

Inclusive, Local Hiring

.....

Building the Pipeline
to a Healthy Community

.....



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The *Hospitals Aligned for Healthy Communities* toolkit series

Inclusive, Local Hiring

Part of the *Hospitals Aligned for Healthy Communities* toolkit series

Fall 2016 | David Zuckerman and Katie Parker | The Democracy Collaborative



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THE DEMOCRACY COLLABORATIVE

The Democracy Collaborative, a nonprofit founded in 2000, is a national leader in equitable, inclusive, and sustainable development. Our work in community wealth building encompasses a range of advisory, research, policy development, and field-building activities aiding on-the-ground practitioners. Our mission is to help shift the prevailing paradigm of economic development, and of the economy as a whole, toward a new system that is place-based, inclusive, collaborative, and ecologically sustainable. A particular focus of our program is assisting universities, hospitals, and other community-rooted institutions to design and implement an anchor mission in which all of the institution's diverse assets are harmonized and leveraged for community impact.

ABOUT THE AUTHORS

David Zuckerman, MPP

David is the Manager for Healthcare Engagement for The Democracy Collaborative's Anchor Institution Initiative. He is the author of *Hospitals Building Healthier Communities: Embracing the Anchor Mission* and a contributor to *Can Hospitals Heal America's Communities: "All in For Mission" is the Emerging Model for Impact*. He is also a co-author of a National Academy of Medicine discussion paper, *Building a Culture of Health at the Federal Level*.

Katie Parker

Katie is a Research Associate at The Democracy Collaborative. Her work focuses on how hospitals and health systems can better support their surrounding communities. She is also a co-author of a National Academy of Medicine discussion paper, *Building a Culture of Health at the Federal Level*.

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How to use this toolkit

Hospitals Aligned for Healthy Communities toolkit series is designed to provide hospital and health system leadership and department managers with the steps to begin to harness their everyday business practices to drive community health and well-being. This toolkit offers a guide for how to leverage hiring practices to advance inclusive, local job creation and career development for communities experiencing the greatest health and wealth disparities.

The toolkit is divided into two parts. This booklet provides background information on how to leverage workforce and hiring practices to drive community health and well-being, and distills lessons learned from leaders in the field. **Case Studies** from six institutions provide an in-depth look at how hospitals and health systems are implementing this work on the ground and the key strategies they are employing. The **Strategies** section outlines the specific processes and practices needed to build an inclusive, local hiring pipeline, and how to make more intentional external community connections and internal career pathways. **Laying the Foundations** focuses on institutionalizing these practices, providing materials to begin and guide the conversation at your institution. Lastly, the **Return on Investment** section provides language and metrics to measure for assessing business impact.

To jumpstart your learning, refer to the **Tools for Getting Started** folder, which provides worksheets and handouts for designing an inclusive, local hiring program. The **Overview** provides a broad look at why inclusive, local hiring is important. An **Infographic** outlines the key elements of an inclusive, local hiring strategy, providing a visual to accompany the Strategies section in the booklet. **Diving In** highlights places to get started, identifying quick wins. The **Readiness Checklist** allows you to assess where your institution is at, and what steps you can still take. And worksheets on **Big Questions, Identifying Your Partners, and Overcoming Barriers** provide resources for your team to work through critical program design questions.

For an online version of this toolkit, and for further resources, go to:

www.HospitalToolkits.org/workforce

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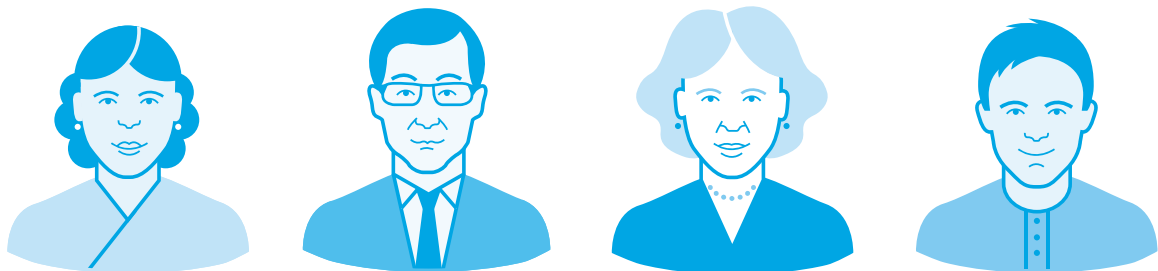
Overview

Inclusive, local hiring:

Building the pipeline to a healthy community

Every day, we learn more about how patients' health outcomes are tied not only to the healthcare they receive but also to the conditions in the communities where they live. Social and economic inequities, amplified by race, often emerge as the leading factors explaining differences in health outcomes and life expectancies. As this evidence grows, healthcare systems must consider how they can build a culture of health in the communities they serve. This shift is sparking conversations and rapid learning about the nonclinical strategies that institutions can deploy to achieve better outcomes and reduce health disparities inside and outside their walls.

Health systems are uniquely positioned as leading economic engines and employers in their communities. In addition to providing quality healthcare, they can leverage their business practices to help address the economic factors that contribute to a community's overall well-being. Through local and inclusive hiring, health systems can invest in an ecosystem of success that lifts up local residents; helps create career pathways for low-income, minority, and hard-to-employ populations; and begins to transform neighborhoods. In the process, health systems can develop a more efficient workforce pipeline, meet sustainability and inclusion goals, and ultimately improve the health of their communities. Establishing a local and inclusive hiring strategy is an important first step towards rethinking your health system's role in the community. This toolkit can help you get started.





THE BUSINESS IMPACT CASE

Inclusive, local hiring creates multiple benefits that contribute to better institutional and community outcomes in both the short and long terms.

.....

Short-term impacts

- Reduce job turnover rates
- Increase recruitment process efficiency
- Save internal training and orientation costs
- Create a more diverse workforce
- Develop partners that can uniquely adapt to your business needs
- Leverage public resources by linking existing workforce development dollars to employer demand

Long-term impacts

- Improve employee morale through internal investment and strong community connections
- Address issues of health equity and identified community health needs
- Improve your reputation in the community
- Reduce the carbon footprint by increasing the number of employees living close to work
- Increase community impact by targeting underserved neighborhoods.

Around the country, communities are becoming more diverse. By 2045, the US will be a majority-minority country. At the same time, the difference in living standards between well-resourced and low-income communities continues to grow, and these differences are often linked to race. In the most dramatic sense, this is illustrated by large life expectancy gaps of more than twenty years between low-income and high-income neighborhoods just a few miles apart in cities across the country.¹ Framed another way, in the most distressed quintile of US zip codes, 25 percent of adults have no high school degree and only 45 percent of adults are working. In the most prosperous quintile, only 6 percent have no high school degree and 65 percent of adults are working.²

In an era of unstable and precarious local economies, and with the disappearance of middle class careers for recent high school graduates, the need to build better pipelines to the careers of the future is critical to creating economically secure and healthy communities. Health systems, along with universities, local governments, and community foundations, represent “sticky capital” because their nonprofit and public ownership status coincides with a deep investment in place that is often inextricable from their mission. Such “anchor institutions” offer opportunities to align resources to create new local opportunities.

Health systems can partner with workforce intermediaries and community-based organizations to ensure that residents from low-income communities, often people of color who face challenges finding employment, can access life-changing opportunities at their institutions. By reviewing internal policies and procedures around career trajectories for frontline and mid-level employees, health systems can ensure that jobs become careers for their workers. To expand the impact of local and inclusive hiring strategies, health systems can help bring together other large employers to build a sustainable community infrastructure advancing this approach to local job creation and career development.

When an institution is linked to the long-term well-being of the community it calls home, both the institution and the community can benefit when existing resources are leveraged creatively to address key issues. An “anchor mission” is an institutional commitment to increasingly align operations and intellectual resources to benefit the communities of need the institution serves, improving the health, well-being, resilience, and economic security of all community residents. Building robust and inclusive local hiring pipelines is a long-term investment in a workforce that is more productive and more invested in institutional success, and in a community that is healthier and more economically secure.

THE WIDENING GAP

The economic and racial divides that drive health disparities include the following key indicators.

- **22 percent** of children are living in poverty, a percentage that has not changed since 1960³
- Ignoring racial inequities in income costs the country around **\$2.1 trillion** of lost GDP annually⁴
- The number of people living in concentrated poverty has doubled from seven to **fourteen million** since 2000⁵
- White median net wealth in the US is **thirteen times** greater than African American net wealth and ten times greater than Latino net wealth⁶
- Differences in lifespan after age fifty between the richest and the poorest has more than doubled—to **fourteen years**—since the 1970s.⁷

For an animated video overview go to:

www.HospitalToolkits.org/workforce

SOURCES

- ¹ Sabrina Tavernise, "Disparity in Life Spans of the Rich and the Poor is Growing," New York Times, February 12, 2016, accessed July 7, 2016, <http://nyti.ms/1PRn2nx>; Original study: Barry Bosworth, Gary Burtless, and Kan Zhang, "What growing life expectancy gaps mean for the promise of Social Security" (Washington: Brookings Institution, 2016), <http://www.brookings.edu/research/reports2/2016/02/life-expectancy-gaps-promise-social-security#recent/>.
- ² The 2016 Distressed Communities Index: An Analysis of Community Well-Being Across the United States (Washington, DC: Economic Innovation Group, 2016). accessed May, 2016, <http://eig.org/dci/report>; Matt Bruenig, "White High School Dropouts Have More Wealth Than Black And Hispanic College Graduates," Policy Shop, Demos, September 23, 2014, accessed May, 2016, <http://www.demos.org/blog/9/23/14/white-high-school-dropouts-have-more-wealth-black-and-hispanic-college-graduates>.
- ³ "Kids Count Data Book: State Trends in Child Well-Being" (Baltimore: Annie E. Casey Foundation, 2016), 6, http://www.aecf.org/m/databook/2016KCDB_FINAL-embargoed.pdf.
- ⁴ Thomas A. LaVeist, Darrell Gaskin, and Patrick Richard, "Estimating the Economic Burden of Racial Health Inequalities in the United States," International Journal of Health Services vol. 41, Issue 2 (2011).
- ⁵ Elizabeth Kneebone and Natalie Holmes, "U.S. Concentrated Poverty in the Wake of the Great Recession" (Washington: Brookings Institution, 2016), accessed July 2016, <http://www.brookings.edu/research/reports2/2016/03/31-concentrated-poverty-recession-kneebone-holmes>.
- ⁶ Rakesh Kochhar and Richard Fry, "Wealth Inequality has Widened along Racial, Ethnic Lines Since end of Great Recession," (Washington, DC: Pew Research Center, December 12, 2014), accessed May, 2016, <http://www.pewresearch.org/fact-tank/2014/12/12/racial-wealth-gaps-great-recession>.
- ⁷ Sabrina Tavernise, "Disparity in Life Spans of the Rich and the Poor Is Growing," New York Times, February 12, 2016, accessed May, 2016, <http://www.nytimes.com/2016/02/13/health/disparity-in-life-spans-of-the-rich-and-the-poor-is-growing.html>.

Key Terms

ANCHOR INSTITUTION

Anchor institutions are nonprofit or public institutions that are firmly rooted in their locales, including hospitals, universities, local governments, and utilities. These institutions often have a social or charitable purpose, and unlike for-profit corporations that can relocate, are place-based and tend to stay put. As such, they have a vested self-interest in helping to ensure that the communities in which they are based are safe, vibrant, healthy, and stable.¹

ANCHOR MISSION

A commitment to consciously apply the long-term, place-based economic power of the institution, in combination with its human and intellectual resources, to better the long-term welfare of the community in which the institution is anchored.²

COMMUNITY BENEFIT

Activities of hospitals and health systems that contribute to the health and well-being of their surrounding community. Non-profit hospitals and health systems must report on their community benefit activities in order to maintain their federal tax-exempt status. Traditionally, community benefit reporting has included free and discounted care, unreimbursed care, community health improvement efforts, efforts to expand access to care, training for health professionals, and research. In 2011, the IRS issued guidance that “community building activities” also counted as community benefit. Defined as hospital activities that foster health improvement through physical and environmental improvements, community capacity building, and economic development, this expanded the range of community benefit activities to include sectors such as housing and workforce development.³

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

A research process non-profit hospitals must implement as part of their community-benefit reporting. Instituted by the Affordable Care Act of 2010, CHNAs must be completed by hospitals and health systems every three years and identify the most pressing community health concerns. An implementation plan must then be developed to address identified community health needs. CHNAs and the resulting implementation plans are publically reported, and subject to review by the IRS.⁴

COMMUNITY WEALTH BUILDING

A systems approach to economic development that creates an inclusive, sustainable economy built on locally rooted and broadly held ownership. Community wealth building calls for developing place-based assets of many kinds, working collaboratively, tapping large sources of demand, and fostering economic institutions and ecosystems of support for enterprises rooted in community.⁵

HEALTH & HEALTH EQUITY

More than just the absence of illness, these toolkits utilize the World Health Organization’s definition of health, “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” Health equity refers to the notion that all people should be able to achieve their highest level of health, regardless of their race, gender, class, sexual orientation, or other identities. Achieving health equity requires addressing the systemic factors shaping the social determinants of health.⁶

SOCIAL DETERMINANTS OF HEALTH

A complex of social, economic, and environmental factors that drive health outcomes. The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, work, live, and age.” They represent the wider set of forces and systems shaping the conditions of daily life that drive health outcomes, such as inequality, social mobility, community stability, and the quality of civic life. Sometimes referred to as “upstream” determinants, research indicates that 40 percent of the factors that contribute to health are social and economic.⁷

WORKFORCE INTERMEDIARY

A workforce intermediary is an organization that helps connect residents to jobs through training, access to employment opportunities, and other wrap-around support. They can be public agencies, non-profits focused on job placement, community-based organizations focusing on reaching specific populations-such as re-entry or refugee communities-educational and training organizations, union apprenticeship programs, or other workforce organizations.⁸

¹ See Tyler Norris and Ted Howard, *Can Hospitals Heal America's Communities? "All in for Mission" is the Emerging Model for Impact* (Takoma Park, MD: The Democracy Collaborative, 2015), 8

² See Tyler Norris and Ted Howard, *Can Hospitals Heal America's Communities? "All in for Mission" is the Emerging Model for Impact* (Takoma Park, MD: The Democracy Collaborative, 2015), 7

³ For further definitions and information about Community Benefit, refer to: “Jargon Buster,” Build Healthy Places Network, accessed August 2016 <http://www.buildhealthyplaces.org/jargon-buster/>; and “What are hospital community benefits?” (Baltimore, MD: The Hilltop Institute, 2013), accessed August 2016 <http://www.hilltopinstitute.org/publications/WhatAreHCBsTwoPager-February2013.pdf>,

⁴ For further definitions and Community Health Needs Assessments, refer to: “Jargon Buster,” Build Healthy Places Network, accessed August 2016 <http://www.buildhealthyplaces.org/jargon-buster/>;

⁵ See Marjorie Kelly and Sarah McKinley, *Cities Building Community Wealth* (Takoma Park, MD: The Democracy Collaborative, 2015), 16

⁶ Health and health equity are defined by The Build Healthy Places Network, which utilizes definitions from the World Health Organization.. For more information, see: “Jargon Buster,” Build Healthy Places Network, accessed August 2016, <http://www.buildhealthyplaces.org/jargon-buster/>; and “WHO definition of Health,” World Health Organization, accessed August, 2016, <http://www.who.int/about/definition/en/print.html>. For further definitions of health equity, see “Glossary of Terms,” National Partnership for Action to End Health Disparities, Office of Minority Health, accessed August 2016, <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34>

⁷ See “Social Determinants of Health,” World Health Organization, accessed April 2015, http://www.who.int/social_determinants/en/; Tyler Norris and Ted Howard, *Can Hospitals Heal America's Communities? "All in for Mission" is the Emerging Model for Impact* (Takoma Park, MD: The Democracy Collaborative, 2015); and “County Health Rankings & Roadmaps,” University of Wisconsin Population Health Institute, accessed September 2015, <http://www.countyhealthrankings.org/Our-Approach>


⁸ See Maureen Conway and Robert P. Giloth, eds., *Connecting People to Work: Workforce Intermediaries and Sector Strategies* (Washington DC: Aspen Institute, April 2014), 5

②

Case Studies

Case Studies

LEARN WHAT IS HAPPENING ON THE GROUND

→  Learn how these institutions are addressing common challenges in the **Overcoming Barriers** worksheet in the *Tools for Getting Started* at the end.

1 UNIVERSITY HOSPITALS

Cleveland, Ohio

Working in partnership with community-based organizations to connect diverse residents from high-poverty neighborhoods to available frontline positions, and then intentionally to internal career development and advancement opportunities.

2 WEST PHILADELPHIA SKILLS INITIATIVE

Philadelphia, Pennsylvania

Building the local workforce capacity to meet anchor institutions' (including health systems') hiring needs, and connecting diverse residents from high-poverty neighborhoods to job training and placement opportunities.

3 EMS CORPS

Alameda County, California

Increasing the number of underrepresented emergency medical technicians by connecting young men of color to mentorship and job training opportunities.

4 PARTNERS HEALTHCARE

Boston, Massachusetts

Offering paid internship programs with pathways to hire and providing coaching and tuition assistance for internal advancement for frontline employees.

5 UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Aurora, Colorado

Prioritizing community engagement and partnering with local workforce intermediaries to provide training to diverse, local residents for high-need, high-turnover jobs.

6 JOHNS HOPKINS UNIVERSITY & HEALTH SYSTEM

Baltimore, Maryland

Connecting forecasting, training, and hiring departments to create a workforce strategy that prioritizes hiring diverse, local residents, and then providing intentional internal career development advancement opportunities.



University Hospitals

CLEVELAND, OHIO

University Hospitals Cleveland Medical Center
1032-bed tertiary medical center
Employees: 8,000 (24,000 system wide)

Key strategies employed

- Designate geographic focus in high-poverty neighborhoods
- Set aside positions for pipeline cohort graduates
- Offer job coaching for new hires and map out potential career pathways
- Partner with local educational institutions and community organizations
- Provide tuition assistance for trainings accessible to frontline employees

MISSION OF WORKFORCE DEVELOPMENT PROGRAMS



Enable people to develop careers in which they can meet their potential, aspirations, and earning power and help University Hospitals meet its workforce needs.”

Overview

University Hospitals (UH) of Cleveland, Ohio focuses their workforce development initiatives on connecting community residents to jobs, and then to career ladders within the institution. The external programs focus specifically on six high poverty neighborhoods that surround UH's main campus, called the Greater University Circle (GUC). The GUC has a population of about 50,000. A local nonprofit organization, Towards Employment, provides participants with skills training focused on specific open positions at UH. UH sets aside position spots outside of the normal candidate pool and hires directly from cohort graduates. UH also has an internal worker-training program for current staff, which provides encouragement and support for internal advancement. UH offers a robust set of literacy building and skills training initiatives, with supports such as release time built in, and partners with education and training entities that can provide targeted skills development. In addition, employees can apply for job-specific training programs where they will receive paid training to move into a more advanced position on the career ladder.



Background

Initial workforce development efforts at UH began as part of a grant-funded literacy-building program for employees. Debbi Perkul, now senior workforce development professional, was hired to run the program. The success of the program led to an extension of the grant funding, and, eventually, to the institutionalization of Perkul's position and workforce development. At the same time, efforts around community outreach accelerated. Interest in local hiring began as part of the Greater University Circle Initiative, a multi-anchor partnership focused on economic revitalization. Perkul's involvement in the Hire Local committee led to the idea of increasing local hiring into entry-level positions in the hospital. A major barrier to increasing local hiring was the number of applications received by UH—over 17,000 candidates apply each month. At the same time, turnover rates for specific positions were high, necessitating a different recruitment approach. Kim Shelnick, UH's vice president of talent acquisition, recognized that the way to connect the talent in the surrounding neighborhoods to jobs at UH would be to create a “funnel within the funnel,” in which UH community partners would do the initial screening and training of neighborhood applicants, who would then apply to job openings in target departments as a part of a separate pool. With these strategies in place, Step Up to UH launched in 2013.

As both the human resources and community efforts gained traction, the two areas became further integrated. In 2013, UH launched the Pathway to Patient Care Assistant and a career coaching program. Building off the success of these programs, UH launched Step Up to Patient Care Assistant in 2015, which connects community residents directly to PCA jobs. In December 2014, Human Resources and System Leadership began a strategic planning process for workforce development, through which they assessed existing programming and launched additional pilots.

Program set-up

UH's workforce development approach includes two types of initiatives. Step Up programs are external facing and target specific, high-poverty neighborhoods. Pathways programs are for current UH workers and are tied into career development and advancement. The goal of Step Up to UH is to support economic development in high poverty neighborhoods surrounding UH by training residents for open positions at the institution. The initial program focused on environmental services and nutrition services, and in 2015, Step Up to PCA was launched which focuses specifically on the patient care assistant position. Towards Employment is UH's external workforce development partner, providing recruitment and screening, job readiness, coaching, and soft skills training. Another local community-based organization, Neighborhood Connections, provides community outreach. In 2013, twenty-eight people were hired from Step Up to UH, with a 75 percent retention rate after the first year. In 2014-2015, an additional sixty-four people were hired through Step Up to Environmental and Nutrition Services and twenty-nine patient care assistants were hired from Step Up to PCA.

UH Pathway to PCA is a program built to support UH employees in frontline service positions to advance into direct patient care. Employees apply to the program, and, if accepted, are hired as clinical technical assistants and then receive paid training. In 2013, ten PCAs were hired through this program with a retention rate of 80 percent after year one. Between 2014 and 2016, an additional eighteen PCAs were hired, most of whom are still employed after one year.

UH Bridge to Your Future is an incumbent worker-training program administered by Tri-C, a local community college that prepares employees for college education. The program focuses specifically on math and reading skills. Employees enrolled in the program receive one hour of release time a week to study, are given access to an online learning platform, and get additional forms of support, such as: coaching, budgeting and financial education, and stress management. 257 employees have enrolled to date, with a completion rate of 79 percent.

Internal career coaching and education programs are open to all employees, help to bolster the existing programs and increase the internal hiring rate. After the implementation of the coaching program in 2013, the internal hiring rate rose from 32 percent to 39 percent. Career coaches help employees navigate their various options for advancement within the institution and the training opportunities offered.

Staffing and budget

Staffing for the Step Up and Pathway programs involves both organizational development and learning and talent acquisition. Integrating these two areas helped to make the efforts more holistic and far reaching. Kim Shelnick spearheads the local hire effort, which illustrates leadership's commitment to these efforts. Debbi Perkul, senior workforce development professional, is responsible for coordinating training opportunities and seeking out opportunities to add programs and grow partnerships, both inside and outside the institution. "Having a point person who connects human resources hiring and the community-based organizations is really important... There are so many different systems in place, so somebody who [can] help navigate the systems is the key to success," highlights Perkul. Participation of the hiring managers at the departmental level is also important. As Perkul emphasizes, "Whether it's a Step Up program or a Pathway program, we'll be hiring people who will need continued coaching from the job coach, and the managers have to be willing to give the person the leeway and time to transition into that kind of employment."

Funding

The funding for programs comes primarily from philanthropic sources. Many of the incumbent worker programs began as grants. Other costs, such as training and outreach for the Step Up programs, are funded by braiding internal resources with community partners' funding.

Key strategies employed

GEOGRAPHIC FOCUS ON HIGH-POVERTY NEIGHBORHOODS

According to Perkul, the focus of Step up to UH is to “prioritize specific neighborhoods and specific people who might not be able to successfully apply to these jobs through the regular recruitment process.” Step Up to UH focuses on the high poverty zip codes prioritized in the Greater University Circle Initiative, a large place-based revitalization initiative with many anchor, philanthropic, and community partners. This geographic focus ensures alignment of investments across the institution, so that efforts to build and stabilize wealth have the greatest impact. For example, these are the same neighborhoods where employees can participate in the employer-assisted housing program and receive a subsidy to purchase a house. By focusing on neighborhoods with high unemployment, the Step Up program seeks to create measurable impact in the local economy.

SET ASIDE POSITIONS FOR PIPELINE COHORT GRADUATES

Although there is not a guarantee to program graduates that they will be hired, human resources sets aside a percentage of positions for cohort participants, ensuring that their applications will be considered. This process ensures that the Step Up candidates do not get lost in the large volume of applications for open position. The rest of the job openings in the target departments are posted to the regular career website, and follow the usual recruitment process. Step Up and Pathways applicants compete against each other for the designated positions, but not with the general applicant pool.

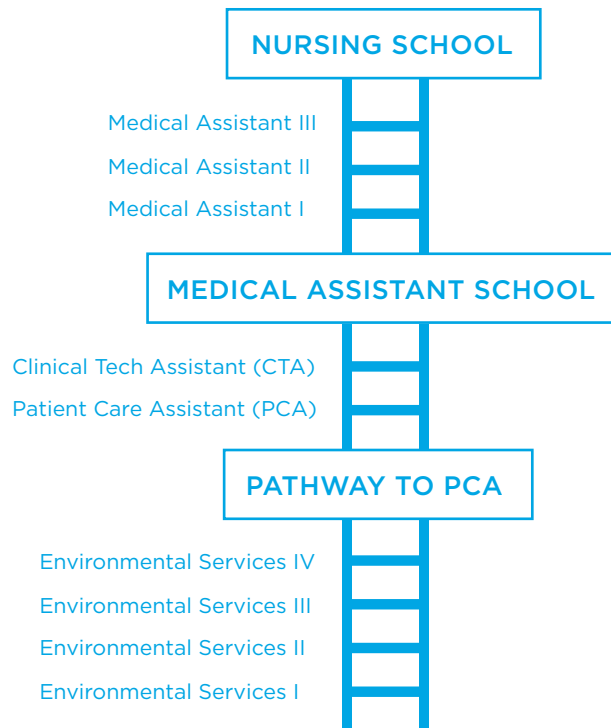
OFFER JOB COACHING FOR NEW-HIRES AND MAP OUT POTENTIAL CAREER PATHWAYS

A key feature of UH's workforce development strategy is to connect the local hire pipeline to pathways for advancement within the institution. UH has outlined clear pathways for frontline employees to advance to higher-wage positions by mapping out training opportunities that will allow employees to learn new skills. Their approach also includes creating pathways for employees to move laterally in cases where this will offer opportunities for further advancement. For example, an employee in environmental services can transition to patient care assistance, which, over time, will offer greater opportunities for career growth.

Creating pathways within the institution also serves to make diversity goals more impactful, which is a top UH priority. “The trick is that over time we want to continue to push people up once they're here. The further up we can push people, the more it will add to the institution's diversity,” Perkul notes.

Job coaching is also an essential component of this pathways approach. Step Up employees receive six months of job coaching from Towards Employment after their hire. And, thanks to a large philanthropic gift received in 2016, all entry-level employees have access to career coaching. In addition to helping employees navigate their training and advancement options, their leadership has been trained to better support frontline employees. Shelnick explained, “[We're] training our leaders on how to be more understanding of the everyday problems that this level of employee is experiencing from social and economic standpoints...If they're having a babysitter problem, or just having other day-to-day problems as single moms or dads, we can give training to our leaders to know how to work through those issues.”

Possible Career Ladder: Patient Care



TUITION ASSISTANCE FOR FRONTLINE EMPLOYEE ACCESSIBLE TRAINING

In order to make these pathways a reality, human resources connects employees to tuition assistance, which is not just available for degree granting programs, but for skill building and certificate programs as well. For a number of programs, employees can get release time and be compensated for training. For example, in the Pathway to PCA program, participants are hired as PCAs upon acceptance to the program, and are paid for their training time.

PARTNERSHIPS WITH LOCAL EDUCATIONAL INSTITUTIONS AND COMMUNITY ORGANIZATIONS

Partnerships, particularly with Neighborhood Connections and Towards Employment, are key to the success of the UH programs. Not just because they help deliver quality services and connect to neighborhood-based expertise and resources, but because they make financial sense as well. Shelnick explained that one of UH's first priorities was to establish strong partnerships, since they did not have the human resources to have members of the team perform all of the roles. Partnering is also critical to outreach. Neighborhood Connections is successful in its outreach efforts for the Step Up programs because it is embedded in the community and has a wide grassroots network. Because Neighborhood Connections offers a variety of services, including a small grants program, community members engage with the organization even if they are not participants in the Step Up programs. Moreover, Neighborhood Connections has credibility in the community because of the success of their other programs, allowing Step Up to build off of their existing reputation.

IMPACT

STEP UP TO UH:



111
Hires in
2.5 years



80%
One-year retention rate
for pipeline graduates,
compared with 66% overall



Reduced interview
to hire ratio for
recruiters

PATHWAY/STEP UP TO PCA:



55
Total hires



80%
Retention rate

POSITIONS GRADUATES ARE HIRED INTO

- Environmental services
- Nutrition services
- Patient care assistant
- Operating room assistant
- Medical assistant

FOR MORE INFORMATION

<http://nfwsolutions.org/initiatives/university-hospitals>

Debbi Perkul
Senior Workforce Development Professional
University Hospitals
Debbi.Perkul@uhhospitals.org
216-767-8394

SOURCES

Debbi Perkul, interview by David Zuckerman and Katie Parker, November 3, 2015, transcript.

Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016, transcript

Kim Shelnick, interview by Ted Howard, Cleveland, OH, October 15, 2015, transcript.

CareerStat, National Fund for Workforce Solutions and Jobs for the Future, "University Hospitals," <http://nfwsolutions.org/sites/nfwsolutions.org/files/CSTAT-Champion-University-Hospitals-050614.pdf>

West Philadelphia Skills Initiative

PHILADELPHIA, PENNSYLVANIA

Anchors

- University of Pennsylvania
- Drexel University
- Children's Hospital of Philadelphia

Total employees: 75,000

Key strategies employed

- Focus on jobs with clear career pathways
- Work with network of multiple employers
- Involve hiring managers in the training process
- Partner with a workforce intermediary
- Utilize a cohort training model focused on specific positions
- Designate a geographic focus in high-poverty neighborhoods

MISSION OF WORKFORCE DEVELOPMENT PROGRAMS



To connect West Philadelphia employers seeking talent to West Philadelphians seeking opportunity, to build local workforce capacity, and to support people in realizing their full economic potential.”



Overview

The West Philadelphia Skills Initiative (WPSI) in Philadelphia, Pennsylvania is a workforce intermediary that utilizes an “employer-driven, jobs-first model,” and develops training programs that connect community residents to high-need and high-turnover jobs. The geographic focus of the WPSI covers five zip codes in a district with about 240,000 people. This area is also where there is a high concentration of jobs. In the eastern end of the district, there are 75,000 jobs in a 2.4 square mile area. WPSI aims to leverage this job density by connecting local residents to existing open jobs and providing tailored training so that residents have the necessary skills to get these jobs. At the same time, WPSI provides key services to employers by reducing recruiting time, improving the quality of applicants, and increasing employee retention.

Background

Launched in 2010, WPSI works with employers to connect residents to jobs at local anchor institutions. WPSI is a program of University City District (UCD), a partnership organization focused on community revitalization in West Philadelphia. UCD was founded in the 1990’s in response to an unprecedented crime wave, with the initial mission of supplementing city services. This is still a major focus of the organization, but there has been increasing emphasis on economic development. Much of UCD’s board was composed of leadership from the city’s major employers, which sparked thinking about how they could better leverage their hiring practices to support the work of UCD. This was the impetus for the development of the WPSI.

Program set-up

WPSI works with employers to develop tailored trainings for specific positions that they will soon be hiring for and handles all of the recruitment, admissions, and selection for each training program. Trainings vary in duration and scope based on the particular position and the needs of the hiring institution. Participants in WPSI are selected through an application process, and applicants must have a high school diploma or GED equivalent to be eligible.

WPSI hosts information sessions to familiarize applicants with the program requirements, admissions process, and to introduce them to the employer. Up to one hundred people attend each information session and apply to the program. There is only space for fifteen cohort members in each program, and candidates go through initial screenings as well as in-person interviews, making the admissions process highly competitive.

Each WPSI training module is developed based on the specific skillset required for the position of focus. The job-training component is integrated with education on the hiring institution’s culture, along with soft skill development more generally. Participants are assessed and evaluated throughout the programs and have multiple opportunities to interact with hiring managers from the hiring institution. To help enable participation, cohort members are paid during the training.

While there is no formal obligation for participating institutions to hire graduates from the program—only the requirement that the positions being trained for have vacancies—acceptance rates for program graduates are high. One key benefit WPSI offers employers is they can provide detailed evaluation data on the participant from throughout the training. In reference to the hiring process, Sheila Ireland, vice president of workforce solutions at UCD explained that by the end of the longer training programs hiring staff has developed a relationship with each candidate, at which point they are “supposed to be effective members of your staff by your own accord, and you have the vacancies. That’s what the 95 percent placement rate is about.”

Staffing and budget

The 2015 budget of WPSI was \$774,000. There are four full-time employees on staff, and trainers are contract employees.

Funding

To date, the initiative has evolved primarily on philanthropic funds. While employers on the board make contributions to UCD, they did not make direct contributions to WPSI until fiscal year 2016, when \$60,000 of direct funding began. Additional philanthropic funders include the Pew Charitable Trust, the Job Opportunity Investment Network, LISC Philadelphia, and many of the major banks in Philadelphia. A key source of initial funding support was a one time planning grant. For WPSI training programs with job shadowing components, employers will pay the wages of trainees during their work hours and WPSI will pay the stipends awarded on off-site training days.



Key strategies employed

FOCUS ON JOBS WITH CLEAR CAREER PATHWAYS

One of the requirements WPSI has set for training programs is that they must be for jobs that are full time, with benefits, and connected to a career ladder. “If you are trying to build a quality program, you need a quality job,” highlights Ireland. The training is an intense investment for students, so it is essential to have a career ladder that motivates them to commit to the program.

WORK WITH NETWORK OF MULTIPLE EMPLOYERS

An essential component of WPSI’s success is that the program encourages participants to connect to multiple employers and find the field that best fits their skills. As Ireland describes it: “My mantra is [that] I’m providing the employer with the best employee fit and also my participants are supposed to be making the decision about whether this is the employer for them... Yes, we build programs for an employer partner, but that job is a safety net for my participants. Over the course of the program, we find out where they’re supposed to be, where their talents really lie, and we connect them to that.”

UTILIZE A COHORT TRAINING MODEL TARGETED AT SPECIFIC POSITIONS

WPSI works with employers to develop cohort models that best address job needs and context. The cohorts vary—in both duration and skill focus—and are tailored based on the preferences of the hiring institution. This helps employers address pressing workforce challenges. For example, Children’s Hospital of Philadelphia created a new position that would interface between patients and clinic staff and help each group navigate specific situations. It was important that these employees had both interpersonal skills to interface with families and patients and a deep knowledge of the institution. After the hospital had difficulty finding candidates, WPSI developed a four-week intensive training program that emphasized emotional intelligence and prepared candidates for a rapid orientation and entry process.

Another example of the tailored cohort approach is with Drexel University’s College of Medicine Certified Medical Assistant (CMA) Pipeline Program. A primary issue for Drexel was a high turnover rate in this position. To address this, WPSI developed a custom curriculum focused on facilitating retention by providing extensive and gradual on boarding. Specifically, participants transition from developing soft skills early in the program to completing on-site training in later phases. Lasting six months and requiring thirty-five hours per week from participants, the training incorporates targeted attrition and wage increases. Participants learn proprietary information technology systems and other institution-specific skills directly from Drexel faculty and staff. They also receive personal coaching after hire to help facilitate retention. A particularly notable component of this program is a split wage model. WPSI pays for wages during training and Drexel pays for the wages during on-site clinical work. Throughout the training, the overall wage increases so that candidates receive the starting CMA wage once they complete the program and are formally hired.

Phase 1: \$9.00 per hour: 100 percent training time

Phase 2: \$11 per hour: 40 percent training time, 60 percent clinical time

Phase 3: \$13 per hour: 20 percent training time, 80 percent clinical time

Phase 4: \$14 per hour: 5 percent training time, 95 percent clinical time

Program graduates begin with a starting wage at Drexel of \$14.25

INVOLVE HIRING MANAGERS IN THE TRAINING PROCESS

Part of the success of Drexel's CMA training program is the involvement of hiring managers. As the program progresses, participants transition to on-site clinical training. This component is managed differently than the other training portion, with Drexel paying the wages of participants. This not only contributes to the financial sustainability of the program, but it connects the departmental managers who will be hiring candidates. Managers get to know candidates and become knowledgeable about their skillsets and work style. Although candidates still have to apply for the open CMA positions, this familiarity can be a huge asset. In other WPSI programs, managers from hiring institutions conduct mock interviews and "speed dating" interviews with candidates; these events are set up so that candidates can interface with departmental managers and managers can get to know participants.

Another side of WPSI's manager engagement is that managers themselves receive training. For instance, WPSI teaches a course to managers at Drexel called Class Consciousness. The curriculum focuses on the fact that management often comes from a different class background than new hires and outlines the differences in norms that may arise. This equips managers to create an environment that is more inclusive and supportive for new hires, which in turn improves retention.

PARTNER WITH A WORKFORCE INTERMEDIARY

WPSI has positioned itself as a service provider to employers, emphasizing the benefits their programming can bring to the table. This incentivizes employers to partner with the intermediary. In general, external hiring holds an inherent risk that a hiring manager, making decisions based on limited information, will select candidates that are not a good fit for a position. Workforce intermediaries can reduce the risk of hiring because they can invest more time and resources into selection than human resource and talent acquisition departments can. WPSI has a rigorous screening process and works to select candidates that will be a good fit for the open position. "It is about understanding a dual client focus and being an effective procurer and deliverer of services," Ireland explains. Adding, "It is emphasizing these services that can bring departments on board: I think when you come into organizations and you try to play the charity card, you're not going to get very far, because at the end of the day, an HR manager is going to be held accountable for every bad hire that comes into an organization."

In addition to screening and sorting, WPSI is able to bring an outside perspective to the work, which allows them to develop curriculum to address specific institutional issues, such as high turnover. For example, in the development of Drexel's CMA program, WPSI staff worked alongside the Drexel program manager to help the institution understand the retention problem by interviewing current managers and employees and examining turnover and exit interview data. Another advantage WPSI offers is additional data about an applicant's performance. During the trainings, trainers conduct skills assessments and performance evaluations, which can then be passed on to hiring managers. Ireland describes this advantage in more detail: "unlike some employers, I'm their assessment arm. I can assess reliability through a formal instrument, and then I can assess reliability every day trainees show up."

DESIGNATE A GEOGRAPHIC FOCUS IN HIGH-POVERTY NEIGHBORHOODS

In West Philadelphia, 31 percent of residents are living below the poverty line and unemployment is at 15 percent, a higher rate than the city average of 11 percent. By focusing on particular neighborhoods, WPSI is able to connect residents who experience un- and underemployment at the greatest rates with job opportunities, which in turn ties into other efforts to grow the local economy. For instance, the zip codes targeted in Drexel's CMA training program are the same neighborhoods targeted in Drexel's other neighborhood initiatives, such as a home purchase assistance program and local purchasing initiatives. This alignment can help bolster neighborhood investment across different program areas.

IMPACT

WPSI BROADLY



124

Employees
placed



\$13.58/hr

32% wage increase
from \$10.28/hr



91.5%

Find jobs within
weeks of graduating



88.4%

Still on job 3
months later

DREXEL MEDICAL ASSISTANT PIPELINE



92%

Participant
retention rate



28%→16%

Turnover rate drop
over 2 years



\$526,260

In savings (including
wages and training)

\$6.05/hr

Wages during
6 months of
onboarding

\$13/hr

Average
regular wages

SPECIFIC POSITIONS GRADUATES ARE HIRED INTO

- Certified medical assistant
- Patient sitter
- In-patient clerk
- Desktop information technology support
- Field information technology support
- Security officers
- Landscapers
- Lab technicians
- Bike ambassadors
- Valet attendants

FOR MORE INFORMATION

<http://www.universitycity.org/>

Sheila Ireland
Vice President, Workforce Solutions
University City District

Phone: 215-243-0555, ext. 228

Email: sheila@universitycity.org

SOURCES

Sheila Ireland, interview by David Zuckerman and Katie Parker, March 30, 2016, transcript.

University City District, "West Philadelphia Skills Initiative Impact Report," Philadelphia, PA. 2014, http://issuu.com/universitycity/docs/wpsi_impact_report_2014/?e=4547788/8694264

"Drexel Economic Inclusion," Presentation, November 16, 2015. Drexel University, Philadelphia, PA.

University City District, "About," West Philadelphia Skills Initiative, website accessed April 2016, <http://www.universitycity.org/wpsi>



Emergency Medical Services Corps (EMS Corps)

ALAMEDA COUNTY, CALIFORNIA

Alameda County Public Health Department

Key strategies employed

- Utilize a cohort training model focused on specific positions
- Offer additional wrap around supports and soft skills training
- Partner with a workforce intermediary
- Connect programming to health system diversity and outreach goals

MISSION OF WORKFORCE DEVELOPMENT PROGRAMS



Increase the number of underrepresented emergency medical technicians through youth development, mentorship, and job training.”

Overview

Emergency Medical Services Corps (EMS Corps), in Alameda County, California provides pathways to employment for individuals with histories of juvenile detention and incarceration, and helps to increase the diversity of the medical responder and health workforce. While EMS Corps is not a traditional intermediary-hospital partnership, the program highlights critical elements of local workforce development programming. EMS Corps is a five-month paid stipend program that provides Emergency Medical Technician (EMT) training to participants. The program puts an emphasis on training young men of color, a group underrepresented in the EMT profession. Participants receive training in: emergency medicine, professional development, life skills, and mental health education. Furthermore, they are provided with life coaching grounded in a behavioral change model.



Background

EMS Corps began in 2008 as a result of efforts within the Alameda County juvenile justice system to train young men to be first responders, offering them an alternative to the cycle of incarceration. A collaboration between the public health department, Emergency Medical Services (EMS), and the Alameda County probation department, the training was initially a program at Camp Sweeney, a residential juvenile detention center. The program was funded through the EMS agency, which provided equipment, books, and instructors at a total cost of around \$10,000 per year. After the first year, executive director Michael Gibson joined the effort and added components to the program, including: intensive case management, life coaching, and a behavioral change model. This is when the program started to gain traction and the health services department began thinking of how to scale and expand it.

In 2012, with a two-year \$500,000 demonstration grant from the Robert Wood Johnson Foundation (RWJF), EMS Corps was formed as a standalone program separate from Camp Sweeney. An existing community-based organization, Bay Area EMT, already provided EMS training for young people. EMS Corps began contracting with them, setting aside slots for EMS Corps participants in the courses already offered. EMS Corps pays for twenty to twenty-five of the forty spots in a class. Due to restrictions around release and probation, it is not possible to fill all twenty spots from Camp Sweeney, so the program opened up to include participants from across the county.

Program set-up

EMS Corps is open to men of color, ages eighteen to twenty-six. To be eligible for the program, applicants must have graduated from high school or have a GED equivalent and complete an application. Most participants are from East Oakland or Richmond, but the program is open to any county resident. The program itself is five months long and participants receive a stipend of \$1,000 per month. In addition to EMT training, cohort members must participate in life coaching, health and wellness sessions, physical training, intensive case management, mentorship, and community service.

Staffing and budget

EMS Corps is staffed by an executive director, a full-time life coach, a full-time case manager, a career and job placement coordinator, and instructors employed through the training provider. The total annual budget is \$515,000, with \$200,000 going towards stipends for participants, and the remainder covering staff salaries and the cost of training.

Funding

EMS Corps was initially funded by the RWJF demonstration grant of \$500,000, which covered two years. Upon the success of the demonstration period, the program was picked up by the Alameda County Health Care Services Agency and funded through a local county sales tax. As of July 2016, the program received three years of renewed funding.

Key strategies employed

COHORT TRAINING MODEL TARGETED AT SPECIFIC POSITIONS

Twenty participants are enrolled in a cohort at a time. Participants are required to complete physical training and community service, as well as weekly life coaching sessions and healing circles, where participants focus on mental health and self-esteem. Group counseling and mentoring is critical to the program's success, explains Gibson: "A lot of these young men, they come with low self-esteem, a lack of confidence...and [they] haven't been dealing with this type of environment. We have to take them through a transformative process."

However, this takes a substantial time investment beyond the hours of the EMT training. The monthly stipend covers this additional time and encourages cohort members to treat the program like they would a job, clarified Gibson. Given the intensity of the program, it is difficult to maintain outside employment, so the stipend is essential for ensuring participation. Trainees also receive additional, as needed support, including: transportation passes, grocery gift cards, and connections to transitional housing services.

FOCUS ON ADDITIONAL WRAP AROUND SUPPORTS & SOFT SKILLS TRAINING

Gibson attributes the success of the program to the integration of the life coaching and the focus on personal growth, explaining: "Some of these young men do not see themselves living past the age of thirty. By the time they finish the program, they can see themselves living to eighty years old. You can see the change just in their attitude." This anecdote is reflected in the program's results. For example, participants from the juvenile justice system have a lower recidivism rate than their peers who do not complete the program.

Another form of support the program provides cohort members is a connection to other career advancement opportunities. "The EMT position is the entry-level position in the healthcare field, and a lot of our guys don't stay EMTs very long," explained Gibson. Many go on to get additional certifications in phlebotomy or ER tech, or they go to paramedic schools, college, or the fire academy. EMS Corps connects graduates to scholarship opportunities for these training programs, and helps participants cover certification costs.

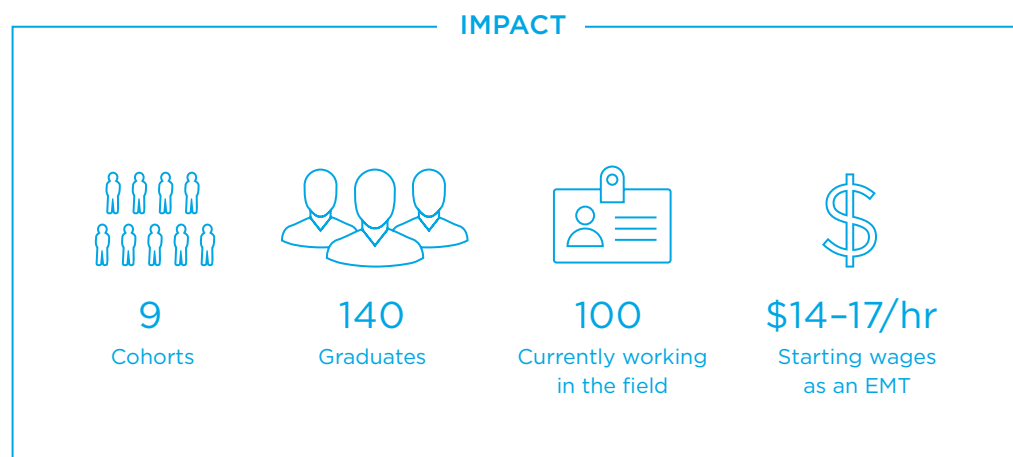
INTERMEDIARY WITH NETWORK OF MULTIPLE EMPLOYERS

EMS Corps employs a career and job placement coordinator whose primary responsibilities are to connect with employers, find placements for graduates, and track those graduates in their placements. EMS Corps works with multiple employment partners, which ensures a consistent placement rate, even as the number of graduates grows. Partners include: area hospitals, ambulance dispatchers, detox centers, and nursing facilities. Working with this array of partners

also opens up career pathways in allied health professions more broadly. Gibson explains that they ask their graduates to think about “What else [they] could use [an] EMT certification for other than working on a traditional ambulance. That’s where the partners and agencies come in. For example, our detox center hires for jobs that were specifically designed for nurses but they are actually hiring our EMTs. It saves them significantly because they are no longer paying for someone with the level of training of a nurse, which is much more expensive.”

CONNECTED TO HEALTH SYSTEM DIVERSITY AND OUTREACH GOALS

As it stands, the healthcare workforce does not mirror community demographics. As Gibson notes, “The EMS workforce nationally is about 80 percent white. Even in Alameda County, the workforce is about 70 percent white, 8 percent African American and 9 percent Latino.” Hiring EMS Corps graduates can help institutions increase the diversity of the healthcare workforce, since participants are men of color. Gibson explains that having this representation can be really important for reducing stigma against young men of color. Moreover, graduates are ideal candidates for community health outreach work and other positions focused on addressing community health needs.



SPECIFIC POSITION TITLES GRADUATES ARE HIRED INTO

- Emergency medical technicians
- Healthcare technicians
- Community health outreach workers
- Health coaches
- Emergency room techs
- School-based health center EMTs (in development)
- Skills instructors
- Fire fighters
- Oakland police officers
- Bart police officers

FOR MORE INFORMATION

<http://www.acphd.org/ems-corps.aspx>

CONTACT

Michael Gibson
Executive Director, EMS Corps
Emergency Medical Services
(510) 618-2025
Michael.Gibson@acgov.org

SOURCES

Michael Gibson, interview by David Zuckerman and Katie Parker, December 14, 2015, transcript.



Partners HealthCare

BOSTON, MASSACHUSETTS

Anchors

- Brigham and Women's Hospital (BWH)
- Massachusetts General Hospital (MGH)

Total employees: 40,000 (68,000 within entire Partners HealthCare system)

Key strategies employed

- Foster collaboration between human resources and community health departments
- Involve hiring managers in the training process
- Connect programming to health system diversity and outreach goals
- Develop a paid internship program with pathways to hire
- Provide tuition assistance for trainings accessible to frontline employees

MISSION OF WORKFORCE DEVELOPMENT PROGRAMS



Partners HealthCare Workforce Development is committed to ensuring a highly qualified and diverse pipeline of healthcare professionals, while providing economic opportunity for the communities we serve. Our mission is to help individuals explore and pursue healthcare careers as well as to broaden their skills and continue to grow personally and professionally.”

Overview

Partners HealthCare (Partners) in Boston, Massachusetts is a large nonprofit healthcare system founded by Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH). Partners provides a full continuum of care through the two founding academic medical centers, several community hospitals, ambulatory practices, community health centers, rehabilitation hospitals, and home care services. Partners Workforce Development's strategy is focused on "pipelines and pathways." Workforce development programs have been organized around four pipelines representing different constituent groups: youth, low-income community residents, incumbent workers, and community health clinicians. The primary goals of the workforce development programs at both the system level and at the anchor institutions are: (1) to build a skilled, diverse workforce and (2) to improve the health of communities by providing quality jobs with good benefits and opportunities for advancement. Educational attainment is a primary focus of the program, as both a means to create a more skilled workforce and as a way to provide pathways to economic self-sufficiency.

Background

Partners Workforce Development began in 1998 with Partners' participation in, and funding from, the federal government's Welfare to Work program, which provided access to training and employment for community residents on welfare. Although the federal funding eventually ended, Partners improved and enhanced this pre-employment training program in 2004 with significant support from SkillWorks, a national funders collaborative. Partners subsequently established the program on an ongoing basis as Partners in Career and Workforce Development (PCWD), which is now fully funded internally by Partners Community Health and Human Resources Departments. Over the last twelve years, Partners and its anchor institutions have developed many additional pipeline and pathway programs that explicitly link workforce development goals to improving community health. "We recognize that if we're going to improve health in low-income communities, we have to work with other organizations to do something about poverty," explained Matt Fishman, vice president of community health at Partners.

Description of programs

Although Partners' pipelines and pathways reach different constituent groups, there are common resources and strategies that characterize these programs: formal curricula and training, coaching and mentoring, career exploration and reflection, internships, continued development with incremental milestones and long-term growth. Each program is enhanced by strong partnerships with educational organizations, community-based organizations, faith-based groups, and other local groups. In addition, Partners works with public agencies such as the Boston Mayor's Office for Workforce Development. Each of the pipeline initiatives are described below.

1. COMMUNITY PIPELINE

PCWD is a healthcare training and employment initiative designed to prepare low-income community residents for entry into health careers. Each year, up to sixty community residents participate in the eight-week program, which includes classroom learning, an internship and on-the-job training, job placement assistance, and coaching. Partners works closely with multiple community-based organizations on outreach, training, and case management. BWH, MGH and other Partners member institutions participate in classroom instruction, offer internships, provide program design consultation, and staff support.

The focus of PCWD is to connect community members to “careers, not just jobs” and to provide opportunities for advancement. As MJ Ryan, director of workforce development described it: “Enhancing the skills of people so that they are ready to access employment within Partners and its member institutions, and then supporting those that already work here to advance, has all kinds of benefits. If we were interested only in filling job vacancies, that might be a whole lot easier, but to achieve the long-term impact that we intend, it takes a lot more time...It also takes great community partnerships to engage and prepare individuals for a program such as ours.” By aligning with community-based organizations such as Project Hope, a multi-service agency working to support low-income women with children, Partners can connect community members to other career advancement programs.

2. INCUMBENT PIPELINE

Partners’ approach to developing its workforce includes both onsite trainings and support for higher education. Training courses for employees include: English as a second language, paths to citizenship, computing, medical terminology, pre-college math and reading, and college readiness. Partners and its anchor institutions facilitate access to higher education through financial support in the form of tuition reimbursement and loan forgiveness programs, which any employee is eligible for after six months of work. An innovative online college preparation program, funded initially through a grant from The Boston Foundation, develops employees’ confidence and competence to successfully access and complete online courses and degree programs.

3. YOUTH PIPELINE

The primary focus of the youth programs is to prepare and connect area youth to post-secondary educational opportunities. Both BWH and MGH have well-developed internship programs that provide exposure to the healthcare field, opportunities for mentorship and work experience, and college readiness programming and application support. For youth program participants, there are opportunities to continue working at the institutions during and after college, although this is not a requirement of either program. Further information about BWH’s Student Success Jobs Program, MGH’s Youth Scholars Program, and the Partners Community Scholarship Foundation can be found in the Inside-Up Strategy descriptions.

Staffing and budget

MGH and BWH have dedicated human resource staff coordinating the workforce programs at their respective institutions. PCWD staff provides complementary and supplemental support for hospital-based programs, and also develop and offer additional workforce programs and resources to all employees in the Partners system. Although Human Resources and Community Health Departments at Partners fund the centrally provided resources and programs, Workforce Development has been successful in obtaining external grant funding, which has been key to driving new and innovative programs. Past and current funders include: The Boston Foundation, SkillWorks, the Commonwealth of Massachusetts, the US Department of Labor, and the Fish Family Foundation.

Key strategies employed

FOSTER COLLABORATION BETWEEN HUMAN RESOURCES AND COMMUNITY HEALTH DEPARTMENTS

Partners has explicitly linked its community health improvement strategy to workforce development goals. PCWD is cosponsored and cofunded by Human Resources and Community Health at the system level with regular communication and collaboration with the anchor institutions. As Partners describes it, “Human Resources is accountable for creating a high quality, diverse workforce. Community Health is accountable for progress in communities becoming healthier. These priorities reinforce and leverage one other—recruiting, retaining and developing our workforce creates economic opportunity for community residents as well as for our current employees, and their families.” This collaboration also enables Partners to leverage the findings of the tri-annual Community Health Needs Assessments (CHNAs). Consistently among the high priorities identified by the CHNAs are: the need for access to good jobs with benefits for low-income young people and opportunities for advancement for low-income adults.

INVOLVE HIRING MANAGERS IN THE TRAINING PROCESS

“While leadership buy-in is critical to creating sustainable workforce development, equally important is the engagement of the people that actually make the hiring decisions,” emphasizes Ryan. At Partners, engagement begins at the design stage of training initiatives, where managers are key to identifying necessary skills and competencies that should be trained for. Since managers help to design the program and curriculum, they are more confident that the training process will meet their needs. Another component of this engagement is educating managers about the academic resources and opportunities available to employees through workforce development initiatives, at Partners and with its member institutions. Many managers have become champions of these initiatives, providing release time for employees when possible and acting as cheerleaders for employee success. In cases where release time is not possible, department managers often brainstorm alternatives to facilitate employee participation.

CONNECT PROGRAMMING TO HEALTH SYSTEM DIVERSITY GOALS

One of Partners’ strategic goals is to create a more diverse and culturally competent workforce that better reflects the populations it serves. A majority of participants in the community pipeline and youth pathways programs are people of color; providing entry into health careers for these program participants supports the system’s diversity goals. Promoting the advancement of employees of color through training opportunities for frontline workers also supports diversity priorities: “When the hospital formed a diversity committee, one of the things considered was what could be done to help the incumbent workforce advance. Since the greatest concentration of minorities is in entry-level service positions, we needed to determine how to support those individuals to advance internally and possibly go back to school to further develop their academic and professional skills,” underscored Carlyene Prince-Erikson, director of employee education and leadership development at MGH.

IMPACT

PARTNERS IN CAREER AND WORKFORCE DEVELOPMENT (PCWD) PROGRAM OUTCOMES



534

Graduates
(2004-15)



464

Placed with hospitals
and partners



\$15.63/hr

Average starting
salary

POSITIONS GRADUATES ARE HIRED INTO

- Patient services coordinator
- Unit coordinator
- Operating room assistant
- Operations associate
- Ambulatory practice secretary

FOR MORE INFORMATION

<http://www.partners.org/For-Employees/Workforce-Development/Default.aspx>

CONTACT

Mary Jane Ryan
Director, Workforce Development,
Partners HealthCare
mjryan@partners.org
617-724-1269

SOURCES

Harriet Tolpin and MJ Ryan, interview by David Zuckerman and Katie Parker, December 14, 2015.

Anchor Institution Toolkit Meeting (Partners HealthCare, Boston, MA, January 19, 2016), transcript.

Partners Healthcare, "Partners Workforce Development," accessed May 2016, <http://www.partners.org/For-Employees/Workforce-Development/Default.aspx>

ANCHOR INSTITUTION TOOLKIT MEETING

January 19, 2016,
Boston, Massachusetts

Meeting attendees:

Mary Jane Ryan, Director, Workforce Development, Partners HealthCare

Harriet Tolpin, Senior Advisor for Workforce Development and Community Health, Partners HealthCare

Ronni Sanders, Executive Director, Community Health, Partners HealthCare

Timothy Galvin, Program Coordinator, Community Health, Partners HealthCare

Ellen M. Gilmore, Executive Director, Brigham and Women's Hospital Human Resources

Elizabete (Liz) De Moura, Community Partnerships Manager, Brigham and Women's Hospital Human Resources

Carlyene Prince Erickson, Director, Employee Education and Leadership Development, Massachusetts General Hospital

Michelle Judith Keenan, Director, Community Programs, Center for Community Health and Health Equity, Brigham and Women's Hospital

Christyanna Egun, Director of Boston Partnerships, MGH Center for Community Health

Megan Bradley, Director, Recruitment Services, Massachusetts General Hospital Matthew, VP, Community Health, Partners HealthCare



University of Colorado Anschutz Medical Campus

AURORA, COLORADO

Anchors

- University of Colorado Anschutz Medical Campus (CU Anschutz)
- University of Colorado Hospital
- Children's Hospital Colorado

Total number of employees: 21,000 people

Key strategies employed

- Prioritize community engagement
- Function in a hub and navigator role
- Partner with a workforce intermediary
- Utilize a cohort training model focused on specific positions
- Invest time into research, planning, and design
- Involve hiring managers in the training process

MISSION OF WORKFORCE DEVELOPMENT PROGRAMS



The Hire Local Program will increase the number of Original Aurora residents employed on the Anschutz Medical Campus and facilitate coordination and enhancement of career pathways (“pipeline”) programs on the campus.”

Overview

The Hire Local Program at University of Colorado Anschutz Medical Campus (CU Anschutz) in Aurora, Colorado is part of a larger Community-Campus Partnership program (CCP). The goal of the Hire Local Program is to prepare local residents for jobs on campus; currently, the program focuses on entry-level opportunities within health sciences, facilities, and office support. The Hire Local program seeks to recruit underrepresented residents. To aid in this goal, they partner with local organizations for outreach, job training support, and to help applicants navigate the employers' application processes. One of Hire Local's recent pilot initiatives, the Healthcare Bridge Program, is designed to create pipelines into specific positions, utilizing a cohort training model. The geographic focus of CCP, and within it the Hire Local initiative, is on North Aurora, which includes two zip codes with 90,000 total residents, out of the city population of 350,000.

Background

The Anschutz Medical Campus is situated on a former army medical base, which, up until 1995 when it closed, was the major employer for the City of Aurora. The closure of the base brought significant job loss, which led to families and businesses leaving the area. All of this resulted in a swift transition, from a middle class community to one with one of the highest poverty rates in the state. During this time, the University of Colorado Hospital began looking to expand its facility and the University of Colorado Health Sciences Center was interested in building new facilities. The closed base was an ideal location for this expansion. The Department of Defense sold the land to the State of Colorado, and a Denver-based philanthropist, Phil Anschutz, donated funds to create a new health sciences campus, which opened in 2008.

Initial community excitement turned to disappointment as little was done to connect this new investment to expanded employment opportunities or added services. CCP was developed during the University of Colorado's 2020 strategic planning process, which began in 2012. The new strategic plan recognized that the university could play a greater role in supporting the surrounding neighborhoods and the Aurora/Denver region. In 2012, an assessment was conducted to identify what infrastructure would be needed to connect the campus to the surrounding community and what would be involved in this new priority.

The research process identified that jobs were one of the community's greatest needs and that a workforce development program could help to address this need. Additionally, research found that a lack of staff diversity was a pressing issue for the three major employers on the campus (the university and both hospitals). This presented an opportunity, since the neighborhoods surrounding the campus are some of the most diverse in Colorado, with many refugee and immigrant populations, and over 130 languages spoken in the Aurora Public Schools. Following the research process, an executive director was hired to establish CCP under the guidance of a coalition composed of thirty community and campus representatives, and with funding from the chancellor at CU, the vice chancellor at CU Anschutz, and The Denver Foundation. Given that workforce development had been identified as a possible area for programming, The Denver Foundation sent a delegation of campus and Aurora leaders to Cleveland to learn about the Greater University Circle Initiative, including its Hire Local program with University Hospital (Step Up to UH).

Program set-up

The Healthcare Bridge Program is a pilot initiative in partnership with Community College of Aurora, both hospitals on the campus and Arapahoe/Douglas Works!, a county workforce center. Currently, the program team is identifying the various components of a successful pipeline program, from outreach and recruitment to training, job readiness skill development, application, interviewing, and hiring. Four cohorts, and forty-seven total graduates, have completed the program to date, with twenty-four graduates employed (though not all at the participating institutions). The full-time, ten week training program takes place at the community college, with tuition provided by the workforce center. Originally, the participants could follow one of two job paths: into patient services or to become sterile processing technicians. Currently, only the patient services track is offered, given the high number of job openings for positions within this field in the two hospitals. The training component is funded by a grant awarded to the Community College of Aurora from the Colorado Department of Education. CCP's full-time Hire Local manager, under the leadership of CCP's Hire Local director, works closely with an instructor from the community college and two caseworkers from the workforce center on all aspects of the program: recruitment and screening, job readiness, student training, and coordinating with the hiring managers in the two hospitals. While the grant allows twenty to twenty-five people per cohort, participation has been under that. However, the office is currently working on a more robust recruitment strategy and looking to create pipelines for other positions within the hospitals and the university. A fifth cohort will begin at the end of June, 2016.

Staffing and budget

CCP has seven full-time positions, with two full time employees dedicated to the Hire Local initiative. One staff person directs the program, working primarily with employers on their hiring systems and processes. The other is focused on the day-to-day groundwork of working with people in the pipeline. The estimated budget is \$170,000 per year.

Funding

So far, funding has come primarily from the Chancellor of CU Anschutz and The Denver Foundation. Recently, University of Colorado Hospital and Children's Hospital Colorado committed to help fund the initiative. Each institution has promised \$200,000 per year over the next three years for community partnership work in general. Support for human resources, grants and contracts, and information technology is provided in-kind to CCP from the program's home department within the School of Medicine (Department of Family Medicine).

Key strategies employed

PRIORITIZING COMMUNITY ENGAGEMENT

A primary goal of CCP is to create an equitable relationship, built on shared decision-making power, between the campus and the community. This was also a primary focus of the design process for the Hire Local initiative. In 2014, staff began to conduct interviews with employers on campus about their hiring needs and what practices they currently had in place. Focus groups were held with community members in order to seek community input in order to try to ensure that the program would address community needs. Three focus groups were conducted, including one entirely in Spanish since nearly 60 percent of North Aurora residents speak Spanish as their first or second language. The groups found that interest in jobs on the campus was extremely high, but the actual application experience was onerous for residents. More specifically, groups explained that the entirely online application process was confusing—job titles were not easy to understand and with no personal contact until interviews were scheduled, applicants had little support to navigate the process. Focus group participants expressed the need for a physical location with a staff person who could provide application support and answer questions. Through the conversations, it also became clear that education and training around university and hospital jobs would be beneficial. In addition to identifying employer and community needs, the focus groups were an important step in getting employer buy-in. CCP staff presented the results at an employer summit that brought together all the employment leadership from the institutions on campus.

FUNCTIONING IN A HUB AND NAVIGATOR ROLE

The focus group process brought to light the need for one central location that community members could go to for application assistance. The vision is for community members to be able to go, as needed, to the center, where staff will help them identify opportunities for jobs (working from a catalog of available positions) centered on each community member's skillset and interests. While this community hub location has not yet opened, the staff position to provide this type of support exists. A full-time Hire Local manager works directly with individuals on the application process and does the on-the-ground work like checking in daily with applicants to ensure they are on track.

Hire Local also serves as a hub for other workforce intermediaries. For example, the Hire Local manager works closely with local community organizations focused on connecting refugees to jobs. One of their partners provides services to highly qualified refugees who do not yet have the US credentials they need to work in a specific job. Hire Local helps these organizations identify positions with transferable skills in similar fields. In addition, the Hire Local manager connects applicants to other wrap-around services, such as childcare and transportation.

COHORT TRAINING MODEL TARGETED AT SPECIFIC POSITIONS

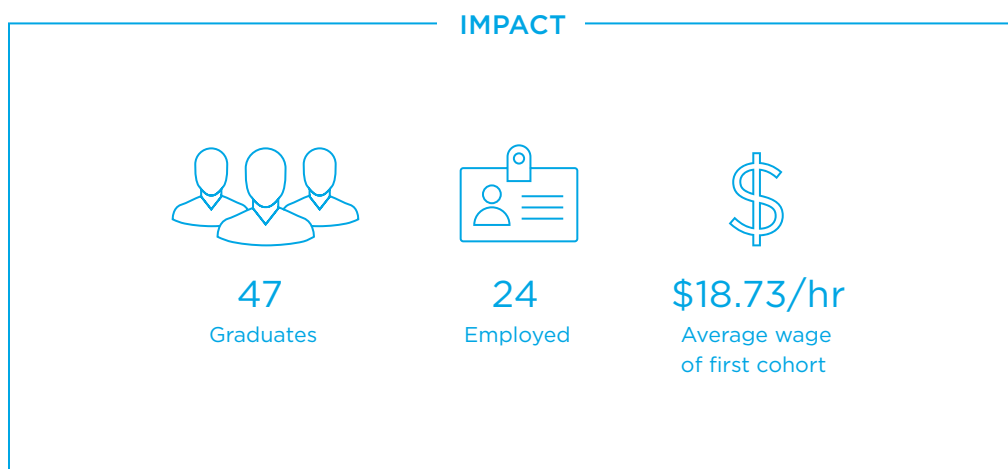
The pipeline program is built on a cohort model that trains individuals for specific position categories. Each cohort has a maximum of twenty-five participants and lasts ten weeks. The program has a strong focus on building literacy, but contextualized in the healthcare setting. Participants also receive soft skill supports such as résumé feedback and interview preparation. Cohort members are invited to visit campus, tour the hospital with a hiring manager, see the work environment, and put faces to the names of the people who conduct interviews. A recent program development has been the addition of “speed interviewing,” where each student gets to interview with the hiring managers during the site visit. Along with providing interview practice and getting feedback on their skills, managers then flag candidates they are interested in.

INVOLVEMENT OF HIRING MANAGERS

In addition to these speed interviews, leadership in the Human Resources Department has made a commitment to formally interview all participants who complete the program and apply for a position. The Hire Local manager works closely with individual hiring managers to ensure that this happens. Moreover, University of Colorado Hospital added a field on their online application form where applicants can identify that they found out about the position through Hire Local, thus making the hiring manager aware that this is an applicant they want to interview.

TIME INVESTMENT INTO RESEARCH, PLANNING, AND DESIGN

A significant time investment was put into research and building program infrastructure, with much of it still in development. Six months were set aside to build relationships with employers and interview them about their needs. This was not only informational, but helped to build relationships and trust. Similarly, conducting the focus groups initiated the ongoing work of creating outreach networks. Another key part of the research was looking at employment data from the two hospitals. This data showed that approximately 5 percent of employees in the two hospitals live in the zip codes surrounding campus, and that staff demographics were not representative of community demographics. Having this data made a stronger case for getting employer buy-in for the program.



BENEFITS

- Lower turnover
- Greater employee satisfaction
- Greater diversity, bringing staff demographics in line with patient populations
- Improved community perception

SPECIFIC POSITIONS GRADUATES ARE HIRED INTO

- Patient care services
- Sterile processing technicians

FOR MORE INFORMATION

<http://com-cam.org/bridging-the-gaps-current-projects-undertakings/>

Robert J. McGranaghan, MPH, Director
Community-Campus Partnership
Senior Instructor, Department of Family Medicine, CU School of Medicine and
Department of Community & Behavioral Health, Colorado School of Public Health

Phone: 734-358-0648
Email: robert.mcgranaghan@ucdenver.edu

SOURCES

Robert McGranaghan, interview by David Zuckerman and Katie Parker, April 7, 2016, transcript.

University of Colorado Anschutz Medical Campus, "Improve Economic Well-being," website accessed May 2016, <http://com-cam.org/bridging-the-gaps-current-projects-undertakings/>



Johns Hopkins University & Health System

BALTIMORE, MARYLAND

Anchors

- Johns Hopkins Hospital & Health System
- Johns Hopkins University School of Medicine

Total number of employees: 23,000 people

Key strategies employed

- Connect forecasting, training, and hiring departments
- Collaborate with other anchors and city economic development efforts
- Offer job coaching for new hires and map out potential career pathways
- Work with residents with the greatest barriers to employment
- Provide tuition assistance for frontline employee accessible training

MISSION OF WORKFORCE DEVELOPMENT PROGRAMS



HopkinsLocal will increase the number of city residents that are employed at Johns Hopkins University and Health System and help a diverse workforce pursue successful careers within the organization.”

Overview

HopkinsLocal, launched in the fall of 2015, is an initiative to increase the number of local residents who are hired to work at Johns Hopkins University and Health System. With a goal to have 40 percent of new hires for targeted positions come from selected Baltimore zip codes by 2018, the initiative partners with local faith-based and community workforce organizations to assist in the creation of pipelines to targeted, high-need entry-level positions. Community and faith-based organizations may provide position-specific training, soft skills training, and case management. Rather than ending when a candidate is hired, this support continues through the first year of employment through the help of career coaches employed by Johns Hopkins Health System.

Another key feature of HopkinsLocal is a focus on employee development by leveraging the career advancement services provided by Project REACH (Resources and Education for the Advancement of Careers at Hopkins). An explicit goal of the program is to “support the growth and retention of local and underrepresented employees.” To support this goal, employees are provided with paid training opportunities for critical skill shortage areas and career coaching, allowing them to advance within the institution. HopkinsLocal expands on a long-standing incumbent worker training program, Project REACH, and also a successful paid summer internship program for local youth managed through the Health System’s Office of Strategic Workforce Planning & Development.

Background & Origins

HopkinsLocal was launched in the fall of 2015 but the initiative expands on a twelve-year history of incumbent worker training and community outreach around career opportunities. Project REACH was launched in 2004 as part of a Department of Labor grant to upgrade the skills of existing employees in order to fill high-need positions within the health system. The purpose was not only to fill those specific positions but also to increase employee wages and employee engagement. Part of the logic model was that this would in turn generate new employee job opportunities to backfill the positions frontline employees would vacate, laying the groundwork for a local hire initiative. The program started as an eighteen-month demonstration grant, but the Health System decided to institutionalize the infrastructure developed during the grant. Sitting within the Health System’s Human Resources Office of Strategic Workforce Planning & Development, over 1,700 employees have participated in the program since its launch. Employees receive career coaching, skills assessments, and salary release support for training for high-need positions.

Another long-standing program that connects to HopkinsLocal’s goals is Summer Jobs Program for Baltimore city high school students. The program provides students with an eight-week paid internship in a wide range of departments across the health system. 300 students participate per year. In addition to on-the-job training, students receive mentorship and professional development training more broadly. Students are paid minimum wage, and wages are paid for by the program, rather than departmental budgets.

Program set-up

Director of Strategic Workforce Planning & Development Yariela Kerr-Donovan described Hopkins’ workforce development approach as a four-legged table, the legs being community members, youth, incumbent workers, and jobs forecasting. Linking these different areas creates a robust infrastructure for connecting job pipelines to pathways for career advancement within the institution. A strong incumbent worker-training/education program offers frontline workers the opportunity to advance within the institution, provides them with release time to accelerate their educational attainment, and frees up these frontline positions for other community

residents. On the other end, the internship program enables department managers to provide on-the-job training experience to community adults and youth, with the possibility that internships will turn into regular employment.

The HopkinsLocal HireLocal initiative utilizes partnerships with community-based organizations to identify unemployed and underemployed individuals for specific job opportunities. A candidate who applies through HopkinsLocal is guaranteed a first look, which is an enormous benefit in a health system that receives, on average, 10,000 applications a month. At the same time, Hopkins is able to reduce recruitment time and costs and draw from a pool of applicants that has already made substantial time investment in job readiness. One of the program's key partners is the Baltimore Mayor's Office of Employment Development, which serves as a repository of community-based organizations, and acts in a navigator role.

Staffing and budget

The HopkinsLocal initiative as a whole involves other elements outside of hiring, including procurement and construction. The Associate for Strategic Initiatives position was created to coordinate the program, oversee the roll out of the initiative, and work closely with Human Resources and the office of Strategic Workforce Planning & Development. Much of the staffing infrastructure already existed in these areas, with HopkinsLocal adding an additional career coach and program coordinator.

Funding

Many of the workforce initiatives at Hopkins started as grants and were then institutionalized after the grant period ended. HopkinsLocal as a whole is an internally funded effort, although grants will be solicited to pilot specific workforce and training initiatives.

Key strategies employed

CONNECT FORECASTING, TRAINING, AND HIRING DEPARTMENTS

A key focus of the Johns Hopkins Health System strategic workforce planning and development strategy is linking department-level forecasting with application pipeline and training initiatives. "We are always checking in with our recruiters and the hiring managers," explained Kerr-Donovan. This forecasting happens three to four years out, as this is the duration it takes to train someone internally for a number of healthcare positions. If there are any gaps in the internal pipeline, recruitment can focus resources on a specific number of positions, making the process more efficient. However, the priority is to fill the job internally and connect employees to future opportunities through career coaching and assessment. This is not just benevolent, but strategic: "think about turnover and the cost of recruiting an external person compared to providing the salary release support and tuition to keep someone growing in the organization," stated Kerr-Donovan. By creating institutional infrastructure between forecasting and training, Johns Hopkins Health System is able to build a more efficient pipeline.

COLLABORATE WITH OTHER ANCHORS AND CITY ECONOMIC DEVELOPMENT EFFORTS

HopkinsLocal is tied into a citywide strategy for inclusive economic development, and the incumbent worker training is part of a larger workforce development infrastructure at the city level. Most notably, there is a citywide intermediary, the Baltimore Alliance for Careers in Healthcare (BACH), focused on healthcare in particular, "There's enough cake to go around... let's organize this in a way so that the real winners are the citizens of Baltimore and the city,"

explained Kerr-Donovan when detailing the benefits of BACH. By creating a collaborative environment for anchors, it shifts the mindset from fighting for the same employees and driving up costs for employers and patients, to creating a more qualified pipeline to draw from for all institutions. BACH is able to identify trends in workforce needs on a broader level and offer workforce research support to institutional partners. In addition, BACH brings in a significant amount of grant funding, which can then be leveraged by Hopkins and other BACH partnering hospitals.

Another benefit to this citywide approach is the ability to institute cohort models in a more cost efficient manner. Kerr-Donovan provided the example of putting together a training for surgery technicians: all area hospitals “need surgery techs, but [Hopkins] may need just five and for us to try to do the whole module for just five people, this is not the most cost effective way to train. But now, when we’re talking about University of Maryland needs five, Hopkins need five, Mercy needs five, we can pull that all together.” Rather than seeing similar job needs as an area of competition, Kerr-Donovan highlighted how this can create a more efficient pipeline: all the institutions “have different cultures, and not everyone’s meant to work here at Hopkins...this way, we can all hire the individuals that are the best fit for not only the positions that we have but the culture of the organization. That’s where all boats rise in this instance.”

OFFER JOB COACHING FOR NEW HIRES AND MAP OUT POTENTIAL CAREER PATHWAYS

The office of Strategic Workforce Planning & Development employs multiple job coaches who work with recent hires to help them ensure success in their current positions and develop career advancement plans. The coaches begin working with candidates even before they are hired, administering pre-hire assessments. This is facilitated by the fact that the office sits outside the realm of recruitment. “Coaching and other assistance [for candidates] are things we can provide because we aren’t the central recruitment office. We can ask certain things, do certain things that the actual recruiters can’t do,” explained Kerr-Donovan. The coach’s role is to help create a pipeline of qualified applicants. Coaches do not have a say in whether an individual is hired or not, which in turn provides greater leeway into the type of assistance they can provide. For example, if an individual has a disability and needs special accommodations, coaches help them navigate the institution to make sure that their needs are met.

The coaching does not end with a new employee’s hire. In fact, new hires are required to work with their coach for the first year of employment. “We wanted a year because we wanted that retention at least for a year. Because if someone’s here for a year, we figure that they are going to leave only to get a better opportunity outside of the organization after that time, if they are not able to advance in the organization,” explained Kerr-Donovan. Coaching is a way to ensure that new hires receive the support systems they need, which is critical to ensuring the long-term success of a local hire initiative. There can be substantial barriers to maintaining employment, including: limited access to transportation, inability to afford childcare, housing instability, and lack of experience in a large institution. Coaches are able to help employees navigate these issues, increasing the likelihood of retention. This not only makes the program more successful but also provides cost savings in the form of lower turnover.

Another key component of the coaching is offering immediate opportunities for career advancement. Employees can take assessments that highlight career interest and aptitude, work style, and any major skills gaps. This will illuminate whether an employee should receive reading and math support, for example, or other skills enhancement, in order to meet the prerequisites for career advancement. Coaches use this assessment to help create short-term, mid-term, and long-range goals for employees. Although an employee must have worked for one-year to be eligible for programs such as salary release, coaching and career planning can begin at any time, ensuring that as soon as the employee becomes eligible, all necessary prerequisites are in place.

WORK WITH RESIDENTS WITH THE GREATEST BARRIERS TO EMPLOYMENT

Johns Hopkins has made an explicit effort to provide opportunities for employment to individuals with criminal backgrounds, since this is a population that faces the greatest barriers to employment. 10 percent of hires each year have criminal backgrounds, which is on par with the reentry population percentage of the surrounding community. This is not by accident, but the result of institutional changes to enable hiring individuals with criminal backgrounds. Changes in the hiring process were instituted over twenty years ago, and in recent years, Hopkins instituted a “ban-the-box” policy, ensuring the criminal background did not stop individuals from moving forward in the hiring process. Kerr-Donovan explained this decision “it’s not charity work...it’s part of our strategic plan, and part of who we are as an organization. We look within our catchment area... Not everyone in the community needs to work here or belongs here, but we are committed to making sure that the ones that are close by and are a good fit for our organization can work here.” A key component to this strategy is partnering with community-based organizations that work with reentry populations. These organizations not only enable outreach to community members with some of the highest barriers to employment but also ensure that candidates already have been screened and have support mechanisms in place.

Key to the success of this initiative is recognizing that not everybody is appropriate for every role, but that there are many potential roles a candidate could fill in healthcare. The health system is a “little city unto itself,” explained Kerr-Donovan. Although there might be barriers to returning citizens serving in a clinical role due to licensing regulations, there are many other career opportunities within the health system and “the most immediate and important thing for someone that’s a returning citizen is employment.” In order to facilitate this, Human Resources hired a background security screener who reviews the background check results. If a criminal background is present, they will assess the risk based on the individual’s history and the position for which the person is applying. For example, someone with a drug offense would be unable to work in a pharmacy setting or work with a physician’s prescription pad, but might be a good fit for another role within the institution. If there is no risk and the person has the experience and the skills, they are cleared to move forward in the process.

PROVIDE TUITION ASSISTANCE FOR FRONTLINE EMPLOYEE ACCESSIBLE TRAINING

The critical success factor to the incumbent worker training is robust tuition support through benefits and salary release. Johns Hopkins’ tuition assistance program has two services: tuition advancement and tuition reimbursement. Employees that earn below a specific wage threshold are automatically eligible for tuition advancement, meaning their tuition costs are paid before they start classes, as opposed to reimbursement where the employee must pay for the tuition costs and receive a reimbursement. If an individual is interested in a high-need or critical skill shortage position, they are eligible for salary release support through Project REACH. Salary release allows them to maintain their full-time status, benefits, and wages while attending sixteen hours of training each week, and working at least twenty-four hours a week in their department. Employees who have been at the institution for one year and are in good standing are eligible, and in return, they must commit to a service payback arrangement in the position for which they received their training support. This ensures a return on the training investment for Hopkins and incentivizes the employee to complete the training. Employees must still apply for the position they are being trained into, and a successful application is a requirement to be in compliance with the salary release and tuition support. However, if an employee is struggling, they can work with their job coach to reassess or troubleshoot the barriers they are experiencing in their training program. On average, sixty individuals participate in this program through Project REACH each year, and thousands of Hopkins employees receive tuition reimbursement or advancement each year.

One challenge that on-the-clock training programs create is the loss of productivity in departments where employees have been granted time release. This can create a dynamic in which—if the employee is training for a position outside of that particular department—managers may not necessarily have a clear incentive to provide release time, as it would cost them to

fill this position during the training period. To address this, Project REACH pays for the sixteen hours/week of wages employees receive during the training, and, depending on the position, may be able to help the departments backfill the position through the community adult programs, like the internship program, which itself creates a pipeline for community members. The internship period serves as an on-the-job training opportunity, which enables an unemployed community member to build their résumé. Ideally, if there is an opening in the department and the intern has demonstrated a good work ethic and is a good fit with the institution, they will be a competitive candidate in the hiring process. Where the high school internship program is across all departments, the job training internship program focuses only on positions that will be open for new hires.



HOPKINSLOCAL TARGETED POSITIONS

- Environmental care
- Food service worker
- Lab technician
- Linen worker
- Materials management
- Medical assistant/
certified medical assistant
- Patient service coordinator

FOR MORE INFORMATION

<http://hopkinslocal.jhu.edu/hire/>

CONTACT

Yariela Kerr-Donovan, Director, Strategic Workforce Planning & Development
Johns Hopkins University & Health System
Phone: 443-997-4585
Email: ykerrdo1@jhmi.edu

SOURCES

Yariela Kerr-Donovan, interview by David Zuckerman and Katie Parker, January 7, 2016, Baltimore, MD, transcript.

CareerSTAT, "The Johns Hopkins Hospital and Health System," Jobs for the Future and the National Fund for Workforce Solutions, accessed April 2016, <http://www.jff.org/sites/default/files/CSTAT-Champion-John-Hopkins-052914.pdf>.

"Fast Facts: Johns Hopkins Medicine," Johns Hopkins Medicine, accessed April 2016, <http://www.hopkinsmedicine.org/about/downloads/JHM-Fast-Facts.pdf>.

"HireLocal," Johns Hopkins University and Health System, accessed April 2016, <http://hopkinslocal.jhu.edu/hire/>.

"Job Training—Office of Strategic Workforce Planning & Development," Johns Hopkins Medicine, accessed April, 2016, http://www.hopkinsmedicine.org/human_resources/education_programs/employees/job_training_project_reach/,



3

Strategies



For an infographic outlining these strategies, go to:
hospitaltoolkits.org/workforce/infographic

Outside-In Strategies

“Outside-in” refers to a set of strategies that expand employment opportunities for local residents by creating specific entry points for candidates that may otherwise face barriers to employment. Due to the sheer volume of applicants, traditional hiring practices are designed to whittle down the application pool. Many local residents, who may be qualified for positions but are often non-traditional candidates, are screened out. Health systems that equip local residents for high-demand jobs through training and skills development, and connect these candidates to pipelines that provide entry points to the institution, improve the efficiency of their own recruiting and hiring processes and expand employment opportunities for residents. Through inclusive, local hiring, health systems lay the foundation for a healthier and more vibrant community and help to ensure greater economic opportunity for historically underserved and disconnected populations.

CRITICAL STRATEGIES

Core elements of an inclusive hiring pipeline

- Partner with a workforce intermediary
- Utilize a cohort training model focused on specific positions
- Develop a paid internship program with pathways to hire

PROGRAM DESIGN STRATEGIES

Best practices for setting up a local hiring pipeline

- Designate geographic focus in high-poverty neighborhoods
- Work with residents with the greatest barriers to employment
- Focus on jobs with clear career pathways
- Involve hiring managers in the training process
- Set aside positions for cohort graduates

INTERMEDIARY STRATEGIES

Success factors for workforce partners

- Offer wrap around supports and soft skills training
- Function in a hub/navigator role
- Work with a network of multiple employers

INSTITUTIONAL STRATEGIES

Tools to sustain local hiring efforts

- Foster collaboration between human resources and community health departments
- Connect forecasting, training, and hiring departments
- Connect to health system diversity and outreach goals
- Leverage vendor contracts and connect to supply chain
- Collaborate with other anchors and city economic development efforts

1 Critical Strategies

Identifying a workforce intermediary to partner with is a critical first step in developing an inclusive, local hiring initiative.

PARTNERSHIPS WITH WORKFORCE INTERMEDIARIES

Identifying a workforce intermediary to partner with is a critical first step in developing an inclusive, local hiring initiative. In some cases, an institution or several institutions have helped to incubate a workforce intermediary organization when one did not exist that met their specific needs. Intermediaries bring many assets and resources to the table that can make existing institutional hiring processes more time efficient, targeted, and, effective. Intermediaries reduce time spent on recruitment and onboarding and heighten access to high-quality applicants who have already received tailored training. Moreover, intermediaries help address strategic goals. For example, they can help to increase diversity and community engagement by virtue of the populations and communities they work with. Intermediaries often have existing funding streams that can be leveraged to train candidates for high turnover, or hard-to-fill, positions.

All that said, without active engagement with larger employers, an intermediary's impact is often limited. Since, without partnership with employers, they cannot adequately plan for specific job availabilities and employment needs. Much of the investment for workforce development required from the health system is in-kind—use of space, access to data, staff time for training and interviews, and adjustments to internal practices. These relatively low-cost investments can bolster existing workforce development programming, and, in turn, make the recruitment process more efficient and increase long-term employee retention.

What is a workforce intermediary?

A workforce intermediary is an organization that helps connect residents to jobs through training, access to employment opportunities, and other wrap-around support. A recent publication from the Aspen Institute on sector-based workforce approaches defined intermediaries as “organizational homes” that can “broker resources and services to improve how workers and employers come together in their regional labor markets.”¹ This organizational home can take many forms. Intermediaries can be public agencies, welfare-to-work programs, nonprofits focused on job placement, community-based organizations focused on serving particular populations—such as re-entry or refugee communities—educational and training organizations, union apprenticeship programs, or other workforce training partners.²

While the make-up and structure of organizations might vary, successful intermediaries can bring the following resources to the table:

- Credibility and knowledge of the community;
- Access to data, funding streams, and training resources;
- Time and staffing to recruit, screen, and train candidates prior to application at the institution;
- Ability to reduce training costs through cohort models with multiple employers.

¹ Maureen Conway and Robert P. Giloth, eds., *Connecting People to Work: Workforce Intermediaries and Sector Strategies* (Washington DC: Aspen Institute, April 2014), 5.

² Conway, *Connecting People to Work*, 5

Benefits of intermediary partnerships

Credibility and knowledge of the community

Workforce intermediaries are often embedded in the community and work directly with grass-roots community-based organizations. They often have a network they can recruit from and a better reputation in the community than area employers. (Institutions may need to identify community-based organizations that target the specific geography or demographic of interest, since some intermediaries pull from a broad network.) Perhaps most importantly, intermediaries are positioned to connect with a wide array of employers, working with additional employers to support trainings when necessary, which can help scale impact. This also allows them to sustain engagement, even when individuals are not successful at getting a particular job. For instance, if during a training it becomes apparent that a candidate would not fit in a healthcare environment, the intermediary can still connect them to another sector.

The intake and sorting process at New Haven Works (NHW), a workforce intermediary in New Haven, Connecticut, is a great example of this benefit. Yale University and Yale-New Haven Hospital are two of the major employers that work with NHW to place local residents, and they have collaboratively developed specific systems to sort individuals based on their compatibility with jobs. Through a close partnership with Yale's Human Resources Department, NHW developed guidelines outlining the skillsets and qualities hiring managers look for when hiring for specific positions. Upon intake, candidates are vetted to determine if they are a good match for Yale jobs; this process assesses for their current eligibility for open positions or whether they would be good candidates for training into those positions. In the case that a candidate is not currently eligible, NHW coaches candidates through the identification and pursuit of other employment opportunities.

Another important process at NHW is a "Meet and Greet," a monthly event that provides opportunities for qualified local candidates to meet directly with Yale's human resource recruiting team. Meet and greet events allow candidates to gain interview experience and create personal connections with recruiters. After the event, employers give NHW staff feedback on individual candidates, which offers them the opportunity to work with recruiters to identify realistic strategies for each candidate to secure permanent employment. Since NHW has relationships with multiple employers, if a candidate is not able to secure work at Yale, coaches can navigate them to opportunities with other employers. This ensures that NHW is able to serve a broader population than if they just worked with one or two employers.³

Access to data, funding streams, and training resources

Workforce intermediaries have the infrastructure and staffing to apply for grants, and often are resourced with streams of public or philanthropic funding. Intermediaries can bring resources to the table from planning grants, demonstration grants, or citywide job initiatives. These funds can in turn be used for more efficient programming that will benefit both the community and the institution. Hospital human resource staff might not have the capacity to search for external funding, or the ability to offer trainings at the scale needed to demonstrate impact. Intermediaries bring the expertise necessary to make programs successful. Intermediaries staff job coaches, sector-specific trainers, and other positions that are critical to program success. Since these positions would exist regardless, partnerships can increase the efficiency of programming and provide health systems with the added benefit of outside expertise and staffing.

³ Boris Sigal, interview by David Zuckerman and Katie Parker, New Haven, CT, April 1, 2016, notes.

Workforce intermediaries often receive funding to conduct research on workforce trends and develop sector-specific training strategies. This research can be an important resource for hospital human resource departments. Dr. Cinda Herndon-King, director of Atlanta CareerRise based in Atlanta, Georgia, emphasizes that the workforce intermediary helps to track outcomes and employer and community benefits. As she explains it: “We can track and calculate what effect a program has had on a cohort, an occupation, or community...it seems that many hospitals aren’t prepared to evaluate outcomes, either because of manpower or available data systems.”⁴ Project QUEST a workforce intermediary based in San Antonio, Texas, provides a similar function. Executive director Sister Pearl Caesar described their role: “we identify in-demand occupations, recruit people who have a high school diploma or a GED, and then move those people into the training for those high-demand occupations that pay a living wage.” Project QUEST invests the resources to research job and training needs and applies findings to program design, which in turn produces a more qualified applicant pool for area anchor institutions.⁵

Working with a workforce intermediary helps to leverage funding already allocated to training efforts, allowing hospitals to benefit from philanthropic and public expenditures. “Having healthcare organizations understand that there’s outside funding for these things, and how to leverage that, to me that’s a huge opportunity,” explained Helen Slaven, healthcare industry partnership consultant at Atlanta CareerRise.⁶ Intermediaries are able to bring philanthropic and public funding to the table. For example, the Health Careers Collaborative of Greater Cincinnati, a sector-specific workforce development effort linking multiple anchor institutions, channeled funding from the National Fund for Workforce Solutions, United Way of Greater Cincinnati, and the Department of Labor (among other funding sources) to workforce training initiatives.⁷

Time and staffing to recruit, screen, and train candidates prior to application at the institution

The candidates put forth by intermediaries have already gone through a separate application process and training. Staff has screened each candidate and coaches can share their experiences working and interacting with them on a consistent basis. This in-depth knowledge of a candidate is more than a recruiter or hiring manager would learn from an online job application. Thus, intermediaries can help to reduce risk in hiring decisions, as they are able to put forth candidates that have demonstrated commitment, engagement, and skill.

Ability to reduce training costs through cohort models with multiple employers

Sometimes, high-need positions do not necessarily correspond to high-volume positions. In these instances, it might not be worth it for an individual institution to invest resources in a training program. However, an intermediary that works with multiple partners could bring together an entire cohort to train for a particular position category, thus lowering the cost per participant. Cohort models ensure a steady stream of applicants, even if there are fluctuations in individual institution hiring.

⁴ Dr. Cinda Herndon-King and Helen Slaven, interview by Katie Parker, February 24, 2016, transcript.

⁵ Pearl Caesar, interview by David Zuckerman and Katie Parker, November 30, 2015, transcript.

⁶ Dr. Cinda Herndon-King and Helen Slaven interview.

⁷ Sharron DiMario, interview by David Zuckerman and Katie Parker, December 3, 2015, transcript.

COHORT TRAINING MODEL TARGETED AT SPECIFIC POSITIONS

Cohort training models function by training a group of participants around a specific curriculum. This enables efficient use of training resources, facilitates peer learning, and ensures that training programming produces results at a scale that can have impact on the hiring needs of the health system. With the cohort curriculum focused on specific high-need positions, cohort participants are trained for specific open positions, thus making the time invested into training worthwhile. This model also offers hiring departments a qualified pool of applicants, which allows them to fill positions more quickly and save on recruitment resources. All six case studies profiled in this toolkit use a cohort model for their pipeline programs, indicating the strong value placed on this model.

Cohort setup and design

“It’s a closed door center by design. We recruit for specific cohorts, train to a specific job, for a specific employer, and then move on to the next cohort,” explained Sheila Ireland, vice president for workforce solutions at the West Philadelphia Skills Initiative (WPSI) in Philadelphia, Pennsylvania. The practice of designing specific cohorts around employer needs ensures that candidates receive training for skills that are actually in demand. In this model, curriculum is tailored to specific institutions and for specific job responsibilities. Job-specific training increases the value-added to institutions, as it enables them to target hard-to-fill or high-turnover positions that the traditional recruitment process is not designed to address.

The number of participants in a cohort varies by position type and number of participating institutions. However, according to Ireland, the ideal size of a cohort is at least fifteen since critical mass enables peer learning and active participation.⁸ Many of the other programs using a cohort model aim for at least fifteen participants as well. More specifically, The Alameda County EMS Corps in Alameda County, California recruits for cohorts of twenty-five and the Healthcare Bridge Program at the University of Colorado Anschutz Medical Campus (CU Anschutz) in Aurora, Colorado aims for twenty to twenty-five per cohort.⁹ If a particular institution does not have a need for that many new hires, intermediaries can work with multiple anchors to reach scale, a practice utilized by WPSI and the Baltimore Alliance for Careers in Healthcare, of which Johns Hopkins University and Health System is a participant. Danielle Price, the director for community health engagement at University Hospitals (UH) in Cleveland, Ohio was previously the program coordinator at Neighborhood Connections, the community-based organization that recruits for UH’s workforce training program, Step Up to UH. Price explains that cohort size, and thus the size of the recruitment pool, is determined by the number of open positions: “for example, if a session will be training candidates for five vacancies and they’re in nutrition services, then we need to get fifty people who are interested in nutrition services for that particular round.”¹⁰

“It’s a closed door center by design. We recruit for specific cohorts, train to a specific job, for a specific employer, and then move on to the next cohort.”

Sheila Ireland,
West Philadelphia
Skills Initiative

⁸ Sheila Ireland, interview by David Zuckerman and Katie Parker, March 30, 2016, transcript.

⁹ Michael Gibson, interview by David Zuckerman and Katie Parker, December 14, 2015, transcript; Robert McGranaghan, interview by David Zuckerman and Katie Parker, April 7, 2016, transcript.

¹⁰ Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016, notes.

One of the core goals of Brigham and Women's Hospital's Student Success Jobs Program is to promote equity by offering employment opportunities and pathways to health and science careers in order to build a skilled and diverse workforce that reflects the local community.

PAID INTERNSHIP PROGRAMS WITH PATHWAYS TO HIRE

Internship programs offer entry points into an institution's workforce, help provide relevant work experience, and introduce candidates to a healthcare environment. Most importantly, they offer potential job seekers the opportunity to build relationships with hiring managers. Internship programs can target youth, create pipelines between local high schools and the hospital, or between community residents and the hospital. Temporary staffing departments can provide some of the same benefits of an internship program, since candidates receive on-the-job training. With additional supports, this can be an effective way to provide an entry point to the institution as well. However, all of these approaches must include a path to more permanent employment for them to be successful community pipeline strategies. Below we highlight a few examples:

High school internship programs

Internship programs for youth can help to build the future healthcare workforce and catalyze interest in healthcare careers. This can be critical to address skills shortages, especially in rural areas where recruitment is a pressing challenge. Moreover, high school internship programs provide young people with financial benefits. Participants are connected to paid part-time or summer work, and many programs offer college scholarships, and access to other forms of financial support.

Partners Healthcare (Partners), in Boston, Massachusetts utilizes this strategy, making youth pipelines a focus in their workforce development efforts. Brigham and Women's Hospital (BWH) operates the Student Success Jobs Program (SSJP), a year-round paid internship program for Boston Public Schools (BPS) high school students beginning in their sophomore year of high school and continuing through graduation. The program currently serves ninety-five students who are placed in internships in over sixty departments across BWH. Additionally, SSJP alumni enrolled in college and majoring in healthcare or science are eligible for summer employment; a recent survey showed that thirty alumni were employed at BWH or other Partners hospitals after college graduation. Along with career exposure, students receive coaching and educational support that extends past their internship and high school graduation. One of the SSJP's core goals is to promote equity by offering employment opportunities and pathways to health and science careers in order to build a skilled and diverse workforce that reflects the local community. And the program is reaching this goal: 96 percent of participants are young people of color and the large majority are low income. BWH operates SSJP in partnership with eight BPS high schools in recognition that BPS students need access to college preparation and mentorship opportunities.

At Massachusetts General Hospital (MGH), the primary focus of the program is on educational attainment. The MGH Youth Scholars Program is a four-year intensive afterschool STEM and college preparatory program that utilizes MGH as a learning lab, providing high school students with hands-on experiential opportunities throughout the hospital. Additionally, the program supports students through the college search process by providing help with college essay writing, SAT prep, financial aid, tutoring, academic coaching, and summer employment. MGH sees the program not only as a workforce development initiative but also as a community health improvement strategy, since educational attainment is highly correlated with economic status, an important social determinant of health.

Both of these programs are also linked to financial support for educational attainment through the Partners Community Scholarship Foundation. Established in 2012, the Foundation was created to provide students participating in the BWH and MGH youth programs with academic support services and up to \$5,000 per student per year in college scholarship funds. Prior to entering college, students receive academic tutoring, SAT exam preparation, mentoring, and summer employment opportunities. Partners has committed ten million dollars over ten years to support 450 Boston Public School students participating in the BWH and MGH youth programs.

Cleveland Clinic in Cleveland, Ohio leveraged their existing internship program for their community transformation efforts. Initially, it was a program for top-performing high school students interested in scientific research, and had been in place for nearly a decade. Many of the participants were children of doctors or researchers at the clinic. Over time, Cleveland Clinic leadership began to question whether the internship program could be leveraged for greater impact and be tied to the Greater University Circle initiative, an anchor partnership aimed at economic revitalization in specific high-poverty neighborhoods. The Clinic partnered with Youth Opportunities Unlimited, a local community organization, to create a summer internship program specifically for young people in low-income communities. The new internship, a joint initiative of Community Relations and Human Resources, aims to connect low-income youth to summer jobs, while providing mentorship, skills training, and, ultimately, a career pathway.

During the internship, interns are placed in jobs at the hospital during a nine-week training period. Monday through Thursday they spend on job training, and Friday they work on professional development and life skills. In order to make the program more inclusive, the Cleveland Clinic shifted the GPA requirements from 3.5 to 2.5 and expanded the types of jobs covered. Interns are paid \$8.50 an hour, which is above minimum wage. In addition, interns receive additional supports such as bus tickets, lunch vouchers, and extra uniforms. Although it is still in its pilot stages, the goal of the program is to begin when the youth are sophomores, have them back each year for three years and then get them certified and hired after they graduate from high school. The internship itself is only for the summer, but the participants receive continued mentorship all year. The jobs included in the internship program were selected after a grant-funded study to project labor force needs over the next ten years. This data-backed approach will help to create pathways to hire by training interns for positions that will have demand in the future.¹¹

Kaiser Permanente (KP) has utilized similar design principles in the creation of an internship program in Baltimore, Maryland. KP recognizes the powerful role that connecting youth to pathways to employment plays in their broader community development efforts and specifically designed the internship program for youth from low-income families. Youth are paid an hourly wage and receive additional supports such as bus passes, which help to enable participation in the program. Interns receive on-the-job training, mentorship and coaching, and access to scholarship programs to pursue careers in healthcare. The External Affairs and Community Benefit Departments are currently working with a local technical high school to develop a pathway program for students to receive associate degrees in allied health professions (such as radiology) linked to high-need jobs at the institution. In the near future a full-time staff person will be hired to coordinate the program.¹²

Internship programs can also be important recruitment tools. At Central Valley Medical Center in Nephi, Utah, recruiting employees remains a pressing challenge because of the rural location (many graduates of nursing programs in Utah are drawn to city hospitals). As a solution, Central Valley tries to connect high school students who might be looking for opportunities to stay in their hometown to career pipelines. They work to identify youth interested in staying in the area and in medical careers, and then connect them to their Certified Nursing Assistant (CNA) training program, and then to nursing training programs. The internship program is a joint effort between Central Valley's Human Resources department and the high school. Students work at the hospital for the duration of a class period up to three days a week during the semester. The focus of the program is to expose students to different career options within the medical field and connect them to a career pathway within the institution.¹³

¹¹ Hermione Malone and Christine Foley, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 12, 2016, notes.

¹² Maritha Gay, interview by David Zuckerman and Katie Parker, April 21, 2016, transcript.

¹³ Randy Allinson and Heidi McKay Kelso, interview by Katie Parker, February 22, 2016, transcript.

Internship programs create job-shadowing programs, allow residents to gain exposure to a healthcare setting, and connect them to individual department and hiring managers. In addition, internships have the dual benefit of providing training while filling labor needs at the institution.

Another take on a youth internship program is hosting a camp. Camps provide young people with an introduction to the healthcare field and spark interest in healthcare jobs. They often concentrate training into the span of a week, which helps to reduce staffing and space investments. An example of this model is the Scrubs Camp, developed at Winona State University, located in Southeastern Minnesota. Initially conceived of to connect first generation college students to a college environment, Scrubs Camp has since partnered with Healthforce Minnesota and expanded to sixteen sites across the state. Camps all receive technical support from Healthforce Minnesota, with a full time staff member acting as a “consultant” to a local planning committee.¹⁴

Although they focus on introducing youth to healthcare careers and college environments, Scrubs Camps also provide an entry point to the employer partners. Laura Beeth, system director of talent acquisition at Fairview Health Services (Fairview) in Minneapolis, described how Scrubs Camp is part of their network of pipeline and career ladders: “Scrubs Camps have introduced middle and high school students to healthcare careers. Fairview provides numerous camp scholarships to students who are unable to pay.” Scrubs Camps are part of a wider network of internship and part-time work opportunities that help connect individuals to career pathways. Fairview also provides paid summer internships for high school students, summer nurse interns, and professional college internships in information technologies and communications. In total, Fairview provides approximately one hundred paid internships that range from high school summer experiences to year around graduate level fellowships. In addition, they support Central Corridor Fellows, a “fellows” program for metro area community college and university students. Explaining the impact of this program, Beeth said: “Last year Fairview provided twenty-five jobs to these fellows; our goal this year is to employ at least fifty to one hundred fellows. When these students land a job, results have shown the fellows are more likely to succeed in school and earn better wages. The program also helps to increase our diversity demographics. Once the fellows complete their community college program, they are able to move into higher level jobs with benefits, so they can access tuition reimbursement as they gain higher credentials on their career pathway.”¹⁵

Community resident internship programs

Internships for community residents can be more targeted towards career pipelines than youth programs, since individuals are less likely to move towards full-time post secondary education. Internship programs create job-shadowing programs, allow residents to gain exposure to a healthcare setting, and connect them to individual department and hiring managers. In addition, internships have the dual benefit of providing training while filling labor needs at the institution. Institutions such as Johns Hopkins University and Health System have taken advantage of this by utilizing internships to fill position time vacated by their staff pursuing internal career development training.¹⁶ Interns become accustomed to the norms and expectations of the institution, which then reduces the cost of onboarding and training if they are hired to work full time.

¹⁴ Misun Bormann, interview by David Zuckerman and Katie Parker, January 26, 2016, notes.

¹⁵ Laura Beeth, interview by David Zuckerman and Katie Parker, January 26, 2016, notes.

¹⁶ Yariela Kerr-Donovan, interview by David Zuckerman and Katie Parker, January 7, 2016, Baltimore, MD, transcript.

Internship programs tend to be used in welfare-to-work models of employment training. University of California, San Francisco (UCSF) has one such program that connects people on public assistance to training and internship programs. During the course of the ten-week training, individuals receive public assistance, then, during the four-month long internship they are paid wages. An important component of the program is that the internships are tied to pathways for advancement within the institution. Damon Lew, assistant director of community relations at UCSF, explained that being at such a large institution facilitated this career ladder. During internships, participants received \$17 an hour, but the next full-time position makes \$21-22 an hour. The internships are specific to each particular department and interns learn specific skills, such as proprietary software, which helps them to move up in the department. “When people come into their internships, the department welcomes them and finds ways to make them a vital cog...they are not just filing paperwork,” explained Lew.¹⁷

Johns Hopkins University and Health System (Johns Hopkins) has also developed an internship program for individuals who receive state assistance. The program is a partnership between the Baltimore City Department of Social Services, the Center for Urban Families, and the Johns Hopkins’s General Services Department. A notable component of the program is that it introduces participants to multiple departments. More specifically, over the twenty-week program individuals work in environmental services, linens, patient transport, materials management, and nutrition. After the program, interns are eligible to apply for full-time employment within these departments. Interns also receive frontline worker certification credentials to demonstrate their skill acquisition. In 2013, all interns who completed the program accepted offers of full-time employment at the hospital.¹⁸

Just like with youth programs, camp models that provide intensive job readiness training have also been developed for community residents. One example is RWJBarnabas Health’s Employment Ready “Boot Camp” at Newark Medical Center/Children’s Hospital of New Jersey. RWJBarnabas Health (Barnabas), the largest integrated healthcare system in New Jersey, operates the camp at NBIMC, its hospital in Newark. Before the program launched, Barnabas funded program development and hired a minority-owned firm to conduct interviews with residents and employer partners. The program is now tied to a citywide economic development effort, and brings in other employers in Newark. Each participating employer is asked to hire five of the fifteen program participants. While initial funding came from Barnabas, the hope is that generation sponsorship will come from other corporate partners and that employer partners will be able to leverage available tax credits to help fund the program. The camp is built on a five-week module that includes visits to each employment site, a community service project, a soft skills development segment, and post-employment coaching.¹⁹

¹⁷ Damon Lew, interview by David Zuckerman and Katie Parker, December 11, 2015, transcript.

¹⁸ Kristian Hayes, Tryain Young, and Ayisha Dyson, “The Case for National Certification for Frontline Healthcare Workers,” Johns Hopkins Hospital, Department of General Services.

¹⁹ Michellene Davis, interview by David Zuckerman and Katie Parker, Newark, NJ, January 28 2016; “Mayor’s Office Update for Hire Newark ‘Employment Ready Boot Camp,’” Presentation by V. Randolph Brown Consulting, Newark, NJ, January 25, 2016.

2 Program Design Strategies

GEOGRAPHIC FOCUS ON HIGH-POVERTY NEIGHBORHOODS

Targeting specific zip codes for local hiring efforts ensures that resources are targeted at the communities most affected by un- and underemployment. University Hospitals (UH) of Cleveland, Ohio, West Philadelphia Skills Initiative (WPSI) in Philadelphia, Pennsylvania, Johns Hopkins University and Health System (Johns Hopkins) in Baltimore, Maryland and the University of Colorado Anschutz Medical Campus (UC Anschutz) in Aurora, Colorado all have programs that target specific zip codes and neighborhoods. Focusing on particular neighborhoods concentrates impact as pipeline programs can reach a measurable percentage of the population. Often these same neighborhoods already have economic development efforts underway that can be leveraged, either through community-based organizations and intermediaries with existing networks in the community or through other hospital-led efforts. Having a geographic focus is a way to align investments across the health system and across institutions.

An example of this aligned investment is Atlanta CareerRise's workforce training efforts in Atlanta, Georgia. The Atlanta BeltLine is an organization dedicated to redevelopment along the historic railway infrastructure around the city. Part of the mission of the BeltLine is to generate jobs for residents in the communities surrounding the greenway. Atlanta CareerRise was able to target these neighborhoods when designing a program for Grady Health System. This leveraged existing non-profit resources for the design of the effort, which benefited the hospital and helped the BeltLine project meet their local hiring goals.²⁰ Another example of this is the University of California, San Francisco's (UCSF) Excellence through Community Engagement and Learning (EXCEL) program. UCSF's funding partnership with the city of San Francisco and San Francisco County ensures that the EXCEL program reaches individuals on public assistance. Additionally, UCSF focuses program outreach on two neighborhoods where 50 percent of the families receiving public assistance in San Francisco live. Having a geographic target ensures that UCSF's program most effectively meets its goals.²¹

FOCUS ON RESIDENTS WITH THE GREATEST BARRIERS TO EMPLOYMENT

In addition to concentrating on particular geographies, some programs focus on particular populations with barriers to employment. The Alameda County EMS Corps in Alameda County, California works specifically with young men of color, many who have spent time in the juvenile detention system. UC Anschutz works with community-based organizations that serve refugee and immigrant populations.²² Johns Hopkins University and Health System has taken steps to help facilitate hiring individuals with criminal backgrounds; 10 percent of hires have criminal backgrounds, a number that mirrors the percentage of formerly incarcerated individuals in the surrounding community.²³ By channeling resources to these particular populations, training programs can have a greater impact. To serve these populations successfully, programs develop specific strategies to address the challenges and obstacles

²⁰ Dr. Cinda Herndon-King and Helen Slaven, interview by Katie Parker, February 24, 2016, transcript.

²¹ Damon Lew, interview by David Zuckerman and Katie Parker, December 11, 2015, transcript.

²² Robert McGranaghan, interview by David Zuckerman and Katie Parker, April 7, 2016, transcript.

²³ Yariela Kerr-Donovan, interview by David Zuckerman and Katie Parker, January 7, 2016, Baltimore, MD, transcript.

members of these groups often face. These strategies include: enacting ban-the-box policies that seek to prevent bias towards the formerly incarcerated; developing human resource expertise to better match employees to specific jobs they are eligible for based on their backgrounds and skills; and, partnering with intermediaries that serve specific populations.

FOCUSING ON JOBS WITH CLEAR CAREER PATHWAYS

A local hire pipeline should not be designed in isolation. It is critical that the end point for a particular applicant is not the position they are hired into and that, instead, there are pathways for advancement within the institution. Explicitly connecting local hire initiatives to future career pathways can be an important recruitment tool. Dr. Cinda Herndon-King, director of Atlanta CareerRise, explained this when discussing the success of a local hiring initiative they developed with Grady Health System: “One of the things that attracts people to these programs is that once they get into Grady, after six months they’re eligible for tuition reimbursement, and for promotion. This first step may not be your dream job, but it gets you into the system where you can access other resources.”²⁴ This is a critical strategy of WPSI and UH as well. Jobs that do not offer possibilities for advancement are not selected for training programs. At times, advancement first involves a lateral move within the institution. This is the case for UH’s pathway program, which helps prepare environmental services staff to move into patient care positions. In these cases, employees still have the ability to move into higher-skill and higher-wage positions and are made aware of the process for advancement before they are even hired.

“One of the things that attracts people to these programs is that once they get into Grady, after six months they’re eligible for tuition reimbursement, and for promotion.”

Dr. Cinda
Herndon-King,
Atlanta CareerRise

SET ASIDE POSITION VACANCIES OR GUARANTEED INTERVIEWS FOR PIPELINE COHORT GRADUATES

Cohort models reduce the outreach, recruitment, and screening costs of hiring departments. However, unless there are separate application pathways for pipeline graduates carved out, these benefits may not be fully realized. Setting aside a pool of positions designated for cohort graduates eliminates any duplicative actions that might happen if the candidate were put into the regular applicant pool. For example, New Haven Works in New Haven, Connecticut completes background checks on participants. Yale then has access to these results, meaning that they do not need to complete the check themselves.²⁵ UH employs this strategy even more explicitly, setting aside a specific percentage of positions for Step Up to UH graduates. Since candidates have already received preliminary screening, Towards Employment (Step Up to UH’s workforce intermediary partner) is able to ensure they only train people eligible to work at UH. This gives UH greater confidence in Towards Employment’s program. Moreover, the training program connects hiring managers directly to applicants who have been trained for particular positions and who have learned about UH’s culture and practices.²⁶

Another way to ensure pipeline graduates a pathway to hire is by requiring that employers have vacancies for positions before a training program is scheduled. Or, at the very least, by requiring that employers guarantee interviews for pipeline candidates, which is what The Hire Local Program at UC Anschutz does. Sheila Ireland, vice president of workforce solutions at the WPSI explains that while asking employers to guarantee a vacancy is a lot more feasible

²⁴ Dr. Cinda Herndon-King and Helen Slaven interview.

²⁵ Boris Sigal, interview by David Zuckerman and Katie Parker, New Haven, CT, April 1, 2016, notes.

²⁶ Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016.

than asking for a guarantee to hire, the structure of the program often helps to facilitate hires. As she describes it: “someone worked in your practice for five months and you don’t hire? That doesn’t happen. You’ve evaluated them, we’ve had conversations with them, we have resolved any issues that have come up. At this particular point in time, they’re supposed to be effective members of your staff by your own accord, and you have the vacancies. That’s what the 95 percent placement rate is about.”²⁷

INVOLVEMENT OF HIRING MANAGERS IN THE TRAINING PROCESS

Hiring managers are critical actors in the implementation of a pipeline program because they make ultimate decisions on whether or not to hire a particular candidate. Without their buy-in and input during the program design stage, even the best training programs can stall. Adjustments will need to be made to the application processes in order to facilitate local hiring, and many of these processes are part of the day-to-day practices of hiring managers. Therefore, hiring managers should be involved in designing training programs in order to ensure that programming is able to meet the challenges they face. In addition, involving hiring managers in the training process can be an important way to personalize the application process for pipeline participants, while also allowing the managers to get a more in-depth understanding of the candidate than they would from a standard hiring process.

Partners HealthCare (Partners) in Boston, Massachusetts emphasizes getting hiring managers to participate in program design to ensure buy-in: “invite them into discussions about program design and the design of program improvements. If they’re asked, they have a whole different perspective than if they’re not,” they explained. If managers help design program and curriculum, they will have greater confidence that the training itself is rigorous.²⁸ Similarly, when the University of Colorado Anschutz Medical Campus in Aurora, Colorado developed a Hire Local Program, interviews were conducted with the staff who would be making hiring decisions in order to identify their challenges and needs.²⁹

Involvement of the hiring managers should extend past initial feedback and program refinement, into the implementation of the pipeline program itself. This helps to create an access point for pipeline candidates. One of the major barriers for entry for applicants is that due to the sheer volume of applications, screening processes have become highly automated, making it likely that an application will be screened out before it gets past the recruitment stage. Involving hiring managers in the training process ensures that candidates get time with those who have the power to hire. Moreover, hiring and departmental managers can assist with mock interviews, provide information particular to the institution, help with job-specific trainings, and explain the application process.

The benefits of involving managers in training are two-fold: candidates have the opportunity to gain experience with interviews and interface with managers, and hiring managers become familiar with particular candidates. This can help get managers enthusiastic about the program because it enables them to identify individuals they are particularly excited to hire. “One of the best things we did during our hire local initiative with the BeltLine was to have the hiring managers conduct mock interviews with the students,” emphasized Doctor Cinda Herndon-King, director of Atlanta CareerRise in Atlanta, Georgia. “It pre-sold them on these students, so by the end of the training, we had hiring managers fighting over them... It built

²⁷ Sheila Ireland, interview by David Zuckerman and Katie Parker, March 30, 2016, transcript.

²⁸ Anchor Institution Toolkit Meeting (Partners HealthCare, Boston, MA, January 19, 2016), transcript.

²⁹ Robert McGranaghan, interview by David Zuckerman and Katie Parker, April 7, 2016, transcript.

the internal buy-in so that hiring managers were comfortable with students and comfortable with the program, and really proud to be a part of it. It helps build that internal culture shift,” she adds.³⁰

This strategy is also employed at New Haven Works (NHW) in New Haven, Connecticut. Although NHW partners with a variety of employers, there is particular focus on jobs at Yale University and Yale University Medical Center. NHW will host events where job applicants who have been deemed “Yale ready” based on their qualifications and training can meet with recruiters. Each candidate has the opportunity to describe their skills, which not only provides interview practice, but enables the staff from Yale to identify candidates they are interested in. This in turn provides data to NHW on areas candidates can still improve in and what type of candidates Yale is looking for.³¹

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3 Intermediary Strategies

FOCUSING ON ADDITIONAL WRAP AROUND SUPPORTS AND SOFT SKILLS TRAINING

Employment at a large institution such as a hospital often requires skills beyond those needed to meet the requirements for a particular position. Referred to as “soft skills,” this category of skills encompasses qualities such as general workplace readiness, ability to interview well, good workplace habits, and adherence to communication and dress norms. Even if those factors are not actually critical for the technical aspects of a position, they are critical to making it in the hiring process and thriving within an institution’s culture. A focus on soft skills can encompass application preparation, such as résumé reviews and interview skills, as well as general training around public speaking and communication.

Perceived “gaps in soft skills” are often reflections of barriers to employment. Qualities such as timeliness are affected by other jobs, childcare, or access to transportation. Financial stability can affect access to job-appropriate clothing or uniforms. Workforce intermediaries and community organizations frequently have access to wrap-around supports that can help applicants address some of these barriers. Damon Lew, assistant director of community relations at the University of California, San Francisco noted that a critical success factor to the Excellence through Community Engagement and Learning or EXCEL training program was identifying a training partner that could provide not just training support, but case management and wrap around services: “The biggest challenges contributing to individuals’ inability to complete the program come from outside the workplace—issues with childcare, housing, transportation. Programs need to have some sort of assistance set up outside the workplace.” Working with intermediaries that have these wrap around supports and soft skills trainings built into curriculum helps to address retention issues that might arise later on.³²

INTERMEDIARY FUNCTIONING IN A HUB/NAVIGATOR ROLE

Although cohort models are critical to developing pipeline programs, another key piece of infrastructure to develop is a hub for residents interested in positions at the healthcare institution. Hiring processes at institutions can be opaque and confusing. Providing clear application

“It pre-sold them on these students, so by the end of the training, we had hiring managers fighting over them... It built the internal buy-in so that hiring managers were comfortable with students and comfortable with the program, and really proud to be a part of it. It helps build that internal culture shift.”

Dr. Cinda Herndon-King,
Atlanta CareerRise

³⁰ Dr. Cinda Herndon-King and Helen Slaven interview.

³¹ Boris Sigal, interview by David Zuckerman and Katie Parker, New Haven, CT, April 1, 2016, notes.

³² Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH. January 11, 2016.

instructions and descriptions of the process can help applicants who are already qualified get through the initial screening process. Moreover, the intermediary can perform the initial task of sorting applicants and pairing them to job opportunities that best fit their skills, work experience, and interests. University of Colorado Anschutz Medical Campus is working to build out this function and has hired a full-time manager who will work with applicants in the pipeline to navigate the process.³³ Another examples of a hub is at NHW, which has its own separate physical location adjacent to Yale University's campus, where residents interested in employment opportunities are invited to visit. NHW hosts capped information sessions for twenty-five people. The morning of the information sessions, up to one hundred participants line up outside the building in order to gain access. NHW's intake process sorts candidates based on whether they are eligible to work at Yale. Candidates are then sorted based on whether they are eligible but need additional training. This ensures that candidates only invest time in training pathways and applying for jobs that are attainable for them.³⁴

COLLABORATING WITH OTHER ANCHORS OR CITY ECONOMIC DEVELOPMENT EFFORTS

Another best practice is to connect training initiatives to broader economic development efforts. This can facilitate collaboration between multiple institutions, which in turns allows programs to reach more participants. Although workforce development is traditionally thought of as a competitive field, in reality there are many benefits that come from collaboration. Johns Hopkins University and Health System in Baltimore, Maryland is a participant in the Baltimore Alliance for Careers in Healthcare (BACH), an organization that coordinates training around healthcare positions. BACH brings health systems together to identify common workforce needs and channel grant resources to participating institutions.³⁵

A model similar to this is the Careers in Healthcare Atlanta Mobility Project (CHAMP). Atlanta CareerRise partners with the Georgia Hospital Association to bring health systems together to collaborate around frontline positions. While physician and hospital leadership positions may be viewed as competitive among hospitals, and fall under the heading of proprietary, strategic information and health systems are often more willing to collaborate around frontline employees, explained Helen Slaven, healthcare industry partnership consultant with Atlanta CareerRise. "It's a competitive environment in many respects but we have been able to engage them in discussing workforce needs," she explained. Having the Georgia Hospital Association as a convener helps to facilitate this collaborative atmosphere.³⁶

Collaboration is also a success factor in a similar effort in Cincinnati, at the Health Careers Collaborative of Greater Cincinnati (HCC). Part of a larger, strategic initiative of United Way of Greater Cincinnati, the Collaborative is one of the career pathway programs of its Partners for a Competitive Workforce. The healthcare career pathway was initially developed in response to a nursing shortage in 2002. Previously, nurses had been moving between institutions for raises of only fifty cents an hour, creating a chaotic environment for hiring managers at local institutions and potentially affecting the delivery of quality patient care. However, eventually the hospitals came together to develop training programs in partnership with the local community, career technical colleges, and the local workforce investment board. This collaboration helped address the nursing shortage and created a strong foundation for future workforce development

³³ Robert McGranaghan interview.

³⁴ Boris Sigal interview.

³⁵ Yariela Kerr-Donovan, interview by David Zuckerman and Katie Parker, Baltimore, MD, January 7, 2016, transcript.

³⁶ Dr. Cinda Herndon-King and Helen Slaven interview.

efforts. “Part of [our] secret sauce is that we have a history of being collaborative and coming together, of dropping egos and individual agendas when it comes to creating good work,” explained Sharron DiMario, senior manager of the Collaborative.³⁷

4 Institutional Strategies

CONNECTION TO HEALTH SYSTEM DIVERSITY AND OUTREACH GOALS

Connecting local hiring efforts to existing diversity and outreach goals can help leverage outside resources for these internal strategic priorities. Workforce intermediaries and community-based organizations often work and recruit in diverse communities. Local hiring efforts can leverage these existing outreach networks. Creating a more diverse workforce has been a driver of local hiring efforts at Partners HealthCare (Partners) in Boston, Massachusetts. “If we wanted to continue to enhance the excellent care that our institutions already provide, one of the ways to do that would be to create a more diverse and culturally competent workforce,” they emphasize. By creating a pipeline for local residents, new hires will necessarily be more representative of the surrounding community because they are from the very communities Partners serves.³⁸

Local hiring efforts can also be targeted to fill specific positions that require knowledge of the community, such as community health workers, health coaches, and community health center employees. Alameda County EMS Corps has leveraged this approach and is connecting graduates from their training program to community health outreach work. Similarly, West Philadelphia Skills Initiative of Philadelphia, Pennsylvania, developed a training program for the Children’s Hospital of Philadelphia for a new position that would interface between patients and hospital staff, requiring a good deal of cultural competency. Since the training cohort was drawn from the local community, candidates already had the required cultural familiarity.³⁹

COLLABORATION BETWEEN HUMAN RESOURCES AND COMMUNITY HEALTH DEPARTMENTS

Unemployment and economic instability are critical determinants of health. Therefore, workforce efforts are an important strategy for community/population health and community benefit departments. Explicitly linking local hiring efforts to community health departments can bring additional resources to the table, particularly for measuring impact. The act of documenting unemployment and underemployment as health needs can also help make the case for local hiring efforts. This is a strategy currently utilized by Partners through their “Community Health Needs Assessment, which all hospitals are required to do every three years.” As Partners describes it: “there’s a real opportunity for other hospitals to think more about the issues of income, poverty, and employment, and how [they] support health. If you widen the frame when you do your assessment, those things absolutely come through and they become identified in needs assessments more clearly.”⁴⁰ At institutions serving large uninsured popula-

“There’s a real opportunity for other hospitals to think more about the issues of income, poverty, and employment, and how [they] support health. If you widen the frame when you do your assessment, those things absolutely come through and they become identified in needs assessments more clearly.”

Partners HealthCare

³⁷ Sharron DiMario, interview by David Zuckerman and Katie Parker, December 3, 2015, transcript.

³⁸ Anchor Institution Toolkit Meeting (Partners HealthCare, Boston, MA, January 19, 2016), transcript.

³⁹ Sheila Ireland, interview by David Zuckerman and Katie Parker, March 30, 2016, transcript.

⁴⁰ Anchor Institution Toolkit Meeting.

tions and with high rates of uncompensated care, this becomes especially strategic. Linking community residents to employment not only provides greater economic stability, but also connects more residents to health insurance.

CONNECTING FORECASTING, ORGANIZATIONAL TRAINING AND LEARNING, AND HUMAN RESOURCES ACTIVITIES

A crucial first step in designing programs is ensuring communication between forecasting, organizational training, and human resources. This ensures that staff in all of these focus areas have knowledge of important factors such as turnover rates, predicted vacancies, and skills gaps. Coordination in these areas will result in a more synchronized and efficient program. Moreover, making sure that organizational training and learning have this information will help them to share it with workforce intermediaries and training partners as they design new programs. “You’ve got to have both sides at the table in the project to be effective. The recruiting and placement side have to know where the opportunities are and how to access them, along with the training side,” says Dr. Cinda Herndon-King of Atlanta CareerRise in Atlanta, Georgia.⁴¹ This is also a key strategy employed by Johns Hopkins University and Health System (Johns Hopkins) in Baltimore, Maryland, where forecasting, training and human resources are coordinated as part of their larger workforce development strategy.

LEVERAGING VENDOR CONTRACTS AND CONNECTING TO SUPPLY CHAIN

Another interdepartmental linkage that can help amplify the impact of local hiring efforts is between local hiring initiatives and supply chain departments. Supply chain managers can include local hiring provisions in Requests for Proposals (RFPs) to ensure that vendors create pipelines for local candidates. Local hiring can also play a role in contract negotiations. For example, University Hospitals in Cleveland, Ohio offered to extend a long-term contract to distributor Owens and Minor only if they agreed to open a facility in Cleveland and commit to other provisions, including creating new positions at the facility, hiring local residents, and paying employees above a certain wage.⁴² In a similar vein, Bon Secours negotiated with one of their food service providers that wanted to centralize bulk food preparation so that staff who would be affected by the changes would be prioritized for hiring as the company’s footprint expanded.⁴³

Another innovative strategy is to build pipelines for jobs within the supply chain and distribution. For example, Johns Hopkins Health System partnered with local community colleges to create “the Supply Chain Institute,” a tailored training to prepare candidates to work within hospital distribution centers. The eight-week cohort program offers training on inventory management, quality assurance, distribution, and other critical supply chain functions. In addition, students receive job readiness and computer skills training. At the end of the program, students are interviewed for positions within Johns Hopkins’ supply chain department. The program benefits participants, who receive job-specific training and Johns Hopkins, since it provides them with access to a pool of candidates trained specifically on their supply chain software, systems, and equipment.⁴⁴

⁴¹ Dr. Cinda Herndon-King and Helen Slaven, interview by Katie Parker, February 24, 2016, transcript.

⁴² Steve Standley, interview by Ted Howard, October 9, 2015, transcript.

⁴³ David McCombs, interview by David Zuckerman and Katie Parker, December 16, 2015, transcript.

⁴⁴ Kenneth Grant, interview by David Zuckerman and Katie Parker, Baltimore, MD, February 5, 2016, transcript; Patrick Smith, “Homegrown Talent,” Johns Hopkins Health System, April 28, 2016.

“You’ve got to have both sides at the table in the project to be effective. The recruiting and placement side have to know where the opportunities are and how to access them, along with the training side.”

Dr. Cinda
Herndon-King,
Atlanta CareerRise



For an infographic outlining these strategies, go to:
hospitaltoolkits.org/workforce/infographic

Inside-Up Strategies

“Inside-Up” refers to internal strategies that connect frontline workers to pathways for career advancement within the institution. Local hiring initiatives do not end at the moment of hire. The success of programs lies in employee retention and employee advancement, not only to fully capture the benefits of the hire for that particular position, but also to ensure the long-term sustainability of the program.

Career advancement opportunities for frontline workers ensure that more entry-level positions open up for local residents, thus keeping the pipeline moving. Furthermore, employees brought in through pipeline initiatives can maximize their investment in training programs when their job is connected to a career ladder and they have opportunities to move up to higher-skill jobs with higher wages and benefits.

CRITICAL STRATEGIES

Core elements of building career pathways

- Offer job coaching for new hires and map out potential career pathways
- Provide tuition assistance for trainings accessible to frontline employees
- Locate training programs on-site

PROGRAM DESIGN STRATEGIES

Best practices for facilitating internal advancement

- Utilize a cohort training model focused on specific positions
- Partner with local educational institutions and community organizations
- Provide additional supports to build employee and community wealth

INSTITUTIONAL STRATEGIES

Tools to sustain and embed programming

- Connect forecasting, training, and hiring departments
- Connect programming to health system diversity and outreach goals

OTHER RESOURCES

- CareerSTAT

1 Critical Strategies

JOB COACHING FOR NEW HIRES AND MAPPING OUT POTENTIAL CAREER PATHWAYS

Providing entry-level workers with job coaching is an important first step in setting them up on a pathway to advancement. Just as the initial application process can be a barrier for candidates, navigating the many departments within a hospital can also be a challenge for employees, especially if they are interested in applying to a new job category. Coaches can help bring to light possible pathways. They can also identify critical skills gaps and help employees find opportunities for getting necessary training. Ultimately, career coaches support employee retention, since they provide soft skills support and help employees navigate the work environment.

COACHING MODELS

Coaches can be contracted through the workforce intermediary that provided the initial training or hired internally. Coaches employed through intermediaries are often connected to other wrap-around support organizations and have expertise in soft skills support. In Northpoint Health's On Point Program, a workforce placement effort housed within the health system in Minneapolis, Minnesota, coaching for trainees post-hire is a critical success factor of the program. Client and family services director with NorthPoint Human Services, Sara Lueben has an anecdote that illustrates the importance of this support: "Sometimes the job is the most fragile place to be...We had a case where one of our participants got a great job and a couple weeks into her job, her car got repossessed. Her job wasn't on the bus line, so she contacted her coach and said, 'Well I'm just going to quit, I don't have a way of getting there.' The coach said, 'Hold on, don't quit your job. Talk to your employer. You can tell them you need a couple of days off to get your transportation figured out.'"¹

This example illustrates the benefit of having a job coach situated outside of the health system, since employees may feel more comfortable talking to external coaches about issues and obstacles that arise. At Atlanta CareerRise, a workforce intermediary in Atlanta, Georgia, coaches continue to meet with employees six months into their hire. "It reduces risk and takes the burden off of employers if small issues arise," explained director Dr. Cinda Herndon-King.² Advocate Healthcare in Illinois is launching a program that will provide case management support for employees up to a year after hire. University Hospitals (UH) in Cleveland, Ohio also employs this strategy, hiring workforce partner Towards Employment to provide coaching services for six months.

Job coaches can also be hired internally and embedded within the institution. Internal job coaches often better understand future employment needs within the hospital, and can help connect employees to new positions more effectively. This approach helps to ensure that positions do not remain vacant and facilitates employee success. Johns Hopkins University and Health System has job coaches on staff, bolstering the longevity of the coaching program and signaling that staff development is an institutional priority.³ Hiring job coaches on staff can also be a strategy to institutionalize grant-funded positions.

Internal job coaches often better understand future employment needs within the hospital, and can help connect employees to new positions more effectively.

¹ Sara Lueben, interview by Katie Parker, April 18, 2016, transcript.

² Dr. Cinda Herndon-King and Helen Slaven, interview by Katie Parker, February 24, 2016, transcript.

³ Yariela Kerr-Donovan, interview by David Zuckerman and Katie Parker, Baltimore, MD, January 7, 2016, transcript.

Mapping out potential career pathways for frontline workers can help to enhance coaching. Institutions that outline the necessary training steps for employees to advance can help employees and coaches understand the timeframe needed to pursue advancement opportunities and whether they are realistic. Mapping pathways within the institution can also illuminate where lateral pathways might facilitate career advancement. For instance, UH has outlined specific pathways from frontline positions to career ladders within the institution. A training participant hired into an environmental services role in Step Up to UH (UH's workforce development program) can participate in training that will allow them to move laterally into the patient care assistant position. From here, they can advance into more higher-level patient care work, and eventually to nursing, taking advantage of tuition support and coaching resources along the way.⁴

TUITION ASSISTANCE FOR FRONTLINE WORKER TRAINING

An essential strategy for guaranteeing that local hire pipelines include career paths is to ensure that tuition assistance programs are accessible to frontline workers. Some tuition support policies only apply to degree-granting programs, which in essence makes frontline workers pursuing other types of training ineligible, even though these employees may benefit most from financial support.⁵ Tuition assistance should be made available for certification programs as well as skills-building programs. These include classes in English, literacy, college preparation, and paths to citizenship, as well as hospital-specific certification programs, such as medical coding, patient care, surgery technician training, and phlebotomy specialization, amongst others.

It is crucial that institutions communicate clearly to frontline workers about the availability of these opportunities. One strategy employed by Johns Hopkins University and Health System is to attend all new employee department orientations to present information about incumbent worker training opportunities.⁶ In addition, it is important that employees become eligible for internal training programs within a reasonable timeframe. Career coaches can also help connect employees to tuition support opportunities. Even if employees will not be eligible for tuition assistance until after six months of employment or later, they can begin working with the career coach early on so that the coach can help them assess their skills and identify trainings they might be interested in.

TUITION ADVANCEMENT OR GRANTS

Since the upfront cost of training programs can be a barrier to participation for frontline workers, as many are hundreds or even thousands of dollars, tuition advancement and direct payment for trainings help make these programs more accessible. Hospitals that provide tuition advancement often ask employees to sign agreements stating that they will work at the institution for a designated period of time after completing the training, and that they will complete the degree program. These accountability measures allow institutions to more clearly trace the impact of what are often costly tuition programs. Other measures include requiring back payments if the employee does not finish or pass the program. With agreements such as these, it is critical that job coaching and academic support be provided to troubleshoot problems as they arise and improve completion rates.

⁴ Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016, transcript

⁵ Dr. Cinda Herndon-King and Helen Slaven interview.

⁶ Yariela Kerr-Donovan interview.

An example of adapting tuition payment to help facilitate participation can be found at Partners HealthCare (Partners), in Boston, Massachusetts. Partners' Workforce Development Program stipulates that after six months of work at Partners or a Partners member institution, employees are eligible for tuition assistance that can be used for degree-granting or certificate programs. In addition to tuition reimbursement, there are various grants, scholarships, loan forgiveness programs and other financial assistance resources available to employees within Partners and its member institutions. Partners also participates in a business-to-business agreement with College for America to offer employees competency based online degree and certificate programs at a low cost after tuition reimbursement. This program also includes an option for "tuition deferment," allowing employees to take courses and pay their limited portion of the cost over a longer period of time.

RELEASE TIME AND PAID TRAINING OPPORTUNITIES

Another way to facilitate participation in training programs is to provide release time for employees, so that they can complete trainings during paid time and maintain their full-time wage and benefits. In this case, the employee's department often covers the wages, especially when the employee is being trained to move into a high-need position within that department. The organizational learning department can also cover wages, which is common if the employee is being trained into a high-need position outside of their department. Wages can also be paid for through grant funding for frontline worker training.

MANAGER ENGAGEMENT AND STAFFING SUPPORT

An important element of this strategy is creating buy-in amongst department managers. If department heads provide employees with release time, they must cover that time by switching around shifts, offering overtime, or utilizing temporary workers. All of these options require time and/or resources on the part of the manager. Educating managers about the importance of career advancement opportunities can help them see the benefit of investing in their employees. Creating communication channels between department managers and the organizational learning department helps to ensure this education piece happens and that managers are able to troubleshoot and find solutions when scheduling is a challenge. In addition to this logistical support, organizational learning can also provide actual resources to alleviate the burden on managers.

An example of this sort of collaboration and financial support can be found at Johns Hopkins University and Health System's Project REACH program, a formerly grant-funded incumbent worker training effort. Participants in Project REACH are in training for sixteen hours a week. Training time, which was originally funded through Department of Labor grant funds, is paid for by the education arm of Human Resources. Rather than pulling funding from the department where the employee currently works, this pot of funding covers employee time during training. This ensures that the time does not need to come from the department's budget, while enabling the employee to retain a full-time salary and benefits. Shift managers can then request a replacement through the intradepartmental staffing agency or through the local resident internship program. More information about this program and sample forms for managers can be found on the Project REACH website.⁷

⁷ Yariela Kerr-Donovan interview; Johns Hopkins Medicine, "Project REACH Retrospective," Human Resources JHH/JHHSC. Accessed May 2016. http://www.hopkinsmedicine.org/human_resources/education_programs/employees/job_training_project_reach/retrospective/index.html

ON-SITE TRAINING PROGRAMS

While tuition assistance might make training programs financially accessible, there can still be major barriers for participation, especially for low-income workers. Individuals might have multiple jobs or may not have access to reliable transportation. Providing on-site training opportunities can help facilitate participation by reducing commute time and making it easier for employees to attend. Moreover, if the training has a clinical component, employees become familiar with institution-specific equipment and facilities.

An example of this is the School at Work® (SAW) model utilized by all of the hospitals and health systems in the Greater Cincinnati region.⁸ SAW is a blended adult education and career development program designed to equip frontline, entry-level healthcare employees with the skills they need to advance in the industry. Over the course of six months, SAW participants, led by a coach, learn and apply life management and employment skills (e.g. reading, math, writing, communication) that are critical to their success in the healthcare industry. Participants simultaneously define their career goals and develop a career and learning plan that outlines the training and education necessary to meet their goals. Students attend two hours a week of training during work hours. The program is free for employees and each hospital has its own eligibility criteria. Participation requires permission from managers, but SAW program coordinators will work with managers on scheduling to help facilitate participation.⁹ SAW programs are onsite, which decreases the time investment by the employee and allows them to complete training while still working full time.

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2 Program design strategies

COHORT TRAINING MODEL TARGETED AT SPECIFIC POSITIONS

The cohort model has utility for incumbent worker trainings as well. Training employees as a group reduces costs and is a more effective way to fill critical skills gaps. An example of this approach is the Pathway to Patient Care Assistant (PCA) program at University Hospitals (UH) in Cleveland, Ohio. In the Pathway to PCA program, interested employees apply to the program, and, if selected, are hired as PCA's and then paid to complete the necessary trainings. All selected candidates complete training together, which reduces training costs and allows UH to fill many vacancies at once. There are also cost savings associated with hiring internally as opposed to recruiting outside candidates.¹⁰ West Philadelphia Skills Initiative, in Philadelphia, Pennsylvania, has worked with hospitals to develop similar custom trainings for incumbent workers, including one for animal laboratory positions and one for information technology positions.¹¹

⁸ SAW is a proprietary curriculum that employers purchase from Louisville, Kentucky-based Catalyst Learning, Inc.

⁹ Sharron DiMario, interview by David Zuckerman and Katie Parker, December 3, 2015, notes; Heather Brasfield-Gorrigan, interview by David Zuckerman and Katie Parker, Cincinnati, OH, January 15, 2016, notes.

¹⁰ Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016, transcript.

¹¹ Sheila Ireland, interview by David Zuckerman and Katie Parker, March 30, 2016, transcript.

PARTNERSHIPS WITH LOCAL EDUCATIONAL INSTITUTIONS

Universities, community colleges, and technical schools are critical partners in developing worker-training programs. Often, these partners have the relevant expertise and have developed the necessary curriculum to run training programs. Or they are in good positions to develop specific programs if there is enough demand. An example of a successful education partnership is the creation of a Licensed Practice Nurse (LPN) program at Central Valley Medical Center in Nephi, Utah. In the early 2000s, the rural hospital faced a nursing shortage, and had difficulty hiring LPNs. To address the shortage, leadership from the hospital and a local community college, Snow College, came together and created the LPN program. The community college is located forty miles from the hospital, but the classes are offered on-site and instructors from the community college tele-teach, using virtual classroom technology. Central Valley provides the classroom space and coordinates the clinical rotation component of the course. Through this partnership, Central Valley trains and recruits LPNs and Snow College offers students trainings connected to local employment opportunities. Partnerships such as these benefit both the health system and the educational partner. In these partnerships, the health system can provide access to clinical space and on-site training, in-kind resources that are a necessary component of high-quality medical training.

PROVIDING ADDITIONAL SUPPORTS TO BUILD EMPLOYEE AND COMMUNITY WEALTH

The goal of frontline worker training programs is to move employees into career-level jobs with higher wages, added benefits, and greater stability. One of the benefits of this pipeline to pathways approach is that it can create measurable impact on employment and wages in particular neighborhoods. Given that financial status is a primary determinant of health, these efforts can help to improve the overall health of the community by increasing economic security and resilience over time. In order to further sustain the investment in their employees and communities, health system leadership should consider implementing other programs that represent long-term investments in the physical and economic health of those they serve. Examples of these long-term investments are included below.

EMPLOYER-ASSISTED HOUSING PROGRAM

Employer-assisted housing programs offer several employee and community benefits. For lower-wage employees, homeownership is a critical tool for building wealth and achieving economic well-being and security. With built in support measures, such as connections to financial institutions with stable loan products and homeowner financial literacy trainings, these programs often provide sustainable paths to homeownership. This strategy can help to address the displacement pressure lower-wage employees can face in high-cost neighborhoods or neighborhoods undergoing redevelopment.

Intentionally linking local hiring initiatives to an employer-assisted housing program can ensure that a broader range of employees can take advantage of this type of benefit. There are many strategies for structuring such a program, including forgivable loans, down payment assistance, or a mortgage buy-down.¹² Although many institutions already have employer-assisted housing programs, special measures can be employed to consider how such a program can complement an inclusive local hiring strategy so that entry-level workers also have realistic access to such employee benefits.

MATCHED RETIREMENT SAVINGS PROGRAM

Another way to help magnify the impact of higher wages is to help facilitate employee savings. Employer contributions to a retirement plan—a common employer strategy—help do this. However, Mercy Health, a Cincinnati-based health system operating in Ohio and Kentucky, puts particular emphasis on ensuring that frontline workers receive benefits to help build their wealth and avoid retiring with little savings. In addition to a “just wage” provision and added health benefits for low-income workers, Mercy offers its 34,000 employees a matched retirement savings program. There is a floor for employer contributions of \$1,400 per year, or 2 percent of an employee’s salary, which gives extra financial support to low-income workers. Employees are automatically enrolled, and 97 percent of employees participate. The employer contribution is 6 percent, and can reach as high as 11 percent for low-income employees.¹³

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3 Institutional strategies

COLLABORATION BETWEEN HUMAN RESOURCES, FORECASTING DEPARTMENTS, AND ORGANIZATIONAL LEARNING

Just like pipeline programs, frontline worker training programs can be leveraged to address pressing hiring needs. Hiring internal candidates is more cost efficient than recruiting, vetting, and training external candidates. Moreover, managers already have on-the-job experience with candidates and understand their competencies and skillsets. Connecting employee services, such as coaching and skills assessments to forecasting not only helps in planning, but it also ensures that employees are connected to training opportunities for available jobs within the institution.

CONNECTION TO HEALTH SYSTEM DIVERSITY AND OUTREACH GOALS

Pipeline programs can provide an important entry point for diverse candidates. But, unless there are ladders up within the institution, they may not make a significant difference in terms of organizational diversity. As articulated by Debbi Perkul, senior workforce development professional at University Hospital in Cleveland, Ohio: “the trick is that over time we want to continue to push people up once they’re here. The further up we can push people, the more

¹² A full list of strategies can be found in Anna Afshar and Federal Reserve Bank of Boston, “New Arguments for EA Housing,” *New England Community Developments* 1 (2006): 3, <http://www.bostonfed.org/commdev/necd/2006/q1/EmployerAssistedHousing.pdf>

¹³ Joseph Gage, interview by David Zuckerman and Katie Parker, Cincinnati, OH, January 14, 2016, notes.

“We recognized early that if we’re going to do something both about poverty as a way of improving health and about improving care, one place to pay attention to was our incumbent workers.”

Partners HealthCare

it will add to the organization’s diversity.”¹⁴ Linking incumbent worker training programs to diversity goals can also help expand the impact of local hiring efforts. Tying diversity goals to training programs can help make the advancement of frontline workers a strategic priority. This principle has helped grow the workforce development programs at Partners HealthCare in Boston, Massachusetts. As they emphasize about their priorities: “Both being more diverse and being more culturally competent are very important...We recognized early that if we’re going to do something both about poverty as a way of improving health and about improving care, one place to pay attention to was our incumbent workers.”¹⁵

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4 Other Resources

CAREERSTAT

CareerSTAT is a network of healthcare leaders formed to champion the business case for investing in frontline workers. It uses the power of business-to-business collaboration to engage additional healthcare employers and provide them with models of effective workforce development practices and methods for measuring business outcomes from these investments. Through its Frontline Health Care Worker Champion program, CareerSTAT recognizes exemplary employers who make a sustained commitment to investing in frontline workers. It also provides an array of resources that document effective workforce practices and business impact across the healthcare continuum. For engaged employers, CareerSTAT offers technical assistance for frontline workforce development and impact analysis. CareerSTAT is an initiative of the National Fund for Workforce Solutions and Jobs for the Future and is generously supported by the Joyce Foundation.

To learn more about CareerSTAT visit: <http://www.nationalfund.org/careerstat>



TOOLS FOR GETTING STARTED

Refer to the *Tools for Getting Started* at the end for further resources on designing an inclusive, local hiring pipeline including:

DIVING IN: A quick guide with ideas of where to get started

READINESS CHECKLIST: An assessment tool to understand where your institution is at

BIG QUESTIONS: A guide to facilitate dialogue on what matters for your mission

OVERCOMING BARRIERS: A compilation of promising solutions to common challenges

¹⁴ Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016, transcript

¹⁵ Anchor Institution Toolkit Meeting (Partners HealthCare, Boston, MA, January 19, 2016), transcript.

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4

Laying the Foundations

Laying the Foundations

SETTING THE STAGE FOR TRANSFORMATIVE IMPACT

1 Measure your workforce baseline

→ DEMOGRAPHICS

Current demographic and racial/ethnic profile of your workforce:

- Sorted by position type (e.g. frontline, mid-level, leadership)
- Sorted by wage level

→ LOCATION

Where does your workforce currently live?

- By city
- By zip code
- Percentage in your surrounding zip codes

Where do applicants currently live?

- By city
- By zip code
- Percentage in your surrounding zip codes

→ DATA INFRASTRUCTURE

- How is the data about employee demographics stored? What software is used?
- Is this maintained by human resources or at a department level?
- Are there barriers to tracking this sort of employee data?
- Is it easy to track when and where an employee moves within the institution (e.g., if they switch departments to move into a higher paying job)?

→ DIVERSITY

Does your institution have goals to increase diversity?

- For the institution as a whole?
- In specific areas, such as in leadership?
- If so, what are these goals? To whom are they reported?

→ COMMUNITY COMPARISON

- What are staff demographics in comparison to community demographics?

→ HIRING PROCESS

- Average number of applications per position posting
- Average number of applications per month
- Percentage interviewed
- Percentage hired
- Percentage of applicants that re-apply

→ TURNOVER AND FORECASTING

- Overall turnover rate
- Positions with high turnover
- Termination rate
- Positions that will be affected by retirement or other workforce trends

2 Survey your workforce policies and practices

Which policies and processes are working? Which are barriers to success?

HIRING POLICIES TO CONSIDER

- **Preferential access**

Although there may be restrictions around equal opportunity for job postings, often these policies do not prevent measures to ensure that pipeline candidate applications are reviewed. Evaluate your job posting policies and consider what might be feasible to connect pipeline candidates to job openings, and, if possible, implement a policy that sets aside a number of available positions for pipeline candidates or guarantees them an interview.

- **Background check**

Policies such as ban-the-box ensure that candidates are not discriminated against during the hiring process and are an important step in connecting returning citizens to jobs. However, even with ban-the-box in place, barriers to entry can still exist. Evaluate whether there are policies that unnecessarily prevent individuals with criminal backgrounds from working in specific positions. Although there is the perception that working in a hospital with a criminal background is not possible, for certain positions this is not necessarily codified in statute.

- **Credit check**

Some institutions require credit checks for positions that do not involve handling a significant amount of money or expensive goods. This ends up barring candidates with debt above a certain threshold or who may have passed bad checks in the past, regardless of their current financial status or the severity of the misdemeanor. This provision can end up being a major obstacle to strong local hiring efforts, as many administrative positions have to handle smaller financial transactions. New Haven Works, a workforce intermediary based in New Haven, Connecticut, partnered with Yale University to reevaluate these thresholds and refine an overly broad policy so that they were no longer barring qualified applicants from these low-risk positions.¹ Assessing these policies and determining more reasonable thresholds can help ensure that current practices do not discriminate unnecessarily against candidates with debt.

HIRING PRACTICES

- **Position is posted in accessible format**

Where open positions are posted can make a huge difference in terms of whether individuals access them. Having a job portal that is easy to navigate is an important outreach step. An example of an easy-to-navigate job portal that flags positions being targeted for local hire is the HopkinsLocal website from Johns Hopkins University and Health System. See <http://hopkinslocal.jhu.edu/hire/> for more information.

- **Hiring manager engagement**

Changing the point at which a hiring manager engages with local applicants is a significant step in linking these candidates to job opportunities. If hiring managers assist with pre-employment training, conduct mock interviews, and meet with candidates it can help them to forge personal connections that benefit both the candidate and the manager. Map your current hiring processes and determine whether there are any points at which hiring managers could meet with local candidates. Small adjustments to these processes can make

¹ Boris Sigal, interview by David Zuckerman and Katie Parker, New Haven, CT, April 1, 2016, notes.

TRAINING POLICIES TO CONSIDER

- **Eligibility for tuition assistance**

Access to training opportunities soon after hire not only helps employees build job skills and strengthen performance, but can improve retention and satisfaction. When are employees eligible for tuition assistance at your institution? Although employers frequently wait for a year to allow employees to access this benefit, opening up tuition assistance after three to six months can connect new employees to career pathways right away. Another important factor to consider is what programs are eligible. Ensure that your policies do not only cover degree-granting programs, as these programs are often not the trainings that frontline workers can access right away. Tuition assistance policies that are only for degree-granting programs increase the bifurcation of opportunities between lower- and higher-wage employees.

- **Eligibility for tuition advancement**

Although tuition reimbursement is an important employer benefit for lower-wage employees, paying for training up-front can be a significant burden to frontline workers that likely have limited savings. Policies such as having a wage threshold for which tuition is advanced rather than reimbursed can help address these financial barriers. Some institutions have paired this with a requirement that the employee given a tuition advance must work at the institution for one year after training. This requirement is designed to reduce the risk that trainings are not finished and to ensure the agreement benefits the institution. Other policy solutions can include: working out payment plans with employees, partnering with educational institutions that allow for delayed payment, or developing partnerships with local financial institutions that can provide short-term, low-interest loans.

TRAINING PRACTICES TO CONSIDER

- **Release time**

Release time for training can also be critical for enabling frontline workers to access career development opportunities. Employees might work multiple jobs or have other time constraints such as childcare. Allowing trainings to be completed on-the-job can help guarantee that they are truly accessible. Since release time is a cost burden, some institutions have used funds from training or human resource departments to pay for this time. Or they have utilized internship programs to help fill the gap created by paid employee training.

RETENTION POLICIES TO CONSIDER

- **Employer-assisted housing**

A critical component to any sustainable local hiring program is ensuring that there are affordable housing options near the hospital. This is especially critical in cities with high cost of living or where neighborhoods immediately surrounding the hospital are being redeveloped and lower-wage employees face the risk of being displaced if property values rise. Employer-assisted housing programs are increasingly used to draw investment to a particular place and increase retention. For lower-wage employees, homeownership is a critical tool for building wealth and achieving economic well-being. Intentionally linking local hiring initiatives to an employer-assisted housing program can ensure that a broader range of employees can take advantage of this type of benefit. There are many strategies for structuring such a program, including forgivable loans, down payment assistance, or a mortgage buy-down.² One of the most sustainable models for implementing this policy is a community

² Anna Afshar and Federal Reserve Bank of Boston, “New Arguments for EA Housing,” *New England Community Developments* 1 (2006): 3. For a chart describing strategies for employer-assisted housing, see: <http://www.bostonfed.org/commdev/necd/2006/q1/EmployerAssistedHousing.pdf>

is a community land trust, which provide permanently affordable housing and ownership opportunities to low-income residents. Community development corporations and other affordable housing intermediaries are potential partners for implementing these strategies.³

RETENTION PRACTICES TO CONSIDER

- **Provide employees with opportunities for other skills development**

Practices such as connecting frontline workers to coaches can help increase retention, as coaches are able to work with employees on soft skills development and help navigate issues such as transportation and childcare. By focusing on a wider array of skills, coaches are able to create a more inclusive working environment. Moreover, a focus on outside skills can have a tremendous impact. One such example is financial education. On-site financial education programs provide important information to employees—about banking, home ownership, and general financing planning. Knowledge in these areas can help employees retain or build wealth, which in turn can help improve job stability.

WHAT POLICIES MIGHT HELP MAKE THE CASE?

Identify any existing policies and plans that are in line with the goals of your local hiring program. This can help refine initiative goals and make the case for investing in the initiative.

Policy documents to draw from

- Strategic Plan
- Sustainability Plan
- Diversity Plan
- Mission and Vision Statements
- Community Health Needs Implementation Plan

³ For more information about community land trusts, go to: <http://community-wealth.org/strategies/panel/clts/index.html>

3 Map your community's assets

You know your community needs jobs—but do you know the strengths it can offer?

THE APPLICANT POOL

What skills are present in the community?

- Conduct focus groups or interviews to determine what types of jobs residents have skills for already or would like to train into.
- Local workforce intermediaries and job placement organizations might already have this data, and will have a good sense of community assets.

EXAMPLE

When beginning their local hiring planning process, University of Colorado Anschutz Medical Campus in Aurora, Colorado conducted community focus groups to determine what the priorities were for local hiring programs. Through this process, and by working with local intermediaries, they discovered that within the local refugee population were people with skills from previous jobs in the healthcare industry in their home countries. However, they lacked the necessary US credentials for working in the same positions here. The Hire Local manager worked to find positions requiring similar skillsets that would provide opportunities for pathways to training and other positions in line with the individual's expertise and past experience. In one specific case, the manager found a position for a refugee candidate within an animal research laboratory; the candidate came in with the necessary skills to do the job and the institution did not have to pay to train anyone.¹

MAPPING THE WORKFORCE DEVELOPMENT ECOSYSTEM

- What organizations might residents looking for jobs already interact with? What do these organizations bring to the table? Meet with key stakeholders from your list of identified partners to see what trainings and skills they already offer, and what they might be interested in building out.
- What are other anchor institutions doing around workforce development? Are there any other hospitals with similar workforce needs? Other employers with similar position categories in which hiring could be streamlined? Meet with workforce representatives to discuss areas of alignment and opportunities to partner.

In some cases, a new organization may need to be incubated based on the specific geographic or demographic focus of the local and inclusive hiring effort. New Haven Works, a workforce intermediary in New Haven, Connecticut connecting local residents to Yale University and other local employers; University of Colorado Anschutz Medical Campus' Local Hire Program; and the West Philadelphia Skills Initiative in Philadelphia, Pennsylvania, are all examples of new investments in workforce development because existing infrastructure and/or capacity did not exist.

¹ Robert McGranaghan, interview by David Zuckerman and Katie Parker, April 7, 2016, transcript.



4 Identify your partners

A workforce pipeline doesn't have to be built alone—who will be on your team?



OUTSIDE PARTNERS

List the following organizations in your community

ORGANIZATION TYPE

POTENTIAL PARTNERS

.....

Workforce investment boards:
regional entities that direct public
workforce development programs

Mayor's office of economic develop-
ment, or similar public agency

City employee support services

Job training organizations

Workforce intermediaries and
placement organizations

Community-based organizations
focused on employment and job
readiness

ORGANIZATION TYPE

POTENTIAL PARTNERS

Community-based organizations
focused on youth

Community-based organizations
focused on re-entry

Community-based organizations
focused on specific populations
(refugee and immigrant popula-
tions, single mothers, young men
of color, etc)

Community colleges

Professional schools, nursing
schools, and other allied health
profession training institutions

Community-based organizations
focused on literacy and skills
building

➔ INSIDE PARTNERS

Who are the key players within your own organization that can help move this effort forward?

INTERNAL SKILLSETS

KEY STAFF MEMBERS

.....

Managers in charge of hiring in
the largest departments

Recruitment staff

Community outreach and
government relations

Workforce training and learning

Human resources benefits staff
(in charge of tuition assistance)

Human resources payroll staff (in
charge of release time)

Temporary hiring and intra-staffing

Information technology and
software management

INTERNAL SKILLSETS

KEY STAFF MEMBERS

Legal department (staff in charge of restrictions around hiring returning citizens, assessing equal opportunity compliance)

Office of diversity

Strategic planning team

Employee bargaining units and union representation

Board members from other major employers

Procurement and supply chain (staff in charge of writing contracts that could include local hiring provisions)

Construction (staff in charge of writing contracts that could include local hiring provisions)

5 Design around data and metrics

What are you going to measure to assess success, and how are you going to measure it?

Tracking impact is critical to making the long-term case for institutional investments in inclusive, local hiring and career pathway programs. An important first step in establishing these initiatives is to ensure that you are collecting the right data, and that your software systems are able to track the information you want. In order to measure impact, variables should be tracked for both the general applicant pool and the pipeline pool. The general applicant pool refers to those who go through the normal channels when applying to jobs. The pipeline pool refers to those who go through cohort training, an internship program, or local workforce intermediary partnerships.

VARIABLES TO MEASURE

EVALUATING THE HIRING PROCESS

- Application rate (number of applications per month, per year, by position)
- Application success rate by position category
- Location of applicants, by zip code
- Location of successful applicants, by zip code
- New hire starting wages
- Demographics of applicant pool
- Staff time spent recruiting and hiring, by position category

EVALUATING THE HIRING PROCESS

- Retention rate after one year
- Manager feedback on candidate performance
- Employee satisfaction scores
- Staff time spent on recruitment
- Staff time spent on training and orientation
- Administrative costs

EVALUATING CAREER LADDER SUCCESS

- Changes in wages of training participants
- Retention rate of training participants
- Employee satisfaction scores
- Number of positions filled from internal candidates
- Average cost of recruiting external candidates for positions being trained into
- Demographic changes in targeted position categories
- Location of employees taking advantage of training opportunities

HOW TO MEASURE

Identifying the metrics to measure is the easy part—the work begins when you set up the infrastructure necessary to collect and report on this data.

This will involve agreements with the workforce intermediary around collecting applicant data, creating common metrics and measurement standards across organizations and departments, engaging the information technology department, and identifying a skilled analyst (internally or externally) to calculate the return on investment.

This staff time, in addition to software upgrades and other data infrastructure investments, should be included in the budgeting process when beginning a hire local initiative.

6 Plan for sustainability

How do you institutionalize programs and get the whole team on board?

1. INVEST TIME IN RESEARCH AND PLANNING

Onboarding begins in the design stage. If you engage stakeholders in the beginning and understand their priorities, it becomes easier to link local hiring goals with managers' specific goals.

2. FOCUS FIRST ON HIGH-TURNOVER OR IN-DEMAND POSITIONS

A local hire effort creates an opportunity for continuous improvement around hiring policies. It creates a proactive strategy to address key institutional needs that may be overlooked in the current way of doing business and helps aligns current investments in workforce development that may not have intentional goals for broad-based impact.

One example of an institution aligning investments in workforce development can be found in Kaiser Permanente's (KP) effort to increase hiring from West Baltimore, Maryland. KP has long provided scholarships to local youth to attend community college programs in radiology or pharmacy tech. However, students would graduate without enough service hours to qualify for a position at KP. Now the institution is working to ensure that students receiving scholarships also have opportunities to do their service hours at KP facilities.¹

3. SET PUBLIC GOALS

Public goals are not only a tool to publicize efforts and generate interest in the program, but to hold the institution accountable to the effort. Institutions such as Johns Hopkins University and Health System in Baltimore, Maryland, Advocate Health System in Illinois, and Yale University in New Haven, Connecticut, recently launched local hire initiatives where they publicized the percentage of hires that would be local or the number of jobs that would be set aside for community members. Public goals are an important way for leadership to demonstrate that the initiative is a priority.

4. TRACK AND REPORT ON WHAT MATTERS

Even after just one year, local hiring and career pathway programs can make a tremendous positive effect. But high quality data needs to be consistently tracked in order to tell this story. By investing time into establishing your workforce baseline and setting up data infrastructure systems, it will be easier to report back to stakeholders on the success of initiatives.

5. EDUCATE ALL STAFF

Although it's easy to think of hiring as just human resources, in reality, the success of a local hiring and career pathway effort crosses all departments: administrative staff may need to shift payroll practices; department managers may need to change release time policy; supply chain relationships may help to bring large vendors to the table for local hire efforts.

Dedicating resources to training all staff on the effort can significantly increase the initiative's long-term impact. Best practices include doing presentations at monthly departmental staff meetings, or requiring that mandatory professional development training hours be dedicated to the effort.

6. ASK FOR FEEDBACK

It is important to ensure that there are processes for all stakeholders—job applicants, new employees, managers, intermediaries—to provide feedback. This is not only essential in insuring that the program is effective, but it will also help generate narratives about the program's achievements. Often it is the individual stories that are the most compelling. Creating mechanisms to solicit qualitative feedback will help you gather evidence on the various ways in which these initiatives matter.

¹ Maritha Gay, interview by David Zuckerman and Katie Parker, April 21, 2016, transcript.

⑤

Return on Investment

Return on Investment

HOW INCLUSIVE, LOCAL HIRING BENEFITS YOUR
INSTITUTION, AND HOW TO MEASURE IMPACT

CALCULATE YOUR RETURN ON INVESTMENT¹

Savings

- Reduce job turnover rates
- Make the recruitment process more efficient
- Reduce time spent filling positions
- Save internal training and orientation costs

Additional Benefits

- Address issues of health equity and identified community health needs
- Create a more diverse workforce
- Improve employee morale
- Improve the institution's reputation in the community
- Reduce carbon footprint with more employees living closer to work
- Increase the number of residents with access to health insurance

¹ Developed using a Return on Investment Tool created by New Growth Group: Chris Spence and Brian Schmotzer, "ROI Worksheet," New Growth Group, 2014.

Savings

→ Reduce job turnover rates

Local hiring and incumbent worker programs have been shown to reduce turnover rates and improve retention, which is a significant cost savings.² To demonstrate savings and better understand return on investment, it is important to calculate the cost of turnover. It must be noted that the cost of turnover calculation often encompasses some of the other savings listed below, and care should be made not to double count savings.

VARIABLES

- Cost of turnover:
The cost of turnover encompasses separation costs (cost of administering exit interview, severance pay), recruitment costs (advertising, recruiter staff time), selection costs (interview time, background and reference checks, administrative time), hiring costs (human resource administrative costs and staff time, relocation costs, orientation, and job training), and lost-productivity costs (vacancy cost, cost of hiring temporary staff or filling position with overtime, peer disruption).³ Healthcare human resources literature identifies turnover cost rates per position category, which can be used as a multiplier when calculating return-on-investment.
 - Turnover rate of program participants:
Measure employee retention amongst participants of specific training or local hire programs.
 - Turnover rate of job category generally:
Measure the turnover rate for the position people are being trained into before the training intervention (or for employees who did not receive the training or local hire programming).
-

→ Make the recruitment process more efficient

Many of the best practices to train local residents for jobs (e.g. working with an intermediary for outreach, utilizing a cohort model) also save institutional time and resources spent on recruitment. Workforce intermediaries and community organizations can produce a qualified pool of applicants that are sent directly to hiring managers. The workforce intermediary conducts outreach and initial screenings, and develops and runs trainings. Institutions can also save on recruitment costs by hiring internally.

² "Business Guide to Investing in the Frontline Health Care Workforce," CareerSTAT (June 2016): 5, http://www.nfwsolutions.org/sites/nfwsolutions.org/files/publications/CareerSTAT-Guide_Summary-060316_V5.pdf

³ Timothy Hinkin and J. Bruce Tracey, "The Cost of Turnover: Putting a Price on the Learning Curve," *The Cornell Hotel and Restaurant Administration Quarterly* 41, 3: 14-21, <http://scholarship.sha.cornell.edu/articles/445/>

VARIABLES

- Cost to recruit a standard candidate
 - Number of candidates provided by intermediary
 - Number of candidates recruited internally
-

→ Reduce time spent filling positions

Similar to recruitment costs, working with an intermediary also yields savings in time spent filling positions. Intermediaries will plan ahead to put together a training cohort for high-need jobs. For positions with skills gaps, this can yield a qualified pool of applicants much faster than the normal application process. The time spent to fill positions is important to consider because the cost of vacancy can be significant. Filling the position through overtime or through a staffing agency often yields rates that are much higher than standard wages.

VARIABLES

- Average time spent to fill a particular position category, from vacancy to hire
 - Average time spent to fill a targeted cohort position, from vacancy to hire
 - Cost of overtime or staffing agency replacement
-

→ Save on internal training and orientation costs

Both pipeline and incumbent worker training programs often involve a customized curriculum adjusted to employer needs. Pre-employment training programs can incorporate specific skill trainings on the institution's software programs and organizational practices and on position-specific tasks. Candidates often tour the institution prior to hire, and even complete job shadowing or internship programs. Since the cost of training is often externalized to the workforce intermediary or training partner, these are time and resource savings for orientation. It is important to note that these savings might already be captured in the cost-of-turnover multiplier, so these should only be measured if not utilizing that multiplier.

VARIABLES

- Cost and length of standard new employee orientation and training
 - Resources spent on standard new employee orientation and training by health system
 - Cost and length of pipeline candidate new employee orientation and training, after hire
 - Resources spent on standard pipeline candidate orientation and training
-

LEVERAGE PUBLIC AND PHILANTHROPIC RESOURCES BY LINKING EXISTING WORKFORCE DEVELOPMENT DOLLARS TO EMPLOYER DEMAND

In order to address skills gaps, hospitals must invest resources in training programs. However, in developing a local hire program, health systems are often able to leverage public funds for

training efforts. Workforce investment boards, city offices of economic development, local chambers of commerce, and federal workforce grants can often be used to develop employer-specific training. Similarly, local intermediaries often receive philanthropic grants to develop this type of training. By partnering with these organizations and local intermediaries, the cost that the individual institution would have had to outlay to invest in building employee capacity becomes a savings. In essence, the health system is receiving a business service that would otherwise have to be internalized to fill high-need positions where there are skills gaps.

VARIABLES

- Cost of training applicants for high-need positions
- Cost of recruiting external candidates for training
- Cost of partnering with workforce development organizations

OTHER COST VARIABLES TO INCLUDE IN ROI CALCULATIONS

- Staff time for administering program
- Tuition assistance provided for internal candidates
- Training costs for internal candidates or pipeline candidates
- Costs of space and training equipment

RESOURCES

New Growth Group

Based in Cleveland, Ohio, New Growth Group is a firm that specializes in workforce development and talent management. New Growth Group has been contracted to develop return on investment tools for hospitals implementing workforce development programs, and can develop specific tools tailored around particular programs, inputs, and interests. For more information: <http://www.newgrowthgroup.com/>

CareerSTAT

CareerSTAT, an employer-based effort to develop frontline hospital workers, has many resources related to incumbent worker training programs within healthcare settings. One such guide, entitled "CareerSTAT: A Guide to Making the Case for Investing in the Frontline Hospital Workforce," pulls together resources and evidence that demonstrates the impact of such programs. For more information: <http://www.jff.org/node/466>

Additional Benefits

➔ Address issues of health equity and identified community health needs

With growing recognition that economic determinants are critical to health status, data on employment and income will likely become a bigger part of the community health needs

assessment process. The wage increases, as well as the health insurance benefits, that result from targeting employment in specific neighborhoods, can begin to help address issues of economic instability in many distressed communities. Moreover, supporting local workforce intermediaries can become part of the community health needs assessment implementation plan.

VARIABLES

- Results from Community Health Needs Assessment
 - Data on wage increases from program participants
-

→ Create a more diverse workforce

Creating a more diverse workforce is increasingly a focus of healthcare institutions, especially as there is added interest in addition positions such as community health workers and other jobs that require knowledge of specific communities. Building a more diverse workforce can help improve cultural competency and increase patient satisfaction, now a critical success measure for hospitals. By hiring diverse candidates into entry-level positions, and linking them to opportunities for advancement within the institution, local hiring efforts can begin to improve diversity at all position levels.

VARIABLES

- Cost of efforts to recruit diverse candidates at all position levels
 - Savings from moving up internal candidates
 - Community health benefits from community health worker positions
 - Improved patient satisfaction
-

→ Improve employee morale

Training and investment in employees can improve employee morale. Moreover, managers who participate in job training programs have reported increased pride in working at the institution. Improved morale is an important factor in retention, and thus an important benefit.

VARIABLES

- Data from employee satisfaction surveys over time and between control group and trained group
 - Data from employee satisfaction of managers who serve in coaching and mentoring roles compared to control group
-

→ Improve reputation in the community

There is a growing expectation among communities that health systems should be doing more to address community needs. An explicit inclusive, local hiring program can help to shift this perception, while helping the health system address existing workforce needs. Moreover, many residents who may be applying for jobs are also patients.

VARIABLES

- Data from community surveys
 - Number of visits from patients in surrounding zip codes
 - Positive press from initiatives
-

→ Reduce carbon footprint by employees living closer to work

Another advantage of local hiring efforts is that they will eventually shift employee demographics so that more of the workforce is living closer to the institution. This reduces commute times and helps facilitate the use of public transportation, biking, or walking to work, all of which lower carbon emissions. Vehicle emissions in particular are drivers of poor health, and contribute to higher rates of asthma, heart disease, and cancer.⁴ Reducing emissions can thus help to reduce the instances of these health effects, contributing to overall population health. Moreover, this can help to bolster existing sustainability strategies.

VARIABLES

- Average commute distance before and after implementation of program
 - Data on local transportation emissions
 - Data on the instances of asthma, heart disease, cancer and other instances of disease linked to particulate matter
 - Carbon footprint calculations
-

→ Increasing the number of residents with access to health insurance

Uncompensated care represents a significant cost burden for health systems and hospitals. Increasing the number of residents in the community who are on health insurance plans will reduce visits from patients typically grouped into charity care. Employing local residents in full-time positions with benefits is a way to directly address access to insurance.

VARIABLES

- Number of new hires granted healthcare benefits from the surrounding community
- Overall health insurance rate in the surrounding community

⁴ John Wargo, Linda Wargo, and Nancy Alderman, "The Harmful Effects of Vehicle Exhaust: The Case for Policy Change," Environment and Human Health, Inc. (2006), <http://www.ehhi.org/reports/exhaust/exhaust06.pdf>

Appendix



MORE RESOURCES

For a detailed appendix including materials from the programs discussed, contact information for practitioners, and more resources from the field, visit the online appendix:

www.HospitalToolkits.org/workforce/resources

Works Cited

Anchor Institution Toolkit Meeting. Partners HealthCare, Boston, MA, January 19, 2016. Transcript.

Allinson, Randy and Heidi McKay Kelso. Interview by Katie Parker, February 22, 2016. Transcript.

Ashfar, Anna and Federal Reserve Bank of Boston. "New Arguments for EA Housing." New England Community Developments 1 (2006). <http://www.bostonfed.org/commdev/necd/2006/q1/EmployerAssistedHousing.pdf>

Beeth, Laura. Interview by David Zuckerman and Katie Parker, January 26, 2016. Notes.

Bormann, Misun. Interview by David Zuckerman and Katie Parker, January 26, 2016. Notes.

Brasfield-Gorrigan, Heather. Interview by David Zuckerman and Katie Parker, Cincinnati, OH, January, 15, 2016. Notes.

Burke, Owen and Natasha West. Interview by David Zuckerman and Katie Parker, February 24, 2016. Transcript.

"Business Guide to Investing in the Frontline Health Care Workforce." CareerSTAT (June 2016). http://www.nfwsolutions.org/sites/nfwsolutions.org/files/publications/CareerSTATGuide_Summary-060316_V5.pdf

Caesar, Pearl. Interview by David Zuckerman and Katie Parker, November 30, 2015. Transcript.

CareerStat, National Fund for Workforce Solutions and Jobs for the Future. "University Hospitals." <http://nfwsolutions.org/sites/nfwsolutions.org/files/CSTAT-Champion-University-Hospitals-050614.pdf>

Conway, Maureen and Robert P. Giloth, eds. Connecting People to Work: Workforce Intermediaries and Sector Strategies. Washington DC: Aspen Institute, 2014.

Davis, Michellene. Interview by David Zuckerman and Katie Parker, Newark, NJ, January 28 2016.

DiMario, Sharron. Interview by David Zuckerman and Katie Parker, December 3, 2015. Notes.

"Drexel Economic Inclusion." Presented at Drexel University, Philadelphia, PA, November 16, 2015.

Gage, Joseph. Interview by David Zuckerman and Katie Parker, Cincinnati, OH, January 14, 2016. Notes.

Gay, Maritha. Interview by David Zuckerman and Katie Parker, April 21, 2016. Transcript.

Gibson, Michael. Interview by David Zuckerman and Katie Parker, December 14, 2015. Transcript.

Grant, Kenneth. Interview by David Zuckerman and Katie Parker, Baltimore, MD, February 5, 2016, Transcript.

Hayes, Kristian, Tryain Young, and Ayisha Dyson. "The Case for National Certification for Frontline Healthcare Workers." Johns Hopkins Hospital, Department of General Services.

Herndon-King, Cinda and Helen Slaven. Interview by Katie Parker, February 24, 2016. Transcript.

Hinkin, Timothy and J. Bruce Tracey. "The Cost of Turnover: Putting a Price on the Learning Curve." The Cornell Hotel and Restaurant Administration Quarterly 41, 3. <http://scholarship.sha.cornell.edu/articles/445/>

Ireland, Sheila. Interview by David Zuckerman and Katie Parker, March 30, 2016. Transcript.

Kerr-Donovan, Yariela. Interview by David Zuckerman and Katie Parker, Baltimore, MD, January 7, 2016. Transcript.

Lew, Damon. Interview by David Zuckerman and Katie Parker, December 11, 2015. Transcript.

Lueben, Sara. Interview by Katie Parker, April 18, 2016. Transcript.

"Mayor's Office Update for Hire Newark 'Employment Ready Boot Camp.'" Presentation by V. Randolph Brown Consulting. Newark, NJ, January 25, 2016.

Malone, Hermione and Christine Foley. Interview by David Zuckerman and Katie Parker, Cleveland, OH, January 12, 2016. Notes.

McCombs, David. Interview by David Zuckerman and Katie Parker, December 16, 2015. Transcript.

McGranaghan, Robert. Interview by David Zuckerman and Katie Parker, April 7, 2016. Transcript.

Partners Healthcare. "Partners Workforce Development." Accessed May 2016, <http://www.partners.org/For-Employees/Workforce-Development/Default.aspx>

Perkul, Debbi Perkul. Interview by David Zuckerman and Katie Parker, November 3, 2015. Transcript.

Danielle Price. Interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016. Transcript.

Prior, Clayton. Interview by David Zuckerman and Katie Parker, April 28, 2016. Notes.

Seltzer, Rick. "Johns Hopkins, BGE headline \$69 million local hiring and spending effort." Baltimore Business Journal, April 4, 2016.

Shelnick, Kim. Interview by Ted Howard, Cleveland, OH, October 15, 2015. Transcript.

Sigal, Boris. Interview by David Zuckerman and Katie Parker, New Haven, CT, April 1, 2016. Notes.

Smith, Patrick. "Homegrown Talent," Johns Hopkins Health System, April 28, 2016.

Standley, Steve. Interview by Ted Howard, October 9, 2015. Transcript.

Tolpin, Harriet and MJ Ryan. Interview by David Zuckerman and Katie Parker, December 14, 2015.

University City District. "West Philadelphia Skills Initiative Impact Report," Philadelphia, PA. 2014. http://issuu.com/universitycity/docs/wpsi_impact_report_2014/1?e=4547788/8694264

University City District. "About." West Philadelphia Skills Initiative. Accessed April 2016.
<http://www.universitycity.org/wpsi>

Wargo, John, Linda Wargo, and Nancy Alderman. "The Harmful Effects of Vehicle Exhaust: The Case for Policy Change." Environment and Human Health, Inc, 2006.
<http://www.ehhi.org/reports/exhaust/exhaust06.pdf>

Interviewees & Advisory Committee

We are grateful to the many healthcare practitioners and leaders that took time from their busy schedules to share their knowledge fully and provide their feedback and input in reviewing drafts of this toolkit. In addition, we appreciate the time and energy of those who served on our advisory committee, guiding us in the right direction to create a strengthened resource for the field. For updated contact information, please refer to the online appendix.

INTERVIEWS

Randy Allinson, Central Valley Medical Center

Laura Beeth, Fairview Health Services

Misun Bormann, HealthForce MN, Winona State University-Rochester

Heather Brasfield-Gorrigan, TriHealth

Owen Burke, Cincinnati Children's Hospital Medical Center

Sr. Pearl Caesar, Project QUEST

Michellene Davis, RWJBarnabas Health

Fred Dedrick, National Fund for Workforce Solutions

Sharron DiMario, Health Careers Collaborative, Partners for a Competitive Workforce

Christine Foley, Cleveland Clinic

Joseph Gage, Mercy Health

Maritha Gay, Kaiser Permanente

Michael Gibson, Emergency Medical Services Corps (EMS Corps)

Kenneth Grant, Johns Hopkins Health System and Hospital

Dr. Cinda Herndon-King, Atlanta CareerRise

Sheila Ireland, West Philadelphia Skills Initiative

Yariela Kerr-Donovan, Johns Hopkins University & Health System

Damon Lew, University of California, San Francisco

Sara Lueben, NorthPoint Health & Wellness Center, Inc.

Hermione Malone, Cleveland Clinic

David McCombs, Bon Secours Health System

Robert McGranaghan, University of Colorado Anschutz Medical Campus

Heidi McKay Kelso, Central Valley Medical Center

Myra Nash-Johnson, Sinai Community Institute
Debbi Perkul, University Hospitals
Danielle Price, University Hospitals
Clayton Prior, Advocate Health
MJ Ryan, Partners HealthCare
Brian Schmotzer, New Growth Group
Kim Shelnik, University Hospitals
Boris Sigal, New Haven Works
Helen Slaven, Atlanta CareerRise
Chris Spence, New Growth Group
Steve Standley, University Hospitals
Harriet Tolpin, Partners HealthCare
Natasha West, Cincinnati Children's Hospital Medical Center
Elicia Wilson, National Fund for Workforce Solutions

ADVISORY COMMITTEE

Anne De Biasi, *Director of Policy Development, Trust for America's Health*
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Steve Standley, *Chief Administrative Officer, University Hospitals, Cleveland*
Julie Trocchio, *Sr. Director, Community Benefit & Continuing Care, The Catholic Health Association*
John P. Weidenhammer, *Board Member, Reading Health System*

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Tools for Getting Started

Diving in

SMALL PROJECTS WITH BIG IMPACT

→ Simple Policy Fixes

1. Adjust tuition reimbursement programs to allow for tuition advancement
2. Change policies that prevent hiring individuals with criminal records
3. Make diverse, inclusive, local hiring an explicit goal in the strategic plan

TWEAK TUITION REIMBURSEMENT PROGRAMS TO ALLOW FOR TUITION ADVANCEMENT

Tuition advancement rather than tuition reimbursement does not create additional cost for the health system but can provide significant benefit to employees who might not have the savings to pay for certifications out of pocket. Instituting a policy that provides tuition advancement for employees below a certain wage threshold can make training opportunities more accessible. The potential cost is that it increases the risk for the health system that they will pay for training that the employee does not finish.

Johns Hopkins University and Health System (Johns Hopkins) in Baltimore, Maryland has implemented practices to ameliorate this risk by requiring a one-year commitment from employees who receive tuition advancement. If the employee does not complete their training, they must pay back the tuition loan. However, career coaching throughout the process helps to identify any issues that may arise and prevent this from happening.

For further information about implementing tuition advancement programs, a recent policy brief from the National Fund for Workforce Solutions details the tuition advancement program at Children's Hospital in Boston: <http://www.jff.org/publications/employer-paid-tuition-advancement-low-income-workers>

CHANGE POLICIES PREVENTING THE HIRE OF INDIVIDUALS WITH CRIMINAL RECORDS

Sometimes policies exist that are well intentioned but create barriers to employment for community members and may force institutions to overlook qualified candidates. For example, one workforce intermediary in a mid-size city explained how policies at their largest anchor institution employer prevented the hire of anyone with bad credit or significant debt (non-criminal activities). The restriction covered a wide variety of positions, including administrative assistants and security guards, across many locations on campus that were deemed sensitive (e.g. art collections). In effect, many positions that local residents were qualified for were inaccessible to them. The policy has since been altered to exclude only those positions that handle significantly high value monetary transactions.¹

¹ Boris Sigal, interview by David Zuckerman and Katie Parker, New Haven, CT, April 1, 2016, notes.

This same approach should be used to create job opportunities for those with criminal backgrounds. The prevailing logic that individuals with drug offenses cannot work in a healthcare setting creates extensive barriers to entry. While these individuals might not be able to work in a pharmacy setting, there are many positions within the healthcare system where they would not be interacting with pharmaceuticals, and where placement in these positions would not pose a risk.

Johns Hopkins has taken this tailored approach, and rather than having a blanket policy, looks at each candidate on an individual basis.² Consequently, in 2015, they hired 174 employees with criminal records. In the Baltimore Business Journal, the president of the institution, Ronald R. Peterson, explained this approach as “a strategic part of the way we do business. We cannot afford to let good talent get away, even if that talent might need a second chance.”³

MAKE DIVERSE, INCLUSIVE, AND LOCAL HIRING AN EXPLICIT GOAL IN THE STRATEGIC PLAN

Highlighting the importance of supporting the local community through an emphasis on inclusion and diversity in organizational documents, such as the strategic plan, reinforces and institutionalizes local hiring efforts. Moreover, it helps to ensure that achieving local hiring goals becomes part of someone’s job.

Advocate Health System in Illinois is developing an inclusive local hire effort and has brought on a system-level director who will oversee workforce development efforts at multiple hospitals, working with the staff on the ground at each hospital. Adding this staff position demonstrates that local hiring is a strategic priority for the system and ensures longevity of the efforts.⁴

For institutions without a dedicated staff person, embedding inclusive, local hiring as a strategic goal helps connect various departments (e.g. the office of diversity, community benefits, and human resources) that will need to work more closely together in order to implement this strategy.

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² Yariela Kerr-Donovan, interview by David Zuckerman and Katie Parker, Baltimore, MD, January 7, 2016, transcript.

³ Rick Seltzer, “Johns Hopkins, BGE headline \$69 million local hiring and spending effort,” Baltimore Business Journal, April 4, 2016.

⁴ Clayton Prior, interview by David Zuckerman and Katie Parker, April 28, 2016, notes.

→ Quick Practice Upgrades

- Communicate with workforce partners and intermediaries about forecasted job needs
- Tweak job descriptions to eliminate unnecessary requirements
- Evaluate recruiters, hiring managers, and department heads on local hiring goals

COMMUNICATE WITH WORKFORCE PARTNERS AND INTERMEDIARIES ABOUT FORECASTED JOB NEEDS

One easy first step institutions can take to help address local hiring needs is to create regular communication channels between human resources, department job forecasting, and local workforce intermediaries and other training and employment partners. Workforce partners are able to channel philanthropic funds towards tailored job training. By creating channels of communication about anticipated job needs, intermediaries are able to create specific trainings for those high-need positions.

Danielle Price, the director for community health engagement at University Hospitals (UH) in Cleveland, Ohio and former program coordinator at Neighborhood Connections, a community-based organization that partners with UH, described this process: “We try, as much as possible, to know which positions are available for which cohorts, so that when we’re looking for people, we can recruit accordingly...For example, if this session is for five nutrition services jobs, then we need to get fifty people who are interested in nutrition services for that particular round....there is a ten to one ratio of participants to positions.”⁵ Because UH communicates the number of open positions, Neighborhood Connections is able to develop a tailored recruitment strategy that will ensure UH has enough applicants and that there are tangible job opportunities for training participants.⁶ This is at no additional cost to UH, and it helps to improve the partner’s success as well. In the first two and a half years of its local and inclusive hiring initiative, UH has hired sixty-five people with 80 percent retention.

TWEAK JOB DESCRIPTIONS TO ELIMINATE UNNECESSARY REQUIREMENTS

Job descriptions can include requirements that inadvertently screen out candidates that are actually qualified for the job. This can happen if job descriptions have not been updated in a long time or if position categories are grouped together. An important first step in addressing unnecessary requirements is to look at job descriptions for frontline and mid-level employees and evaluate the requirements. One example of requirements that pose an unnecessary barrier for applicants is requiring years of experience in the healthcare field, even if the candidate has transferrable skills from a different field. Another example is adding software requirements to all positions even if these skills are needed in one department but not another. Many of these restrictions keep qualified people out.

⁵ Debbi Perkul and Danielle Price, interview by David Zuckerman and Katie Parker, Cleveland, OH, January 11, 2016, transcript

⁶ Debbi Perkul and Danielle Price interview.

As articulated by Owen Burke at Cincinnati Children's Hospital Medical Center, "you occasionally see individuals in the healthcare industry hired at the executive level without healthcare-specific experience. More and more frequently, the question is asked, 'should we do the same when considering individuals for mid- and entry-level health roles?'"⁷ Assessing job requirements was a key priority for Cincinnati Children's human resources team as they worked with their Community Relations department to craft a local hire strategy.⁸ Another approach is to ensure that job descriptions are clear and easily understandable. For their recent local hiring commitment, Yale University in New Haven, Connecticut worked in partnership with New Haven Works, a community-based workforce intermediary, to make sure job descriptions and minimum requirements would make sense to local applicants.

EVALUATE RECRUITERS, HIRING MANAGERS, AND DEPARTMENT HEADS ON LOCAL HIRING GOALS

Kim Shelnick, vice president of talent acquisition at UH, explained that traditionally the role of human resources and talent acquisition is to screen people out. Processes are designed to limit the number of applicants that recruiters see in order to maximize time and resources.⁹ Until incentives are shifted, this process will remain the status quo.

Some institutions have been accomplishing this shift in incentives by evaluating recruiting managers, hiring managers, department heads, and human resource leadership based on commitment to meeting local hiring goals. This ensures that efficiency is not the only factor prioritized. Even if local hiring is a stated priority amongst leadership, it needs to be embedded in the day-to-day activities of those who are actually making hiring decisions. Even simply asking managers to measure and report on these metrics can be an important step in making it a priority. This is the tactic being used by HopkinsLocal, where senior managers meet with the associate for strategic initiatives, a dedicated position that oversees the implementation of HopkinsLocal, on a regular basis to report on their progress in meeting local hiring goals.¹⁰

⁷ Owen Burke and Natasha West, interview by David Zuckerman and Katie Parker, February 24, 2016, transcript.

⁸ Owen Burke and Natasha West interview.

⁹ Kim Shelnick, interview by Ted Howard, Cleveland, OH, October 15, 2015, transcript.

¹⁰ Affan Sheikh, interview by David Zuckerman and Katie Parker, Baltimore, MD, January 7, 2016, transcript.

Readiness Checklist

Do a basic assessment of where your institution is at, and identify the steps you need to take to implement an inclusive, local hiring program.

LEADERSHIP

- ☐ Leadership and the board have communicated organizational support
- ☐ Human resources and hiring managers are supportive of the program
- ☐ Dedicated staff have been identified to manage organizational objectives
- ☐ A business case for inclusive, local hiring has been developed, institutionalized, and communicated

PARTNERSHIPS AND COMMUNITY ENGAGEMENT

- ☐ Focus groups, interviews, or other community engagement processes have identified community priorities around local hiring and workforce development
- ☐ Community-based organizations working within the target geography, or with populations identified as priorities—on employment, education, or economic development—have been identified
- ☐ A workforce intermediary that will provide pre-employment training and/or other wrap-around services has been identified
- ☐ A workforce intermediary or community-based organization that will provide ongoing employee support during the first year of employment has been identified. This can be the same organization that provided the pre-employment training
- ☐ An educational partner or intermediary that can provide incumbent worker training has been identified

DATA AND REPORTING INFRASTRUCTURE

- ☐ Current software system can track applicants and employees by zip code
- ☐ Current software allows tracking of employee as they move throughout institution
- ☐ Workforce demographics such as residency location, race or ethnicity, and level of schooling are tracked and can be sorted by position category
- ☐ Current software can track changes in employee wages over time

STAFFING AND INTERDEPARTMENTAL INFRASTRUCTURE

- ☐ Representatives from human resources, organizational learning, departmental jobs forecasting, community engagement, and the office of diversity meet regularly or are part of a local hiring taskforce
- ☐ Forecasted job needs are communicated to staff working with local intermediaries

DIVERSITY AND INCLUSION GOALS

- ☐ Increasing inclusion is listed as a strategic priority, with specific goals by position level
- ☐ Incumbent worker training programs are linked to diversity goals, and demographic information about employees who advance is tracked and reported

DECISION-MAKING STRUCTURE

- ☐ Hiring managers are educated about local hiring and incumbent worker advancement opportunities
- ☐ Hiring managers have a system for ensuring pipeline candidates' application materials are reviewed either by setting aside a set number of positions or by guaranteeing interview slots

STAFFING AND ACCOUNTABILITY

- ☐ There is a stated and specific goal for local and inclusive hiring
- ☐ There is a stated and specific goal to reduce turnover
- ☐ Recruiters are evaluated on the number of local applicants
- ☐ Hiring managers are evaluated on the number of local hires and internal advancements
- ☐ Human resource leadership is evaluated on the number of local hires and internal advancements

LEGAL REQUIREMENTS AROUND HIRING

- ☐ There is a ban-the-box or similar policy to address hiring individuals with criminal backgrounds
- ☐ Frontline positions have been evaluated to see if it is possible to hire individuals with certain criminal backgrounds
- ☐ The legal department has provided feedback on when it is possible to hire individuals with criminal backgrounds based on state and other regulations
- ☐ Credit checks have been eliminated or significantly reduced to highest-risk positions only
- ☐ The legal department has provided feedback on equal opportunity requirements as they pertain to providing job opportunities to pipeline applicants

EXISTING TRAINING OPPORTUNITIES AND FUNDING OPTIONS

- ☐ Employee advancement and training opportunities are discussed at orientation
- ☐ Employees have access to job or academic coaches
- ☐ Employees have access to skills assessment tools or job shadowing opportunities
- ☐ Employees below a particular wage threshold are eligible for tuition advancement
- ☐ Frontline employees have identified career paths to advance to living-wage positions

BOARD AND GOVERNANCE

- ☐ The CEO and senior management regularly receive status reports on local and inclusive hiring
- ☐ The board regularly receives reports on status of local and inclusive hiring
- ☐ Hospital leadership is represented on the board of local workforce stakeholders and employment organizations
- ☐ Leadership actively participates on boards of local workforce intermediaries

COMMUNICATION CHANNELS

- ☐ Opportunities for advancement within the institution are diagrammed and shared with employees
- ☐ Jobs portal website clearly communicates information about local hiring program
- ☐ Specific position categories identified for local hire program are made clear on the website
- ☐ Employees receive regular communications about training and tuition assistance programs
- ☐ Hiring managers and departmental managers are engaged throughout the process

SCALING LOCAL IMPACT AND BUILDING COMMUNITY WEALTH

- ☐ Partnerships are developed with other large employers to standardize job requirements for similar frontline positions
- ☐ An employer-assisted housing program is aligned with frontline or mid-level positions
- ☐ Retirement plans are “opt out” rather than “opt in” to maximize participation
- ☐ There is an additional employer savings match for lower-wage employees
- ☐ Financial education classes are made accessible to all employees
- ☐ Scholarship assistance is available for employee family members

Big Questions Worksheet

GETTING CLARITY ON WHAT MATTERS FOR YOUR MISSION

Where? What does “local” mean to your institution?

FACTORS TO CONSIDER

- Where do your patients live? Where do your patients with the most pressing health needs live?
- Where do local intermediaries currently work? What kinds of trainings do they offer?
- Are there any high-poverty zip codes in your service area? Are there any zip codes with significant health disparities?
- How far do employees travel on average to get to work? What modes of transportation are available to get to your institution? Are there any areas that are not accessible? Are there areas that may be further away but easily accessible via public transit?
- Where do most employees currently live? Where do most applicants currently live?
- Have specific geographic areas of need been identified in your strategic plan or community health needs assessment?
- Has “local” been defined in any other area of your institution such as procurement?
- Is there housing that is affordable and accessible to employees? Is there a need to support increasing housing options?

NOTES

Who? What does “community” mean to your institution?

FACTORS TO CONSIDER

- How is “community” defined in your mission statement? Your strategic plan? Your community health needs assessment?
- Are there any particular populations identified in your community health needs assessment as underserved or with health disparities?
- What are the demographics of your surrounding area? How do they compare to the demographics of current staff?
- What populations struggle the most with unemployment or underemployment?

NOTES

Why? Mission alignment? Long-term business case? Both?

FACTORS TO CONSIDER

- What are your pressing Human Resource needs? Have turnover and/or retention been identified as issues? Are there hard-to-fill positions, or positions that are projected to have vacancies in the future?
- Is diversity identified as a priority for your institution? Is increasing staff diversity an explicit goal?
- Is sustainability identified as a priority for your institution? Is increasing the number of staff living close to the institution a goal?
- Has unemployment been identified as a concern in your community health needs assessment? Do patient populations you serve struggle with unemployment or underemployment?
- Does your mission identify community health and well-being as a priority?
- Does your institution participate in any collaborative economic revitalization efforts? Are there workforce development and hiring initiatives at the city, county, and/or state level?

NOTES

Overcoming Barriers

PROMISING SOLUTIONS TO COMMON CHALLENGES

✕ Challenges

The high volume of applications prevents individuals from making it past the initial screening process

Blanket policies prevent the hire of formerly incarcerated applicants

Staff are unable to take advantage of training opportunities due to time constraints

Employee demographics do not match the demographics of the surrounding community, or specific demographics may be underrepresented due to historical trends in employment and institutional barriers to employment

✓ Solutions

Connect hiring managers directly with applicants participating in training programs

Examples: University Hospitals, University of Colorado Anschutz Medical Campus, West Philadelphia Skills Initiative, New Haven Works' "Meet & Greet"

Develop capacity of human resource staff to understand categories of criminal backgrounds so they can match applicants to departments where there are no legal barriers

Examples: Johns Hopkins University and Health System

Provide financial and scheduling support to managers to allow for release time

Examples: Johns Hopkins University and Health System

Focus on a particular underserved population, or partner with intermediaries who do; Create specific cohorts focused on these underrepresented populations

Examples: EMS Corps, University Hospitals, University of Colorado Anschutz Medical Campus

Overcoming Barriers

PROMISING SOLUTIONS TO COMMON CHALLENGES

✕ Challenges

Due to the high volume of applicants, recruiters and hiring managers may only be able to look at résumés, but this does not provide candidate's with enough space to demonstrate skills acquired during pre-employment training

Staff are unable to take advantage of tuition reimbursement because of the upfront costs

Healthcare system or hospital is too small to warrant a local hiring pipeline effort—there are not enough open positions to make a training worthwhile

✓ Solutions

Provide supplemental application materials, including evaluation data from program staff, to demonstrate candidate performance

Examples: West Philadelphia Skills Initiative, Partners HealthCare

Change tuition reimbursement to tuition advancement for employees making below a certain wage threshold

Examples: Partners HealthCare, University Hospitals, TriHealth, Mercy Health

Partner with other institutions, or a workforce intermediary that works with other anchors with similar employment needs. These can even be outside the healthcare sector, such as partnering around facilities or maintenance positions

Examples: West Philadelphia Skills Initiative, Johns Hopkins University and Health System, University of Colorado Anschutz Medical Campus, University Hospitals

