

## Workshop: On Ramps to Career Pathways

Abby Snay:

- JVS background
  - In San Francisco for 45 years
  - History of working with immigrants and refugees (resettlement efforts for Soviet refugees) – core of training we do now (ex. Sector clusters)
  - SF, Bay area: high cost of living – mission focuses on helping people not just find work but jobs that lead to self-sufficiency (40 – 80K/year)
  - Affordability is affecting employers' hiring and retention needs
  - Sector based approach – work with employers in center of that approach
  - Healthcare: 25y partnership – 15-20% had background in nursing and medicine – people got fired because they didn't have cultural competency (ex. Speaking about death, AIDS patients, ...)
  - 1 semester MA refresher course for trained healthcare professionals, includes wrap around services, placement and retention support
    - participants already have their certificate, but cannot find placement – need different training (not able to get job because 'lack of professionalism' – i.e. presentation, level of customer services, active role in primary care team)
    - what it means to be a nurse in this country: patient communication, diagnostic skills, on the job experience
    - part 2 = on the job training to meet qualifications of the job
    - at end of training: interview for position – allow managers of dept to conduct interview, peer interviews
    - meet with students at beginning of program to explore needs and goals – match placement
  - healthcare focus: 4 major reasons
    - demand
    - entry wages are good
    - upward mobility
    - need for bilingual capability and cultural competency to be more effective in serving diverse patients
- working with employers
  - involve at every stage of program development
  - work with large providers: Kaiser, UCSF
  - healthcare advisory boards – employers get together 4 times a year
  - joint curriculum design, program evaluation
  - participant selection

Natalie Roesler

- Kaiser's need for bicultural and bilingual staff
  - 4500 employees at SF medical center

- demographic change: 45% Caucasian, 35% API, 15% Latino
- need to find employees who can serve this population best
- traditional means of recruitment: career websites, rapid recruitment session ...  
Was not the outreach we needed to fill our needs – not finding right candidates
- JVS partnership: approach meets demands of membership (people served)
  - JVS doing some of the outreach to source open positions
- Cantonese/Mandarin and Spanish speaking clinics
  - All staff are bilingual
  - JVS recruits medical assistants to partner with physicians
- Career pathway progression for incumbent workers
  - Traditional means of recruitment: seek bilingual candidates
  - Incentives for employees to use language services

Questions:

Development of relationships - Were there other orgs approached?

- Natalie: Learned about JVS partnerships with other employers – had a need because of high turnover rate of medical assistants
- Started conversation with JVS around needs assessment
- Abby: JVS reached out to Kaiser - ‘no dead end’
- Abby: JVS has another partnership with UCSF
  - Train medical administrative assistants
  - Worked with TANF agency and workforce board + private funding
  - 10 weeks of classroom + 4 month internships
  - Work-based learning subsidized through ‘Jobs Now’ (Calworks, subsidized job training)
  - community connections make for a stronger workforce

Integrated in program design: ‘soft skills’ – interviewing skills, presentation skills,

- building on employer feedback (ex. Dress code)

Systems change aspects

- necessity of experience to get hired: internship constitutes requisite work experiences

How about Kaiser in LA area – same needs?

- Natalie: not sure, probably similar recruitment strategies (partnerships with community orgs)
- Abby: Kaiser Oakland, Santa Clara, (Fresno) ... interested in this work

Low income participants – are they able to pay for the program?

- Abby: refresher model is compressed (5 weeks) externship is subsidized – working with CalWorks – people receive subsidized training

Prerequisites for program entry? Foreign education?

- Welcome Back Centers model – successful model for foreign trained immigrants/refugees
- Sadly, need to level expectations for foreign medical professionals – nurses have to have their license to be in the program – still not getting hired because they don't have the experience – it's hard to get in a hospital setting right away (more demand in long term care, rehab, home care)

Are there bilingual requirements?

- Natalie: for Kaiser, must pass test for foreign language proficiency (through vendor – Alta?) - # levels for # levels of work (level of medical clinical terminology needed for job)
- If job doesn't require second language, still opportunity to test
- QBS?
- For translator: need to have fluency, advanced level in both languages

Short term training for foreign trained (ex. phlebotomy) is helpful to get people experience

- Consider US military translation experience?

What is the structure - are there tables for evaluation of ongoing partnership needs?

- Abby: some formal, some informal
  - Healthcare advisory boards
  - Find people at the right level
  - Share program model with others, be a convener
  - Trust building is key
- Needs deep investment on both sides, demonstrate commitment through staff time for example – dual customer approach of workforce development is different than advocacy approach

How many people were hired from cohort?

- Natalie: based on capacity of internship sites
- 20 initial candidates, 17 completed refresher, 15 completed clinical externship, hired 12
- Internal references help a lot with hiring
- Hiring takes time, not right away after completing the program, sometimes first jobs are contract positions or float pool (at Sutter)

Who is best to talk to when trying to establish employer partnerships?

- Natalie: multiple partners
  - HR
  - Decision makers: directors, ...
  - Labor reps
  - Need 'internal advocate': someone who really believes in the program and champions it

## Lunch Panel: Employer Engagement

Challenges, questions from audience:

- Heide: how to work with employers who have fixed ideas of immigrants, people who don't speak English well? How to demonstrate skills beyond degrees and certificates? Why are certain standards or criteria in place, can they be more flexible?
- Dan: what drives employers to the table? Ex long term investment in community, needs? What are incentives, levers, mandates for employers to engage?
- IRC: digital age – a lot of employers have online training, applications .... Challenge for retention of ELs? How are you mitigating that problem
- San Diego? How to validate, recognize degrees, experiences from home countries?
- Maiknue: TABE assessment and Work Keys – customers who are basic skills deficient – what is more important for employer: academic, workforce skills – how to navigate policy around that? Tension between working with people who have work related skills but are not scoring on basic skills assessment – who to work with employers to recognize skills
  - SK: less important in manufacturing, bring conversation to group of employers
  - NR: determine needs with employers – are you willing to employ a certain group of people at x educational level – answer might be yes / a lot jobs are very descriptive but there may be other opportunities – determine if there is a pathway or a track to get people ready to meet job requirements

UB: How Kaiser views cultural competency? Benefits that bilingual employees bring to the organization?

- Kaiser is leader in diversity
- Serving diverse demographics

UB: Specific careers or occupations that would be good fit for bilingual workers?

- Recruit bilingual candidates for certain positions: ex. Bilingual clinics in SF (Mandarin, Spanish)

UB: Describe partnership between JVS and Kaiser. How did you develop the partnership?

- Best incentive for employer is meeting a hiring need, interest in accelerated programs, knew JVS has a good track record (partnership with Sutter)

UB: What works in engaging employers – working with community partners or public workforce systems

- True collaboration, listen to each other, meet the needs of the participants
- Development of trust
- Instructor provided customized instruction (former Kaiser employee)
- Kaiser involved in participant selection
- JVS: under pressure to deliver on outcomes – Kaiser helps move things along

- Employer side: take curriculum developed by JVS and customized to Kaiser: customer service, professionalism, environment of care - joint curriculum design, early on

#### Challenges:

- Role clarification: develop some employees as preceptors to become mentors to interns from JVS program / required professional development and compensation for preceptors

#### Stuart:

- Role of workforce boards in setting up program like this?
  - JVS is healthcare sector academy for SF Bay – use city funds to support program
- State board investment in individual training needs, a lot around business engagement
  - Local boards have strategies
  - CBOs play important role to connect with communities not typically served
  - Look at job opportunities that aren't getting filled or have high turnover
- Manufacturing and IT examples
  - Listen to employers, soft skills issues still coming up
  - Populations with more or less strong work ethic – strong work ethic and skills but not enough English – advocate for them with employers
  - Employer clusters
  - Flexibility

#### Abby:

- Employer engagement takes time
- Find out why some positions are not getting filled or have high turnover

#### How might you help employers understand the talent that is available in ELs?

- Employers in service sector: business strategy reflects diversity of the community
- Upskilling workers to become employers, earn better wages
- Employers are interested in increasing bottom line

#### Q - Carmen: challenge of students not making living wage – challenge of approaching employers and talk about wages, feels like overstepping boundaries

- SK: CBOs providing wrap around services, provide some stipends
- See employees are family units – family self sufficiency