

10-2002

Reducing Barriers to Success for Entry Level Health Care Workers, 2002

Community Research Institute-Johnson Center

Follow this and additional works at: <https://scholarworks.gvsu.edu/jcppubs>

ScholarWorks Citation

Community Research Institute-Johnson Center, "Reducing Barriers to Success for Entry Level Health Care Workers, 2002" (2002). *Research, Reports, and Publications*. 44.
<https://scholarworks.gvsu.edu/jcppubs/44>

This Article is brought to you for free and open access by the Dorothy A. Johnson Center for Philanthropy at ScholarWorks@GVSU. It has been accepted for inclusion in Research, Reports, and Publications by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.

Literature Review

Reducing Barriers to Success for Entry Level Health Care Workers

Prepared for
The Delta Strategy

October 1, 2002

Prepared by
Korrie Ottenwess & Cori Scholtens

Community Research Institute



The Community Research Institute (CRI) at Grand Valley State University, a partnership between the Dorothy A. Johnson Center for Philanthropy and Nonprofit Leadership and the Grand Rapids Community Foundation, serves the Greater Grand Rapids nonprofit and philanthropic community. CRI's mission is to assist nonprofit organizations with acquisition of information and technical skills that will help to understand the evolving needs of the community, plan programs and solve problems, and measure outcomes.

CRI engages in applied research and Geographic Information Systems (GIS) projects and is a clearinghouse for community data. The CRI web site provides a comprehensive overview of community indicators at www.gvsu.edu/philanthropy/cri.

Questions about this report may be directed to Cori Scholtens at (616) 336-7211 or scholtco@gvsu.edu

**Literature Review:
Reducing Barriers to Success
for Entry Level Health Care Workers**

Prepared for
The Delta Strategy

October 1, 2002

Prepared by
The Community Research Institute
Korrie Ottenwess & Cori Scholtens

Reducing Barriers to Success for Entry Level Health Care Workers

Research Question: How are health care employers around the country supporting their entry-level employees, particularly those experiencing barriers to successful employment?

Introduction

Health care providers around the country are struggling with ways to support their entry-level workers and bring new employees into the field. To exasperate the issue, the health care industry is currently facing a threat to their ability to meet community needs due to an unprecedented labor crisis. This crisis is long-term in nature and much broader and more severe than other periodic shortages of the past.

- Eighty nine percent of hospital CEOs are reporting significant employee shortages, apparent in every type of hospital job even though ten percent of the United States civilian labor force is already working in health care. (American Hospital Association, 2002)

As they struggle to support and retain current employees while drawing in new pools of applicants, it becomes imperative for the health care sector and the greater community to collaborate in supporting entry-level employees in this field.

Effects of Crisis. The health care workforce shortage means that:

- Hospitals are canceling non-urgent surgeries, closing beds, and diverting an increasing number of ER patients.
- Hospitals and nursing homes are unable to admit patients and home care cannot take on new clients.
- Health care providers are experiencing increased costs due to staff overtime, nursing contracts, and per diem staff.
- Current health care staff is dissatisfied, stressed, and quickly burning out. (Health Care Association of New York State, 2000)

A shortage in health care staff also affects patients:

- Care is rushed or delayed.
- Continuity of care providers is lost due to high turnover rates of staff.
- Patients are at higher risk of injury when staff is rushed or facilities are understaffed. (Frank, Dawson, Van Klunen, Wilner, & Seavey, 2000)

Increased Need. This shortage comes at a difficult time as the population ages and baby boomers become of an age for higher incidence of disease. These factors increase the demand for services. The Bureau of Health Professions projects a needed growth in health care employees from 10.9 million in 2000 to over 14 million in 2010. (American Hospital Association, 2002)

Entry-Level Staff. Health care organizations are trying to put initiatives in place in preparation for this expansion and to address the shortage. Health care faces several barriers to implementation of such programs.

- Competition is intense with other industries for entry-level workers. (VHA Health Foundation, 2001)
- Fewer people are choosing health care as their career choice. (VHA Health Foundation, 2001) (American Hospital Association, 2002)
- The current health care labor force is aging. In 1980, the largest proportion of nurses was 25-29 years old. In 2000, the average age of a nurse was 47 years old. (American Hospital Association, 2002)
- Many hospital employees are dissatisfied. They are tired, burned out, their jobs are stressful, and they are understaffed. (American Hospital Association, 2002)
- Little effort has been made in the health care field to recruit a diverse group of employees into the workforce. The healthcare workforce has not kept pace with changing societal demographics. (Briley & Hutson)

Key Concept

It is imperative for the health care sector and the community to collaborate in making health care an employer of choice for entry-level workers and creating strategies to address the barriers they experience to employment. Why? Because without adequate and well-trained entry-level staff the benefits provided by the health care sector to a community are threatened.

Health Care Benefits Communities by:

- Impacting the health and well being of its citizens.
- Providing jobs in the community as a major employer.
- Keeping citizens healthy and productive.
- Attracting potential businesses.
- Providing community services such as health education, health screenings, and support groups.
- Caring for a community's uninsured. (Briley & Hutson)

The following pages explore the strategies used across the nation to support entry-level employees in the health care industry. Lessons learned from national studies are also

shared. The researched models explore both the recruitment of entry-level staff as well as retaining and advancing current entry-level employees. The report is divided into the following sections:

- Components of Effective Programs for Entry-Level Employees
- Barriers to Successful Programs
- Lessons Learned from Welfare to Work Models
- Next Steps in Health Care Workforce Development
- Recommendations from National/State Organizations
- Model for Moving Entry-Level Workers into Healthcare
- Conclusion
- Review of Top Models
- Bibliography

Components of Successful Programs

Across the country, dozens of programs have been implemented with the purpose of supporting entry-level health care workers. For this study, twenty-four model programs were reviewed. The list of programs was narrowed down based on the following criteria:

- Program goals closely resembled the goals of the Delta Strategy's Health Field Group
- Methods contained more than one 'component of a successful program' (addressed later in this section)
- Detailed program information was accessible

As a result, the following nine programs were analyzed in greater detail:

- H1-B Technical Skills Training - Philadelphia Workforce Development Co.
- Contextual Learning in Health Care for Dislocated Workers
- Center for Health Careers - East-West Gateway Coordinating Council
- STEP Program - Baltimore Workforce Investment Board
- Gateway to Health Careers - Jewish Vocational Services
- WorkStart - The Enterprise Foundation
- Train to Work - Project Pride for Living
- Project Rise - Partners HealthCare System
- The Leap Program - TMC HealthCare

These nine models represent a wide variety of programs. Some are community-based programs while healthcare organizations, government initiatives, or quasi-government councils manage others. They also have varying funding sources. Programs were most commonly funded by the federal government. Other funding sources included foundations, healthcare partners, and public donations. Although the various programs had many differences, they also had many common points. This section report will focus on identifying the common components of successful programs. Three common components were identified: (1) Human Capital Development, (2) Guidance and Support, and (3) Removing Family and Individual Barriers.

Common Component One - Human Capital Development

This component focuses on the idea that people need to be provided with education and training before they are placed into jobs. Training needs go beyond technical training. Many times hard-to-place workers are terminated because of their lack of life skills, not their ability to perform work tasks. Dependability, attitude, and the ability to communicate and get along with co-workers are essential skills that can be overlooked in traditional training programs. When training needs are addressed, low skill workers show promise in being able to move into stable jobs with greater chance for advancement. (Community Research Institute, 2002)

Nearly every program reviewed centered around training. While types of training and number of hours varied greatly between models, four broad categories of training were identified:

Remedial Education

- Preparation for Academic Success
- Adult Basic Education
- Computer Skills
- English as a Second Language

Life Skills

- Anger Management
- Budgeting
- Communication
- Conflict-Resolution
- Critical Thinking
- Family Management
- Financial Planning
- Fitness Building
- Goal Setting
- Health And Well Being
- Interpersonal Skills
- Leadership
- Money Management
- Motivation
- Planning
- Problem Solving
- Self Esteem
- Stress Management
- Team Building
- Time Management

Job Readiness

- Attendance
- Attitudes
- Customer Service
- Dress
- Work-Related Routines
- Materials Management
- Punctuality
- Prerequisite Skills Training
- Safety
- Sanitation
- Technical Training
- Work Ethic
- Workplace Behaviors

Technical Training

- Vocational
- Job Specific Tasks
- Advanced Skills

Types of Education within Model Programs

	Philadelphia Workforce Development Corporation	Minnesota Teamsters Service Bureau	East-West Gateway Coordinating Council	Baltimore Workforce	Jewish Vocational Services	The Enterprise Foundation	Project Pride for Living	Partners HealthCare System	TMC HealthCare
Remedial Education	✓	✓			✓	✓			✓
Life Skills	✓	✓		✓	✓	✓	✓	✓	✓
Job Readiness			✓		✓	✓	✓	✓	
Technical Training	✓	✓	✓	✓		✓		✓	✓

Common Component Two - Guidance and Support

The next component witnessed within nearly all of the model programs was a guidance and support component. Case management and other supports are needed while participants are receiving training. In addition, research shows that workforce development program graduates need to have guidance and support for up to several years after they are placed into jobs. (Community Research Institute, 2002) Types of guidance and support being utilized within the reviewed models included:

Training Support

- Program Registration Help
- In-Class Support
- Group Management
- Anger Management
- Teacher Relations
- Case Management

Employment Support

- *Support Groups* – Periodic meetings to share successes, solve problems and reinforce each other.
- *Case Management* – Addresses any area of the employee’s life, from job issues to day care. May include referrals to community based resources such as domestic violence counseling.
- *Home Visits*
- *Mentoring* – Used to provide encouragement and help relay information about organization culture and expectations.

Types of Support within Model Programs

	Philadelphia Workforce Development Corporation	Minnesota Teamsters Service Bureau	East-West Gateway Coordinating Council	Baltimore Workforce	Jewish Vocational Services	The Enterprise Foundation	Project Pride for Living	Partners HealthCare System	TMC HealthCare
Training Support		✓	✓		✓		✓	✓	✓
Employment Support	✓	✓	✓		✓	✓	✓	✓	✓

Common Component Three - Removing Family and Individual Barriers

The final program component examined was barriers. Removing individual barriers such as substance abuse and domestic violence brings benefits to both employees and employers. Research also shows that most often it is logistical issues such as transportation and childcare that cause workforce development program participants to drop out. (Community Research Institute, 2002) Within the models studied, a wide variety of barriers were addressed by providing the following types of assistance:

- Affordable Housing Placement
- Childcare (Placement & Vouchers)
- Clothing
- Community Outreach Referrals
- Computer Training
- Counseling
- Crisis Intervention
- Emergency Funds
- Emergency Medical Assistance
- Free Textbooks
- Free/Reduced Tuition

- Help With Cobra Payments
- Hourly Participation Wage
- Matched Savings Plan
- Transportation Assistance (Transportation Passes, Car & Insurance Payments, and Car Repair)
- Rent Money
- Substance Abuse Treatment
- Telephone Services

Barriers to Successful Programs

While reviewing various program models, issues that inhibited program success came to light. These issues fell into four categories: Funding, Training, Collaboration and Industry. It is recommended that these challenges be taken into consideration when designing a program for the Grand Rapids healthcare community.

Barrier Group One - Funding Challenges

- Lack of Funding - Several models reviewed through this research shut down due to lack of funding after only one or two years of operation.
- Sustainability - Organizations complained that it is impossible to guarantee the continuance of training programs when they are funded by grants and donations. One organization stated that it is in the interest of all parties to establish employer-paid-educational trust funds to create permanent on-the-job paid training programs.

Barrier Group Two - Training Challenges

- Barriers to Academic Success – A wide range of barriers were identified among participants of the models examined within this study. These barriers included low life skills, cultural barriers, attitude, lack of domestic tranquility, transportation needs, and childcare needs.
- Remedial Education Enrollment - Programs sited the fact that the majority of their participants needed remedial education before they began the training program. Despite this, enrollments were low when remedial classes were offered. One explanation of this centered on the idea that participants did not know they were lacking the foundations for academic success.

Barrier Group Three - Collaboration Challenges

- Standardization – Program managers found it difficult to gain consensus among program partners regarding necessary skills and standards taught within program curricula.
- Coordination – Coordinating training schedules was sometimes a challenge when many partners were involved.
- Unions – When unions are involved a certain amount of flexibility between the employer and the union may be required. Some program managers stated that minor changes had to be made in the program to facilitate success when working with unions.

Barrier Group Four - Industry

- Recruitment – Finding program participants is tough when the health care industry is characterized by low paying dead-end jobs and turnover rates as high as 100 percent a year.
- Fundamentals - Despite the success of individual programs, the health-care industry will remain fundamentally unchanged. This means that these types of ‘crisis’ programs will continue to be needed.

Lessons Learned from Welfare to Work Models¹

Benefits of Welfare to Work in the Health Care Sector

Some programs across the nation, which have the purpose of supporting entry-level health care workers, have chosen to focus specifically on welfare to work partnerships. Health care has lots to benefit from employing people moving from welfare into entry-level positions. “Health care organizations, with their community mission and people orientation, are uniquely positioned to play a major role in employing this new workforce.” (VHA Health Foundation, 2001, p.21)

Benefits to welfare recipients:

- Improves their individual health.
- Provides access to strategies that lead to healthier outcomes for self and families.
- Provides health care insurance so they can access treatment.
- Creates economic independence and career-advancement opportunities by providing education and training.

Benefits to the community and the health care sector:

- Promotes efficient use of the health care system.
- It is in the interest of the health of the community to bring people into the workforce.
- The nursing workforce needs to be reflective of the community customers being served in order to build trust with community residents. Recruiting from welfare to work population helps to achieve this balance.
- It is imperative to the business of health care organizations to actively participate in welfare to work efforts. Health care competes with numerous sectors for entry-level workers and nurses. Often, traditional recruitment processes are not producing the number of needed qualified candidates. Welfare to work allows

¹ The Annie E. Casey Foundation provided a grant of \$117,000 to the VHA Health Foundation to do a 15-month learning project to provide information to the health care sector on developing and implementing welfare to work programs. The foundation recruited members to a National Health Care Welfare to Work Task Force. The project had two main purposes: (1) to identify successful practices and potential barriers to health care organizations employing individuals transitioning out of welfare, and (2) to determine how those lessons might be broadened to improve overall healthcare workforce development. The nine participating organizations were all welfare to work programs instigated and run by local health care organizations.

health care to “grow their own employees.” It also attracts potential employees that better reflects patient populations.

Key Components for Success

There is no blueprint for implementation of welfare to work programs in the health care sector, but there are critical components and community partnerships that must be incorporated to be successful. For example, the mission of the health care organization is a critical driver for involvement in welfare to work initiatives. Health care organizations involved in welfare to work initiatives said they initiated their programs to improve individual and community health and to engage in partnerships that enhanced community capacity...both key aspects of the missions of these health care organizations. Welfare to work addresses a social justice concern: health care access for all. Thus it becomes imperative for strong leadership to be granted from the CEO of the organization.

- Soft Skills Training - Training in soft skills or life skills is critical to the successful transition of welfare to work participants into the health care sector. This training, in the areas of problem solving, communication, conflict resolution, and customer service, must occur in the beginning stages.
- Community Partnerships - Support from community partnerships is imperative for providing participants with additional soft skills training and adequate support services such as transportation, access to mental health services, extended childcare, and case management. These community service agencies can also be used to help address issues of domestic violence, drug abuse, and learning disabilities.
- Training for Managers and Supervisors - To decrease barriers and stereotypes that managers may have of this population, education and nurturing of supervisors and managers is necessary from the beginning.
- Mentoring - Various mentoring models are being used to enrich welfare to work programs for participants, employees, and employers. First line supervisors or trained employees often are used as mentors for welfare to work participants to assist in problem solving and provide avenues for support and learning.
- Career Ladder & Retention Strategies - Commitment to employee development is key to program success. Welfare to work participants begin in entry-level jobs because of their lack of experience and skill. Opportunities for education and advancement must be available to promote these participants within the organization.
- Benefit Packages - Adequate benefit packages from health care employers makes the transition smoother for participants from welfare and Medicaid. These benefits may include childcare benefits, health care benefits for part-time staff, new home down payment programs, or tuition reimbursement.

- Committed Program Administrators - A committed program administrator from within the health care organization is needed to build and maintain important partnerships in the community. As they care for the day-to-day tasks of the program, they become the link between the health care organization, the community service providers, and participants.

The health care sector has traditionally been a people-oriented sector, working with diverse groups of the population. Welfare to work encourages health care organizations as employers to intervene and coach the entry-level workforce in a new way that promotes the long-term success of employees.

“The experience of nine hospital-based programs shows that welfare to work can benefit both health care organizations and program participants. Health care organizations can realize improved retention rates for specific jobs and program participants can begin a path of increased economic independence...Welfare to work is one solution for the healthcare industry’s current and future work force development.” (VHA Health Foundation, 2001, p.35)

Next Steps in Health Care Workforce Development

“Welfare to work has been a good strategy to address critical staffing challenges in the health care sector. In order to continue to impact workforce shortages, health care should extrapolate this experience to other non-traditional populations and implement similar types of job supports for all entry level employees.” (VHA Health Foundation, 2001, p.16) The National Health Care Welfare to Work Task Force encourages health care employers to use the lessons learned from their study on welfare to work in the sector to design programs that reach out to other hard to employ populations in order to address the staffing crisis in the industry. The lessons learned that are transferable include:

Initiate the Education of a Quality Workforce

- Partner with local K-12 school systems to educate students about and encourage them to choose health care careers. Recruit youth into health care careers through curriculum design in collaboration with K-12 education systems and by providing experiential opportunities in the health care field.
- Establish organizational career paths for all employees in the health care organization.
- Take advantage of public funds made available to train specific populations.

Create a Community Effort for Workforce Development

- Health care organizations as employers should partner with other community groups, including local businesses, education systems, community agencies, chambers of commerce, and business associations, to develop long-term employment strategies at the community level.

Develop Post-Hire Retention Strategies, Becoming the Employer of Choice

- Implement retention programs to keep employees in the organization.

- Expand and offer welfare to work training and education opportunities to all entry-level workers.
- Develop and implement personalized career ladders for all employees.
- Other strategies include providing internal support (even financial support) for post-secondary education, mentors, ESL and GED classes.

Recommendations from National/State Organizations

Supporting entry-level staff and devising strategies to reduce barriers to employment often includes determining what the health care organizations, themselves, can do to become more supportive environments. The American Hospital Association and the Healthcare Association of New York State provide some suggestions.

As the American Hospital Association (AHA) (2002) collects data and works with its members to address the workforce crisis in the health care sector, they provide numerous recommendations for the health care community that are directly related to recruiting and retaining quality staff, including entry-level workers.

1. *Promote meaningful staff work.* The AHA encourages hospitals to make their environments one in which all work is designed around patients and the needs of staff. One of the main reasons hospitals cannot attract and keep workers is because the jobs have lost meaning as demands on workers have increased and become more tedious. The work is no longer satisfying for many. Instead it is demanding, exacting, requires great attention to detail, is hectic, stressful, and exhausting. Hospitals must provide meaning for staff work and support their efforts.
2. *Create a culture that values staff, gives them a voice in shaping policy, and provides rewards and recognition.* While new employees need to be recruited into hospitals, those currently employed must be retained. Employees will leave if their needs are not met, such as: compensation and benefits, recognition, opportunities for professional growth, career advancement, quality of supervision, scheduling that corresponds to personal needs, and appreciation for their contributions.
3. *Create strategies to attract a more diverse workforce.* Racial and ethnic minorities are greatly under represented in the health care workforce, as are men. By improving diversity in health care staff, new groups of potential employees will be tapped, cultural competency of hospitals will be enhanced, and health care providers will become more responsive to community needs and make-up.
4. *Collaborate with others in the community.* To bring in new staff, health care organizations must collaborate with other health care and professional organizations, educational institutions, corporations, philanthropic organizations, and government agencies.

The member organizations of the Healthcare Association of New York State (HANYS) (2001) also provide successful strategies for attracting and retaining health care workers.

- Market Your Image - Marketing the positive characteristics of a healthcare organization and its community has shown to increase the recruitment of healthcare workers.
- Create a Culture that is “Employee Friendly” - Employees are loyal to organizations that treat them fairly and with respect, communicate openly, where work is seen as important and challenging, opportunities are available to learn, performance is recognized and rewarded, and control of specific jobs are shared with employees.
- Provide Career Ladders - HANYS members advocate for the provision of concrete strategies and avenues for staff to work up career ladders.
- Recognize Employees’ Work - Recognition is provided for years of service, performance, and community commitment.
- Improve Compensation and Benefits - This may be done by increasing pay scales, expanding some form of assistance for childcare, offering flexible work hours, offering incentives and bonuses for weekend and off-shift work, offering referral bonuses to employees, and providing sign-on bonuses.
- Provide Support for Education and Training - Encouraging health care professionals at all levels to further their education increases rates of retention.
- Recruit with the Future in Mind - Recruit at the student level by developing relationships with local junior and senior high schools, Board of Cooperative Educational Services programs, community colleges, and universities.
- Recruit from Non-Traditional Employment Pools - Health care organizations are encouraged to recruit unskilled workers from non-traditional employment pools such as welfare to work programs, substance abuse counseling centers, and mental health workshops. Strategies include providing, subsidizing or paying for transportation assistance and eliminating barriers/stigmas for men and minorities.

Model for Moving Entry-Level Workers into Healthcare

The Illinois Workforce Investment Board’s Entry Level Skills Upgrade Task Force (2002) has created a model to be used by other communities in their efforts to match entry-level job applicants with jobs in health care. By conducting a sector analysis and researching the challenges faced by all key players, including health care employers, employees, job seekers, and training providers, the task force developed concrete solutions to address the needs in their community. From their experience, they have created a step-by-step approach to help other communities promote healthcare jobs for entry-level and low skilled applicants in their area.

Step One: Scan the Health Care Community

- Identify all health care providers in the targeted community such as hospitals, community health centers, and nursing homes in the targeted workforce area.
- Develop relationships with these organizations.
- Check to see if any local health care organizations are conducting or have conducted studies regarding employment trends from which results can be provided.

- Determine local entry-level job classifications with the largest personnel shortages. (The task force’s definition of entry-level jobs are those that require two years or less of education or training.)

Step Two: Create Job Descriptions for Distribution in the Community

- Create a guide of job descriptions outlining general information about entry-level jobs available in the healthcare sector.
- Review these job descriptions with area healthcare employers.
- Make these guides readily available to job seekers through wide community distribution.
- Example: The State Board of Education in IL has created the “Guide to Health Careers in Illinois.” It includes job descriptions, salaries, education requirements, and education training sites. (Available on-line at www.ioicc.state.il.us/HealthCareers/)

Step Three: Identify Local Training Programs

- Review the education requirements for targeted entry-level jobs in the local area.
- Identify training programs available for those jobs in the workforce area to be served.
- Also look into the current enrollment and capacity for each education and job-training program.
- Publish information for job seekers that includes specific courses offered, location of training programs, and start dates.

Step Four: Create Partnerships Between Healthcare Employers and Local Education and Job Training Programs.

- The most successful programs have included partnerships between healthcare employers and training sites.
- Model One: STRIVE, a nonprofit that helps low-income adults enter the workforce, teamed with Lutheran General Hospital. STRIVE provided 4-week job readiness programs. Lutheran General presented information about open positions to graduates of the STRIVE program. They also offered bus passes, \$100 for uniform costs, and paid on-the-job training to graduates who were hired. The partnership continued between STRIVE and Lutheran General until the graduates received their GEDs.
- Model Two: The University of Chicago Hospitals partnered with Moraine Valley Community College and City Colleges of Chicago at Harold Washington College to offer scholarships to current hospital nurses that wanted to upgrade their skills. The nurses’ hospital schedules became flexible to allow for work and school. In addition, all classes were offered on-site at the hospital.

Step Five: Foster Relationships Between Health Care Employers, Training Programs, and High School Students.

- In order to promote the health care field to the next generation of workforce participants, it is important to let middle and high school students know about the range of job opportunities available in the field and what training is required.

- Provide local high school guidance counselors with information on the range of job opportunities available in healthcare and the education requirements.
- Also provide them with information regarding local training programs for students.
- Example One: Through the Education to Careers Program, the Chicago Public Schools offer the “Practical Nursing Program,” the only licensed high school program in the state, and College Excel which allows high school students to earn both high school and college credit from City Colleges in Emergency Medical Technician, Pharmacy Technology, and Certified Nursing Assistant programs.
- Example Two: Alivio Medical Center has partnered with local middle and high schools to offer internships and volunteer programs at their medical center. Students receive credit for their time in the hospital from the school.

Step Six: Develop a Marketing Plan

- Develop a system to market healthcare job and training opportunities to job applicants and unemployment insurance applicants in the targeted workforce development area.
- After creating partnerships with health care employers and local training programs, identify and create access to financial aid for healthcare training.
- Continually seek out up-to-date information on the current health care job market to make available to job applicants.
- Create kiosks to feature available jobs on-site at local healthcare employers.
- Encourage hospital recruiters to offer regular presentations to job seekers and offer hospital tours and demonstrations.
- Also use local media, job fairs, and school programs to market health care opportunities to the larger community.

Step Seven: Implement Strategies to Overcome the Barriers of Job Seekers, Employers, and Training Providers.

- Entry-level workers often face challenges of childcare, transportation, language barriers, lack of job skills, lack of education, lack of information, substance abuse, and criminal backgrounds.
- Employers also create barriers for job applicants such as education requirements above true necessity for the tasks required.
- Training programs create barriers such as inflexible course schedules.
- Identify the barriers in the local community by experiencing the problems first-hand faced by applicants.
- Example: STRIVE and Advocate Lutheran General Hospital discovered that the bus route running by the hospital stopped service at 10:30pm, causing transportation dilemmas for second shift staff that worked until 11pm. Effective advocacy by community coalition members extended bus service later into the evening and on weekends.

Step Eight: Pursue Policy Recommendations at the State Level

- Through the partnerships created in the steps above, identify policy changes that need to be addressed at the state level.

This model creates a framework for communities across the nation to create solutions specific to the needs in their local area with the end goal to match entry-level job applicants with jobs in healthcare.

Conclusion

Health care providers around the country are struggling with ways to support their entry-level workers and bring new employees into the field. To compound the issue, the health care industry is currently facing a threat to their ability to meet community needs due to an unprecedented labor crisis. This crisis is long-term in nature and much broader and more severe than other periodic shortages of the past. As they struggle to support and retain current employees while drawing in new pools of applicants, it becomes imperative for the health care sector and the greater community to collaborate in supporting entry-level employees in this field and create strategies to address the barriers they experience to employment. Why? Because without adequate and well-trained entry-level staff the benefits provided by the health care sector to a community are threatened.

Across the country, dozens of programs have been implemented with the purpose of supporting entry-level health care workers. Although the various models have many differences, they also have many common components for establishing successful programs, including: (1) human capital development, (2) guidance and support, and (3) removing family and individual barriers.

Some programs across the nation, which have the purpose of supporting entry-level health care workers, have chosen to focus specifically on welfare to work partnerships. There is no blueprint for implementation of welfare to work programs in the health care sector, but there are critical components and community partnerships that must be incorporated to be successful, including soft skills training, community partnerships, training for managers and supervisors, mentoring, career ladders, retention strategies, adequate benefit packages, and committed program administrators.

Supporting entry-level staff and devising strategies to reduce barriers to employment often includes determining what the health care organizations, themselves, can do to become more supportive environments. The American Hospital Association and the Healthcare Association of New York State provide some suggestions. These include promoting meaningful staff work, creating a culture that values staff, attracting a more diverse workforce, collaborating with others in the community, providing support for education and training, recruiting with the future in mind, and recruiting from non-traditional employment pools.

Finally, the Illinois Workforce Investment Board's Entry Level Skills Upgrade Task Force (2002) created a model to be used by other communities in their efforts to match entry-level job applicants with jobs in health care. Their step-by-step approach demonstrates the need for the health care sector and the greater community to collaborate in supporting entry-level employees in the health care field.

Model Programs

H1-B Technical Skills Training

managed by

Philadelphia Workforce Development Corporation, Inc.

Program Type:	Recruitment of Entry-Level Staff & Retaining and Advancing Current Entry-Level Employees
Management:	Nonprofit (Public Service)
Funder:	Federal Government
Location:	Philadelphia, PA
Education Components:	Remedial Education, Life-Skills, Technical Training
Support Components:	Employment Support

Summary

The H1-B Technical Skills Training program is built around an accessible career ladder in nursing. The goal is to enable all levels of participants to access training and employment based on needs. Motivated and experienced entry-level health care workers are targeted for training as skilled nurses. The nurse's aide certification course includes 320 hours of instruction, vastly exceeding the federal requirement of 75 hours. Participants work at least 20 hours per week while in training to meet the work requirements of the welfare law. Employers are required to notify the program of job openings and give the program the first opportunity to fill the vacancies. A backfilling system allows low-wage, unemployed, and young workers to become trained as nurse's aides, and backfill the entry-level workers vacated jobs. The project design integrates the new One Stop System into the service delivery strategy, enabling the consortium partners to become involved in the development of the new system. This project includes a comprehensive support system to ensure success of the skilled nursing students. (Ryan, 2001)

Goals

- Train 600 welfare recipients over a 30-month period
- Promote a career ladder, job retention efforts, and transportation assistance
- To address the needs of area employers for nurses at all levels and especially for the highest skilled nurses which included registered nurses and licensed practical nurses.

Results

- At the two-year mark, 369 participants were enrolled in the career ladder program.
- Of the 73 participants who have been on the job for at least one year, the job retention rate is 75%.
- Employers now rely on the program to meet their personnel needs.

Contextual Learning in Healthcare for Dislocated Workers
 managed by
Minnesota Teamsters Service Bureau

Program Type:	Retaining and Advancing Current Entry-Level Employees
Management:	Nonprofit (Union)
Funder:	Federal Government
Location:	Minneapolis, MN
Education Components:	Remedial Education, Life Skills, Technical Training
Support Components:	Training and Employment Support

Summary

The Contextual Learning in Healthcare for Dislocated Workers program is an employment program to train potential employees, support potential employers and employees, and create employee retention strategies for low skill workers. The program's training component includes 15 weeks of classes which are held 5 days a week for the entire day. Case managers work on soft skills as they become an issue with individuals and groups. Case managers also work to remove all barriers to success. They helped with registration, in-class support, group management, anger management, teacher relations, job placement, and resumes. The program has a \$70,000 budget for client support which provides assistance with rent, car insurance, car repair, car payments, cobra payments, emergency medical, clothing, childcare, and bus passes. (Melvin, 2002)

Goals

- To reduce the time required for individuals with low basic skills and limited English proficiency to move into health care jobs
- To develop the skills needed to qualify for jobs and occupations in healthcare
- 130 new workers
- 80-95% worker satisfaction rates
- 80-95% employer satisfaction rates

Results

- 106 of 133 clients graduated training program
- 101 of the 106 graduates were placed into health care jobs
- The wage replacement rate was 104%
- Employers and program participants reported 90% satisfaction with program

Center for Health Careers
 managed by
East-West Gateway Coordinating Council

Program Type:	Recruitment of Entry-Level Staff
Management:	Quasi-Government Council
Funder:	Foundation, State Government
Location:	St. Louis, MO
Education Components:	Job Readiness, Technical Training
Support Components:	Training and Employment Support

Summary

The Center for Health Careers program was designed to open the doors for individuals who would like to work in the healthcare field but who may not know how to start. Qualified candidates are given career assessment, work readiness training, childcare and transportation assistance, skills training and training referrals, tuition assistance, job coaching/mentoring, a matched savings plan and more.

It works in the following way:

The Missouri Department of Social Services sends over recruits. Counselors at the East-West Gateway's Center for Health Careers evaluate skill levels. Some candidates are matched with a job at a partner healthcare agency immediately. For those with little work experience, the Center provides several days of job-readiness training. Participants are then placed into a "job shadow" program. "Job shadowing gives them some hands-on training and a real opportunity to see if this is something they really want to do," says Tom Rhodenbaugh, director of the St. Louis Regional Jobs Initiative. (Annie E. Casey Foundation)

Clients who want to become certified nurse's assistants will enter a hospital-based training program that lasts 8 to 10 weeks. The initiative helped design the program. The hospital operates it. Students spend a half-day in class and the rest of the day on the floor. Trainees have a chance to develop commitment to their job and assess various opportunities. Hospital staff also has a chance to get to know their future co-workers.

During the weeks before job placement, counselors help with the typical employment barriers that low-income workers face. Once placed, workers are supported for one year by a "job coach". (Annie E. Casey Foundation)

Goals

- Help workers develop the skills to stick to a job
- Help workers move up the career ladder

Results

- Program placed 35 workers in 1999
- As of March 2000, 60 percent of the program's 42 graduates were still in their jobs.

STEP Program
 managed by
Baltimore Workforce Investment Board

Program Type:	Retaining and Advancing Current Entry-Level Employees
Management:	Quasi-Government Council
Funder:	State Government
Location:	Baltimore, MD
Education Components:	Life Skills, Technical Training
Support Components:	None

Summary

STEPS (Skills-Based Training for Employment Promotion) is a pilot program. Through the pilot, entry level health care workers (housekeeping, maintenance and dietary staff) in several of Baltimore’s hospitals participated in training to fill job vacancies in four critical occupations: surgical technician, medical coder, nursing extender and pharmacy technician. (Mayor's Office of Employment Development, 2001)

The program has two components:

Employer-Based Services - This component was intended to serve 100 participants that were already employed at partnering hospitals. Training was delivered through Baltimore City Community College in four occupational areas: surgical tech, pharmacy tech, medical coding and nursing tech. Employer commitment to cover 50% of the cost of training was required. Salaries of the participants were expected to increase 21%-108% upon completion of training.

Individual Step Accounts (ISA) – These accounts were for currently employed former TANF recipients and provide for individualized training.

Goals

- Train 100 employees
- Provide 30 individual STEP accounts

Results

- In the first class, 18 of 20 students graduated
- All of the first 18 graduates were placed into jobs

Gateway to Health Careers
 managed by
Jewish Vocational Services

Program Type:	Recruitment of Entry-Level Staff
Management:	Nonprofit (Education)
Funder:	Foundations, Private Industry Council
Location:	San Francisco, CA
Education Components:	Remedial Education, Life Skills, Job Readiness
Support Components:	Training and Employment Support

Summary

The Gateway to Health Careers program prepares low-income workers and public assistance recipients to enroll in City College's health occupations training programs.

The program has 3 phases:

1. Students are introduced to health careers and taught job readiness and interpersonal skills. They are also prepared for academic coursework at City College. Students attend classes five days a week for approximately 3 months.
2. Students continue their training by enrolling in health technology courses at City College.
3. Students are assisted in career planning and in their search for employment.

Services offered include prerequisite skills training, technical training, placement assistance, program and employment retention services and follow-up support services.

Goal

- To provide academic and support services to clients (students) to enable them to succeed in obtaining health careers.

Results

Gateway has affected the lives of its clients in the following areas:

- Success in an academic environment
- Ability to utilize the resources available to them at the Junior College
- Positively changing their lives, and their children's lives

WorkStart
managed by
The Enterprise Foundation

Program Type:	Recruitment of Entry-Level Staff
Management:	Nonprofit (Operating Foundation)
Funder:	Healthcare Organization, Operating Foundation
Location:	Denver, CO
Education Components:	Remedial Education, Life Skills, Job Readiness, Technical Education
Support Components:	Employment Support

Summary

The Enterprise Foundation attempts to provide basic jobs skills training, post employment support, and continuing vocational education through its WorkStart Program. Participants attend four weeks of pre-employment skills and personal-development training, provided by Goodwill Industries. Exempla, the program’s healthcare partner, provides hospital-department tours and guest speakers. Life skills and work readiness are emphasized. Courses include aptitude testing, self esteem and fitness building, active problem solving, basic computer skills, customer-service training, basic professional dress, and interview training. Participants who are hired receive case management and continuing educational support during their first year of employment. They also are assigned a department mentor, a peer working the same or similar position as the WorkStart participant. The mentor teaches the program participant details of his or her position and how to thrive at Exempla. Participants are encouraged to continue their education through the Community College of Denver. (VHA Health Foundation, March 2001)

Results

- 100% of program participants completed the training program
- All program participants entered into full-time employment

Train to Work
managed by
Project Pride for Living

Program Type:	Recruitment of Entry-Level Staff
Management:	Nonprofit (Public Service)
Funder:	Nonprofit
Location:	Minneapolis, MN
Education Components:	Life Skills, Job Readiness
Support Components:	Training and Employment Support

Summary

Project Pride for Living has created a four week training program which focuses on skills of everyday living. The program, called Train to Work, uses a curriculum which covers team building, how to fill out job applications, time management, stress management, budgeting, motivation, goal setting, anger management, motivation, communication, characteristics of a valued employee, finding jobs, keeping jobs, and interview techniques. Participants are paid \$6.50 an hour to be in the program. Issues such as housing, transportation, uniforms, interview clothing, telephone services, and computer training were addressed through partnerships with other agencies. The third week of the training program consists entirely of job shadowing. After a participant graduates and is placed into a job at Abbott Northwestern Hospital, staff retention specialists provide assistance for up to 18 months. The assistance provided could address any area of the employee's life, from job issues to day care, transportation, clothing, food, or utilities. (VHA Health Foundation, March 2001)

Goals

- Improve housing in the neighborhood surrounding Abbott Northwestern Hospital
- Increase jobs in the neighborhood surrounding the hospital
- Clean up public spaces in the neighborhood surrounding the hospital
- Reduce violence and crime in the neighborhood surrounding the hospital

Results

- 231 people have participated in the program.
- 80.9% of program participants completed training.
- 78.8% of program participants were offered full or part-time employment.
- The cost of the program was approximately \$2,000 per graduate, a significant savings over Abbott's new-employee hiring cost of approximately \$4,300.
- The number of Abbott Northwestern employees from the surrounding neighborhood grew by 30% from 1998 – 1999.
- Turnover has decreased

Project Rise
 managed by
Partners HealthCare System

Program Type:	Recruitment of Entry-Level Staff
Management:	Healthcare Organization
Funder:	Federal Government
Location:	Boston, MA
Education Components:	Life Skills, Job Readiness, Technical Training
Support Components:	Training and Employment Support

Summary

Project Rise has six elements:

Job Readiness – This is an eight-week pre-employment training program that builds job-readiness skills such as attendance and punctuality, appropriate workplace behaviors, appropriate dress, application and resume preparation, and interview techniques.

Internship - Participants are placed in an internship for 9 full days where they are encouraged and gain experience in an actual job.

Job Placement – At the end of pre-employment training, graduates are placed in permanent employment as soon as possible. A career fair is held where managers can stop by and meet graduates, examine their resumes and interview them on the spot. This streamlines the process.

Job Club – This provides ongoing job placement resources for candidates who do not find immediate employment.

Case Management - During training and for 18 months after employment, participants get case-management services including referral to community based resources such as domestic violence counseling.

Career Development - Project Rise partners help participants plan for their futures, offering assistance in obtaining high-school equivalency diplomas, English language classes and other resources to increase their workplace skills. Partners also provide a broad range of on-site classes to participants once they are employed.

(VHA Health Foundation, March 2001)

Goals

- Satisfy the business need to fill entry-level openings with job-ready candidates
- Build on a longstanding commitment to improve the health of underserved Boston Neighborhoods
- Provide employment opportunities for community residents scheduled to lose public assistance benefits due to welfare reform
- Improve job retention for entry-level employees

Results

- 97 people have participated in the program
- 82.5% of participants have completed training
- 70.1% of program graduates were offered full or part-time positions

The Leap Program
 managed by
TMC HealthCare

Program Type:	Recruitment of Entry-Level Staff
Management:	Healthcare Organization
Funder:	State Government
Location:	Tucson, AZ
Education Components:	Remedial Education, Life Skills, Technical Training
Support Components:	Training and Employment Support

Summary

LEAP is a 7 phase program. The first four phases concentrate on getting participants into the program. These phases are Outreach and Recruitment, Intake and Assessment, Case Management, and Interviewing and Screening. Phase 5 is a one week job exploration where candidates are given tours of the hospital and review processes and various department and functions. Employment opportunities are also explored. Phase 6 is an internship combined with on-the-job training. During this phase, the participant is paired with a mentor. At the end of the internship, most program participants are ready for employment. The final phase is additional training for those participants who wish to continue their education. (VHA Health Foundation, March 2001)

The program takes place 3 – 4 times per year. Each round has approximately 15-20 participants.

Goals

- To work in partnership with LEAP program participants to place approximately 40 individuals annually into entry-level positions with advancement opportunities at TMC HealthCare
- To cultivate within each individual his or her highest and best potential, both personally and professionally, within the TMC HealthCare Organization

Results

- 85 people have participated in the training program
- 75.3% of participants completed training and were ready for employment after 13 weeks within the program
- 73% of program graduates were placed into full or part-time jobs

Bibliography

- American Hospital Association. (2002, April). *In our hands: How hospital leaders can build a thriving workforce*. Retrieved August 26, 2002, from http://www.hospitalconnect.com/aha/key_issues/workforce/commission/InOurHands.html
- Annie E Casey Foundation. *St. Louis Regional Jobs Initiative*. Retrieved August 26, 2002 from, <http://www.aecf.org/initiatives/jobsinitiative/stlouis.htm>
- Briley, Taya and Hutson, Troy. *Who will care for you: Washington hospitals face a personnel crisis*. Seattle, WA: Washington State Hospital Association and Association of Washington Public Hospital Districts. Retrieved on September 13, 2002, from www.wsha.org/publications/PS_Report.pdf
- Community Research Institute. *Poverty Brief*. May 2002.
- Frank, Barbara W.; Dawson, Steven L.; Van Klunen, Andy; Wilner, Mary Ann; and Seavey, Dorie. (2000). *Health care workforce issues in Massachusetts*. The Massachusetts Health Policy Forum. Retrieved August 12, 2002, from <http://www.sihp.brandeis.edu/mhpf/GT-MHPF%20Workforce%20Issue%20Brief.pdf>
- Hamos, Julie and Grobart, Shirley. (April 2002). *Technical assistance guide: A model for matching entry-level job applicants with jobs in healthcare*. Illinois Workforce Investment Board, Entry-Level Skills Upgrade Task Force. Retrieved September 4, 2002, from http://www.ilworkforce.org/Docs/pdfs/ELSU/technical_assistance_guide_final.PDF
- Health Care Association of New York State. (December 2000). *The crisis of care*. Health Systems Strategist, Eleventh in a Series. Retrieved on September 13, 2002, from www.hanys.org/workforce/publications/strategist_1200.pdf
- Healthcare Association of New York State. (May 2001). *Members offer successful strategies for attracting and keeping health care workers*. Health Systems Strategist, Twelfth in a Series. Retrieved September 13, 2002 from, http://www.hanys.org/workforce/publications/spring_strategist.pdf
- Healthcare Association of New York State. (January 2002). Update on the workforce shortage crisis: The numbers. *Health Systems Strategist*, 7, 12. Retrieved on September 13, 2002, from www.hanys.org/workforce/publications/strategist_0102.pdf
- Ryan, James. (2001). *Building a career ladder in healthcare*. Social Policy. Retrieved on September 13, 2002, from http://www.socialpolicy.org/recent_issues/SP01/sp-spring-01-ryan.html
- Scholz, Jean. (2001). *Ohio hospitals: Best practices for attracting and retaining staff*.

- Columbus, Ohio: Ohio Hospital Association. Retrieved August 12, 2002, from <http://www.ohanet.org/workforce/practices/BestPractices.pdf>
- SEIU Local 250. *Career Ladder Training SEIU250/KP*. Retrieved September 19, 2002, from <http://www.seiu250.org/articles/article.cfm?ID=4521>
- VHA Health Foundation. (March 2001). *Welfare to work: Strategies for health care work*. Irving, TX: National Health Care Welfare to Work Task Force, VHA Health Foundation. Retrieved September 19, 2002, from www.vhahealthfoundation.org/WelfaretoWork.pdf.
- Mayor's Office of Employment Development. (December 2001). *Low wage earning parents assisted by \$575,000 grant awarded to Baltimore Workforce Investment Board & Mayor's Office of Employment Development*. Retrieved September 19, 2002, from http://www.oedworks.com/whatsnew/pr_ma_12132001.htm