offer training accounts.
- Offer competitive benefits, such as health, dental, vision, and life insurance.
- Offer group and individual seminars on how to use benefits.
- Support “open” internal interviewing to guarantee staff interviews for open positions.

FOCUS ON FUNDING: Recommendations to Policy makers, Legislators, and Funding Institutions

We recommend that policy makers, legislators, and funding institutions reshape their resource allocation and program evaluation policies to meet the needs identified by this report: funding for effective training programs; resources for long-term follow-up; and, outcome measures that more accurately capture the progress made by entry-level trainees. Policy makers, legislators, and funding institutions should:

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*** Allocate funds to support training programs that work.**

Our research identified best practices on the part of training programs that are successfully preparing Chicagoans for entry-level health care jobs. However, we found that training programs, even the eight we selected for their range of best practices, were vulnerable to funding changes. During the course of our research, one of the eight programs selected for study closed its program due to loss of funding, and another temporarily ceased classes to redesign its curriculum and expand its hours to be eligible for federal student aid. **Current funding practices should be re-examined to ensure that effective programs are adequately and consistently funded. Funding should permit programs to make mid-course changes in response to the needs of program participants and employers.** In determining which programs are effective, the standards currently used to evaluate training programs should be expanded to capture a broader range of outcomes. This recommendation is discussed below.

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*** Improve retention for entry-level workers by allocating increased funds to successful long-term follow-up services for training program graduates.**

A key finding of this research is that the post-placement services provided by training programs are limited by funding, and thus average no more than 3 months. Post-placement services often end just as problems begin to arise for workers, such as the collapse of child care arrangements or an interpersonal issue at work. **More funding should be allocated to extend the level and length of follow-up services provided to graduates by training programs.**

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*** Re-examine and expand the outcome measures currently used to evaluate training programs.**

The training programs we studied reported differing levels of preparation among their student populations, which are a function of the programs’ missions, the selection methods used, and the length and type of training being offered. When a limited set of standards, such as training completion and placement rates, is used across the board to evaluate programs, these differences among programs are not taken into account. Students who are less prepared for success may in fact make important progress in their skill levels, but this progress is not captured by completion and placement statistics. **Policy makers, legislators, and foundations must work with health industry employers and training programs to develop a set of outcome measures that capture a broader range of student results.** These outcome measures can be designed to be uniformly applied to all training programs while encompassing a broader set of benchmarks. Efforts should be made to become aware of and work with the Illinois Occupational Skill Standards and Credentialing Council (IOSSCC) the

Information, Accountability and Research Committee of the Illinois Human Resource Investment Council (HRIC), and the Performance Review Committee of the Chicago Workforce Board, all of which are developing systems for outcome measures.

FOCUS ON COOPERATION: Policy and Program Recommendations to Trainers and Employers

Training programs and employers both have an interest in the success of entry-level health care workers and are both attempting to further this success. However, we found that there are several areas in which trainers and employers can work more closely together to improve outcomes for entry-level workers. We recommend that trainers and employers work together to:

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*** Advocate for resources, such as child care and transportation, that meet students' and workers' needs.**

Training programs we studied indicated that stable child care and reliable, convenient transportation are pressing needs for their students. These needs only intensify when students enter the workplace, where they may begin by working early morning, evening, and/or weekend shifts that are not compatible with child care and transportation resources currently available. A particular need is for infant care, which is in short supply. Given that health care is a 24 hour industry, it is in the self-interest of health care employers to join training programs in advocating for increased resources for child care and transportation. **Training programs must work with employers to raise policy makers' and legislators' awareness of the need for round-the-clock, quality child care and transportation, and employers must work to put these issues on the legislative agendas of their professional organizations.** Other possibilities that should be explored include the creation of on-site child care centers, both at training programs and in workplaces. Training programs and employers should also work together to maximize their use of currently available transportation resources, such as van rentals or leases from PACE, a public transportation agency serving metropolitan Chicago.

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*** Ensure that training accurately reflects and responds to changes in the health care workplace.**

Health care employers noted that they are challenged by the pace at which change is taking place in their industry. The need for entry-level workers is growing, but the skill sets needed are changing rapidly due to consolidation and internal restructuring. **Training programs and employers must work together on an ongoing basis to (1) develop a set of core competencies, including soft skills, that will remain relatively constant and will serve as the building block for employees' careers, and (2) to help training programs adjust their curricula to meet the changing needs of the workplace.** This cooperation can take the form of employer "advisory" or "review" boards for training program curricula, either through individual employer/trainer relationships or through industry professional and regulatory organizations. Both approaches may be useful, so that individual employers and trainers may develop partnerships to meet the very specialized needs of a given workplace, while industry organizations track workplace and curriculum changes for emulation by other employers/trainers. Employers should also encourage entry-level employees, managers and recruiters to take an active role in training programs, perhaps by offering "guest lectures" for specific skill areas or making presentations on new industry developments.

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*** Improve retention of workers by instituting workplace practices that replicate successful training practices.**

The practices that characterize successful training programs, such as mentoring, providing clear rules and rewards for success, and building self-esteem, are not sufficiently replicated in the workplace. Creating this environment in the workplace will benefit workers at all levels. Building on the successful experience of training programs, trainers and employer should work together to:

- **Institute regular peer support and networking opportunities for entry-level employees.** These sessions can be used as a staff development tool, not only to give employees a chance to share their concerns and get feedback from their peers, but as a forum in which employees can share their own best practices with each other. For example, employees may have devised a more efficient way to

remember the steps of a procedure or complete a task more quickly. The staff sessions will provide an opportunity to share this knowledge and for employees to be recognized for their work.

• **Managers and supervisors should develop clear milestones for employees and reward them appropriately.** Both trainers and employers interviewed in the research noted that recognition of achievements is crucial, whether a bonus for perfect attendance or a series of awards/certificates that reward specific accomplishments, such as completion of in-house training.

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* **Ensure that students and workers are aware of the workplace benefits available to them, such as health care resources. Employers should also increase the flexibility of some resources, such as personal and sick days, to support entry-level workers.**

The employers we interviewed expressed frustration that entry-level workers seem to have difficulty managing personal responsibilities, such as family health issues and the interaction of family members with the criminal justice system. To reduce turnover and job loss due to family responsibilities, we recommend two steps:

• **Employers should help make training programs aware of the specific kinds and types of resources available in the workplace,** such as type of health insurance (HMO, PPO, etc.), sick, personal, and vacation days, FMLA, and the process for using these resources. **Training programs should incorporate this information into their job preparation training,** to help students anticipate the challenges they may face and the resources available to them.

• **Employers should reduce restrictions on these resources to the greatest extent possible.** For example, allowing an employee to “borrow” two personal days during her probationary period may enable her to keep the job in the long term. Protections for the employer could be instituted, such as a deduction from the last paycheck if the worker does not stay on the job past the probationary period.

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* **Create more career ladders for entry-level workers, and help workers develop the flexibility to both use these career ladders and adapt to unforeseen changes.**

Trainers and employers should jointly develop career ladders that are relevant to the workplace, accommodate working students and provide opportunities for advancement. For example, there has been a trend in the health care industry to combine CNA training with other skills, such as phlebotomy, to create multi-skilled generalist positions. If employers undertake these changes with the assistance of training programs, current employees can benefit from the skill upgrade, and training programs can easily prepare new applicants with the required set of skills. Career ladders should be incremental, with wage increases for specific skills, as well as for long-term certificate programs.

This approach can improve retention by putting each step on the ladder within workers' reach, thereby creating short-term rewards toward a long-term goal. To achieve this recommendation:

- Employers should make work schedules flexible enough to accommodate training.
- Employers should increase the availability of training accounts and tuition reimbursements.
- Trainers should incorporate education about career ladders into their curricula to encourage long-range vision and planning by students.
- Trainers and employers should pilot programs to create career ladders that, for example, award credit for on-the-job experience as well as education.

FOCUS ON THE WORKPLACE: Recommendations to Employers

Employers reported that they struggle to find well-qualified entry-level workers, and, once these workers are integrated into the workplace, to retain them. We recommend that employers: advocate for funding for training that works; reposition the underused Employee Assistance Programs (EAPs) and other resources; and increase retention of successful workers by offering competitive benefits and compensation.

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*** Advocate for more resources for training and follow-up services that work.**

Employer support is critical in ensuring adequate funding for training programs. Legislators and policy makers often respond quickly to the needs and concerns of businesses, so health care employers need to go on the record in support of funding for training programs. Employers should join training programs in advocating for resources to fund training, supportive services, and follow-up services, all of which improve the workplace for all workers by reducing turnover and improving job performance for entry-level workers.

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*** Reposition and expand the Employee Assistance Program (EAP) and/or other resources into an Employee Advancement Program that offers soft skills and career development assistance.**

Employers reported that available resources, primarily Employee Assistance Programs (EAPs), have the potential to reduce turnover by providing needed social and psychological services or referrals. However, employers noted that EAPs are significantly underused by entry-level workers, and indicated that they are not sure why this is the case. Our research suggests that EAPs appear to be resources that are utilized only in crisis situations. **Employers should maximize the use of EAPs by removing this stigma and repositioning the EAP to offer both soft skills development and positive social and psychological services.** For example, the EAP can proactively offer individual counseling and seminars on topics such as "how to enhance your personal relationships" and "parenting a teenager." Soft skills that employers identified as crucial for workplace success can be built by seminars such as "how to communicate with difficult people," and "workplace etiquette." Offering these seminars and encouraging attendance by employees at all levels can help reduce the stigma of using the EAP and reposition it resource as an attractive personal and professional development resource.

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*** Preserve the investment made in hiring and training employees by offering competitive wages and benefits at all levels, based on performance reviews.**

An unexpected finding of this research was employers' report that wages are not an issue in hiring entry-level workers. Employers felt that wages become an issue only when an employee is successfully integrated into the workplace and then may be lured away to a similar position with another employer who offers a slightly higher wage. The participants in our employer focus groups were primarily human resource professionals and expressed some frustration that they did not have control over employee wages. **However, they noted that their organizations' bottom lines are affected every time an existing employee leaves for a higher wage and a new employee must be hired and trained. A cost-benefit analysis will likely reveal that the benefit of keeping an employee outweighs the cost of the wage increase.** Employers should conduct this analysis and make an investment in retaining employees.

TAKE ANOTHER LOOK: Recommendations for Further Research

Our research made three findings that we mention in this report, but that we find are beyond the scope of this project. We recommend the following questions for further research by interested parties:

*** How can “non-traditional” positions, such as health advocate and birth attendant, become part of a career ladder in the health care industry?**

Our research made an unexpected finding in the course of studying traditional training institutions. We found a range of organizations which are not training providers by mission but provide training in the course of pursuing a health-related goal. For example, one program (included in a limited set of interviews by our research team) pursues its goal of promoting breast feeding by training women to serve as peer advocates. Many positions, such as peer advocate or community health educator, are volunteer opportunities and accommodate the advocate’s schedule and need to meet family responsibilities. Our limited research in this area indicated that:

- These opportunities enable individuals with very little formal work experience and limited educational attainment to gain self-confidence and build work-related skills.
- There is potential for individuals who begin as health advocates to pursue careers in health care by becoming, for example, home health aides or CNAs. The agencies we interviewed said that some individuals who wish to pursue this path have done so successfully.
- The agencies we interviewed indicated that they and similar organizations are very vulnerable to funding changes and very often can operate their programs only for one to two years at a time.

We strongly encourage further research into the training provided by these agencies, the long-term outcomes for their participants, and the potential for creating career ladders that are accessible to individuals with the least work experience and educational attainment.

*** What are the treatment and training options available to individuals with substance abuse problems?**

The research revealed that some of the training programs we interviewed, and almost all of the employers, administer drug screens and consider a positive test to be an automatic disqualification for training and/or employment. Addressing the issue of substance abuse is beyond the scope of this research. However, in the course of the research, we learned about an effort being undertaken by the Chicago Mayor’s Office of Substance Abuse Policy, which is convening substance abuse treatment providers, trainers and employers to explore ways that treatment can lead to training and eventually, jobs. Additionally, the Mid-America Institute on Poverty and The SSI Coalition for a Responsible Safety Net have produced *Without a Net: A Study of Early Impacts of Supplemental Security Income Benefits Elimination for Persons with Disabilities due to Drug and Alcohol Abuse in Cook County, Illinois*. This report offers targeted recommendations to improve employment and training opportunities for Chicagoans overcoming substance abuse issues. We recommend further exploration and participation in implementation of these efforts by health industry training programs and employers.

*** What health career options are available to individuals with criminal records?**

Health care employers are required by law to screen applicants for certain positions, particularly those with patient contact, for prior criminal records. If an employer wishes to hire an individual with a criminal record for a restricted position, a “waiver” may be obtained from the regulation. However, employers we interviewed indicated that they do not generally pursue these waivers.

Here, we will incorporate more info from George Lakehomer. Questions we may want to recommend for further research: what occupations are excluded? what is the waiver process? who uses the waivers, and for whom? (what types of crimes are more likely to get a waiver request from the

employers). This will at most be two more kind of long sentences. Ed – sorry this very last bit is not complete!

CONCLUSION

Chicago's health care industry holds tremendous promise as a source of employment for entry-level workers. As a growing industry, the health care sector will need a reliable supply of well-qualified entry-level employees well into the next century. For their part, entry-level workers who are under pressure from welfare reform initiatives clearly need opportunities to gain skills and build family-supporting careers. In this research, we document how some Chicago training programs and employers are enabling entry-level workers to take advantage of health career opportunities, but we also illustrate weak points in the connections between job seekers, health care training, and health industry jobs.

The aim of this report is to highlight and encourage replication of "what works" in training and employing entry-level workers, and to offer constructive recommendations that will lead to more, and better, opportunities in the health care field for unemployed Chicagoans. Policy makers, legislators, funding institutions, and health industry training providers and employers all have critical roles to play in catalyzing these positive changes. As a coalition, the Chicago Jobs Council has experience in building trust among different stakeholders and bringing them to the table to work cooperatively toward shared goals. We look forward to working with these stakeholders to implement the recommendations made by this report.

APPENDIX I: METHODOLOGY

The methodology for examining best practices in this project is drawn from qualitative methods of the social sciences. The research group gathered and analyzed data in two phases. Phase One examined the best practices of health career training programs, while Phase Two studied health industry employer practices. The research was conducted through on-site observations; extensive interviews both by phone and in person, telephone surveys, and focus groups.

Research Team: The Chicago Jobs Council (CJC) retained Claire Kohrman, Ph.D., as the research consultant to the project. Dr. Kohrman is a sociologist with over 20 years academic experience in research using qualitative methods to study health organizations, professional training, and inner-city communities. Dr. Kohrman was responsible for developing the project methodology, along with survey, interview and focus group protocols; training CJC staff and working group members in qualitative research methods; conducting focus groups, and some observations and interviews; and analyzing the data in cooperation with CJC staff. CJC staff and working group members collected data through telephone surveys and also conducted observations and interviews. The research team received guidance and feedback at every stage from a committee of CJC Health Care Jobs and Workforce Development Group members.

Research Team & Committee Focus Group

Dr. Kohrman began by conducting a focus group with the research team and working group committee to synthesize the collective experience of its members and elicit the factors they thought would be most important to the success of training programs and employers. The focus group helped document the group's understanding before the research was conducted, providing an important source of comparison in the final analysis of the data.

Research Definitions

The target population for the study, entry-level workers with multiple employment barriers, was defined by *Health Care Careers: A Review* (Chicago Jobs Council, 1995), which identified a common set of barriers that this group faces. However, this is a heterogeneous group, and individuals differ in their level of preparation to address their challenges. Adults with multiple employment barriers: are likely to have children; receive some form of public assistance, such as cash grants, food stamps and/or medical benefits; may have little to no consistent work experience; and have limited educational attainment and limited literacy skills. Other barriers may include substance abuse issues, domestic violence, a conviction history that by law restricts access to certain jobs, and/or poor access to transportation, child care, or other supports.

Health Care Careers also identified 14 job categories that required relatively short-term training and that exhibited significant growth potential: Cardio-Pulmonary Technician, Case Manager, Certified Nursing Assistant (CNA), Data Clerk, Dietetic Clerk/Technician, Emergency Medical Technician (EMT), Home Health Aide, Licensed Practical Nurse (LPN), Medical Assistant, Medical Records Clerk and Technician, Physical Therapy Aide and Assistant, Radiographer, Registered Nurse (RN), and Surgical Technician. These categories set the scope of the research and were used to identify training programs and employers for the project. The research committee, drawing on their experience working with the target population, also developed a definition of accessible training programs: programs that require no more than a high school diploma or GED, and take no more than two years to complete. These criteria were chosen because (1) nearly half of Chicago's welfare participants do not have either a high school diploma or a GED, and (2) state and federal welfare reform initiatives have made it difficult for welfare recipients to participate in training for more than two years.

Training in observation and interview skills

During a six week period beginning in May 1997, the research consultant provided training to CJC staff and working group volunteers in interviewing techniques and methods of ethnography, including: how to observe and document within a given setting the use of space, touch, speaking, naming, clothing, eye contact, and interaction with the observer in the setting. Trainees conducted practice observations and taped interviews for individual feedback from the research consultant.

PHASE ONE: HEALTH CAREER TRAINING PROGRAMS

Telephone surveys

Over 180 health career programs at 45 Chicagoland institutions were telephoned to identify programs that were accessible to the target population. The survey instrument (attachment 1 in *Research Instruments Appendix*)

was designed to identify accessibility as well as capture the important characteristics identified during the research team focus group.

Program selection

The research team found that 65 programs met the definition of accessibility (attachment 2). The research team and committee used the data on program characteristics gathered during the phone interviews to select 16 programs from the list of 65. As a group, these 16 exhibited a range of “best practices”(see attachment 3). Eight of these programs were selected for site visits and in-depth observations (attachment 4).

Case studies of eight programs

The research team first conducted site visits and classroom observations of the selected programs, gathering extensive ethnographic data to develop questions for interviews with program staff. These tape recorded interviews provided extensive information on the approach and practices of the programs, and shed light on their experience in successfully preparing students for health careers (interview instrument is attachment 5).

As discussed in the findings, two of the selected programs underwent changes that required the research team to adjust the research process accordingly. One program lost funding shortly after it was selected for study, and another underwent significant curriculum redesign. Because the goal of the project was to study *best practices* rather than identify *best programs*, and given that all of the programs studied were subject to funding and regulatory changes to varying degrees, the research team decided that it was valuable to include these two programs. A taped interview was conducted with the program that lost funding, but a classroom visit could not be conducted because classes had been discontinued. The program that underwent curriculum changes did not resume classes in time to be included in this study.

RESEARCH EXPANSION: “Secondary Training Programs”

The qualitative research methods used in this study offer the opportunity, in contrast to more structured quantitative research, to modify the research plan in response to findings. Members of the research team noted that as part of community activism in earlier decades, many programs had trained community residents as “paraprofessional” health outreach and prevention workers. Many organizations in the Chicago area continue this work of training community volunteers to help promulgate public health goals. The research team decided to conduct a limited set of interviews with some of these “secondary training programs” to learn about their practices in working with our target population. Organizations interviewed are listed on attachment 4. In the course of conducting these interviews, the research team also learned about the National Community Health Advisor Study (NCHAS), which looks specifically at the workforce role of community health advisors. We contacted the principal investigator of this study in order to learn more about its findings.

Content analysis of the data

The research consultant, analyzed the observation and interview data based on the “constant comparative method of qualitative analysis” (Glaser and Strauss, *The Discovery of Grounded Theory*, Aldine Press 1967). The categories that emerged in the analysis (attachment 6) were finalized by the research team and committee.

Roundtable presentation of preliminary findings

Preliminary findings from the first phase were presented at a November 1997 roundtable gathering of over 50 adult educators, training programs, and health care employers. Feedback from this group helped the research team refine the presentation of findings from the first phase and shape the second phase of research.

PHASE TWO: HEALTH INDUSTRY EMPLOYERS

Telephone interviews with Opinion Leaders

To identify employers with successful records of hiring and retaining entry-level employees, the research team contacted opinion leaders from health care training agencies, health industry professional organizations, and CJC members. Opinion leaders recommended 54 employers (attachment 7), all of whom were contacted by the research team for a telephone interview about their practices (the questionnaire used for the interviews is attachment 8). About twenty employers were invited to attend one of three scheduled focus groups. These employers were selected to reflect a range of practices, common themes, innovative models, and lessons they could share with their colleagues. Sixteen of these employers attended the focus groups (indicated on attachment 7).

Focus groups of selected employers

The three employer focus groups were facilitated by the research consultant (the questions are attachment 9). The research team made no attempt to shape the composition of individual focus groups; participants selected dates most convenient to their schedules. Thus it was interesting, though accidental, that in addition to underscoring certain similar perceptions, each group developed certain distinct perspectives. Participants in the focus groups represented community clinics and health centers, nursing homes, and a range of private and public hospitals representing 150 to 6000 employees.

Analysis of focus group data

The research team listened to the focus group tapes and transcribed the major content. Based on a comparative analysis of the transcripts and the notes taken during the sessions, the main issues, as well as the range of views, were documented.

Synthesis, presentation of findings, and writing of report

The research consultant and CJC staff, along with working group members, analyzed and synthesized the findings cooperatively. The report and recommendations were prepared by CJC staff and revised in meetings with working group members and the research consultant.

APPENDIX II: RESEARCH INSTRUMENTS

The development of and process for administering these instruments is discussed in the Methodology.

Attachment 1: Questionnaire for Training Program Survey

Name of School: _____ *Phone:* _____ *Contact:* _____ *Program(s):* _____

We are a research and policy group seeking to help disadvantaged Chicagoans access entry-level careers. Currently, we are exploring health care training programs that serve this population. We would like to find out more about your program(s). Would you be able to answer some questions?

1. What educational levels or skills are required for entrance?
2. What is the length of each program? What are the start and end dates? When do classes meet?
3. How long have the programs been in existence?
4. Can you describe the students this program serves?
5. How would you describe your faculty?
6. What is the tuition?
7. How do students pay for this? What types of financial aid do you offer? Is it need-based or achievement-based?
One Stop Vouchers IDPA Pell Grant Perkins Flexible/Discretionary Funding
8. Do you know how your students meet their child care needs?
9. Do you have services available for academic remediation? What are these services?
10. How do you help students encountering non-academic difficulties? (Transportation & Counseling)
11. How do you help students in job preparation or placement?
Is this a service for your program in particular or for the entire school?
12. How do you follow your students after graduation? for how long?

Do you keep statistics?

Comments:

Attachment 2: Summary of Accessible Programs

Of over 180 programs surveyed, these 65 programs met our basic definition of accessibility: they take no longer than 2 years to complete, and do not require an education level beyond a high school diploma or GED.

CNA (Certified Nursing Assistant) Programs: 24 total

Association House **held at Wright College Humboldt Park Vocational Education Center*

Casa Central

Chicago Department of Health

College of DuPage

College of Lake County

Daley College

DAVEA Career Center

Dawson Technical Institute *(a campus of Kennedy-King College)*

Harold Washington College

Humboldt Park Vocational Education Center *(HPVEC - a Wright campus)*

Kennedy-King College

Moraine Valley Community College

Morton College

Oakton Community College *(Paid and Free programs)*

Olive-Harvey College

Polish American Association *(Paid and Free programs)*

South Chicago Learning Center *(a campus of Olive Harvey College)*

South Suburban College

Triton College

Truman College

Westside Technical Institute *(a campus of Daley College)*

Wright College South

EMT (Emergency Medical Technician) Programs: 7 total

Evanston Hospital

Malcolm X College

Moraine Valley Community College

Oakton Community College

South Suburban College

Triton College

Wright College South

Dietetic Technician/Aide Programs: 2 total

Malcolm X College

Westside Technical Institute *(a campus of Daley College)*

Dental Assistant Programs: 2 total

Chicago Department of Health

Morton College

LPN (Licensed Practical Nurse) Programs: 2 total

Dawson Tech *(a campus of Kennedy-King College)*

South Suburban College

Medical Assistant Programs: 5 total

Center for Employment Training

Morton College

Northwestern Business College

Robert Morris College

DAVEA Career Center

Pharmacy Technician Programs: 5 total

Harper College

Malcolm X College

Olive-Harvey College

South Suburban College

Truman College

Phlebotomy Programs: 5 total

DAVEA Career Center

Malcolm X College

Moraine Valley Community College

Oakton Community College
Olive-Harvey College

Health Information Management Programs: 5 total

College of DuPage
Oakton Community College
Robert Morris College
Harper College
Northwestern Business College

Other Programs: 8 total

Jewish Vocational Service: Homemaker/Health Care Aide
Malcolm X College: Surgical Technology
Medical Careers Institute: Cardiology Technician, Electroneuro Diagnostic Technician
Olive-Harvey College: Physical Therapy Aide
St. Augustine College: Respiratory Therapy Technician, Patient Care Technician
Triton College: Basic Addiction Counseling

Attachment 3: Criteria Used To Select Agencies Studied

These criteria were developed based on the research team's initial internal focus group (discussed in the methodology). The criteria were used in selecting programs for further study from the 65 "accessible" programs. The range listed under each criterion indicates what is *currently in existence* among "accessible" programs. It is not necessarily meant to represent the features of an "ideal" system. Among the 65 "accessible" programs:

Stability/Age: programs had been in operation for 20 years (or more) to one year

Financial Aid: programs ranged from offering full financial aid to none

Transportation: programs ranged from offering carfare or tokens to none

Counseling: programs ranged from offering a personal counselor/case manager dedicated to the program to none

Day Care: programs ranged from offering free child care (usually paid through the Illinois Department of Human Services) to none

Job Preparation: programs ranged from offering specific classes on resume writing, interviewing, and other skills to none

Job Placement: programs ranged from offering a job placement coordinator dedicated to the program to no more than job postings

Follow-up: Among the 65 "accessible" programs, programs ranged from offering 6 months to one year (or more) follow-up to none

Attachment 4: Training Agencies Selected For Best Practices Research

PRIMARY TRAINING AGENCIES:

Association House/Wright College: *Certified Nursing Assistant*

Casa Central: *Certified Nursing Assistant*

Chicago Department of Public Health: *Dental Assistant*

Jewish Vocational Service: *Homemaker/Health Care Aide*

Malcolm X College: *Dietetic Technician*

Polish American Association: *Certified Nursing Assistant*

South Suburban College: *Pharmacy Technician*

Westside Technical Institute: *Dietary Aide*

"SECONDARY" TRAINING AGENCIES:

(in the course of pursuing their mission, these agencies train unemployed residents to provide health-related services).

Centro San Bonifacio: *trains outreach workers to promote healthy practices in their communities.*

Chicago Health Connection: *trains women as peer advocates to promote breast-feeding, and as birth attendants to support pregnant women in the community.*

Erie Family Health Center: *trains advocates for their community program in nutrition.*

Mile Square "REACH" (Resource, Education and Care in the Home): *trains advocates to provide comprehensive support to pregnant women in the community.*

Rush Presbyterian/St. Luke's: *trains community workers for an asthma outreach project in Henry Horner Homes.*

Rush Presbyterian/St. Luke's: *trains outreach workers to help Hispanic elderly in the Pilsen area access health services.*

VIDA/SIDA: *trains young community residents to promote HIV/AIDS awareness and prevention among their peers.*

Vietnamese Association of Illinois: *through the Women's Health Education Program, trains women to serve as peer educators on a range of health topics. (This is a collaboration with four other mutual aid associations representing other ethnic communities).*

Attachment 5: Questionnaire for Agencies Training Health Care Workers

As we have explained earlier, our project has been developed to find and describe the “best practices” in the Chicago area for training entry level workers for health careers. After a telephone survey of programs in the area, your program was selected for further study and description as an example of a successful training program. We very much appreciate your help to meet our objective.

FIRST I'D LIKE TO ASK SOME GENERAL QUESTIONS ABOUT YOUR INSTITUTION AND THE PROGRAM

1. Please start by telling me the history of the program and your role in it?
PROBE: Date begun, leadership, Are students recruited? Number who apply/number who are accepted? What is the enrollment? Increase? Decrease? Why?
2. Please tell me about your own background and training.
3. I looked at the materials that you sent me--thank you-- please explain how the program as a whole works and how the class I observed fits into and reflects the program as a whole.
4. How does this program fit into the goals and structure of the institution?
5. What are the entry requirements for students?
PROBE: language skills required, diploma, test scores, personal qualities.

NOW SOME MORE SPECIFIC QUESTIONS ABOUT THE PROGRAM AND CLASS

6. I'd like to confirm the schedule of the class. When does it meet? For how long?
7. How many students are in the class?
8. How is your program funded? What is the tuition and how do students pay it?
9. How do you describe your program to students? How do you prepare them to take it?
10. Please describe the curriculum and the methods you use to teach it.

NOW SOME QUESTIONS ABOUT THE STUDENTS:

11. How do students come to this program?
12. Please describe the students in general who attend this institution and the students who take this course.
PROBE: Age, gender, ethnicity, race, region of city, number of children, goals, IDPA receipt, income, disabilities, language of origin.
What do you think are their strengths and weaknesses?
13. What goes smoothly in the course and what is the most difficult to accomplish?
PROBE: student attitudes, academic difficulties, disruptive behavior, absenteeism...etc.
How do you respond to those difficulties? How frequent are the problems?
14. How do you evaluate and give feedback to students?
15. What are the needs of the students?
16. How does the institution/instructor respond to these needs?
PROBE: daycare? transportation? personal counseling? Accommodations for disabilities? Academic counseling/tutoring?
17. What is the attrition rate? Why do you think it occurs? Are there accommodations for returning students?

AND NOW SOME OTHER IMPORTANT ITEMS

18. What kinds of supports does the institution offer the instructor (if any)?
19. What would be helpful support from the institution?
PROBE: leadership? funding?

JOB PREPARATION AND PLACEMENT

20. What kind of job preparation do students need?
21. What kind of job preparation do you provide? Please describe.
22. Please describe your placement services, if any.
23. What relationship, if any, do you have with employers?
24. Do you track students after graduation? Any statistics?

SUMMARY AND EXPECTATIONS FOR THE FUTURE

25. Why and how does this program work well in this community for these students?
26. How do you evaluate the course as a whole?
27. What future do you see for programs like this and the students who take it?
28. What community or legislative support would you like to see?
29. What policy changes do you anticipate?
 PROBE: welfare reform? Changes in the economy? Managed care? implications.?
30. Is there anything else that you think we should know, or anyone else whom you think that we should talk to, to understand your program?

Attachment 6: “Categories” Used to Organize Preliminary Findings on Training Programs

CHARACTERISTICS THAT VARY ACROSS THE EIGHT PROGRAMS SELECTED:

Size
Location
Length of Training
Mission
Recruitment/Marketing to Students
Selection of Students
Student Characteristics
Program Stability
Outcomes

CHARACTERISTICS THAT ARE SIMILAR ACROSS THE EIGHT PROGRAMS SELECTED:

Curriculum
Presence of Support for Instructors from Program Administrators
Academic Supports
Social Supports Provided and Relationship with the Students

Attachment 7: Employers Identified by Opinion Leaders (those listed in **bold** participated in focus groups)

Abbott Laboratories
Alivio Medical Center
Ambassador Nursing Home
Americaid Community Care
Baxter Laboratories
Casa Central
Centro San Bonifacio
Christ Hospital
Council for Jewish Elderly
Community Care Center, Inc.
Community Nursing Service West
Continental Nursing Home
Cook County Hospital
Cook County Hospital/Oakbrook

Doctors Hospital
 Englewood Hospital
Erie Family Health Centers
Evanston Hospital
 Glenview Terrace Nursing Home
Good Samaritan Hospital
 Holy Cross Hospital
 Humana Health Care
 Illinois Masonic Hospital
 Imperial Nursing Home
 Lieberman Geriatric Health Center
 Loyola Hospital
 Manor Care
Mt. Sinai Hospital
 Nazarene Hospital
Northwestern Memorial Hospital
 Norwegian American Hospital
 Oakbrook Dental Group
 Oakton Pavilion
 Olympia Fields Hospital
 Palos Community Hospital
 Pfizer Laboratories
Provident Hospital of Cook County
 Ravenswood Hospital
 Roseland Clinic
 Roseland Health Center
Rush Presbyterian/St. Luke's System for Health
 Searle Laboratories
Sinai Family Health Centers
 South Suburban Hospital
 St. James Hospital
 St. Joseph's Home of Chicago
 St. Mary's Hospital
 Superior Ambulance Company
Thorek Hospital
 Transitional Hospital
 University of Chicago Hospitals
 Walgreens Pharmacies
Weiss Memorial Hospital
 Westside VA Hospital

Attachment 8: Questionnaire for Employers Identified by Opinion Leaders

Our project at the Chicago Jobs Council has been developed to find and describe the best practices in the Chicago area for helping entry-level workers begin health careers. The first employer and the policies at a trainee's first work place have an important impact on the ability of the worker to stay with and grow in the new job. I'd like to ask a few questions to see if yours is a company that we should talk to about this particular issue.

Employer:

Contact:

Tel:

Please tell me first about your employees in general. How many do you have?

Are any of these entry level jobs? That is, jobs that require no advanced degree or training, or only short training, like a CNA?

IF "NO": thanks for your time, but for this particular project, we are trying to talk to employers who are employing entry-level workers. If you are interested in our final report about training and employment practices for entry-level workers, we would be glad to send it to you.

IF "YES": Please describe those jobs. About how many such jobs are there?

How do you recruit or select such employees? From any special programs?
 What skills or personal qualities do you look for in hiring these employees?

Do such employees have any special needs?

PROBE: day care, transportation, counseling etc.

Do you have any special way of helping or retaining such employees?

IF "NO," ask: What is the turnover rate?

IF "YES," ask: Please describe those efforts.

PROBE: orientation, evaluation and feedback, counseling, turnover, etc.

What is the career path for these entry-level employees?

PROBE: tuition assistance, in-house training, etc.

As we proceed with our research, we plan to organize focus groups of employers to discuss these issues in greater depth. Would you be interested in participating in one of these focus groups?

Attachment 9: Questions for Employer Focus Groups

Introduction: Please introduce yourself, where you work, and your general responsibilities.

1. What has been your experience in human resources and how long have you been in your current position?

2. In your current position, you work with entry level workers (including outreach workers, CNAs, medical assistants, etc.). How is the responsibility for employing entry-level workers different from (your) other human resource responsibilities?

(probe issues: communication, dress, timeliness, substance abuse, criminal background).

3. What are the characteristics of entry-level employees that make it likely that they will be successful? And, what are the characteristics of training programs that enable and prepare employees to be successful?

Probes: employee success in terms of (1) employee doing good quality work, (2) retention, (3) progress on a career ladder, (4) customer service abilities.

4. What programs or practices in the workplace do you know about, participate in, or provide that make success more likely for employees?

Probes: provision of/connection to social and psychological support systems, facilitating transportation, offering company-paid training, providing career steps/path, mentoring, reinforcement of "soft" skills, benefits.

5. To what extent is your organization affected by the satisfaction and success of your entry-level employees?

Probe: how does that vary by type of organization? How does this compare to how the satisfaction levels of other employees affect the organization (i.e. as you go up the hierarchy). Is there a perceived connection between patient/customer satisfaction and (entry-level) employee satisfaction?

6. To what extent do you think the success of entry-level workers is based on the wages they can earn?

7. What relationships, if any, do you have with outside organizations (public, private, or community-based, including training organizations) that have affected your hiring practices at the entry level, positively or negatively?

Probe: local hiring, past participation in shaping curriculum of training programs, partnerships with City Colleges, CBOs, other trainers.

8. To summarize, and to imagine the ideal:

Knowing what you know, and what we have discussed, what would be the characteristics, employment policies and workplace conditions that would facilitate the success of entry-level workers?

Inside Back Cover: same as IETC report

About the Chicago Jobs Council

The Chicago Jobs Council is a membership organization that brings direct service providers and advocates together to work toward increasing job opportunities for all city residents, particularly the economically disenfranchised. CJC's ultimate purpose is to support disadvantaged Chicagoans in gaining access to the jobs and training needed to enter the labor market, secure stable employment at a living wage, and pursue sustainable careers.

CJC pursues its mission through advocacy, research, innovative program demonstrations, and organizing. We focus on influencing the development or reform of public policies and programs that affect welfare-to-work, workforce development, economic and community development initiatives. Our advocacy efforts are grounded in the perspectives of our members, who contribute their expertise as direct service practitioners and researchers. CJC's efforts are also guided by the results of demonstration projects that test innovative solutions to pressing employment problems. By organizing members and other interested parties around workforce development, welfare reform, economic development and other issues, CJC fosters dialogue and cooperative strategies to solve shared problems.

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