



CHICAGO JOBS COUNCIL

A CJC Report

Understanding Entry-Level Health Care Employment In Chicago

Health Care Sector Employment Intervention Initiative
August 2000

ACKNOWLEDGEMENTS

We are grateful to the staff of the **North Lawndale Employment Network (NLEN)** who partnered with the Chicago Jobs Council (CJC) to conduct this health care sector intervention research. NLEN is a community-driven intermediary organization working with over 100 employers, service providers and training organizations to meet the workforce development needs of North Lawndale residents and employers. Formed in response to a community-identified need for employment and training services, NLEN works to address the high rates of unemployment and lack of job skills among North Lawndale residents.

We also wish to acknowledge and thank the following individuals who volunteered their valuable time to compile industry and occupational data, plan and coordinate the focus groups, develop recommendations, and/or edit draft versions of the report.

Sue Augustus, The SSI Coalition

Lee Camper, Sinai Health Systems

Toni Henle, Women Employed

Jesse Green, Sinai Community Institute

Claude Jacob, Sinai Community Institute

Davis Jenkins, UIC Great Cities Institute

Brenda Palms Barber, North Lawndale Employment Network

Rhonda Patterson, Chicago Public Schools

Jeff Prout

George Putnam, Illinois Department of Employment Security

Bonnie Siegel, Quality Care Management

Tse Ming Tam, National Economic Development & Law Center

Bertha Toney, Chicago Department of Health

Lea Weems, North Lawndale Employment Network

Acknowledgments are due as well to CJC staff who provided direction and contributed their perspectives throughout the planning for this initiative: Rose Karasti, Wendy Moylan, Rhonda Present, Whitney Smith, and CJC's Executive Director, Robert Wordlaw.

CJC Director of Operations, Evelyn Diaz, led the research effort and is the principal author of this report. Questions and comments about the report, or about entry-level health care employment, should be directed to her at 312-252-0460, ext. 307 or evelyn@cj.net.

*We gratefully acknowledge the **Richard H. Driehaus Foundation** and **BP Amoco** for providing the funding for CJC's Health Care Sector Employment Intervention Initiative and this report.*

EXECUTIVE SUMMARY

Restructuring within the health care industry over the past ten years has sought to improve the quality and delivery of health care services while reducing employers' costs. However, coupled with the tight local and regional labor market, these organizational changes have introduced new challenges for employers trying to find workers who are adequately prepared to deliver quality health care services.

Earlier this year, the Chicago Jobs Council received funding from the Richard H. Driehaus Foundation and BP Amoco to conduct research in the health care industry. This report summarizes the most recent industry and occupational data on Chicago's health care industry and provides a snapshot of the entry-level recruitment and retention needs of Chicago's health care employers, job training programs, and low-income job seekers. Based on our findings, the report also makes recommendations to employers, training providers, public agencies and workforce boards.

KEY FINDINGS

Industry and Occupational Data. By 2006, Chicago's health care industry will account for more total jobs than any other local growth industry, and many of these new jobs will be entry-level positions. Furthermore, labor shortages over the past several years have exerted an upward pressure on wages that has catapulted some occupations into self-sufficiency wage levels, and other formerly-low-wage occupations are now reporting starting wages of up to \$9.00/hour.

Focus Groups. In June 2000, the Chicago Jobs Council, in partnership with the North Lawndale Employment Network, conducted a series of focus groups with Chicago-based health care employers, training programs, and job seekers who had an interest in health care careers. The principal purpose of the focus groups was to identify the workforce needs, challenges, and opportunities of these groups, and to further engage them in establishing relationships with one another.

- ◆ **Employers.** Employers in our focus groups stated, in no uncertain terms, their need for skilled entry-level workers. Employers agreed that, after basic skill requirements, the most important skills they seek in job applicants are customer service skills, and employers are increasingly using special screening tools to assess customer service skills and basic competencies as part of the hiring process. Employers also revealed that they are having great difficulty retaining their entry-level workers. Most employers have begun to recognize the important role of non-pay-based incentives, but admit that clearly articulated career ladders and training opportunities are still not made widely available to entry-level workers.
- ◆ **Training Programs.** The training programs in our focus groups varied widely in terms of their student population, educational setting, and course offerings. Their answers to focus group questions also varied widely. While most training providers agreed that they were flexible in adjusting their curricula to meet employers' needs, few formal relationships were reported between training providers and employers. With the

exception of community-based organizations, training programs in our focus groups offered little to no post-placement follow-up or support to graduates and rarely mentioned customer service skills training or multi-skilling as part of their programs.

- ◆ **Job Seekers.** Job seekers in our focus groups defined a good job in terms of the work environment. They said they value flexibility in scheduling and want to feel that their work is appreciated (and their learning encouraged and supported) by co-workers and supervisors. Job seekers were not very aware of the various career opportunities available in the health care industry and, for the most part, were not able to describe the job requirements, wages, and responsibilities associated with the occupations they listed.

RECOMMENDATIONS

Employers

The report offers suggestions to employers for enhancing recruitment efforts and for improving employee retention outcomes. Specifically, in order to enhance recruitment, we recommend that employers:

- (1) capitalize on existing relationships with incumbent employees; and
- (2) benefit from establishing new relationships with training providers.

In order to improve employee retention, we recommend that employers:

- (1) evaluate and address work environment issues;
- (2) encourage scheduling flexibility;
- (3) provide support to entry-level workers; and
- (4) create customized career ladders for entry-level positions.

Training Providers

The report then points to ways that training providers can improve their relationships with employers and enhance their programs to better meet employer-identified needs. Specifically, we encourage training providers to:

- (1) establish and formalize relationships with employers;
- (2) prepare students for the hiring process; and,
- (3) enhance their training program curricula.

Public Agencies & Workforce Boards

Because public agencies and workforce boards can play such a critical role in strengthening the health care industry's workforce, we make recommendations to these stakeholders as well. We emphasize the need for public agencies and workforce boards to:

- (1) prioritize health care as a key industry; and,
- (2) focus on increasing the health care labor supply by promoting health care career awareness, expanding and supporting health care education and training programs, and involving and supporting community-based organizations in sector-based workforce initiatives.

INTRODUCTION

Chicago's health care industry has undergone a remarkable transformation over the past ten years. The introduction of managed care, increasing technological innovations, and the impending implementation of a Prospective Payment System for home health agencies¹ have prompted numerous rounds of structural realignment, downsizing, and streamlining within the industry. These changes, designed to improve the quality and delivery of health care services while reducing costs, have affected the way in which health care services are delivered at the front end and have introduced new challenges for employers trying to find workers who are adequately prepared to deliver such services. Add to this organizational flux the pressures brought to bear by the generalized local and regional labor shortages, and it becomes clear why health care industry employers are clamoring for qualified, skilled entry-level health care workers who are trained to function in more than one skill area.²

Over the past six years, the Chicago Jobs Council (CJC) has conducted sector-based research on entry-level employment in the health care industry in an effort to identify and address systemic barriers to meaningful employment for disadvantaged city residents. During this period, CJC has surveyed numerous health care employers, training providers, and government agencies and has engaged these groups in discussions about how to collaborate to build a strong, capable entry-level health care workforce.³ CJC has consistently maintained that 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.

This year, the Chicago Jobs Council received funding from the Richard H. Driehaus Foundation and BP Amoco to conduct a sector employment intervention⁴ in the health care industry using a methodology promoted widely by the National Economic Development & Law Center in Oakland, CA. To date, the sector employment intervention approach has been adopted by the Chicago Workforce Development Partnership (of which CJC is a member), the Chicago Workforce Board, the Mayor's Office of Workforce Development, and the City Colleges of Chicago as an overarching strategy for building a strong regional workforce.

This report summarizes our work to date in the Health Care Sector Employment Intervention Initiative. It is a digest of the most recent economic information and analysis on the health care industry and provides a snapshot of the entry-level recruitment and

¹ The Home Care Prospective Payment System radically changes the reimbursement structure of the Medicare home health care benefit based on "episodes of care" rather than on "visits" and will require home health agencies and staff to completely rethink and revamp their home health care management practices. All home health providers will begin using the Prospective Payment System on October 1, 2000.

² Entry-level occupations are defined as those requiring 2 years or less of health-specific training.

³ For more information on CJC's health care research publications *Health Care Careers: A Review* (1995) and *Picture of Health: Best Practices in Training and Hiring Entry-level Health Care Workers* (1998), see Acknowledgements section on the inside cover of this report for contact information.

⁴ Sector employment interventions are long-term, intensive employment and economic development strategies that target an industry, build new relationships with the key stakeholders in that industry, and improve economic opportunities for low income individuals, families, and communities in that industry.

retention needs of Chicago's health care employers, job training programs, and low-income job seekers as articulated by representatives of these three groups in a series of focus groups conducted in June 2000. It moves toward a series of recommendations that we believe, if implemented in earnest, will begin to address the industry's entry-level employment needs in ways that will ultimately strengthen the capacity of health care providers to better meet the health care needs of Chicago residents now and in the future.

INDUSTRY AND OCCUPATIONAL DATA

Health care is one of four occupational divisions that are vital to Chicago's local economy and that "offer the best prospects for continued employment growth and sustainable earnings in the local workforce," according to the Center for Urban Economic Development at the University of Illinois at Chicago. And, data from the 1997 Economic Census reveal that *the health care industry generated over \$3 billion for Chicago's economy, providing over 107,000 jobs, with an annual payroll of \$1.2 billion.* Following is a summary of the industry and occupational data, including employment projections and wages.

Employment Projections. According to U.S. Census figures, between 1991 and 1996, Health Services had the third largest actual employment growth, with over 12,000 jobs created in Cook County. The principal factors contributing to continued growth in this industry include an aging population, which will continue to require more services, and the increased use of innovative medical technology for intensive diagnosis and treatment.

Illinois Department of Employment Security (IDES) projections for the ten year period between 1996 and 2006, reveal that three of the top fifteen growth industries in Cook County will be in the health care industry. Specifically, employment growth in hospitals, nursing and personal care facilities, and physicians' offices put these sectors in the top fifteen list, with growth in nursing and personal care expected to outpace all but one of the top fifteen growth industries. When aggregated, *these three sectors within the health care industry will account for more total jobs by the year 2006 than any other local growth industry, with an overall employment growth of 29,500 employees, for a total of 219,000 jobs in the industry.*

Employment in hospitals is expected to grow more slowly than in other health care sectors as patients will continue to be transferred out of hospitals and into outpatient facilities, nursing homes, and home health care in an attempt to contain costs. And, an increasing proportion of medical procedures that once were performed in hospitals are being performed in physicians' offices and clinics, including ambulatory centers and emergency medical centers. Increased demand for home-based and long-term nursing care, then, makes these two of the fastest growing sectors in Chicago's health care industry.

In terms of education and training, entry-level health care occupations dominate the list of fastest growing occupations requiring an associate degree, holding eight of ten spots in that category. Six of the ten fastest growing occupations requiring post-secondary vocational training are also entry-level health care occupations. And health care occupations represent half of the fastest growing jobs requiring short- to moderate-term training and experience.

Wages. Historically, entry-level health care occupations, especially those requiring less than an associate degree, have gained a reputation for offering less than sufficient wages. However, labor shortages over the past several years have exerted an upward pressure on wages, and entry-level health care jobs are commanding higher wages than ever. Some employers report “wage wars” for certain occupations like registered nurses and radiology technicians that include thousand-dollar signing bonuses and \$100 incentives to interview with a company. This kind of upward wage pressure can be expected to continue until the labor supply begins to approach an equilibrium with the industry’s labor demand. The following table provides the most recent wage data available from the Illinois Department of Employment Security.

**1999 Wage Data for Cook County
Health Care Occupations Requiring an Associate Degree or Less
By Level of Education and Training**

Occupational Title	Education/Training Level	Hourly Wages		
		Entry	Median	Expre'd
Radiation Therapists	Associate Degree	\$17.42	\$20.81	\$22.63
Dental Hygienists	Associate Degree	\$14.96	\$18.91	\$20.06
Occupational Therapy Assistants/Aides	Associate Degree	\$14.66	\$15.70	\$16.42
Registered Nurses	Associate Degree	\$13.30	\$16.73	\$20.01
Cardiology Technologists/Technicians	Associate Degree	\$12.33	\$15.35	\$17.04
Radiology Technicians/Technologists	Associate Degree	\$11.29	\$14.49	\$16.28
Medical/Clinical Lab Technicians	Associate Degree	\$10.80	\$14.94	\$16.90
Respiratory Therapists	Associate Degree	\$10.68	\$13.51	\$14.71
Med'l Records/Health Info Technicians	Associate Degree	\$7.57	\$8.28	\$9.79
Physical Therapy Assistants/Aides	Associate Degree	\$7.53	\$9.56	\$12.69
Dietetic Technicians	Associate Degree	\$5.81	\$7.66	\$11.59
Licensed Practical/Vocational Nurses	Post-Secondary Vocational	\$10.20	\$12.38	\$13.30
Surgical Technologists	Post-Secondary Vocational	\$9.38	\$11.15	\$12.36
Emergency Medical Techs/Paramedics	Post-Secondary Vocational	\$8.55	\$10.40	\$11.43
Medical Secretaries	Post-Secondary Vocational	\$7.48	\$10.30	\$10.65
EKG Technicians	Moderate OJT (1-6 mos)	\$7.63	\$8.45	\$8.97
Dental Assistants	Moderate OJT (1-6 mos)	\$7.43	\$9.27	\$10.34
Medical Assistants	Moderate OJT (1-6 mos)	\$7.31	\$9.82	\$11.84
Billing/Cost/Rate Clerks	Short-term OJT (less than 4 wks)	\$8.03	\$9.94	\$12.27
Home Health Aides	Short-term OJT (less than 4 wks)	\$7.42	\$9.05	\$10.21
Psychiatric Aides	Short-term OJT (less than 4 wks)	\$7.40	\$7.53	\$8.20
Nursing Aides/Orderlies/Attendants ⁵	Short-term OJT (less than 4 wks)	\$6.93	\$7.52	\$7.76
Personal/Home Care Aides	Short-term OJT (less than 4 wks)	\$5.49	\$6.82	\$9.55

⁵ Although IDES denotes this occupational category as requiring only short-term on the job training lasting 4 weeks or less, the category consists primarily of Certified Nursing Assistants (CNAs) who, in order to become certified, are typically required to complete 120 hours of classroom and clinical instruction that is usually completed over a period of six weeks.

FOCUS GROUPS

In June 2000, the Chicago Jobs Council partnered with the North Lawndale Employment Network, a neighborhood-based membership organization, to conduct a series of focus groups with Chicago-based health care employers, training providers, and job seekers with an interest in health care careers. The principal purpose of the focus groups was to identify the workforce needs, challenges, and opportunities of these groups, and to further engage them in establishing relationships with one another. Six focus groups—two each of employers, training providers, and job seekers—were conducted over a two-week period.⁶ Following is a summary of highlights from each of those groups.

Hospital Employers

The hospital focus group included participants from five major hospitals in Chicago, each employing several thousand workers. While employee recruitment and retention issues continue to challenge employers, the sense that worker shortages are reaching crisis proportions came through in this focus group. Following are highlights from the hospital employer focus group:

Recruitment Issues

- ◆ In the past year, participants hired nearly 800 entry-level health care workers. The hiring distribution is charted in the following table:

Entry-Level Health Care Workers Hired in 1999: Hospital Employers																		
	Radiology Technician	Physical Therapy Aide	Certified Nursing Assistant	Medical Records Clerk	Dietetic Technician	Medical Assistant	Licensed Practical Nurse	Home Health Aide	Dietary Clerk	Case Manager	Cardio-pulmonary Technician	EMT	Personal/Home Care Aide	Surgical Technician	Medical Secretary	Physical Therapy Assistant	Data Clerk	Registered Nurse
Hospital 1	10	10	50	20	7	40	0	0	50	7	0	0	0	0	0	0	0	30
Hospital 2	10	10	100	30	7	50	5	15	0	0	7	8	60	0	0	0	0	30
Hospital 3	5	2	5	4	0	4	2	0	3	0	2	0	0	1	3	1	3	50
Hospital 4	3	0	15	3	0	5	10	0	2	0	5	2	0	0	4	0	0	20
Hospital 5	14	0	0	4	0	18	0	0	2	1	0	4	0	0	8	0	0	20
TOTAL	42	22	170	61	14	117	17	15	57	8	14	14	60	1	15	1	3	150
Total All Occupations: 781																		

⁶ Both focus groups in each of the three categories (employers, training providers, and job seekers) were asked the same set of questions. A list of these questions can be found in the appendix.

- ◆ Beyond the basic skill requirements and certifications, all employers agreed that customer service skills were the most important qualification for new employees. Employers added that potential employees must also be willing to rotate shifts and have flexible schedules.
- ◆ Among the most difficult job openings to fill are radiology technicians, Certified Nurse Assistants (CNAs), medical secretaries, medical records technicians, and surgical technicians.
- ◆ Most participants agreed that current employees are the best source for recruiting new employees. Employers agreed that they need to be better at “grooming their own” and recruiting from among current employees.
- ◆ Other sources of recruitment include community-based organizations, job fairs, and schools.
- ◆ All but one hospital said they accept state-issued waivers from job applicants with prior criminal records.⁷
- ◆ All participants said they administer screening tests as part of the application process. Most of these tests are designed to assess the applicants’ customer service skills, attitudes about work, and responses to difficult or stressful situations.
- ◆ The most common reasons that applicants are rejected are that they do not meet the minimum requirements for the job, they lack a minimum of courtesy or politeness, and otherwise have poor customer service skills.

Retention Issues

- ◆ Employee retention is a serious problem for all of the hospitals.
- ◆ All employers in this focus group said they provide some mix of short-term orientations and periodic in-service training sessions for their staff. All agreed that they would like to be able to provide more training.
- ◆ Most employers in this group could not provide an estimate of the amount their companies spend on training employees. One employer estimated conservatively that employee training cost his hospital about \$600,000 per year.
- ◆ All employers provide tuition reimbursement to employees. However, employers admitted that they do not do a good job of making this program widely known, especially to their entry-level employees. Furthermore, two employers pointed out that

⁷ Illinois’ Healthcare Worker Background Check Act of 1996 requires health care employers to investigate the conviction histories, if any, of individuals seeking positions that include direct patient contact. Individuals may seek a waiver to the Act from the Illinois Department of Health in order to be considered for employment. There are a number of mitigating factors that could make an individual eligible for a waiver. These mitigating factors are listed in the Appendix.

there are barriers to using tuition reimbursement programs, especially for lower-wage workers; namely, that the employee has to pay the up-front cost, and is reimbursed much later. Additionally, employers did not think that they were doing a good job of accommodating the work schedules of employees who wanted to take advantage of tuition reimbursement programs.

Home Health and Long-Term Care Employers

Five home health and long-term care employers participated in the second employer focus group. The participating companies varied in terms of the size of their workforce, with the smallest employer employing 200 workers and the largest employer employing 1200 workers. Following are some highlights from this focus group.

Recruitment Issues

- ◆ In the past year, participants hired over 500 entry-level health care workers. The hiring distribution for home health and long-term care employers is charted in the following table:

Entry-Level Health Care Workers Hired in 1999: Home Health & Long-Term Care Employers									
	Certified Nursing Assistant	Medical Records Clerk	Dietetic Technician	Licensed Practical Nurse	Home Health Aide	Dietary Clerk	Personal/Home Care Aide	Data Clerk	Registered Nurse
Home Health 1	12	0	0	0	52	0	0	0	1
Home Health 2	20	0	0	0	62	0	0	0	5
Home Health 3	3	6	0	0	0	0	0	12	25
Long-Term Care 1	55	0	0	0	55	0	0	0	0
Long-Term Care 2	120	0	0	48	0	0	0	0	60
Total	210	6	0	48	169	0	0	12	91
Total All Occupations = 536									

- ◆ All agreed that they are having difficulty filling job openings. Reasons cited include: changing requirements of the job, lack of automobile/transportation, evening and weekend shift requirements, and unstable shifts.
- ◆ Employers agreed that incumbent employee referrals, local churches, and job fairs have been the three best recruitment sources for job applicants.

- ◆ Although the order in which employers conducted steps in the hiring process varied, all include a cursory application review to determine skills, education, and level of experience. This is generally followed by a screening of references, required documentation (e.g., high school diploma), criminal background check, and drug screens. Most employers conduct second interviews as well.
- ◆ Three employers said they use written skills tests in the screening process. Two of these three employers administer a 50-question exam to their CNAs to assess basic skills aptitude. The other employer uses a 64-question tool prior to hiring personal care assistants, not necessarily to screen applicants, but to identify their strengths and weaknesses and areas in need of monitoring and improvement.
- ◆ When asked what the most common reasons were for an applicant to be rejected, employers responded that criminal backgrounds, poor or no references, lack of skills, lack of experience, and lack of proper identification were the most common reasons.

Retention Issues

- ◆ Employee turnover, for all entry-level positions, is a problem for all but one employer. There was some agreement that many employees leave for marginally higher pay at other competing firms. One employer added that employee “burn out” was a reason for her company’s turnover rates.
- ◆ Almost all of the employers in this focus group said they provide some mix of short-term orientations and periodic in-service training sessions for their staff.
- ◆ Most said they have tuition reimbursement programs, but only one employer said that the program has been well-utilized.
- ◆ Employers unanimously agreed that they would like to be able to provide more and expanded training opportunities to their entry-level and supervisory staff.
- ◆ All employers said they promote employees from within. Two employers referred to specific career ladders that they have created to move personal care aides and housekeepers into CNA positions after 3 months of on-the-job training and an agreement to get the requisite training through the company’s tuition reimbursement program.
- ◆ Finally, when asked whether there is flexibility in their company to implement new recruitment, hiring, and retention strategies to meet their human resource goals, all employers said that their companies were very or extremely flexible.

Training Programs

A total of 16 training providers, representing 14 organizations and institutions, participated in one of two focus groups. Five participants represented City College training programs, 7 participants operated programs in community-based, non-profit organizations, and 4 participants represented private vocational schools. Following are some highlights from the training program focus groups.

- ◆ Focus group participants represented over 20 different training programs for entry-level health care occupations. All programs require prospective students to be at least 18 years old and to go through some kind of application or screening process. The entrance requirements for the participating programs are charted in the following table.

Entrance Requirements for Entry-Level Health Care Training Programs												
	High School/ GED	Entrance/ Placement Exam	Standardized Test	Application Fee	Drug Screen	Criminal Background	Written Essay	Course Prerequisites ⁸	Physical Exam/Immunizations	Interview	Recommendations	Other
Cardiology Technician	x			x					x	x		
Certified Nursing Assistant		x				x			x			x
Dental Assistant												x
Dietetic Technician	x	x		x			x	x			x	
EEG Technician	x			x					x	x		
Emergency Medical Technician	x	x		x								
END Technician	x			x					x	x		
Homemaker									x			x ⁹
Licensed Practical Nurse	x	x						x		x		x
Medical Assistant	x	x	x	x					x			
Medical Billing	x			x					x	x		
Medical Office Assistant												x
Medical Office Technician	x			x					x	x		
Medical Records Technician	x	x	x	x					x			
Occupational Rehab Aide								x	x			x
Patient Care Tech								x	x			x
Pharmacy Technician		x										x
Phlebotomy						x			x			x
Physical Rehab Aide								x	x			x
Radiology Technician	x ¹⁰	x		x					x	x	x	x ¹¹

⁸ Programs indicated in this column require applicants to have completed some math, English, or other introductory courses.

⁹ Applicants must demonstrate a 4th grade reading level (as opposed to the 8th grade reading level typically required by other programs) and can have no history of abusive behavior.

- ◆ When asked what the demand is for their training programs, participants' responses were divided. Some participants said demand for their programs was high, while others said they were having trouble meeting enrollment goals. Among the high demand programs were medical assistant, radiology technician, cardiology technician, and home health aide. Programs having the greatest difficulty recruiting students included the dietary technician program, medical office coordinator, and patient care technician.
- ◆ Participants stated that their program retention rates ranged between 50% and 100%. Student withdrawals due to long program hours and/or academic inability accounted for the lower retention rates, while intensive application and screening processes accounted for the higher retention rates.
- ◆ With the exception of community-based training providers, participants' organizations/institutions offered relatively few support services to their students.¹²
- ◆ Some training programs said they establish relationships with employers in the health care industry through their programs' internships/practicums and through employer advisory councils. Others relied principally on their own job developers and on their organization's reputation.
- ◆ On the whole, participants did not have formal systems established for staying abreast of changes and trends in the health care industry, although almost all participants said their curricula were flexible or very flexible in adapting to such changes.
- ◆ Post-placement services were offered consistently by the community-based organizations as dictated by their funding sources, and a few private vocational schools said they offer lifetime job search and placement assistance. Otherwise, college-based programs offered little to no post-placement services or tracking of graduates.
- ◆ When asked to list the ways their programs could be strengthened or expanded to enhance job placement, retention and advancement, some participants mentioned the need for more full-time staff and the need to designate one or two staff to assist students with training-specific job search, placement and follow-up tracking. Another participant mentioned that her greatest challenge was keeping her programs funded and "simply continuing". One participant lamented the inflexible enrollment requirements for running a class at her training institution. Finally, one participant said that students who owe the City Colleges money, even if that debt is ten years old, are not allowed to enroll

¹⁰ HS/GED grade point average must be 2.0 or higher on a 4.0 scale and candidates must have ranked in the upper one-half of their graduating class. If HS diploma/GED was received within 3 years of application to the program, applicants must demonstrate a strong background in math and science. Otherwise, math, biology and English/reading prerequisites apply.

¹¹ An observation session is required to assess applicants' skills.

¹² Support services can include child care and transportation assistance, counseling, case management, financial assistance, and other similar services designed to mitigate an individual's barriers to employment.

in any courses. According to this participant, a payment plan or a statute of limitations on collections should be established.

- ◆ Other policies that pose obstacles for training programs include the accreditation process, the Medicare reimbursement process, and state welfare providers' contracts, which emphasize job placement rather than job training.

Adult Job Seekers

The adult job seeker focus group was comprised of eight single mothers who were to begin an 8-week CNA training program at their local City College within a few days of the focus group. Following are some highlights from the adult focus group.

- ◆ All participants said that their interest in health care careers was motivated by a desire to work in a helping profession, to “make a difference” and to “help those who can’t help themselves.”
- ◆ The most important factors in choosing a job were distance/location of the job and arranging for the care of children.
- ◆ Participants defined a “good job” overwhelmingly in terms of the working environment (i.e., patience, respectfulness, and supportiveness on the part of co-workers and supervisors.)
- ◆ The biggest barrier to gaining employment for seven out of eight participants was transportation. Others cited lack of experience; educational requirements; bilingual requirements; and unstable housing.
- ◆ Out of 12 reasons cited to explain why participants have left jobs in the past, seven reasons involved job-related/work environment issues. The remaining five reasons were family-related and included loss of child care and domestic violence.
- ◆ When asked to list the kind of jobs available in the health care industry, participants created a list of 12 occupations, 9 of which were entry-level positions. Only one participant who had worked as a CVM Technician could talk about what that job entailed. Otherwise, participants were not able to describe the job requirements or wages for these occupations.
- ◆ Participants believed that many people in their community knew about the availability of jobs in the health care industry. One participant said that she believes many of her neighbors are interested in the field, but they do not know how to access these jobs or training programs.

Youth Job Seekers

The youth job seeker focus group was comprised of nine high school seniors and recent graduates who had completed internships at a major hospital in their community. Following are some highlights from the youth focus group.

- ◆ The most important factors in choosing a job were distance/location of the job, demand for the job, and work environment.
- ◆ Youth participants defined a “good job” in terms of wages and benefits, working environment (i.e., patience, respectfulness, and supportiveness on the part of co-workers and supervisors), and schedule flexibility.
- ◆ All participants agreed that education is the best route to getting the job of one’s choice, but knowing someone in the field or in the company goes a long way. The group also agreed that getting work experience during high school and college is essential.
- ◆ Out of the seven mentioned barriers to keeping a job, three involved work scheduling, two were job-related/work environment issues, and the others were related to pay and personal health issues.
- ◆ When asked to list the kind of jobs available in the health care industry, participants created a list of 23 occupations, 19 of which were professional-level positions. Only one participant, who wanted to study mortuary science, had a sense about the educational requirements and wages for that occupation. Otherwise, participants were not able to describe the job requirements or wages of the health care occupations they listed.
- ◆ All participants agreed that the most important component of job training is hands-on experience. When asked what support they would need to stay in a training program, youth participants overwhelmingly stressed the need for a good mentor who is encouraging and willing to give them hands-on experience.

RECOMMENDATIONS

The following recommendations were developed by synthesizing industry research, personal interviews with employers and training providers, and information provided by participants of our six health care sector focus groups. Based on our findings, we point out some of the most significant areas in need of improvement and offer suggestions for how employers, training providers and public agencies might begin to enhance policies and practices to achieve their recruitment, hiring, and retention goals and otherwise prepare for the on-going workforce development challenges they expect to face in the future.

EMPLOYERS

Participants in the employer focus groups articulated, in no uncertain terms, their need for well-trained, customer service-oriented, entry-level health care workers. Employers are seriously understaffed, a situation which places burdens on their existing employees, affects service delivery to their patients, and hampers their ability to expand business by serving more patients. Additionally, employers talked about the difficulty they have retaining entry-level workers, especially when working conditions are stressful, job requirements are changing, and when “there is always someone willing to pay an extra five cents” elsewhere. Home health and long-term care employers who participated in the focus groups said that they were very or extremely flexible in trying to implement new recruitment, hiring and retention strategies, while hospital employers felt that cost was the determining factor in whether they could implement new strategies in the workplace. The following section, therefore, offers suggestions (many of which are inexpensive to implement) to employers for enhancing recruitment efforts and creating workplace policies to improve employee retention.

❖ RECRUITMENT

Health care industry employers are keenly aware of the importance of interpersonal relationships in the recruitment process. Almost all employers said that their best source for recruiting new hires was through their existing employees. And, job seekers overwhelmingly said they learn about job opportunities through family members, friends, and community-based organizations with whom they have relationships. At the same time, however, job seekers are not well-informed about occupations, wages, and career advancement opportunities in the health care industry and few formal relationships exist between employers and health career educators and community-based organizations. To enhance their recruitment outcomes, therefore, employers could:

1. Capitalize on existing relationships with incumbent employees.

Several employers said they provide bonuses to employees who refer qualified job applicants that are eventually hired by the company. Still other employers recognize the great time and cost efficiencies realized by hiring staff from among current employees. One Chicago hospital has established “open internal interviewing” that allows an employee to interview for whatever entry-level position is available and interesting to the

employee, regardless of experience. Rather than being a waste of time, it affords the employer an opportunity to see which employees are interested in moving up in the company, and gives the workers an opportunity to learn about the required qualifications, career ladders, and employer resources available for getting there. It also gives the employee the sense that s/he can move up in the company and that upward mobility is encouraged.

2. Foster new relationships with training providers.

Two major findings of our research were that: (1) many training providers were unaware of the in-depth application and screening processes being used by employers today; and (2) job seekers were unaware of the various occupations, wages, and career paths available in the health care industry. In light of these findings, employers could benefit from establishing formal relationships with public and private health care training institutions and community-based organizations to:

- ◆ Facilitate the exchange of information regarding entry-level health care occupations, preferred skill sets, wages, and career paths;
- ◆ Facilitate the exchange of up-to-date and detailed information on an employer's application and screening processes;
- ◆ Create opportunities for employers to influence training program curricula;
- ◆ Create opportunities for training program participants to gain work experience through volunteering and clinical internship programs;
- ◆ Help in creating "bridge" programs designed to prepare a larger pool of low-skilled individuals for success in certificate and degree programs;
- ◆ Develop partnerships for providing child care, transportation, and other social supports to new hires and incumbent workers; and,
- ◆ Provide opportunities for creating training programs or modules to expand the skill sets and competencies of incumbent entry-level workers.

Through formal working relationships, employers and training providers can improve policies and practices in ways that will benefit each other as well as the job seeker who will gain a fuller awareness of job and career opportunities available in the health care industry and will be better prepared for the application and screening processes s/he will face upon entering the job market.

❖ RETENTION

Retaining entry-level workers in a period of low-unemployment and generalized shortages of skilled health care workers has become, for many employers, a top priority over the past five years. Most employers have responded by increasing starting salaries and either offering benefits for the first time or enhancing existing benefits packages. But employers are learning that these pay-based incentives alone are insufficient for keeping their turnover rates

low. One employer said that he has attended countless retention strategy conferences and workshops and has tried to implement as many ideas as possible to improve the retention rates at his company. Another employer recently created a professional peer support meeting where RNs can talk about workplace issues. Indeed, when asked how they define a “good” job and what factors have led them to leave a job in the past, job seekers in our focus groups rarely mentioned wages and benefits. Instead, adult and youth job seekers placed the highest value on the work environment, scheduling flexibility, the ability to balance work with family life, and enjoyment of the job itself. To enhance their retention outcomes, therefore, employers could begin to:

1. Evaluate and address work environment issues.

Job seekers defined the good work environment in terms of positive relationships with co-workers and supervisors, a culture of providing systematic on-the-job orientation and training, and a sense that supervisors are supportive, respectful, and appreciative of work well done. The most effective way to find out what employees most value in the work environment is to ask them. We recommend a formal survey of employees to find out what they value most and where they see room for improvement in their work environment. Then address the issues of greatest importance to workers. In the meantime, two best practices identified in our previous research are worth mentioning here, as they address some of the work environment issues of greatest importance to job seekers.

- ◆ **Mentoring.** Almost all youth job seekers felt that having a good mentor to “show them the ropes” made the difference between a “good” job and one they would easily leave for the smallest incentive from another employer. Mentoring 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.
- ◆ **Respect and Recognition.** There are a number of ways to provide recognition to reward model behavior and work well done. Some ideas include: small bonuses for perfect attendance, periodic recognition lunches, and modest bonuses for customer commendations. Other workplace practices, described below, go a long way in demonstrating respect for the employee’s time, family responsibilities, and career goals.

2. Encourage scheduling flexibility.

Health care employers who are understaffed find themselves in the undesirable position of having to ensure adequate coverage for all shifts. In our research, shift scheduling flexibility emerged as a theme closely related to employee retention. Employers said they wanted to know that a job applicant had a flexible schedule, while job seekers said their idea of a “good” job was one that is flexible enough to accommodate their own schedule. There are two reasons why we believe employers must take the first step in demonstrating flexibility in shift scheduling. First, economically-speaking, today’s labor market is a seller’s market. Employers are in a position of having to actively retain their employees lest those employees leave or become disgruntled and take out their frustrations on co-workers and patients. Second, entry-level health care workers

continue to be predominately women, and many of them, especially women entering the labor force for the first time, are mothers with school-age children. Recognizing that access to adequate, reliable child care has not been made available to many of these women, employers should be willing to adjust their scheduling policies to match the needs and realities of their current labor pool.

Because each employer will have different shift scheduling systems and processes, and because these systems and processes may vary from unit to unit, we suggest that employers conduct an assessment of the scheduling processes utilized in the units where entry-level personnel work. The assessment should begin with a survey of employees. In conducting the assessments, employers should ask themselves whether there is room to stabilize schedules, whether and to what extent scheduling predictability can be improved, and whether the full-time to part-time staff mix in a given unit is sufficient for enhancing shift predictability and flexibility. Where there is room for improvement, we suggest planning and implementing the new processes with as much employee involvement as possible.

3. Provide support to entry-level workers.

Like most American workers, job seekers in our focus groups said they struggle to balance the demands of family life and work. Employers who adapt or create policies that recognize and respond to these conflicting demands are more likely to win their employees' loyalty. We suggest one or both of the following approaches to providing support to employees:

- ◆ **Reposition Employee Assistance Programs.** Many large employers offer Employee Assistance Programs (EAPs) to their workers, but commented that these programs are underutilized. EAPs provide confidential services, including personal and family counseling, referrals or direct access to substance abuse treatment, financial management, and other services. Our previous research suggests that EAPs are a resource utilized only in crisis situations. Employers could maximize the use of EAPs by removing this stigma and repositioning EAPs to offer both “soft skills” development and positive psychological and social services, like child care assistance. The EAP can proactively offer individual counseling and seminars on a range of 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 developed by seminars such as “how to communicate effectively with difficult patients” and “workplace etiquette.” Offering these seminars, encouraging attendance by employees at all levels, and allowing time for employees to access the services can help reduce the stigma of using EAPs and reposition them as an attractive personal and professional development resource.
- ◆ **Develop innovative support programs.** In the absence of an Employee Assistance Program, health care employers can look for other innovative solutions to support their entry-level staff. One suggestion is to create a “nanny” or “rainy-day” fund to provide emergency child care services to entry-level workers. Workers could contribute to the emergency fund through payroll deduction and employers could provide a dollar-for-dollar match. Another idea is to offer paid days off advertised as

“family days”. Raffleing paid time off is another innovative way to raise small discretionary funds to provide recognition lunches. Finally, employers could create a small rotating loan fund to help workers with emergency expenses or to purchase an asset, like a computer.

4. Create customized career ladders.

Creating career ladders for entry-level health care positions is one strategy for addressing workers’ desire to earn better pay, be rewarded for good work, attain higher status in the company, and derive enjoyment and fulfillment from their work. The health care industry is ripe for career ladders at the entry-level. According to career ladder researchers Joan Fitzgerald, associate director of the Center for Urban and Regional Policy at Northeastern University, and Virginia Carlson of the Chicago Partnership for Economic Development, there are three approaches to creating career ladders in the health care industry: “moving people into progressively better-paying occupations that require more education or training, increasing the pay and professionalization of jobs that currently exist, and creating tiers within occupations that offer pay increases.”¹³ Whatever the approach, Fitzgerald and Carlson caution that the success of career ladder strategies “depends on employers’ willingness to create jobs with advancement potential and to think explicitly about the company’s internal labor market.” While some natural career paths already exist, career ladders will vary from company to company. We recommend that employers:

(a) Create customized career ladders for entry-level workers. Employers could assess their internal labor market to determine which of the three career ladder approaches described above is most appropriate. Sketching a career ladder diagram for entry-level workers can be useful in discovering where gaps and challenges exist for career advancement in the company. Additionally, career ladders, and an attitude of supporting career advancement, must be made widely known to both the company’s internal labor pool as well as to educators and community-based training providers who prepare job seekers for entry-level jobs.

(b) Invest in education and training to facilitate career advancement. Although most employers who participated in the focus groups have already invested in education and training for their workers by creating tuition reimbursement programs, all but one employer said that their tuition programs were highly under-utilized by entry-level staff. And, they admitted that, on the whole, tuition programs are not well-marketed to entry-level staff. We recommend that employers:

- ◆ Market the tuition reimbursement programs actively to entry-level staff as part of an emphasis on job enhancement and career advancement;
- ◆ Establish and make well-known a policy and practice of accommodating the work schedules of entry-level staff who seek further education and training through the tuition reimbursement program; and,

¹³ Fitzgerald, J. and Carlson, V. 2000. “Ladders to a Better Life,” *The American Prospect*. June 19-July 3, pp. 34-40.

- ◆ Make available short-term, low-interest loans to entry-level employees who wish to seek further education and training through the tuition reimbursement program, but who need financial assistance making upfront tuition payments.

TRAINING PROGRAMS

The education and training providers who participated in our focus groups and interviews represented a diverse range of entry-level health care training programs, educational settings, and student populations. Some programs clearly had established processes for tracking and following up with their graduates, while others did not. Some programs were successful in recruiting students, others were not. Some programs had very high job placement rates; others said they had no way of knowing what their placement rates are. Accordingly, we would expect that some of the recommendations offered below will pertain to some training programs more than others, and we recognize that any recommendations for training programs should be tailored to individual institutions. The area in which almost all training programs seemed to agree, however, was in their ability to be flexible or very flexible in adjusting their programs to meet the needs of health industry employers. Still, it was in the area of employer relationships that many training providers could benefit most. The following sections provide recommendations for how training providers might enhance recruitment, hiring and retention of the students they prepare for jobs in the health care industry. Specifically, we suggest that training providers:

1. Establish and formalize relationships with employers.

In our recommendations to employers, we outlined the benefits of creating formal relationships with training providers. In this section we reiterate these benefits, adding that, for training providers, these relationships can have the potential to boost a program's reputation among employers. For community-based organizations, this translates into higher placement rates and enhanced retention outcomes. Under the new Workforce Investment Act, City College training programs will be required to demonstrate improved placement and retention outcomes as well. Having an established system for working with a diverse group of employers is the key to connecting program graduates to quality jobs that lead to careers in the health care industry.

As we explained in the recommendations to employers, our research found that many training providers were unaware of the in-depth application and screening processes being used by employers today, and job seekers were unaware of the various occupations, wages, and career paths available in the health care industry. Employers and training providers could benefit from establishing formal relationships to:

- ◆ Facilitate the consistent exchange of information regarding entry-level health care occupations, preferred skill sets, wages, and career paths;
- ◆ Facilitate the exchange of up-to-date and detailed information on an employer's application and screening processes;

- ◆ Create opportunities for adapting training program curricula based on new employment trends and employer needs;
- ◆ Create opportunities for training program participants to gain work experience through volunteering and clinical internship programs;
- ◆ Help in creating “bridge” programs that prepare a larger pool of low-skilled individuals for success in certificate and degree programs;
- ◆ Develop partnerships for providing child care, transportation, and other social supports to new hires and incumbent workers; and,
- ◆ Provide opportunities to create training programs or modules to expand the skill sets and competencies of incumbent entry-level workers.

Through formal working relationships, employers and training providers can improve policies and practices in ways that will benefit each other as well as the job seeker who will gain a fuller awareness of job and career opportunities available in the health care industry and will be better prepared for the application and screening processes s/he will face upon entering the job market.

2. Prepare students for the hiring process.

Our focus groups with employers revealed a host of screening processes of which training programs should be aware and for which students should be prepared. Almost all employers said they use some kind of screening tool as part of the job application process. Some tools screen for skill-specific competencies. Many of the home health and long-term care agencies said they use written tests and observation to assess job-specific skills. Others said they use written tests and multi-media to assess the work ethic, problem-solving, and customer service skills of job applicants. Although they are being used increasingly by employers, these tests were not mentioned by training providers in our focus groups as a topic addressed in the skills training or job-readiness components of training programs.

We recommend that training providers become familiar with employers’ screening processes and, where possible, the nature of the screening tests employers use so that providers can better prepare students for this important step in the hiring process.

Employers in the focus groups listed the most common reasons for rejecting job applications as:

- ◆ Failed criminal background check and drug screening
- ◆ Lack of experience
- ◆ Poor or no references
- ◆ Lack of proper identification
- ◆ Poor customer service skills/lack of *minimum* courtesy or politeness

We believe that most, if not all, of these job seeker pitfalls could be addressed by educational institutions and community-based training providers. Indeed, because training programs' reputations are at stake every time a graduate presents him/herself to an employer, providers should take care to ensure that incoming students will meet employers' skill-specific and non-skill-specific requirements. To this end, we recommend that training programs:

- (a) **Conduct criminal background and drug screening tests** before the start of a course or, at a minimum, during the first week of classes. This screening should not be used to disqualify a program participant. Rather, it could help to identify which students require immediate information about their prospects for work in the health care industry, and which, by virtue of their desire to work in the industry, need to be referred for treatment and/or case management to address these issues.
- (b) **Establish “externship”/ internship programs** that will allow students to become familiar with specific health care environments and allow them to establish employer contacts before they enter the job market. These work experience programs can expose students to employees who are working in the student's chosen discipline as well as employees in other occupations. Thus, while they are still in training, they will begin to see the various occupations and career opportunities available in the health care industry.
- (c) **Inform students early-on about employer application review processes**, including the need for students to begin compiling a list of references and obtaining proper identification *in addition to* participating in other job-readiness activities like resume-writing, interviewing skills, and mock interviews.

3. Enhance training program curricula.

The training providers who participated in our focus groups operated different kinds of programs, targeted to a fairly broad range of student populations in dissimilar settings. This made it somewhat difficult to identify program issues common to all of them. We did, however, note that two significant employer trends were not explicitly addressed by our training provider focus group participants: multi-skilling and customer service skill requirements. We believe that training programs must begin to explore options for expanding or enhancing their programs to account for these two trends if providers hope to prepare students to be competitive in Chicago's health care job market.

Multi-Skilling. Health care employers are increasingly seeking employees who can function in more than one skill area. Multi-skilled workers are becoming a common element in the culture of the health care workforce, and this trend promises to continue for several more years until the occupations themselves become defined more broadly. In *Multi-skilled Health Care Workers: Issues and Approaches to Cross-Training*, Sherry Makely defines multi-skilling as a staffing concept “whereby workers are cross-trained to provide more than one function, often in more than one discipline.”¹⁴ Most training providers are familiar with this staffing concept, and a few providers (especially medical assistant

¹⁴ Makely, Sherry. 1998. *Multiskilled Health Care Workers: Issues and Approaches to Cross-Training*. Bloomington, IN: Pine Ridge Publications.

program providers) have already begun preparing students for practice in a number of different skill areas. But our research suggests that many training providers have not yet adapted their program curricula to reflect this growing trend. To these programs, we suggest Makely's approach:

- ◆ **Become informed about the concept of multi-skilling.** There are many resources on this subject, but we recommend beginning with Sherry Makely's *Multiskilled Health Care Workers: Issues and Approaches to Cross-Training*.
- ◆ **Gather support, both internally and externally, to adapt the training programs' curricula.** This begins with a survey of past program graduates, and is followed by a needs assessment of the health care employers most likely to be chosen by your program graduates.
- ◆ **Create an advisory committee to guide and influence program planning.** This committee could be made up of area employers, program graduates, current students, faculty, and program/organization administrators.
- ◆ **Consider developing training modules to “unbundle” skills.** Training modules provide the greatest flexibility, allowing training providers to mix-and-match the skill combinations most desired by employers and program graduates. Modularized training can be easily adapted to augment current curricula and provide additional skills training to incumbent workers.

Ultimately, creating training modules as part of a multi-skill-oriented program allows training providers to customize training for employers while supporting both current students and program graduates in achieving their career goals.

Customer Service Skills Training. After basic certification requirements, the most desired skills among health care employers are customer service skills. Especially among hospital employers, customer service skills are becoming a requirement of employment. All of the hospital employers in our focus group said they screen job applicants for customer service skills. Some employers use written screening tools, while others use multi-media to “place” job applicants into simulated situations and assess how they would respond. While this trend has increased substantially over the past couple of years, none of the training providers who participated in our focus groups mentioned having a customer service component integrated into their training programs.

We believe that customer service skill training is essential for entry-level health care workers. Therefore, we recommend that training providers consider: (1) expanding their training courses to include customer service training; (2) using input from employers to create a customer service training module to augment all health care training programs; and/or (3) adding a one- to two-day seminar to introduce students to the basic concepts and importance of customer service skills in the health care industry.

Generic customer service skill training materials and curricula are available almost anywhere, and at least one of the City Colleges offers a customer service skill-builder

course as part of the customer service representative certificate program. In today's health care job market, a well-trained, qualified job seeker is one who can demonstrate strong customer service skills. And his/her ability to succeed in the industry will be closely linked to his/her ability to put these skills to practical use in the health care setting.

PUBLIC AGENCIES & WORKFORCE BOARDS

The Workforce Investment Act of 1998 (WIA) has created a shift in our state and local workforce development paradigm. Public agencies and workforce boards have been forced to rethink how they approach workforce development, with an eye toward serving a dual customer; namely, the job seeker and the employer. One approach to workforce development that is gaining national popularity is *sector employment intervention*. This strategy targets specific industries and sectors that exhibit growth potential, job and career opportunities, and regional economic significance for workforce development programs and resources.

In Illinois and Chicago, public agencies and workforce boards have expressed an interest in this workforce development strategy, and a few local organizations, like the Chicago Jobs Council and the North Lawndale Employment Network, have begun to conduct sector-based research to inform the planning for a comprehensive workforce development system. Our research in the health care industry has illuminated several ways that state and local agencies and workforce boards could help to address the industry's entry-level employment needs in ways that will ultimately strengthen the capacity of health care providers to better meet the health care needs of Chicago residents now and in the future. Specifically, we recommend that public agencies and workforce boards:

1. Prioritize health care as a key industry.

There are a number of good reasons to invest workforce development and/or sector-specific resources in Chicago's health care industry. Among these reasons are:

- ◆ The health care industry is one of Chicago's most important industries, having generated over \$3 billion for the local economy in 1997, providing over 107,000 jobs and \$1.3 billion in payroll.
- ◆ In Chicago, hospitals, nursing and personal care facilities, and physicians' offices are listed among the fifteen biggest growth sectors, with growth in nursing and personal care facilities expected to outpace all but one of the fifteen biggest growth industries by the year 2006. When aggregated, these three sectors within the health care industry will account for more total jobs by the year 2006 than any other local growth industry, with an overall employment growth of 29,500 employees, for a total of 219,000 jobs.

- ◆ These expanding employment needs coupled with historically low levels of unemployment pose an especially difficult challenge for the health care industry and point to a need for a targeted workforce development strategy to meet the needs of health industry employers.
- ◆ Wages for entry-level occupations have been increasing consistently over the past few years, with some occupations having reached a self-sufficiency starting wage and others showing promise of being able to provide self-sufficiency wages within a relatively short period of time.
- ◆ Employers have expressed their eagerness to implement innovative strategies to improve their recruitment and retention of entry-level workers, including an increasing commitment to developing career ladders at the entry-level.
- ◆ Chicago's largest health care training provider, the City Colleges of Chicago, has committed to employing a sector strategy that includes health care training. This commitment to investing in quality health care training is critical to the success of any health care sector employment initiative in Chicago.
- ◆ The Chicago Jobs Council and the North Lawndale Employment Network have committed to working within the health care industry to provide consultation to and broker relationships between health care workforce stakeholders, and to identify additional advocacy, research, public education, and capacity-building opportunities.

For all of these reasons, public agencies and workforce boards should adopt a sector-based approach to workforce development that recognizes the health care industry as a key industry in which to invest workforce development resources.

2. Focus on increasing the health care labor supply.

Without question, the biggest problem facing health care employers now and in the future is the shortage of skilled health care workers. Skilled entry-level workers, including registered nurses with an associate degree, are especially important to employers because of the critical role they play in customer service and customer satisfaction. We believe that public agencies and workforce boards can play a pivotal role in increasing the health care labor supply by:

- ◆ **Promoting Health Career Awareness.** A significant finding of our research was that adult and youth job seekers were only moderately aware of the many occupations available in the health care industry, and almost completely *unaware* of the skill requirements, wages, and responsibilities associated with the few occupations they did know. Public agencies and workforce boards could invest in promoting health care career awareness through outreach and ad campaigns targeted to high school students, city college students, TANF participants enrolled in welfare-to-work activities, and other disadvantaged job seekers through community-based organizations, One-Stop career centers, housing developments, and local churches.
- ◆ **Expanding and Supporting Health Care Education and Training Programs.**

All entry-level health care jobs require some type of education and/or training. It is essential, therefore, to focus on health care education and training programs when developing a workforce development strategy in this industry. There are a number of ways that public agencies and workforce boards can support the expansion and improvement of health care education and training programs. For example, they can:

- (a) provide resources for research to assess what health care training programs currently exist, what entry-level health care occupations are being targeted through these programs, and the extent to which the occupations for which training is being provided correlates with the occupations experiencing the greatest labor shortages;
 - (b) support the goals and objectives of the City Colleges' sector intervention initiative in the areas of health care program expansion, "bridge" program creation, curriculum development involving employer input, and expansion of enrollment, placement and post-placement services; and,
 - (c) provide incentives for other training providers to expand and/or enhance their health care training programs and create "bridge" programs for less academically prepared students, especially for programs providing training in entry-level occupations experiencing the greatest labor shortages.
- ◆ **Involving and Supporting Community-Based Organizations in Sector-based Strategies.** Community-based organizations (CBOs) play a critical role in the workforce development system. Because they have experience working in the communities where low-skilled job seekers live and understand job seekers' needs firsthand, CBOs are important partners in the recruitment, hiring, and retention of entry-level workers. In addition to providing training, CBOs can also develop and provide "bridge" programs into existing health care training programs; provide child care, transportation and financial assistance; case management; job readiness and placement services; post-placement services; counseling and referrals; assistance with understanding public benefits and navigating the public benefits system; and they can provide customized services to employers and their employees.

AREAS FOR FURTHER RESEARCH

Through our research, the Chicago Jobs Council and the North Lawndale Employment Network identified two areas where more information was needed to both inform workforce development policies and programs and to ensure that on-going sector intervention efforts continue to be targeted and effective. Further research is needed to:

- ◆ **Survey existing entry-level health care training programs in Chicago.** Information about existing programs could be used to measure the supply of entry-level health care workers relative to the demand for given entry-level health care occupations. This data could be very useful to employers, training providers, job seekers, workforce boards, and

public agencies in developing training programs and recruitment strategies, and planning for the strategic allocation of workforce development resources.

- ◆ **Assess the effects, if any, of the Prospective Payment System on entry-level home health workers.** Occupations in home health care are projected to grow 99.6% between 1996 and 2006. It is expected that this burgeoning sector will be responsible for driving most of the growth experienced in the health care industry in the next decade. The home health care Prospective Payment System (PPS), which becomes effective in October 2000, will radically change the Medicare reimbursement structure for home health agencies based on “episodes of care” rather than on “visits” and will require home health agencies and staff to completely rethink and revamp their home health management practices. This change, like many radical systems transformations, has generated substantial controversy among home health providers, with some providers predicting that the new system will force their agencies into bankruptcy and/or significantly decrease the quality of care available to certain home-bound patients. Because the new reimbursement structure will change the way services are delivered, we believe it would be useful to understand the extent to which PPS will affect employer demand for home health workers and how it will affect the demand for specific skill sets among entry-level workers.

APPENDIX: Focus Group Questions

Employer Focus Groups

Verification of Occupational Data

- Are these the fastest growing occupations in the health care industry?
- Is the projected job growth correct?
- Are the skills and education requirements for the fastest growing occupations correct?

Hiring Needs

- How many new entry-level employees have you hired in the past year? For what entry-level positions? How many do you expect to hire for these positions in the coming year?
- What qualifications are you looking for in applicants for these positions?
- Do you have difficulty filling job openings? For what positions? What is the problem?
- What positions do you think will be most in demand by Chicago-area firms in the health care industry over the next 2-3 years? How will the qualifications for these jobs differ from those of jobs currently in demand?

Recruitment

- How do you recruit for job openings?
- Do you use temporary employment firms? For what positions? How well has this worked?
- From what sources or methods do you have the best luck getting qualified candidates?
- Do you recruit from the local community? If yes, what has been your experience? If no, why not?

Screening and Selection

- What is the process by which job applications are reviewed?
- What is your firm's interview procedure?
- Do you use tests to screen applicants? If yes, what tests and how are they evaluated?
- Do you do drug testing? Criminal background checks?
- What are the most common reasons that applicants are rejected?

Retention and Training

- What training do you provide employees? Who provides the training? Have you been satisfied with this training? Why or why not?
- In financial terms, how much does your firm invest in training?
- What training (that you do not currently provide) would you like to offer your employees?
- Do you have a turnover problem? For which positions? What are the causes?
- In financial terms, how much do you estimate employee turnover costs your firm?
- What are the most common reasons your employees leave?
- What does your firm do to retain qualified employees? What methods are most effective?

- Would you say your company generally promotes from within? For which positions?
- What are the advancement paths for employees in lower-level positions? What are the requirements for advancement? What factors prevent employees from advancing?
- Are there specific company, regulatory or legislative policies that make it difficult to achieve your recruitment, hiring, and/or employee retention goals?
- Is there flexibility in your company and/or department to implement new recruitment, hiring, and retention strategies to meet your human resource goals?

Training Provider Focus Groups

Current Programs

- What employment programs does your organization offer? What are the objectives of each program? What is the population served by each? What are the entrance requirements?
- What services do you provide through these programs? Do you refer clients to other organizations (or to other departments of your organization) for services you do not provide? Which organizations and services?
- When and where are your programs offered? How long do they last? What do they cost?
- What is the demand for admission to these programs? How extensively do you have to recruit?
- How do you recruit for these programs? Which methods are most effective? What methods are not effective? Why?
- How do you screen applicants for these programs?
- What is the retention rate for your programs? What are the main reasons that participants drop out of your programs? What have you done to lessen attrition from your programs?

Relationships with Employers

- What is your relationship with employers in the health care industry?
- What are the major employment trends and employer needs in this industry? Do these fields offer advancement opportunities for the target population?
- How does your staff identify job openings for clients? In general, how do you determine what sort of job opportunities to pursue for your clients? (e.g., do you conduct assessments or skills inventories for your clients?)
- What sort of job placement support do you offer? What support do you offer to job seekers in accessing those job opportunities?
- What sort of post-placement support, if any, do you offer?
- Do you track employment outcomes of your participants? How successful are your clients in retaining their jobs and advancing to better jobs? What are the barriers they face to job retention and advancement? How do you help them overcome these barriers? What other support is needed?
- How do you assess the needs of employers? What have you learned in the process? Have you adapted your programs to better respond to employer needs? In what ways?

Need for Additional Services

- In what ways could your programs be strengthened or expanded to enhance job placement, retention and advancement by the target population?
- What are the greatest challenges to the continued success of your employment programs?

- What services are you or others not currently providing that the target population needs to get jobs and stay employed? What needs to happen for these services to be offered?
- Are there groups in your community who you are not currently serving but would like to? Which groups? What is preventing you from serving them?
- Are there legislative, regulatory, or administrative policies that make it difficult to achieve the goals of your program(s)?
- Do you have any other suggestions on how to facilitate employment by the target population in the health care industry?

Job Seeker Focus Groups

Job Interest

- What are the top two jobs you would like to have? What about these jobs interests you?
- Do you feel you have the skills and experience to be successful in these jobs?
- What factors have been most important to you in choosing the jobs you have held?
- How do you define a “good job” and why?

Job Search

- How do you currently find out about job openings?
- What methods have been most successful in enabling you to get jobs?
- What methods have you tried that have not been helpful and why?

Barriers

- What are some things that have kept you from getting jobs you have applied for?
- Have you had trouble staying in jobs? What issues have caused you to leave jobs?
- What do you need to ensure your success in keeping a job?

Industry Knowledge and Perception

- What do you know about the kinds of jobs that are available in the health care industry?
- Have you or someone you know worked in these jobs? What was the experience like?
- Would you be interested in working in the health care industry? Why or why not?
- Do many people in your community know about job openings in the health care industry?

Training Needs and Preferences

- Do you know about any organizations in your community that can help you get prepared to work in the health care industry?
- How many of you have ever participated in a job training program? What was your experience?
- Would you enroll in a training program in the health care industry? Why or why not? If not the health care industry, what other types of training would you be interested in?
- If you decided to enroll in a training program, what sort of support would you need to stay in a complete the training?

APPENDIX: Health Care Worker Background Check Act of 1996

Illinois' Healthcare Worker Background Check Act of 1996 requires health care employers to investigate the conviction histories, if any, of individuals seeking positions that include direct patient contact. Individuals can seek a waiver from the Act from the Illinois Department of Health in order to be considered for employment.

The following is a list of “mitigating circumstances” that the Illinois Department of Health (IDH) will consider in determining whether to issue waivers to the Healthcare Worker Background Check Act of 1996. A list of disqualifying offenses can be obtained from IDH.

Mitigating circumstances: The age at which the crime was committed; circumstances surrounding the crime; current status of the individual, i.e., parole, probation, or completion of all post-incarceration obligations; the person's criminal history since the conviction (history prior to time intervals are also considered); the individual's work history, both in and out of the health care field; current/recent employment references; personal character references; other evidence demonstrating the ability of the individual to perform employment responsibilities competently and evidence that the person does not pose a threat to the health or safety of patients/clients; and, documentation supporting the issuance of a waiver (this should address one or more of the mitigating circumstance listed above and may include information from as many sources as are appropriate. Inclusion of this material is usually a matter of personal choice.)

IDH reviews these mitigating circumstances on a case-by-case basis to determine whether to issue a waiver. Regardless of the mitigating circumstances, individuals with one or more arrests and/or convictions for violent crimes of any nature are usually not considered eligible for waivers. It is also unusual for a waiver to be issued for a person who has been out of prison/jail for less than two years. Finally, the issuance of a waiver does not obligate an employer to hire an applicant, or retain an existing employee, who has been convicted of one of the disqualifying offenses.

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Founded in 1981, the Chicago Jobs Council (CJC) is an organization that works with its members to ensure access to employment and career advancement opportunities for people in poverty. With 18 original members, CJC has grown to include 100 community-based organizations (CBOs), civic groups, businesses and individuals committed to helping disadvantaged Chicagoans gain access to the education and training they need to enter the labor market, secure stable employment at a living wage, and pursue sustainable careers.

CJC pursues its mission through advocacy, applied research, public education and capacity-building initiatives focused on influencing the development or reform of public policies and programs. Our efforts are grounded in the perspectives of our members, who contribute their expertise as direct service practitioners, advocates, researchers and employers. CJC's work is 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 and community development issues, CJC fosters dialogue and cooperative strategies that effect change.



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