



**AN ASSESSMENT OF THE LOW-WAGE WORKER  
RETENTION AND ADVANCEMENT DEMONSTRATION PROJECT**

**Final Report**

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## **EXECUTIVE SUMMARY<sup>1</sup>**

This report concludes a three-year study of a four-site Low-Wage Worker Retention and Advancement Demonstration Project conducted under the auspices of the Office of Policy Development and Research of the U.S. Department of Labor's Employment and Training Administration (DOL/ETA). While similar demonstration projects have been implemented by the federal government, these projects were primarily focused on assisting current and former Temporary Assistance for Needy Families (TANF) recipients. The ultimate goal of this project was to develop methodologies that would help low-wage workers, without regard to welfare status, with retention and advancement on the job and to assist employers in modifying policies and practices which would aid in worker retention and advancement.

Hopefully the findings from the demonstration and process study will be used by other local One-Stop career centers when planning services for similar workers and their employers.

### **GRANTEES**

Grants were awarded to the Oregon Employment Department (OED) and the California Employment Development Department (EDD). Each agency received \$450,000 which they then sub-granted to local program operators. In the case of Oregon, the sites were not contiguous nor were the program models the same. The sites selected were Portland Community College, Beaverton, OR and Linn-Benton Community College, Albany, OR. The Portland project was co-located with the local One-Stop Career Center. The Linn-Benton project was also co-located at the local One-Stop Career Center, although many of the project activities took place at the worksites of their employer partners. EDD sub-granted to the Sacramento Employment and Training Agency (SETA) which operates One-Stop career centers in Sacramento. SETA selected two of their One-Stop career centers to implement the program. One center, Hillsdale, is a SETA managed site and the other, Mark Sanders, is managed by EDD. Both the Hillsdale and Mark Sanders sites implemented the same program design.

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<sup>1</sup> Appendix B includes summary tables for each site.

There was some delay in providing funds to the sub grantees at all sites. In the case of Oregon, the funds did not flow from the state to the sub grantees for almost nine months due to the state requirement that the sub-grants be approved by the Oregon legislature. The California sub grantee reported that funding was received about two months after the grant was awarded to EDD.

The Oregon projects were initiated in 2002 and the California project was initiated in 2003. Initially, all grants were for a two-year period. However, both Linn-Benton and California requested and obtained grant extensions. As a result of these extensions, the Linn-Benton project will ultimately be a 34-month project and Sacramento will be a 28-month project.

## **PROJECT DESCRIPTIONS, OUTCOMES, AND LESSONS LEARNED**

### **Portland Community College**

Portland's approach coupled a client-focused, case management approach with workshops. The program, Step-by-Step, aimed to increase retention and career advancement among low-wage workers by:

- Improving workers' soft skills;
- Providing counseling and referrals to help workers deal with work and personal problems;
- Providing the services of an "on-call" case manager;
- Helping workers develop and begin implementing a career plan;
- Funding a limited amount of education or vocational training; and
- Offering mental health and learning disability testing along with remediation services.

The initial recruitment targets were newly-hired current and former TANF recipients with a history of retention problems or possible learning disabilities. The Department of Human Services provided listings of individuals who had been employed within the past four months. The Step-by-Step caseworker would then contact each person by phone inviting him/her to participate. In most months, more than 100 names would be provided. The response rate to the phone call invitation was very low, five or six affirmative responses at

the most, and of these sometimes only one or two individuals would actually come to the workshops. These individuals were mostly working mothers. In year two, the project staff decided to expand recruitment to Workforce Investment Act (WIA) clients. They were more successful in attracting these people since employed WIA clients voluntarily visited the One-Stop career centers for assistance in finding new jobs or to enroll in training programs. The Step-by-Step program could offer some of them services that were not available through WIA due to their employment status. These individuals were mostly male.

The program goal was to select 218 participants for possible enrollment and to enroll 130 of this group. At the end of the grant period, June 2004, only 66 participants had been enrolled. Outcome data are limited to those who completed training. As of June 2004 (end of grant), only 17 participants who had completed training had been contacted regarding their status. The most significant result was that 10 of the 17 (59 percent) had received a wage increase and promotion to a better job.

Initially, there was very little focus on employer involvement. At the urging of the ETA in August, 2003, the program staff began planning to augment their employee-focused approach with one focused more on employers. However, the remaining grant period was too short to recruit employers and deliver program services to their employees.

### **Linn-Benton Community College**

This was the only sector-focused project in the demonstration. It focused on local health-care employers and their low-wage employees. The project targeted healthcare workers in lower-paying jobs, such as certified nurse assistant (CNA), who make less than \$12 per hour.

The project was implemented in three phases:

1. Phase one included the formation of the management team, assessment of healthcare workers' and employers' needs, and funding and development of a small research

study to be done by Oregon State University.<sup>2</sup> The formation of the management team involved recruiting healthcare partners (Corvallis Clinic, Mennonite Village, and Samaritan Health), and developing a working relationship between the Workforce Development Network and the healthcare partners. The assessment tools (paper-and-pencil survey questionnaires and focus group discussions) identified some retention issues and aided the management team in choosing appropriate action strategies. The Oregon State University research sought to identify attributes of successful healthcare workers. This formal research component was designed to inform future efforts more than to guide decision-making for this project.

2. The second phase, October 1, 2003 to June 30, 2004, included the implementation of action strategies and the Oregon State University research effort. These strategies encompassed offering one-on-one career counseling (on-site or at the community college), workshops dealing with topics identified through consultation with employers and, as a result of worker surveys, some formal skills training.
3. Phase Three changed from the assessment phase to continued program implementation due to the granting of two no-cost extensions by ETA. During this period, the project funded a leadership training component, Certified Nursing Assistant II training, and a supervisory training component<sup>3</sup>. They also instituted a program which awarded individual training grants to workers from the two health care facilities.

A key to recruiting the healthcare partners was the longstanding collaborative relationship between the community college and the healthcare organizations. LBCC and the healthcare

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<sup>2</sup> Oregon State accepted a small grant to study the characteristics of the low-wage workers in both in the local area and statewide. The objective was to identify what worker characteristics lead to higher job retention. This project was headed by Dr. Bruce Weber. A summary of findings are in Appendix F.

<sup>3</sup> In a previous project, the community college had surveyed CNAs and discovered that the #1 reason for turnover was not wages or the type of work, but rather the way the charge nurses supervised them. The survey results lead to supervisory training for nurses (who typically do not receive such training as part of their nursing educational program).

organizations had worked together in the past on projects and continue to work closely together to provide healthcare training in the area. At first the healthcare representatives were hesitant, as they did not know each other, and their organizations had a competitive and contentious relationship with each other. However, all three representatives independently said they would agree to participate because they came to believe that ultimately they could all gain if the project identified strategies to retain and advance healthcare workers. The rural nature of the counties may also have facilitated employer participation, as none of the three healthcare organizations wanted to be the one not participating. All three compete in a limited market of healthcare workers, and all three wanted to reap the potential gains in employee retention and advancement and in community recognition.

The representatives from Mennonite Village and Corvallis Clinic are human resource managers and part of the administrative team at their facilities. The representative from Samaritan Health is the Staff Educator for Professional Development and was not part of the administrative team of her organization. All three healthcare representatives became active participants of the project management team, although Samaritan Health had to withdraw from active participation due to a labor dispute. Legal advisors for Samaritan Health advised against participation since any programs offered might have been viewed as management trying to coerce employees.

It should be noted that the turnover rates for these healthcare employers are modest or low compared to the national averages of 70 percent or more for rural non-hospital facilities and 40 percent for hospitals. Mennonite Village and Samaritan Health experience the lowest turnover – only 11 percent or 12 percent per year on average. Turnover at Corvallis Clinic is higher, especially in their targeted occupations of office specialists and clerks, for whom turnover averages around 30 percent.<sup>4</sup>

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<sup>4</sup> Up until a few years prior to this project, turnover at Mennonite Village was considerably higher – about 35 percent. As discussed in the case study (Appendix H), in 1997 Mennonite Village began instituting changes in their personnel policy that were associated with a dramatic drop in turnover.



The project offered a wide array of services to both workers and employers. All eligible low-wage workers were invited to participate in counseling, career planning, career days, and any workshops offered by the project. No participant data were collected for these more informal offerings. In the third year of the grant, the project organized formal courses, such as the Leadership Academy and the medical terminology certification courses. For these formal courses, participant data were collected, but it is too early to determine if the courses will result in employee advancement other than the automatic pay raises associated with completion of the course. Although it is too early to determine if the various project activities will have a positive impact on the low-wage healthcare workers, the Linn-Benton project was successful in engaging the healthcare employers.

### **Sacramento Employment and Training Agency**

Similar to the Portland project, the Sacramento project used a combination of case management and workshops to help low-wage workers. Unlike the Portland project in which workshop attendance was required, the Sacramento project allowed clients to choose which services to receive.

The main services offered to the clients in this project were:

- Counseling and referrals to help workers deal with work and personal problems;
- A series of workshops to improve workers' soft skills;
- Assistance developing career plans;
- Establishing goals and providing "rewards" for achievement of goals;
- Referrals to other programs to enroll in skills training programs.

Recruitment was accomplished in several ways. Flyers were sent to community organizations; invitation letters were sent to newly placed workers; One-Stop career center staff referred likely candidates to case managers; and case managers made presentations at orientation sessions. As of June, 2005, neither site had met the target of 50 clients. The Hillsdale site was close with 49 enrollees, but the Mark Sanders site fell short of the target with only 34 enrollees.

The project also attempted to recruit employers in sectors with low-wage jobs: health care, construction, customer service/call centers, high technology, and hospitality.

The plan was to survey a select group of employers to determine their views on retention issues and needs of low-wage workers and to make them aware of the project; to make use of current relationships with employers to gain access and explain the program; and to use industry advisory groups [Healthcare Workforce Collaborative, Sacramento/Sierra Buildings Trade Council, Linking Education and Economic Development (LEED), California Association of Employers] to identify potential employers. Surveys were sent out early in the project, but the response was poor. A half-time position for an experienced employer relations person to recruit employers had been established at the EDD managed One-Stop career center, but the state hiring freeze impeded the ability of the project to fill the vacancy. The functions that were to have been performed by this position were given to existing workers who had little or no experience and who were engaged in other center activities.

Case managers also contacted employers. In some cases, those contacts were a result of existing relationships and in other cases they were “cold calls.” The contacts resulted in one small business employer and the Urban League participating in the project to different extents. One small business employer who became fully engaged with the program viewed it as a mechanism to help ensure that newly hired workers would stay on the job. This employer wanted training for all company personnel in conflict resolution and communication skills. He wanted to ensure that supervisors had basic supervisory skills. His willingness to participate was based on need and also on his faith in the abilities of the case manager who had assisted him in finding work several years before. Ten participants were co-enrolled in the Rewards program and in an OJT program through the Urban League.

## **GENERAL CONCLUSIONS - LESSONS LEARNED ACROSS ALL THREE SITES**

The experience of all three demonstration projects provides lessons regarding the population targeted for intervention, employee and employer recruitment strategies, the delivery of program services, and the grant process. Below these key lessons are summarized:

Target Population. The population of low-wage workers who have a history of poor retention and/or little advancement is diverse. The Portland project began with former TANF recipients who appreciated the soft skills workshops and the support group they provided but were less likely to opt for additional training. The project then recruited WIA applicants who were less impressed with the workshops but readily signed up for training. The Sacramento project allowed clients to tailor the program to their needs, although it is not known whether clients chose appropriately. The Linn-Benton project focused on healthcare workers earning less than \$12 per hour. The Linn-Benton approach assumes that it is important to concentrate on a sector in order to have a critical mass for skills training and in order to tailor soft skills training to the workplace culture.

Employee Recruitment. Although both projects provided child care and dinner at evening workshops, the Portland and the Sacramento projects had difficulties recruiting and engaging low-wage workers. Both projects also discovered that different recruitment methods resulted in different types of participants. WIA applicants, mostly male, were easier for Portland to recruit and engage than were former TANF recipients, mostly working mothers. The Sacramento site that co-enrolled clients in multiple programs appeared to have less engaged participants than the site that recruited specifically for the Rewards program. The recruitment of workers to the Linn-Benton training programs was likely facilitated by the support from employers, including release time and reimbursement for tuition and books.

Employer Recruitment. All three sites found that successful marketing of employers requires a dedicated staff person, marketing materials or a previous working relationship with the employer, commitment from all levels (not just the Human Resources Manager) of the organization, and substantial time to build trust and to collaboratively define the problem and develop interventions. Employers who have retention and turnover problems and costly training of new hires are more likely to be interested than employers who can readily replace low-wage workers with minimal training. Thus, Linn-Benton's successful recruiting of the three healthcare employers can be attributed to a number of factors:

- The current and predicted shortage of healthcare workers
- The teamwork and skills required of healthcare workers that make hiring and training,

even at lower-paying jobs, financially costly, psychologically stressful for the entire team, and potentially dangerous for the patients

- The previous and continuing working relationship between Linn-Benton Community College and the healthcare employers
- Commitment from the management of the healthcare organizations

Other factors which may have contributed to Linn-Benton's successful recruiting of healthcare partners are the rural nature of the community and the leadership skill of the project director. The three healthcare organizations share a limited labor pool of healthcare workers within rural Linn and Benton counties. In addition, the project director's skill and commitment to building a collaborative working relationship between the Workforce Development Network and the healthcare employers were important.

Service Delivery. All three projects offered workshops and employed techniques to make it easier for low-wage workers to attend. Both Portland and Sacramento provided on-site childcare and dinner for participants in their evening workshops. They also provided transportation vouchers if needed. The Linn-Benton project offered lunchtime workshops with pizza at the healthcare worksites. However, the workers were often distracted by work or called back to work during the workshop. Workers on the graveyard shift could not easily attend. The Linn-Benton project also discovered the importance of advertising the workshops and using workshop titles with positive connotations (e.g., the "Burnout" workshop was not well-attended). Ultimately, the Linn-Benton project negotiated release time with the employers in order for workers to attend leadership or certification training off-site during normal working hours.

Two of the projects, Portland and Sacramento, used a case management approach to increase retention and advancement. Both sites discovered that the case management approach was labor-intensive. In addition to providing counseling and referral services, the case managers needed to research careers in order to assist participants in developing personal career plans.

The Portland and Linn-Benton projects provided funds for workers to enroll in courses at the

community college or in trade or technical schools. Both projects noted barriers for working clients, particularly parents. These barriers include:

- Conflicts in work and course schedules (few evening or weekend courses are offered);
- The intensity of certificate programs which may preclude full-time, or even part-time work;
- Lack of childcare or conflicting family responsibilities (working parents may not want to spend additional hours away from their children);
- Limited course openings (part-time students have lower priority than full-time students, colleges require enrollment levels that may exceed the local demand for a course).

In addition, the Portland project noted the need to evaluate the likelihood that the education/training course(s) will actually lead to a better job and the need to screen applicants in order to use limited training funds only for those committed to completing a course.

Project Management and Monitoring. The three projects were managed differently. The Portland project with few staff was managed simply and efficiently by the project leader. The project leader for the Linn-Benton project developed a management team, consisting of employer representatives as well as workforce partners, and used a consensus decision-making model. The project leader's skill in team-building and management contributed to the successful engagement of the employers. The two Sacramento sites, although implementing the same program design, did not have anyone overseeing both sites. Thus program implementation was inconsistent across the two sites, and resources were not used to full advantage.

All three sites were challenged to collect sufficient data on participants' backgrounds, involvement with the program, and pre- and post-program wages and employment. Although the Portland and Sacramento project staff assured the evaluation team that critical participation, retention, and wage data were being collected for individual participants, the data collection systems were flawed. Thus, no clear link could be made between program participation and retention or advancement. Individual participant data for the Linn-Benton project activities were limited to the formal classes offered at the end of the grant. Completion of these formal classes will result in automatic wage increases for participants.

Grant Process. In terms of the grant process, all the sub-grantees felt that more time and a more efficient sub-grant award process were needed for the demonstration project. Additional time would allow for better planning and an opportunity to implement changes if the original plan was not working. Even though sites were encouraged to experiment, they would have preferred a clearer picture of expectations. The sites also would have liked more technical assistance with developing data collection systems.

The sub-grantees appreciated the opportunity to meet and discuss their project with other sub-grantees but felt this meeting should have occurred much earlier in the project. Of course, since Sacramento came on line a year after the Portland and Linn-Benton projects, this was not possible.

## **OTHER PROJECT OUTCOMES**

There were three additional products developed as a result of this demonstration.

### **Low-Wage Worker Literature Review**

As part of the process study, Coffey Communications, LLC included a low-wage worker literature review. The objective was to enhance the process study's utility as a design tool for future low-wage worker retention and advancement programs. The literature review was completed early in 2005, so outcome data from studies still in progress is not included. The review is in Appendix E of the full report.

### **Oregon State Low-Wage Health Worker Research**

Linn-Benton supported a \$35,000 research project at Oregon State University. The purpose of this contract was to produce a report that responded to the following research questions:

1. Is there a profile of attributes and characteristics possessed by workers who enter employment at a relative entry-level wage and successfully maintain employment and progress in wage progression and career mobility?
2. Are there combinations of attributes of workers and work support services that seem

to be particularly successful in maintaining employment and in wage progression (controlling for local labor markets conditions)?

The full report is not anticipated to be available until 2006, but a summary of preliminary findings is included in Appendix E.

### **Mennonite Village Case Study**

During an early site visit to the Linn-Benton project, one of the participating employers mentioned that turnover rates for low-wage workers in her organization had declined. The employer presented a chart showing the decline. What was of interest was the fact that turnover for this employer was at the national average until 1997 at which time it began to drop substantially. After discussions with ETA and the employer, it was decided that attempting to identify the cause for the decline might be useful, and ETA approved the development of a case study. Four days were spent on site with the management and employees of Mennonite Village in an effort to gain a better understanding of changes that occurred beginning in 1997. The case study shows that in 1997 the employer hired an HR professional who, along with other members of management, began addressing the issue of turnover and policies and practices that might improve turnover statistics. A list of changes implemented by the employer is included in the case study along with employee views regarding their experiences with this employer. The case study is in Appendix F.

## **CHAPTER 1: INTRODUCTION**

### **A. BACKGROUND AND OBJECTIVES FOR THE LOW-WAGE WORKER RETENTION AND ADVANCEMENT DEMONSTRATION PROJECT (LWWRA)**

Historically, government financed workforce programs have been devoted to assisting workers with skills training and finding employment. For many people, that assistance has been sufficient because they do not have significant barriers to employment. The low-wage worker, however, is often plagued by multiple problems which may result in difficulty in retaining employment and in advancing on the job. Low-wage workers may have: limited job skills; limited coping skills; transportation problems, childcare problems; language barriers; poor work history, and poor educational achievement. Failure to be retained and advance on the job is not only a worker problem but also a problem for employers of these workers since hiring these types of workers often results in costly turnover for the employer.

The Low-Wage Worker Retention and Advancement Demonstration Project, initiated in the spring of 2002 by the U.S. Department of Labor (DOL), Employment and Training Administration (ETA), was developed in order to identify interventions that would assist incumbent low-wage workers who have barriers to job retention and advancement. In addition, by providing services that enhance worker retention skills, the program is also aimed at aiding employers by reducing employee turnover. This project differed from existing programs directed at low-wage workers in that it was not specifically targeted at current or former welfare clients, and the project architects recognized the need to actively engage employers in the project since job retention problems are not always worker problems.

The results of the demonstrations may be shared with state and local One-Stop Career Centers for their use in developing employment and retention services for low-wage workers and in responding to business needs relative to the low-wage population.



## **B. GRANT SOLICITATION AND AWARD PROCESS**

### **Oregon**

After preliminary discussions between ETA and Oregon officials, the Oregon Employment Department (OED) submitted a proposal in March 2002 requesting funding and outlining a general approach to serve incumbent low-wage workers. To encourage innovation, ETA awarded the project as a demonstration grant.

Oregon's proposal named two sites that would serve as sub-grantees: Portland Community College (PCC), home of a One-Stop Career Center and previous administrator of one of the more successful welfare-to-work programs<sup>1</sup>, and Linn-Benton Community College (LBCC), home of a One-Stop Career Center that serves both the county with the highest unemployment rate in Oregon (Linn) and the county with the lowest unemployment rate in Oregon (Benton).

The OED proposal was intentionally non-specific as to the approaches that the sites would take to help low-wage workers stay employed and advance: "Actual project design will be driven by local partners and developed in the planning stage of this project..."

The proposal suggested that two alternative approaches or 'treatments' would be explored. The proposal identified the two treatments as case management and workshop focus. The difference between these two 'treatments' was mostly in how services would be offered. In the case management approach, it was anticipated that there would be greater use of individual counseling resulting in a better understanding of participant needs. There would also be direct provision of services as needs were identified. This model would be more like a social service approach to service delivery.

The workshop focus model would be less tailored to individual needs. Workshops would be

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<sup>1</sup> The Portland Steps-to-Success was one of the sites in the National Evaluation of Welfare to Work Strategies (NEWWS)

developed cooperatively by the partners based on their perception of low-wage worker needs and would be offered to a larger audience. Possibly the most important sentence in the proposal was: “To encourage participation, OED and workforce partners may explore different forms of **employer-employee** incentives.”

The Oregon proposal stated that the primary target population would be the low-wage incumbent worker, although unemployed workers might be served if there were space in the caseload or workshops to serve them.

Several recruitment methods were identified in the proposal. They included inviting newly placed TANF recipients to participate in workshops; using state or local records to find recent low-wage worker placements and inviting those individuals to the workshops; asking One-Stop Career Center staff to refer likely candidates; and requesting referrals from local businesses/employers who have connections with the One-Stop Career Center.

The proposal presented a timeline for project design and implementation. The three phases of the project were to take place as follows:

1. Planning and development – from March 15, 2002 through June 30, 2002
2. Implementation – from July 1, 2002 through June 30, 2004
3. Evaluation – the responsibility of DOL

The proposal was submitted to ETA on March 15, 2002, and it was signed and returned to OED on April 26, 2004. The period of performance was from May 1, 2002 through June 30, 2004, and the total grant was for \$450,000.

The OED process for finalizing the sub-grants to PCC and LBCC was cumbersome because of changes in administration at the state level and requirements involved in the sub-grant process. This resulted in the sub-grantees operating without funds for an extended period of time. For the PCC site, although notified by OED on June 30, 2002 that they had received a two-year grant for \$212,000, they did not receive a signed agreement until nine months later. During those nine months, the PCC program operators became increasingly concerned that

they would not have a signed agreement in time to bill for the first year of costs. This delay slowed project implementation, as the community college had to absorb program costs throughout most of the first year. For LBCC, the impact of the sub-grant delay was less severe in that the project incurred fewer costs prior to the signed agreement and ultimately obtained a no-cost extension. The LBCC sub-grant of \$210,000 was originally slated to begin July 2002 and end in June 2004, but LBCC did not receive a signed agreement until February 2003. The new agreement was for an 18-month period, January 2003 through June 2004. In the spring of 2004, LBCC obtained a no-cost extension through December 30, 2005.

### **California**

The California Employment Development Department (EDD) submitted a proposal to ETA in the spring of 2003, approximately one year after the initial grant had been made to Oregon. Informal discussions were conducted by ETA with EDD personnel regarding the objectives of the demonstration and the desire to have a project which was primarily targeted toward serving incumbent workers and their employers (similar to the model being implemented by Linn-Benton although not necessarily sector specific). EDD contacted several One-Stop Career Center service providers in the state requesting proposals to implement the project. The Sacramento Employment and Training Agency (SETA) was chosen because:

- a. Having the demonstration in the state capitol made oversight easier for the prime grantee. SETA manages the One-Stop Career Center for Sacramento County and handles employment, training, and social services.
- b. Sacramento City and County are in the same Local Workforce Investment Area (LWIA) which made coordination between the two Sacramento sites easier. Other proposed sites included multiple workforce areas.
- c. SETA was operating two programs with somewhat similar goals: the CalWorks and Refugee programs. The CalWorks program held focus groups for TANF recipients in the evenings. The Refugee program also offered evening focus groups for mostly Eastern European and Russian refugees.

- d. SETA was able to develop a proposal in a relatively short time frame that could be used by EDD to respond to ETA.

The initial proposal submitted by EDD and SETA focused primarily on a case managements approach. Recruitment of low-wage workers would be through the Career Center system thus enabling the project to draw clients from all partner organizations operating in the center. In addition, flyers and posters would be distributed in likely neighborhoods. Direct mailing would also be part of the recruitment effort. The following is a list of those who were initially targeted as eligible to participate:

- CalWorks customers,
- Low-wage earners,
- Working Poor,
- Refugees and immigrants that qualify for Fed Refugee services,
- Women and minority males in non-traditional occupations,
- Youth including emancipated foster youth,
- Former CalWorks enrollees in low-wage jobs,
- People in jobs earning less than 150 percent of lower living standard.

It was anticipated that the project would provide:

- A case management/job coaching approach to monitor job status and needed support,
- Career counseling, testing and referral to occupational training (not paid from grant funds),
- Support services -- referral to appropriate agencies for legal problems, domestic violence situations, mental health care, substance abuse, and child care,
- Some short-term training for basic occupational skills, soft skills, and work based learning,
- Connection to industry mentors,
- Re-employment assistance, and
- Employer support.

The role of employers was to identify potentially eligible employees who may be in need of

retention services. Health care and construction employees were mentioned as prime targets for assistance. Existing industry advisory groups<sup>2</sup> were supposed to identify employers who might participate in the program.

Project goals were identified as:

1. Career advancement with existing employers,
2. Increased wages for enrollees,
3. Decreased dependence on public assistance,
4. Employment retention due to enhanced skills attainment,
5. Employer customer satisfaction high.

The \$450,000 grant was signed on May 30, 2003 by EDD and on June 9, 2003 by DOL. The original period of performance was April 1, 2003 to April 30, 2005. Funding became available to the sub-grantee in July, 2003. The California project ended September 30, 2005.

### **C. PROCESS STUDY<sup>3</sup>**

In addition to awarding grants for program implementation, ETA also awarded an evaluation contract to Coffey Communications, LLC to document how the grantees connect with the One-Stop service delivery system, employers, and the welfare-to-work and TANF programs to provide job retention and advancement services to low-wage workers. The process evaluation assesses the background and demographic characteristics of the low-wage workers served in the demonstrations, the types of services offered to participants, the system for delivering those services, and the participant utilization of services. In addition, the contractor was asked to identify barriers to program implementation and lessons learned by the grantees during the implementation of the project. Where appropriate, the evaluation contractor was asked to document any models or components which proved effective, either for retention or advancement, so that these models might be shared with other service providers.

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<sup>2</sup> Healthcare Workforce Collaborative, Sacramento/Sierra Buildings and Trade Council, and Linking Education and Economic Development (LEED)

<sup>3</sup> See Appendix A for the Process Study Statement of Work.

The process evaluation is based on written and verbal information provided by the sub-grantees. In addition to reviewing the sub-grantees' proposals and quarterly reports, in-person site visits and discussions with project leaders and staff were conducted about every six months by the Coffey/Battelle evaluation team. Both Oregon projects were visited in February 2003, August 2003, and January 2004. In addition, project personnel from both Oregon projects attended the June 2004 LWW Demonstration Conference in Sacramento, at which time they provided additional project updates and written material. Because the LBCC project continued through December 2005, additional site visits were made to the LBCC Oregon site in September 2004 and April 2005.

The Sacramento sites received funding about a year later than the Oregon sites. Evaluation site visits were made to the Sacramento project in August 2003, February 2004, September 2004, and April 2005. As with the Oregon sites, the Sacramento project leaders and key staff attended the June 2004 conference and provided an update on project activities.

Generally two evaluators, one from Coffey Communications and one from Battelle, conducted the day and a half site visits. During the visits, program staffs were questioned about the goals and plans, the logistics of implementing the program, the program participants and their level of involvement, project personnel's qualitative assessment of the program's effectiveness, challenges in program design and implementation, data collection, and lessons learned. The format of the Portland and Sacramento site visits was typically a round-table discussion with program leaders and key personnel, followed by private conversations with the program leaders. The format of the Corvallis site visits varied, as the program leader frequently arranged visits to the locations of partners – Corvallis Clinic, Mennonite Village, Oregon State University, Workforce Development Network, and LBCC staff classrooms. A typical day and a half visit to the Corvallis site began with a brief discussion with the project leader to obtain a program update, moved on to visits and interviews with other program staff or partners, and ended with another discussion with the project leader.

## **D. REPORT COMPONENTS**

The report is organized as follows. Chapters 2 through 4 describe the program designs, implementation methods, challenges, and data collection for each of the program operators. The description of each site includes information about the service area and setting, the program partners, the project goal and planned approach, the services that were actually provided, participant recruitment and enrollment and how it compares to the target population, and program challenges. A summary of the lessons learned is described in Chapter 5. Appendices A through C provide supporting material for the report. Appendices D through F present the results of special research projects related to the demonstration projects. A literature review of research to inform low-wage worker retention and advancement projects is presented in Appendix D. Appendix E includes a summary of Oregon State University research on retention and advancement among low-wage workers in Oregon which was funded as part of the Linn-Benton demonstration project. Appendix F is a case study of one of the Oregon employers whose approach to reducing turnover rates among low-wage workers has been remarkably successful. Appendix G is a CD containing some of the materials generated by the sites in support of the project. On the CD are flyers, enrollment and tracking forms, focus group materials, workshop synopses, employer recruitment documents, and some workshop curricula.

## **CHAPTER 2: PORTLAND COMMUNITY COLLEGE STEP-BY-STEP**

In this chapter, detailed information is presented about the Portland Community College (PCC) Step-by-Step Low-Wage Worker Advancement and Retention Project<sup>1</sup>. We describe the project design and implementation, present data on participants and services, and discuss implementation challenges. To ease comparison of the demonstration projects, all site-specific chapters are organized with the same headings, although there may be slight differences in section order.

- Sub-Grant
- Service Area and Setting
- Program Partners
- Project Goal
- Approach
- Services Provided
- Target Populations & Recruitment
- Enrollment
- Implementation Challenges

### **A. SUB-GRANT**

In May 2002, once it appeared that an award would be made to Oregon, a retention team was formed to develop the Portland Community College (PCC) service delivery plan, and on June 30, 2002, the team was notified by OED that they were being funded for a two-year period at \$212,000. However, there was a substantial time lag between this notification and the signed agreement between the state and the community college. The project operated for nine months without a signed agreement. In order to accept the grant funds, the state legislature had to be involved, resulting in an unanticipated delay in the actual transfer of funds. During those nine months, program operators at the community college became increasingly concerned that they would not have a signed agreement in time to bill for the costs incurred. This delay slowed

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<sup>1</sup> See Appendix B for a chart version of this discussion.



project implementation, as the community college had to absorb program costs throughout most of the first year.

## **B. SERVICE AREA AND SETTING**

Portland Community College is located in Beaverton, a suburb of Portland. The service area is Washington County, which includes the cities of Portland, Beaverton, Hillsboro, and Tigert. Washington County is the fastest growing county in the state. The population is 80 percent non-Hispanic white, 11 percent Hispanic, and 9 percent other. Hillsboro has a growing Asian and Russian immigrant population.

Local employers include several high tech and electronics companies (Intel, IBM, Hewlett Packard, Tektronix), call centers, Nike sports apparel, and Fred Meyer stores (similar to Wal-Mart). Agriculture, lumber, manufacturing and food processing are other major industries.

The project was implemented during a national economic recession. Moreover, Oregon vied with Alaska for the state with the highest unemployment rates. At the start of the project, June 2002, the unemployment rate in Oregon was 7.2 percent (compared to 6.0 percent nationally) and in Washington County was 6.5 percent. At the end of the project, June 2004, the rate was 6.8 percent in Oregon (compared to 5.8 percent nationally) and 5.6 percent in Washington County. At the start of the project, Washington County was particularly affected by economic downturns in technology, transportation, and manufacturing coupled with a regional energy crisis.

## **C. PROGRAM PARTNERS**

The Portland Community College, operator of the One-Stop Career Center, managed the grant. They worked closely with the Department of Human Services (DHS), co-located at the One-Stop Career Center, to obtain referrals. After the DHS Self Sufficiency Program placed a welfare recipient (client) in a job, they would notify staff of the demonstration project who would then attempt to contact the worker and invite him/her to participate in the program. The Tualatin Valley Center was the community partner that provided mental health counseling and testing for learning disabilities.

## **D. PROJECT GOAL**

The project, called Step-by-Step, was modeled after an earlier project, Steps to Success, which assisted welfare recipients to obtain jobs. Although many welfare recipients transitioned to paid employment, they typically did not stay employed for long, nor did they find employment at jobs that paid a living wage. Many of these workers, even those working full-time, had incomes that still qualified them for welfare. Others had difficulty keeping a job and thus were cycling back to welfare and job search services. The Step-by-Step project was designed to address the problems of low wages and job instability. The Step-by-Step goal was to help low-wage workers, many of them newly employed welfare recipients, build a stable work history and develop a career plan that would increase their chances of career advancement and self-sufficiency.

## **E. APPROACH**

PCC's approach coupled a case management approach with workshops. Step-by-Step aimed to increase retention and career advancement among low-wage workers by:

- Improving workers' soft skills,
- Providing counseling and referrals to help workers deal with work and personal problems,
- Helping workers develop and begin implementing a career plan, and
- Funding a limited amount of education or vocational training.

The Step-by-Step project only minimally involved employers. With the client's approval, employers were to be contacted to help resolve work-related issues. At the urging of ETA in August, 2003, the program staff began planning to augment their employee-focused approach with one focused more on employers. A part-time staff person was hired to recruit employers who would encourage (or possibly require) their low-wage workers to participate in the Step-by-Step project.<sup>2</sup> However, the recruitment of employees via their employers did not occur, because the program staff was concerned that the remaining grant period was too short to recruit employers and deliver program services, including the training stipend, to their employees.

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<sup>2</sup> See Appendix G (Project Implementation Tools) for specific elements of the employer recruitment plan

Nevertheless, the Step-by-Step project model was focused on working with employees, not employers. It sought to change employee skills, aspirations, and behaviors, not employer practices. If the project had more time, employers may have been enlisted, but their role would have been primarily to recruit low-wage workers for the existing project and to inform Step-by-Step staff about career progression and job requirements in their companies. Employer input on the workshop curriculum was not expected to result in major changes because it was assumed that low-wage workers, regardless of their occupation or employer, can benefit from the same type of soft skills development and career planning assistance.

## **F. SERVICES PROVIDED**

The combination of workshops and case management provided soft skills training, career planning, job search support and referrals. Soft skills were taught in semi-monthly group workshops that also served as a support group for participants. A retention specialist/case manager led the workshops focused on work issues, such as dressing for success, communication skills, and teamwork. A mental health counselor from Tualatin Valley Centers led the workshops focused on mental health issues such as dealing with stress. Table 2.1 presents the workshop topics.

Child-care and dinner were provided for the evening workshops, and incentives, such as gift certificates, were used to increase attendance. Initially, participants were required to attend 80 percent of the workshops over a six-month period in order to be eligible for tuition and/or supply reimbursement. This requirement aimed to limit the tuition and supply reimbursement to participants who demonstrated their commitment through consistent workshop attendance. However, the six-month period coupled with the quarter start times for most training and classes often resulted in long delays for participants eager to begin. The requirement was reduced to attendance of 80 percent of the workshops over a four-month period. Prior to each workshop, the retention specialist case manager called participants to remind them of the workshop. Participants were expected to notify her if they would not be able to attend.

The retention specialist also provided individual case management services. The retention specialist was available “on call” at all times via cell phone for participants who needed help

resolving work or personal problems, such as getting along with co-workers or supervisors, finding last-minute transportation or childcare, or paying rent. The retention specialist linked participants to support services available on-site at the One-Stop Career Center, such as free work clothing or equipment, or referred participants to other service providers, such as Tualatin Valley Center, for mental health and substance abuse counseling.

**Table 2.1: Step-By-Step Workshop Topics**

<b>Retention Specialist Instructor</b>	<b>Mental Health Specialist Instructor</b>
<ul style="list-style-type: none"> <li>▪ Career Planning</li> <li>▪ Staying Interested/Motivated on the Job</li> <li>▪ Dealing With Other People's Behaviors/Attitudes</li> <li>▪ Communication</li> <li>▪ Conflict Resolution</li> <li>▪ Teamwork</li> </ul>	<ul style="list-style-type: none"> <li>▪ Time Management</li> <li>▪ Barriers: Transportation, Childcare, Housing Resources</li> <li>▪ Money Management</li> <li>▪ Healthy Habits: Sleep, Meals, Exercise</li> <li>▪ Stress Management/Relaxation/Self-care</li> <li>▪ Goal-setting/Priorities</li> </ul>

The case manager also worked individually with participants to develop career plans and short-term goals that would lead them to advancement with their current employer or to a better job with another employer. The case manager utilized the community college's "Career Pathways" which delineates requirements for careers that require relatively short periods of training or have intermediate levels of certification. She also researched and developed career pathways for occupations of interest to participants that require training outside the community college. The emphasis was to help participants plan for long-term goals by articulating short-term steps. As short-term goals were achieved, participants were given rewards with the hope that the rewards would be an incentive to continue with the longer term plan.

If the results of the career pathway research suggested additional training or education, it was possible that some, if not all, could be paid by the project. The project had included a budget for a small amount of additional education or vocational training for participants.

## **G. TARGET POPULATIONS AND RECRUITMENT EFFORTS**

Initially, the target population was former or current TANF recipients who were newly hired (within the past four months). The plan was to target individuals from this population who had

histories of job retention difficulties or who had learning difficulties which impacted job performance.

For the first year of the project, recruitment was primarily from referrals from the Department of Human Services (DHS). Once a TANF client was placed in a job, the Step-by-Step retention specialist contacted that client (through a personal phone call) inviting him or her to join the program. The recruitment effort was very labor intensive. Each month, the retention specialist would contact as many as 100 new hires. From this population, typically only five or six would express any interest and only one or two would actually come to a workshop. Once it became clear that the DHS referral process would not provide adequate numbers of participants, the project expanded its recruitment effort by targeting WIA clients who were interested in training but were ineligible for WIA training resources.

In addition, during the final nine months of the program, the staff made a more concerted effort to engage the business community in the referral process. A list of potential employers was compiled utilizing input from the One-Stop Career Center staff, and these employers were contacted through a mass mailing. Employers were encouraged to refer employees with potential retention issues, defined as employees in need of skills training, soft skills, counseling, support services, or conflict resolution training. Although some employers expressed interest in the Step-by-Step program, the remaining grant period was insufficient to offer their employees the program, including the training stipend. In order to be eligible for a training stipend, employees needed to attend four to six months of workshops and develop a career plan. At that point, a training provider could be identified and the stipend request submitted. If training was to be provided by a school or college, there might be further delay due to the academic calendar.

## **H. ENROLLMENTS**

The project anticipated recruiting 218 eligible participants over the course of the grant. They were only able to recruit a total of 66 participants into the program by the end of the grant.

The PCC project utilized an Access database system to record participant background characteristics, utilization of program services, and outcome information about wages and

promotions. The Access data reports were used to develop Table 2.2 and the presentation that follows. In addition, the Retention Specialist kept records of participants and provided additional information about their background, their program involvement, and their outcomes. Some of the Access data are internally inconsistent, and in some cases the Access numbers do not match the numbers provided by the Retention Specialist. Problems with the Access database were noted by program staff, who in retrospect would have designed the database differently. Thus, it was necessary to piece together the available data to estimate characteristics of the program participants and their program involvement. Fortunately, the data discrepancies are relatively minor and do not substantially alter the description of the program.

**Table 2.2: Participant Enrollment Information**  
**Quarterly Cumulative Enrollment from January 2003 until January 2004**

		JAN 2003 <sup>3</sup>	JUN 2003	JAN 2004
Participants		13	34	57
Gender <sup>4</sup>	Female	9	25	39
	Male	4	9	17
Race/Ethnicity <sup>5</sup>	White	3	14	30
	Hispanic	3	5	5
	Other	7	15	16
Length of Employment <sup>6</sup>	0-3 Months	11	28	39
	4-6 Months	0	3	6
	6 + Months	2	3	10

Table 2.2 presents information about the participants at the time of enrollment. The cumulative data are shown for January 2003, a couple of months after the program began recruitment; June 2003, about mid-way through the program; and January 2004, the last month they accepted new enrollments. As shown, 57 participants were enrolled in the program. More than two-thirds (70 percent) of the participants were female, and 60 percent of the participants were white. Most participants (71 percent) were newly employed, having worked for three months or less at their current job. Data on whether the participant was currently receiving TANF or had previously been receiving TANF were available for 41 participants, and indicated that about one-third were currently on TANF, one-third had been on TANF in the past, and the remaining were low-wage

<sup>3</sup> Of the 13 participants, 9 enrolled in November 2002, 2 enrolled in December 2002, and 2 enrolled in January 2003.

<sup>4</sup> Missing gender for 1 participant as of January 2004.

<sup>5</sup> Missing race/ethnicity for 6 participants as of January 2004.

<sup>6</sup> Missing employment at enrollment information for 2 participants as of January 2004.

workers but had never received TANF.

Of the 57 who enrolled, about one-third did not complete at least 80 percent of the workshop series. As of June 2003, 7 participants of 34 (21 percent) had enrolled in some kind of training. From July 2003 until January 2004, another 13 of 23 (56 percent) had enrolled in training. The higher rate of training for the latter group reflects the slightly different population of workers who were recruited from WIA applicants as opposed to TANF placements.

According to reports from the Retention Specialist, a total of 66 people had enrolled in the program. As of January 2004, after recruitment ended, the Retention Specialist estimated that she had 20-30 active clients, of which 10-15 were attending Wednesday night workshops, 9 were starting the series of Monday morning workshops, and 7 were clients who had almost completed the series of workshops. The participants who were WIA applicants were noticeably different from the earlier TANF new-hire participants. Most of the WIA recruits were male, and compared to the earlier recruits, more readily committed to the program. The WIA recruits were more likely to attend workshops and utilize program resources, such as testing for learning disabilities and stipends for additional training. The Access database report partially substantiates the Retention Specialist's description of the change in participant characteristics over time. The percent of males was slightly higher in the second fiscal year – 36 percent compared to 26 percent in the first fiscal year.<sup>7</sup> In the last month of enrollment, December 2003, 6 of 8 enrollees were male. The database shows that as of January 2004, there were 16 participants who were still attending workshops.<sup>8</sup>

Outcome data are limited to those who completed training. As of June 2004, the Retention Specialist had contacted all 17 participants who had completed training, and reported that 10 of the 17 (59 percent) had received a wage increase and promotion to a better job.

## **I. IMPLEMENTATION CHALLENGES**

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<sup>7</sup> July 1, 2003 – June 30, 2004 was the second fiscal year and July 1, 2002 – June 30, 2003 was the first fiscal year.

<sup>8</sup> It is possible that the Access report did not show nine very recent recruits, which would have brought the Access numbers in alignment with the Retention Specialist's estimates.

Demonstration projects, by design, often face major challenges. Generally the objectives of demonstrations are to (1) work with new client groups; (2) test new services; and (3) offer new ways to deliver service. PCC executed all three objectives but faced the following challenges:

### **Client Groups**

In the case of client groups, PCC found that there were different categories of low-wage workers who needed different types of services. Those who faced retention problems often had serious barriers to employment, such as child care, transportation and housing problems, learning disabilities, or mental health issues. These barriers affected their ability to participate in the Step-by-Step project, even though workshops were designed with them in mind offering free learning disability testing, counseling, and training stipends. Voluntary participation by this group in workshops and career planning was limited, and few managed to utilize the free training.

The other group of low-wage workers could generally be categorized as individuals with retention and advancement problems because of declines in employment opportunities for individuals with low skill levels. These low-wage workers had fewer barriers to employment and were more eager to take advantage of the Step-by-Step testing and training benefits. This client group was more likely to enroll in the workshops but less in need of the workshop soft skills lessons and group support.

The ability of the project to successfully recruit participants was directly related to the type of client targeted. The project started out focusing on current or former TANF clients, many of whom had significant problems outside the workplace. It was not until the project was 15 months along that the focus shifted to include more of the less challenged low-wage workers. The DHS recruitment process was less successful than the process which involved connecting with applicants applying for WIA services. WIA applicants were looking for some type of training or assistance in changing employment, and thus they were motivated to accept the benefits offered through the Step-by-Step project. This client group was also easier to identify. The One-Stop Career Center conducted orientation sessions for potential enrollees in the WIA funded training programs, and the retention specialist could make



presentations at the orientations. Also, once it was known that the Step-by-Step program was seeking enrollees outside the DHS system, career counselors also made referrals.

Employers might be considered another client group. Because this was a case management/workshop model, the role of the employer was minimal in the first phase of the project. Once the decision was made to more actively court employers, program staff discovered that employer recruitment was more time-consuming than anticipated. Informal contacts through the monthly Employment Department meetings were unsuccessful, and so they hired a part-time employee to develop promotional material and a list of local employers to target. Statistics on the costs of turnover were gathered and used in the written material. A script was prepared to use when making follow-up calls to employers. If an employer was interested, a plan of service would have been developed. However, the project never reached this phase. Several employers expressed interest, but the project was too close to the end date to offer their employees four to six months of workshops and additional training.

### **New Services**

While workshops are not necessarily new services, in the case of this project, the workshops were designed specifically to address challenges faced by workers with retention and advancement problems. Once again, the problem of diverse needs clients had to be addressed. Participants from the DHS recruitment process faced different problems than the WIA applicant recruits. Originally, the project required that enrollees attend at least 80 percent of the offered workshops and maintain connection with the program for at least six months before they would be eligible for training. This meant that individuals eager to complete a GED or other training had to wait. It also meant that regardless of whether participants found the soft skills workshops useful or not, they had to attend. Ultimately, the project relaxed the six-month participation requirement to four months (and in some cases less).

Holding workshops in the evening also presented logistical problems. As was mentioned earlier, the clients with serious retention problems often had child care, transportation and housing problems. To engage these clients, barriers to attending workshops needed to be

solved. Child care services had to be arranged, transportation needed to be subsidized, dinner had to be provided, and the sessions had to be scheduled to maximize participation.

Training is also not a new service, but decisions regarding how to use limited training dollars presented challenges. The costs of training varied, from \$500 for a GED course, to \$700 to \$1,000 for a semester of PCC classes, to several thousand dollars for a computer certification program. Training outside of PCC was available through private training providers but at a significantly higher cost.

With limited resources, the project staff wanted to ensure that training:

- was appropriate and realistic given resources and time available to achieve career goals;
- would result in improved retention and advancement; and
- was the best path to reach career goals.

In addition, training needed to be programmed to fit the grant program period. College enrollment is limited by the standard enrollment periods, as well as the availability of courses during the client's free time. If a client required substantial college course work to meet career goals, that client needed to be identified very early in the program in order to enroll for normal quarter or semester programs. Given that clients were required to participate in four to six months of program services before being eligible for training, it was almost impossible for clients to complete full course work for most occupations. Even certification programs required full-time enrollment for six months to two years.

### **Other Challenges**

**Time** is always a challenge. In the case of this demonstration project, time was a critical issue. Once program staff determined that recruitment methods had to change, that requirements for training needed to be modified, and that they needed to more fully engage the employer community, there was little time left to offer a full range of services or to determine if these changes would affect the project outcomes.

**Data collection** also presented a challenge. One of the PCC program's strengths is the use of standard data collection forms and a database system. Even so, the program staff discovered that the database and Access reports needed modification. Furthermore, although data were collected, it has been very difficult to determine "success." The expected outcomes of the project included both enrollment levels and on-the-job experiences. The PCC plan stated that 70 percent of the participants would remain on the job for at least three months and those remaining employed for six months would receive wage increases. Tracking enrollment levels, while seemingly a simple task, requires clear definitions regarding enrollment, successful completion, termination, etc. Tracking wage gains has also proved to be very difficult because once participants stop coming to workshops or stop receiving active services, making contact with them has been almost impossible. To further complicate analysis of outcomes, the Step-by-Step project served two slightly different client populations. Additional background information, such as work histories, number of children under age 12, number of other adults in the household and their employment status, and the participant's educational attainment, would need to be factored into any analysis of program impacts. With only 66 participants, and even fewer participants who completed the workshops and additional training, meaningful outcome analysis is not possible.

Finally, the program operator suggested that the funds available to implement this project were inadequate. The money was used to support one full-time retention specialist, a part-time employer relations worker (in the last year of the project), and to pay for time spent by other partner organizations. The balance of funds was used for support services, gift incentives, and training costs. Had the project been fully enrolled, it is not clear that the retention specialist would have been able to handle the projected caseload. As it stands, because the caseload was low, more money was made available for training.

## **CHAPTER 3: LINN-BENTON COMMUNITY COLLEGE HEALTHCARE WORKER RETENTION AND CAREER ADVANCEMENT INITIATIVE**

In this chapter information about the Linn-Benton Healthcare Worker Retention and Career Advancement Initiative is presented. We describe the project design and implementation, present data on participants and services, and discuss implementation challenges. To ease comparison of the demonstration projects, the chapter is organized with the same headings as Chapters 2 and 4, although in a slightly different order. The headings are:

- Sub-grant
- Service Area and Setting
- Program Partners
- Project Goal
- Approach
- Target Populations & Recruitment
- Enrollment
- Services Provided
- Implementation Challenges

### **A. SUB-GRANT**

The sub-grant is between the Oregon Employment Department and the Workforce Development Network (WDN). The WDN partners identified Linn-Benton Community College (LBCC) as the fiscal and staffing agent for the sub-grant. The sub-grant amount is \$210,000.

Although originally a two-year project slated to begin July 2002 and end June 2004, the sub-grant was delayed. The delay resulted in an original 18-month sub-grant with Oregon Employment Department beginning in January 1, 2003 and ending June 30, 2004. In the spring of 2004, the project obtained a no-cost extension to June 30, 2005. A second no-cost extension to December 30, 2005 was also awarded, thereby resulting in a three-year project.

The Oregon Employment Department encouraged the Workforce Development Project Team to be creative in their proposal, while at the same time offering them two model choices – workshop/seminar or case management – both of which the project team rejected. The project team did not want to start any interventions or programs that could not be sustained. Furthermore, their previous experience with the case-management model under the Job Opportunities and Basic Skills (JOBS) program failed to increase retention<sup>1</sup>. Instead, the project team proposed a sectoral project focused on the healthcare industry where employment needs are difficult to meet and are projected to become even worse, and where career advancement is possible. The project would identify and test ways in which employers and the community college could better help low-wage workers in the healthcare industry advance to higher paying jobs. The project targets the working poor population without regard to whether or not they are current or former welfare recipients. The project would recruit healthcare partners, conduct research on the needs of healthcare employers and employees, then design and test interventions.

## **B. SERVICE AREA AND SETTING**

The service area includes two disparate areas, Linn and Benton counties. Linn County has the highest unemployment rate in Oregon, whereas neighboring Benton County has the lowest. At the start of the project, June 2002, the unemployment rates were 9.4 percent and 3.4 percent in Linn and Benton counties, respectively. The population in both counties is over 90 percent white. The major ethnic minority groups are Hispanic and Ukrainian in Linn County; and Hispanic, Southeast Asian, and Middle Eastern in Benton County. The three largest healthcare providers in two counties are: Samaritan Health, Mennonite Village, and Corvallis Clinic.

Samaritan Health Services is the largest healthcare provider in Linn and Benton counties. They operate all five of the hospitals in a three-county region (Linn, Benton and Lincoln), long-term care facilities, and physician offices. Samaritan Health Services employs a vast array of healthcare workers. There are 11 labor unions operating in the Samaritan Health system, although one of the hospitals is not unionized.

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<sup>1</sup> The JOBS program, part of the 1988 Family Support Act, paid for work-related activities required of all recipients of Aid to Families with Dependent Children (AFDC) with children age three or older.

Mennonite Village provides healthcare services for approximately 600 residential elderly patients living independently, living in assisted care facilities, or living in nursing homes. Mennonite Village has 330 employees and an outstanding reputation as a high quality care facility and a good place to work. There are no unions at Mennonite Village.

Corvallis Clinic provides outpatient care in the main clinic located in Corvallis, which has approximately 80 physicians, and in two smaller clinics located nearby in Philomath and Albany, each with seven doctors. The multi-specialty clinics employ 566 workers, many of them young female college students working part-time. There are no labor unions at Corvallis Clinic.

### **C. PROGRAM PARTNERS**

The program partners include the three healthcare providers in the region and Oregon State University (OSU) in Corvallis, as well as the Workforce Development Network (WDN), itself a consortium of the following six principal partners:

- Oregon Employment Department (OED),
- Community Services Consortium (CSC),
- Vocational Rehabilitation Department (VRD),
- State of Oregon Community Human Services (CHS),
- Oregon Coast Community College (OCCC), and
- Linn-Benton Community College (LBCC).

The WDN consortium is the operator of the One-Stop Career System in Oregon Workforce Investment Board (WIB) Region 4, serving Linn, Benton and Lincoln counties. LBCC is the lead agency for the WDN and manages the demonstration sub-grant. Because the demonstration serves Linn and Benton counties only, OCCC, which serves Lincoln County, was not involved in the project.

The partners each have at least one representative on the project management team, which directs the project. The 13-member team includes three healthcare employer representatives, one OSU professor, two Community Services Consortium members, one Community Human Services staff, one LBCC faculty member and one LBCC manager (the project leader), the

director of the Workforce Investment Board, the Region Four One-Stop Coordinator, the D-4 JOBS Director and one Oregon Employment Department representative. The healthcare employer representatives are the Human Resources Directors from the Corvallis Clinic and from Mennonite Village, and the Staff Educator for Professional Development from Samaritan Health Systems. The OSU representative is an agricultural economics professor.

The management team oversees the project, reviews ongoing project activities, secures additional resources as needed, and garners support from the community college and the healthcare employers. Decisions as to what occupations to focus on and what activities would be undertaken were made by the team. For example, in the second meeting, the team began to define the target occupations. The group decided that the three healthcare managers would together choose the appropriate occupations. In the third meeting, the group decided that teaching supervisors how to be career coaches would be valuable.

In addition to providing input to the design and management of the project, the healthcare employer representatives played a critical role on the management team by providing expertise, identifying salient issues, proposing strategies, testing and evaluating strategies, and facilitating research. The employers provided the facilities for much of the research and action strategies and gave the project access to employees and employee data.

The project management team uses a consensus model of decision-making requiring 100 percent agreement among members present at the meeting. Absentee members forfeited their vote. Scheduling meeting times when everyone, particularly the healthcare representatives, could meet was a challenge. Although not all project management team members attended all meetings, the healthcare representatives had very good attendance. In the latter phases of the project, the project leader used email, more than meetings, to gather members' opinions.

Prior to the project, some members of the management team had worked together, while others had never met. The project leader had a ten- to fifteen-year relationship managing workforce development projects with members of the WDN. The community college trains healthcare employees in the area, and thus had strong ties to the three healthcare employers. In addition, the

community college had a previous grant involving supervisory training and job classification systems at Mennonite Village. The WDN had previously worked with the OSU Agriculture Research Department on a project focused on TANF in rural communities. In contrast to the longstanding relationship between the project leader, the other WDN members, and the OSU professor, prior to this project, the WDN members had never met the three employer representatives, nor had the three healthcare representatives met each other.

#### **D. PROJECT GOAL**

The project goal was to identify short- and long-term strategies to increase low-wage workers' earnings and job progression and to satisfy employers' needs for a stable workforce.

Specifically, the following five project goals were described<sup>2</sup>:

1. Identify and demonstrate replicable strategies to reduce turnover in low-wage healthcare occupations;
2. Identify and demonstrate replicable strategies to increase the ability of low-wage healthcare workers to advance to higher paying and/or more technical occupations within the healthcare system;
3. Identify attributes of low-wage healthcare workers who successfully retain healthcare employment and who are promoted and/or demonstrate increased earnings;
4. Identify pre-employment strategies and actions workforce providers can take to enhance retention, career building and wage enhancement for healthcare workers;
5. Identify individual and system-wide workplace environmental factors and strategies including diversity issues that promote the retention and advancement of low-wage healthcare workers.

#### **E. APPROACH**

This project focuses on local health-care employers and their low-wage employees. The project conducted research to understand the issues and tested strategies identified by the project management team. The strategies included services or activities that help low-wage workers in job search and career development, skill development, and overcoming barriers to retention and

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<sup>2</sup> Goals as stated in a description of the project prepared by LBCC January 29, 2003.



advancement.

Although project funds initiated or facilitated the strategy implementation, many strategies were chosen that might be self-sustaining after the grant. For example, one strategy, providing career counseling “on-site” at two of the healthcare facilities, was a modification of the community college’s normal outreach and recruitment. Presumably, if the on-site counseling proved beneficial to both the healthcare facility and LBCC, then the counseling would continue without the need for additional grant funding.

In order to select appropriate strategies, the project assessed the needs of workers at the healthcare facilities. The project focused on improving the retention and career advancement of healthcare workers in lower-paying jobs, such as certified nurse assistant (CNA), who make less than \$12 per hour. Although the focus was on the retention and career advancement of the lower-wage healthcare workers, the project recognized that strategies might involve workers at other levels, especially supervisors. In a previous project, the community college had surveyed CNAs and discovered that the #1 reason for turnover was not wages or the type of work, but rather the way the charge nurses supervised them. The survey results led to supervisory training for nurses (who typically do not receive such training as part of their nursing educational program). Anecdotal data and follow-up surveys suggested that the training made a positive difference.

The project leader envisioned the project occurring in phases. The first phase, January 1, 2003 through September 30, 2003, included formation of the management team, assessment of healthcare workers’ and employers’ needs, and development of the Oregon State University research component. The formation of the management team involved recruiting healthcare partners Corvallis Clinic, Mennonite Village, and Samaritan Health, and developing a working relationship between the WDN and the healthcare partners. The assessment tools (paper-and-pencil survey questionnaires and focus group discussions) identified some retention issues and aided the management team in choosing appropriate action strategies. The Oregon State University research sought to identify attributes of successful healthcare workers. This formal research component was designed to inform future efforts more than to guide decision-making

for this project.

The second phase, October 1, 2003 to June 30, 2004, was the estimated time when the employee action strategies and the Oregon State University research project would take place. In the spring of 2004, LBCC obtained a no-cost extension to continue activities for another year. The sub-grant was further extended to December 2005.

## **F. TARGET POPULATIONS AND RECRUITMENT**

Recruiting Employers. The project recruited local healthcare employers. This recruitment effort built upon previous work the community college had done with Samaritan Health, Mennonite Village, and Corvallis Clinic. The representatives from Mennonite Village and Corvallis Clinic were human resource managers and part of the administrative team at their facilities. The representative from Samaritan Health was the Staff Educator for Professional Development, and was not part of the administrative team of her organization, which is also considerably larger than the other two healthcare organizations. All three healthcare representatives became active participants of the project management team.

A key to recruiting the healthcare partners was the long-standing collaborative relationship between the community college and the healthcare organizations. One faculty member from the college knew almost all of the nurses at the facilities and was well-respected by the employers. LBCC and the healthcare organizations had worked together in the past on projects and continue to work closely together to provide healthcare training in the area.

The recruitment challenge was obtaining the collaboration of all three healthcare organizations in the area. At first the healthcare representatives were hesitant, as they did not know each other, and their organizations had a competitive and contentious relationship with each other. However, all three representatives independently told us that they agreed to participate because they came to believe that ultimately they could all gain if the project identified strategies to retain and advance healthcare workers. The rural nature of the counties may also have facilitated employer participation, as none of the three healthcare organizations wanted to be the one not participating. All three compete in a limited market of healthcare workers, and all three wanted

to reap the potential gains in employee retention and advancement and in community recognition.

Target Population. The management team agreed that the three healthcare employers should recommend the target employee population. Criteria for selection of occupational groups included an hourly wage of \$12 or less, a high turnover rate, and sufficient numbers of employees at these healthcare facilities. The numbers of employees in occupational groups meeting the wage criterion are listed in Table 3.1 by employer (Note: only occupations with five or more employees are shown). As can be seen from the table, there is little overlap in the major low-wage occupational groups at the three healthcare facilities. Although Mennonite Village and Samaritan Health both employ CNAs and CMAs, two healthcare occupational groups frequently targeted for retention and advancement, Corvallis Clinic does not.

It should be noted that the turnover rates for these healthcare employers are modest or low compared to the national averages of 70 percent or more for rural non-hospital facilities and 40 percent for hospitals. Mennonite Village and Samaritan Health experience the lowest turnover – only 11 percent or 12 percent per year on average. Turnover at Corvallis Clinic is higher, especially in their targeted occupations of office specialists and clerks, for whom turnover averages around 30 percent.<sup>3</sup>

Early in the project, the largest healthcare partner, Samaritan Health, decided not to participate because of labor union issues. Although the Samaritan Health representative continued to attend management meetings, her organization was concerned that participation would be viewed by employees as management’s attempt to influence employees involved in a labor dispute or to head off unionization at the one non-union hospital in their system (four others were unionized).

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<sup>3</sup> Up until a few years prior to this project, turnover at Mennonite Village was considerably higher – about 35%. As discussed in the case study (Appendix F), in 1997 Mennonite Village began instituting changes in their personnel policy that were associated with a dramatic drop in turnover.

**Table 3.1: Number of Low-Wage Workers by Occupation by Healthcare Employer – Potential Occupations for the LBCC Healthcare Worker Retention and Career Advancement Initiative\***

Occupation		Corvallis Clinic <sup>4</sup>	Mennonite Village	Samaritan Health
<b>Medical</b>				
	Physical Therapist Aide	6		
	Laboratory Assistant I	11		
	Certified Nurse Assistant (CNA)		112	223
	Certified Medical Aide (CMA)		16	24
	Resident Aide		14	
	Phlebotomists			42
<b>Clerical</b>				
	Claims Accounts Receivables Processor	5		
	Contract Insurance Specialist	7		
	Imaging Office Specialist	5		
	HIS Clerk I	18		
	HIS Clerk II	13		
	HIS Clerk III	11		
	Medical Office Specialist I	28		
	Medical Office Specialist II	26		
	Medical Office Specialist III	18		
	Secretaries			129
	Front Office (Reception and Registration)			120
<b>Custodial</b>				
	Housekeeping/Laundry		27	103
	Storeroom			13
	Transporters/Courier	5		11
	Maintenance/Custodian	10	15	
	Cooks		7	
	Dietary Aides – Waitress		31	

\*Only occupations with five or more employees and paying an hourly rate of \$12 or less are shown. Data from February 2003 site visit handouts.

Recruiting Employees. Recruitment of participating healthcare workers took the form of advertising activities or services at the two participating healthcare facilities. Successful methods of engaging employees included distributing flyers in mailboxes,<sup>5</sup> conducting lunch-time pizza focus groups, and informational meetings.<sup>6</sup> For some activities, such as the Leadership Academy, interested employees submitted applications from which managers and/or supervisors selected participants.

<sup>4</sup> All of the employees at Corvallis Clinic have a minimum of a high school diploma or GED.

<sup>5</sup> The flyers were distributed to low-wage workers, who reportedly felt honored to be recognized and affixed the flyers to their workstations.

<sup>6</sup> Workers often had to leave the lunchtime meetings in order to attend to patients.

## **G. ENROLLMENTS**

The project was not a traditional service delivery model in which employees are recruited to participate in workshops or receive case management, and thus enrollment levels are not comparable to those of the Portland or Sacramento sites.

## **H. SERVICES PROVIDED**

As shown in Table 3.2, the project activities encompass research, career counseling, skills training, certification and credit courses, and a website. The table lists the activity, where and when it took place, the eligible population for the activity and the actual participants, and any outcomes or results. The activities are further described below.

Research Activities. The project conducted survey and focus group research to better understand the barriers and facilitators to retention and advancement among low-wage workers. Although the response rate to the paper and pencil survey of healthcare employees was low (28%), the survey results highlighted working relationships with co-workers and supervisors as a key factor in retention. LBCC staff conducted focus groups at Corvallis Clinic and Mennonite Village to obtain additional information about factors related to job retention and career advancement. The focus group discussions also emphasized the importance of working relationships, citing problems working on a team as a primary reason for workplace dissatisfaction. The focus groups also pointed to a lack of on-site career information and LBCC advising as barriers to continuing education and career advancement.

In addition, the project supported research on retention and career advancement for low-wage healthcare workers at a state and county level. The purpose of this research was to add to the general knowledge about retention and advancement among low-wage healthcare workers rather than to inform the design of project activities.

Career Counseling. To address the time and travel barriers mentioned by focus group participants, the project conducted Career Fairs and offered LBCC advising at the job sites. At

the Career Fairs, LBCC advisors discussed the community college programs, financial aid, and family resources available to students. Low-wage employees were also offered half-hour personal career counseling sessions with a LBCC career adviser who came to the worksite several times a month. The personal career counseling sessions were popular; approximately one-third of the low-wage employees took advantage of the on-site counseling.

Skills Training. Skills training workshops, classes and coaching seminars were offered to healthcare workers at Corvallis Clinic and Mennonite Village, although the Leadership Academy class was restricted to low-wage workers.

In the first half of 2004, the project provided lunchtime workshops on burnout reduction, conflict resolution, successful teams, and balancing work and family for all interested healthcare workers at Corvallis Clinic and Mennonite Village. Lessons learned from the workshops include choosing names with more positive connotations (employees may have been reluctant to attend the burnout workshop for fear of being labeled “burned out”), and recognizing that the amount of learning was limited due to the lunch period (45 minutes) and work distractions.

In late 2004, building from their experience with the lunchtime workshops, the management team decided to offer an off-site course in leadership skills and knowledge of healthcare issues. The course required that employers pay for release time. The Healthcare Leadership Academy was designed and facilitated by the LBCC Training and Business Development Center. The goals were threefold: (1) to help frontline and entry-level healthcare workers develop leadership and interpersonal skills; (2) to inform them about relevant healthcare issues and challenges facing the community and region; and (3) to deepen their knowledge of their own organization and its role in providing healthcare in the community. There were eight full-day sessions once a month from October 2004 through May 2005.

Participants in The Healthcare Leadership Academy included eight employees from Corvallis Clinic and ten employees from Mennonite Village. (Two other participants dropped out at the start due to health and family issues). All were frontline workers but represented many jobs, including jobs in information technology, billing and clerical, direct patient care (CNAs, CMAs,

Dietary Aides), kitchen services, and home care. Most of the participants (15 of the 18) did not have any education past high school and did not plan to earn a certificate or degree. They took the Leadership Academy course to improve their job skills (16/18). Only one of the 18 participants worked less than 35 hours per week; the rest worked 35 or more hours per week. All 18 participants completed the course.

Course reviews completed by the 18 participants were favorable. The two healthcare employers were also positive about the course and are planning to fund release time and tuition for a second Leadership Academy course in 2006.

The paper and pencil survey results and focus groups pointed to the need for supervisory training for nurses, who typically do not receive such training in nursing programs. For five weeks in May and June 2005, 11 supervisors of low-wage workers at Corvallis Clinic attended a once-a-week four-hour class in supervisory skills taught by LBCC staff. The class follows a traditional classroom model with lecture (e.g., theories of supervision) and discussion. Ten supervisors at Mennonite Village were taught similar course material but in a different format. At Mennonite Village, supervisors look at material on a website and bring real problems to discuss at a meeting with the trainer and two or three other supervisors. This modified coaching model costs less in release time for the supervisors but costs more for the trainer. The course material in the coaching class is tailored to the problems actually encountered by the supervisors, and supervisors are coached in how to implement new techniques.

Certification and Credit Courses. The project orchestrated the design and delivery of certification courses in beginning- and intermediate-level medical terminology and intermediate-level nurse assisting (CNA II) to meet the needs of low-wage workers at Corvallis Clinic and Mennonite Village. Barriers to continuing education, such as inconvenient class times and locations and anxiety about returning to school, were addressed by offering classes once a week in the evenings and tailoring the class for these particular students. In addition, the healthcare employers automatically give raises to employees who successfully complete a course.

Students for the Medical Terminology classes were from the health information systems and

medical office assistant positions at Corvallis Clinic. The instructor for the course described the students of the Terminology I class as representing a wide range of ages and learning abilities, and requiring more assistance dealing with anxiety and learning disabilities than a typical LBCC class. The students had good attendance (only one or two missed as many as three classes) and most were enthusiastic about continuing with Terminology II. Although 30 employees enrolled for Terminology I, eleven dropped early. All 19 remaining in the class passed, although one by just one point. Overall, their performance was good with 15 students receiving As and Bs and only one student receiving a D. Five completed Medical Terminology II.

The project supported the development of a curriculum for certified nursing assistant II (CNA II) in restorative care. The curriculum, which includes more nursing and therapy skills than are taught in CNA I, was approved by the Oregon State Board of Nursing. The CNA II certification allows an employee to perform many of the same duties as a licensed practical nurse (LPN) and is a step towards becoming a therapy assistant or nurse. Mennonite Village paid the tuition and release time for their employees enrolled in CNA II.

Beginning in the fall of 2005, the project funded tuition grants for low-wage employees to take courses at LBCC. Sixty grants were awarded to 52 employees (eight employees received two grants).

Website. A website was created for employers, employees and the public to showcase project activities, to describe healthcare jobs, and to provide convenient links to LBCC career advising, Corvallis Clinic and Mennonite Village employment information, and other community resources. The website is located at <http://www.healthcarecareer.org>.



**Table 3-2: LBCC Healthcare Worker Retention and Career Advancement Activities and Participants**

<b>Activity</b>	<b>Where &amp; When</b>	<b>Target Population</b>	<b>Actual Participants/ Sample</b>	<b>Outcome/ Results</b>
<b>Research</b>				
<b>Healthcare Worker Paper &amp; Pencil Survey</b> to research factors related to job retention and career advancement	Corvallis Clinic & Mennonite Village; Spring 2003	412 healthcare employees at Corvallis Clinic & Mennonite Village who earn \$12/hr or less	116 (28 percent)	<ul style="list-style-type: none"> <li>▪ Meaningful work relationships with co-workers and supervisor is the main reason employees stay on the job</li> <li>▪ Nurses need supervisory training</li> <li>▪ About half the respondents are the single wage-earner in their household, although most are not the only adult in their household</li> </ul>
<b>Focus groups</b> to research factors related to job retention and career advancement	Corvallis Clinic & Mennonite Village; 45-minute focus groups at each facility in the Fall 2003	Healthcare employees at Corvallis Clinic & Mennonite Village – especially younger employees who reportedly were less likely to complete the survey	3 focus groups at Corvallis Clinic had a total of 36 low-wage employees; 2 focus groups at Mennonite Village had a total of 15 low-wage employees	<ul style="list-style-type: none"> <li>▪ Career information is needed</li> <li>▪ LBCC advising needs to be on-site</li> <li>▪ ESL is not needed</li> <li>▪ Employees have access to the internet</li> <li>▪ Workplace dissatisfaction is often related to problems working on a team</li> <li>▪ Childcare is a bigger issue for Corvallis employees than for Mennonite employees</li> </ul>

<b>OSU analysis of statewide PRISM<sup>7</sup> &amp; UI<sup>8</sup> data</b> to research factors related to retention and career advancement among low-wage healthcare workers		Healthcare workers in Linn and Benton counties	Data were obtained by county for the state of OR	<ul style="list-style-type: none"> <li>▪ 42 percent of low-wage healthcare workers in Linn and Benton counties retained their job over 4 quarters</li> <li>▪ Retention is worse for low-wage workers in nursing homes (as compared with hospitals or clinics)</li> <li>▪ Women achieve higher wage gains than men</li> <li>▪ See Appendix F for full details</li> </ul>
<b>Career Counseling</b>				
<b>Career Fair</b> – LBCC advisors on-site to talk about programs, financial aid, family resources <sup>9</sup>	Corvallis Clinic 3/5/2004 11 :30 am – 1 :30 pm Mennonite Village 3/2/2004 Noon-3 :30 pm	Healthcare workers at Corvallis Clinic and Mennonite Village		<ul style="list-style-type: none"> <li>• A third Career Fair at LBCC did not draw as many low-wage healthcare workers as the Career Fairs at the work sites</li> </ul>
<b>On-site personal career counseling</b> – half-hour personal sessions with LBCC career adviser	Corvallis Clinic & Mennonite Village	Healthcare workers at Corvallis Clinic and Mennonite Village	Healthcare employees at Corvallis Clinic & Mennonite Village who earn \$12/hr or less; 87.25 advising hours	<ul style="list-style-type: none"> <li>• All want to advance in healthcare; about half want to go into nursing</li> </ul>
<b>Skills Training</b>				

<b>Skills training workshops – LBCC nurse</b> <ul style="list-style-type: none"> <li>▪ Burnout reduction</li> <li>▪ Conflict resolution</li> <li>▪ Successful teams</li> <li>▪ Balancing work and family</li> </ul>	Corvallis Clinic & Mennonite Village <ul style="list-style-type: none"> <li>▪ Burnout Dec 2003 &amp; Jan 2004 – 45-min workshop</li> <li>▪ Conflict May 2004 – 45-min workshop</li> <li>▪ Teams May 2004 – 45-min workshop</li> <li>▪ Family June 2004 – 45-min workshop at Corvallis; not offered at Mennonite Village</li> </ul>	Healthcare workers at Corvallis Clinic and Mennonite Village	<ul style="list-style-type: none"> <li>▪ Burnout workshop sparsely attended - 6 instead of 12 per workshop</li> <li>▪ Conflict workshops well attended at Corvallis – 24 + 36 attendees; 3 attended at Mennonite Village</li> <li>▪ Team – 9 attended at Corvallis; 20 (including 6 CNAs) attended at Mennonite Village</li> <li>▪ Family – 26 + 29 attendees at Corvallis</li> </ul>	<ul style="list-style-type: none"> <li>▪ Negative connotation of “burnout” may have discouraged attendance</li> <li>▪ Employees were often distracted by work during the lunchtime workshops</li> </ul>
<b>Leadership Academy</b> to increase leadership skills and knowledge of healthcare issues inside and outside their organization	LBCC and other locations; one day per month Oct 2004 – May 2005	Healthcare workers at Corvallis Clinic and Mennonite Village who earn less than \$12/hr *	20 enrolled but 2 dropped out before academy started due to medical and family reasons. 18 completed the course	<ul style="list-style-type: none"> <li>• Participants reported a high degree of satisfaction with the program</li> <li>• The employers are planning a second Leadership Academy for 2006</li> </ul>
<b>Supervisory training</b>	In May 2005 20 hours of classroom supervisory training at Corvallis Clinic. In June 2005 same content as the Corvallis Clinic training but taught to small groups of supervisors using a coaching rather than classroom instruction model	Supervisors of low-wage workers at Corvallis Clinic and Mennonite Village	11 supervisors – Corvallis Clinic 10 supervisors – Mennonite Village	<ul style="list-style-type: none"> <li>• A one-day workshop on performance coaching techniques will be held at LBCC for supervisors from both healthcare organizations</li> </ul>
<b>Certification and Credit Courses</b>				

<b>Medical Terminology I, II, III classes and certification</b>	Terminology I: Corvallis Clinic; 6-9 PM once/week for 11 weeks Winter 2005 Terminology II: TBD	Healthcare workers at Corvallis Clinic who earn less than \$12/hr *	30 students enrolled in Terminology I, but several dropped out early on, resulting in a class of 19; 5 completed Terminology II	<ul style="list-style-type: none"> <li>• 19 were certified for Medical Terminology I; they received \$1.50/hr raise</li> <li>• 5 were certified in Medical Terminology II</li> <li>• Terminology III was dropped</li> </ul>
<b>CNA II restorative care class and certification</b>	May 2005 – 40 class or lab hours plus 40 clinical hours	Healthcare workers at Mennonite Village who earn less than \$12/hr *	19 completed	<ul style="list-style-type: none"> <li>• Developed curriculum and obtained approval from the OR State Board of Nursing</li> <li>• 19 certified CNA II</li> </ul>
<b>Tuition Grants for LBCC classes</b>	LBCC – 2005-2006	Healthcare workers at Corvallis Clinic and Mennonite Village who earn less than \$12/hr *	60 grants were awarded 52 individuals received grants (8 received 2 grants)	
<b>Website</b>				
<b>Website to provide information about the project, careers in healthcare, and links to healthcare employers, LBCC career advising, and community resources</b>	<a href="http://www.healthcarecareer.org">http://www.healthcarecareer.org</a>	Healthcare workers and employers; public		<ul style="list-style-type: none"> <li>• Website is difficult to keep up-to-date</li> </ul>
*Applicants were selected based on their job performance: 11/14 selected from Mennonite Village and 8/9 selected from Corvallis Clinic.				

## **I. IMPLEMENTATION CHALLENGES**

The following were identified by the project leader as challenges to implementing the project:

- Recruiting employers was time-consuming. The project leader believes that it was critical that the community college had a long-term relationship with the healthcare partners. The project leader emphasized listening to the employers' agenda and trying to find ways to support their agenda, rather than vice versa.
- Building trust between the WDN and the healthcare partners, and among the healthcare partners, took time.
- Initially the project management team met every month for 2 ½ hours. It was challenging to keep participation levels high, and the project leader eventually assumed more and more responsibility. Because of everyone's busy schedules, for efficiency, the project leader began communicating with the management team via email more often. The project leader also began to accept more responsibility for program operations and to rely less upon group decision-making.
- Initially it was difficult to obtain input from low-wage employees, as employees were not represented on the project management team, and the survey response rate was low. The project leader had envisioned including employee representatives as part of the management team. However, the three healthcare representatives were opposed, as they believed that their ability to speak candidly would be curtailed if workers were present. Input from low-wage employees was eventually obtained from focus groups, workshops, the medical terminology class and the Leadership Academy.
- The project aims to discover new approaches to help low-wage workers. A challenge is keeping committee members innovative, while also tapping their expertise. The project sought the experience and expertise of the workforce partners but did not want to "inherit" their more traditional approaches. The involvement of employers has been helpful in this regard, as the employers are not wed to existing workforce approaches.
- It is difficult to find a convenient time and place for meetings with low-wage workers. Even offering activities during lunchtime at work is problematic as workers were often summoned for work, and some workers at Mennonite Village work evening (10 PM to 6 AM) rather than day shifts (6 AM to 2 PM, 2 PM to 10 PM). Holding evening activities at LBCC was not a viable option for daytime shift workers, as they often commuted to

work from outlying areas (due to lower housing costs) and had evening childcare and family responsibilities. The project did schedule some activities at 1 PM for the 2-10 PM shift workers and at 2 PM for the workers who have just finished their shift, but neither time was convenient for the graveyard shift workers.

- Although one of the employers has easily been able to pay for release time and substitutes so employees can attend the terminology class or the Leadership Academy, the other employer has “maxed out” its ability to sponsor employees for classes, even if the grant pays for the tuition and books.
- Nursing training capacity was an important factor in career advancement counseling. Although LBCC had recently increased the capacity of their nursing program by starting a series of classes in the spring, as well as in the fall, and offering classes during the summer, the nursing program and the “feeder” classes fill quickly. Thus the career advancement counseling may steer participants toward occupations for which LBCC training is more readily available, for example, dental assisting.
- The college will not provide classes in any occupational field unless there is some assurance that there will be jobs for people who enroll, and there is a minimum of 15 students enrolled. Although the employers can assure that jobs are available, few employers have as many as 15 employees needing the same course. For example, one employer mentioned a specific need for phlebotomists, yet will not be able to use the college as a source for this training because the employer cannot use 15 phlebotomists.

## **CHAPTER 4: SACRAMENTO EMPLOYMENT AND TRAINING AGENCY WIA REWARDS PROGRAM**

In this chapter we present detailed information about the Sacramento Rewards Project. We describe the project design and implementation, present data on participants and services and discuss implementation challenges. To ease comparison of the demonstration projects, the chapter is organized in the same manner as Chapters 2 and 3. The headings are:

- Sub-Grant
- Service Area and Setting
- Program Partners
- Project Goals
- Approach
- Target Populations & Recruitment
- Enrollment
- Services Provided
- Implementation Challenges

### **A. SUB-GRANT**

Once the grant was signed between ETA and the California Employment Development Department (EDD), a sub-grant was awarded by EDD to the Sacramento Employment and Training Agency (SETA) for implementation. SETA is responsible for the One-Stop career center in Sacramento. SETA identified two Centers to implement the project. One Center is directly managed by SETA and the other is managed by EDD.

Shortly after the award of the sub-grant, ETA requested a detailed implementation plan that provides a formal mapping process of who, when, where and how the goals and objectives of the project will be met. SETA submitted both a work plan and a statement of goals (outlining goals, milestones and anticipated dates for achievement). As a result of the review of these documents, ETA noted that the role of the employers appeared to be relatively minor. The employer

community was not clearly defined nor did it appear to be significant given the objectives of the proposal, so ETA requested that the grantee amend its proposal and implementation plan to enhance the role of the employer community. California agreed and made the necessary changes.

## **B. SERVICE AREA AND SETTING**

Only Sacramento-based Employers were targeted for participation in the Rewards program. Workers were eligible for participation, regardless of their residency. Since most of the participants in the program were recruited through the One-Stop career center or through community outreach and not as a result of contacts with employers, almost all participants were residents of Sacramento City and County.

At the time the grant was awarded, the Sacramento–Arden-Arcade–Roseville, CA Metropolitan Statistical Area had an unadjusted unemployment rate of 5.2 percent. During the life of the grant, the rate rose to a high of 6.1 percent in March, 2004 and dropped to a low of 4.2 percent in May, 2005.

The project planners identified five local industries that would be likely to hire low-wage workers: tourism (hotels), high technology, customer service call centers, healthcare, and construction.

## **C. PROGRAM PARTNERS**

Program partners were limited to the implementing agencies and their boards: Sacramento Employment and Training Agency–SETA, Sacramento Works Career Centers (Local WIB), and Employment Development Department (EDD).

## **D. PROJECT GOALS**

The overarching goal of the project was “To provide job retention and life skills services to low-wage workers who are at risk of losing their job or not advancing in their career fields.”<sup>1</sup>

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<sup>1</sup> Sacramento WIA “Rewards” Program Overview delivered at Low-wage Worker Symposium, June, 2004.



Originally, the project anticipated serving 250 clients. The service level was based on implementing a case management style program aimed primarily at the low-wage worker. Once ETA made it clear that there should be more employer involvement, the project implementation team revised their proposal and reduced the client base to 100. The management team anticipated that there would be a need to devote more staff time to employer recruitment, thus reducing the available time for case management.

The California proposal included a detailed listing of goals. The REWARDS Program Goals are as follows:

Measure	Goal
CalJOBS Vacancy Listing	65 percent of all job opportunities available due to a program participant moving into a different job will be listed in CalJOBS and filled by referrals from project staff.
Retention Rate	73 percent of program participants will have earned wages in the third quarter following the quarter they are enrolled in the project.
Wage Gain	The average wage gain of all program participants will be \$1,040 per year as measured in the third quarter following exit from the program.
Career advancement with existing employers (upward mobility)	Within one year following enrollment, 25 percent of all program participants will obtain advanced job opportunities.
Decreased dependence on public assistance subsidy	50 percent of all program participants who are receiving public assistance subsidies will experience a decrease in the total subsidy amount one year after enrollment.
Increased employer customer satisfaction	Employers participating in the project will rate their satisfaction with project services as “satisfied” or “very satisfied” (a minimum of 6 on the ACSI 1 to 10 scale).

## E. PLANNED APPROACH

The Sacramento team developed a comprehensive planning document outlining its approach to implementing the project. The following are excerpts from that document:

<b>Implementation Phase</b>	
Out-station WIA Rewards Team in 2 Sacramento Works Career Center (SWCC) locations	<ul style="list-style-type: none"> <li>Integrate WIA Rewards Team into the Sacramento Works Career Center (SWCC) system</li> </ul>
WIA Rewards Team is a cohesive & integrated team	<ul style="list-style-type: none"> <li>Conduct Team Building activities for WIA Rewards Team</li> <li>Establish multi-disciplinary team meetings</li> </ul>
Employment services will be provided in the community	<ul style="list-style-type: none"> <li>WIA Rewards Employment services will be provided at the 2 SWCC sites</li> </ul>
Staff are aware of the other available opportunities and services in the community.	<ul style="list-style-type: none"> <li>Integrate staff into ongoing training of the SWCC system – including topics on employment, training, education and support services resource information</li> </ul>
<b>Employer Involvement</b>	
Engage & Expand Employer Involvement in WIA Rewards Initiative	<ul style="list-style-type: none"> <li>Identify potential employers to target WIA Rewards Services</li> <li>Obtain employer listing from New Employer Registry &amp; EDD Job Development contacts</li> <li>Use existing employer contacts of SWCC</li> </ul>
Promote Employer Involvement in WIA Rewards Initiative	<ul style="list-style-type: none"> <li>Conduct meetings to introduce concept and receive input from community</li> <li>Market the services to employers, potential participants including job seekers and incumbent workers</li> </ul>
Provide Customized Rewards Services based on the needs of the employers and their employees	<ul style="list-style-type: none"> <li>Recruit and assess needs of new employers</li> <li>Conduct job retention and career advancement workshops</li> <li>Provide career counseling</li> <li>Address support service issues</li> <li>Provide linkages to training opportunities, etc.</li> <li>Workshop topics to include: Leadership development, conflict resolution &amp; customer service</li> <li>Backfill openings via CalJOBS</li> <li>Provide information on tax credits and Enterprise Zone opportunities</li> <li>Provide information and assistance in business development via the Business Information Centers</li> </ul>
WIA Rewards services will be responsive to the needs of the community	<ul style="list-style-type: none"> <li>Solicit customer (job seeker, employer, community &amp; providers) feedback</li> <li>Customer satisfaction surveys (job seeker &amp; employer)</li> <li>Conduct ongoing internal monitoring of program &amp; services for quality continuous improvement</li> </ul>
<b>Low-wage Worker Services</b>	
Employment services for 100 participants will be provided in the community	<ul style="list-style-type: none"> <li>Job seekers and low-wage incumbent workers will be referred to WIA Rewards Team for assessment, interview and introduction to the WIA Rewards services</li> <li>100 appropriate participants will be enrolled in WIA Rewards</li> </ul>
Targeted participants will have increased employment opportunities	<ul style="list-style-type: none"> <li>Participants will participate in Career exploration, assessment and job search activities</li> </ul>
Participants will have increased vocational training opportunities	<ul style="list-style-type: none"> <li>Participants will be introduced to a variety of vocational training programs</li> <li>Participants will participate in vocational “Job Fairs”</li> <li>Participants will tour apprenticeship training sites</li> </ul>

## **F. TARGET POPULATIONS & RECRUITMENT**

Initially, the Rewards design team identified eight categories of individuals who would be served through the project. The list included:

- CalWorks customers,
- Low-wage earners,
- Working Poor,
- Refugees and immigrants that qualify for Federal Refugee services,
- Women and minority males in non-traditional occupations,
- Youth including emancipated foster youth,
- Former CalWorks enrollees in low-wage jobs,
- People in jobs earning less than 150 percent of lower living standard.

During the process of revising the original proposal, the target groups were essentially eliminated in favor of targeting anyone who was earning less than 150 percent of the lower living standard.

The main source of referrals for the program was staff at the One-Stop career center. In addition, posters, flyers and direct mailings were used to announce evening orientations. Recruitment materials were also provided to community and faith-based organizations with the hope that they might be able to identify incumbent workers needing help.

For people interested in finding out more about the program, WIA Rewards group orientations were held once or twice a month at Mark Sanders and a WIA one-on-one orientation was offered at Hillsdale. At the WIA Rewards orientation, the case manager made sure that applicants had a Smartware Card<sup>2</sup>, completed an intake application, and were employed. The case manager discussed how the program could benefit them (acknowledging their interests as noted on the intake application), and for Mark Sanders clients, scheduled one-on-one appointments.

Applicants were considered suitable for the WIA Rewards program based on their wages in

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<sup>2</sup> The Smartware Card contains a magnetic strip which identifies the client and is issued to all individuals seeking personalized assistance at the Career Centers. When the client is provided a service, the Smartware Card is scanned in order to keep records of services received.

relation to family size and their willingness to attend workshops and work in partnership with a case manager. Of the clients who attended the orientation sessions, only about 10 percent actually enrolled in the program. Some clients did not meet the criteria (e.g., are unemployed) and some were not interested.

Applications completed at both centers included:

- Sacramento Works initial application (page 1 completed by everyone who uses the center, and page 2 is completed by those customers enrolled in WIA Rewards)
- EDD Workforce Investment Act application for those enrolled in WIA

Final data on worker recruitment efforts is discussed in detail in section G.

Employer recruitment was also planned as part of the revised proposal. As was mentioned earlier, five industry groups were identified as those most likely to employ low-wage workers. In order to engage employers from these industries, surveys were sent to 250 employers asking about the kinds of services that the project could provide to improve employee retention and advancement. Some follow-up calls were made to discuss needs; and when possible meetings were arranged with company leaders. In addition, recruitment packages were sent to some employers who had listed vacancies in the CALJobs system.

The project also engaged the assistance of industry advisory groups to spread the word regarding the project. They utilized the services of the Healthcare Workforce Collaborative, the Sacramento/Sierra Buildings Trade Council, Linking Education and Economic Development (LEED) and the California Association of Employers. There is no documented information regarding the benefit of involving employer associations.

Primary responsibility for employer recruitment rested with the Mark Sanders Center. Funds had been allocated to the Center to support a staff person to market the program to employers, but there was a hiring freeze in effect which resulted in the function being relegated to inexperienced staff members. Contacts made with employers were generally by-products of calls made for other reasons (verification of placements, follow-up contacts). Once the primary business of the call had been completed, the staff member would mention the program briefly and ask if the

employer would like to see some program materials. Materials would be sent and no follow-up calls were made. The Mark Sanders Center reported that 13 employer contacts had been made over the life of the project. Of this number, it appears that only one or two were face-to-face contacts. One employer contact was made in order to co-enroll individuals who were involved in an Urban League on-the-job training experience in the Rewards program.

The Hillsdale Center staff did make an effort to recruit employers by contacting at least 12 employers. Of the 12 contacts, at least 7 employers were visited one or more times. Workshops were arranged for 2 employers, and needs assessments were conducted for 2 additional employers. Most of these contacts were the result of existing Center-employer relationships and as a result seemed to be more productive. Based on the site visits and quarterly reports, it appears that the Hillsdale site did attempt to conduct a hybrid program, but due to lack of sufficient employer interest, most of their effort went into individual case management services. The case manager at Hillsdale was involved with a base closing dislocated worker program and utilized those connections.

## **G. ENROLLMENTS**

The revised enrollment level of 100 participants was equally divided between the two sites. Each site was to enroll 50 participants. As of the end of the two-year period, Mark Sanders had 34 clients and Hillsdale had 49. In addition, the Mark Sanders site did not enroll any clients in 2005.

The background characteristics of the clients and hourly wage at WIA intake are shown in Table 4.2 for each center. As can be seen from the table, the two centers differ in that compared to Mark Sanders clients, a larger percentage of Hillsdale clients are non-Hispanic white, low income, have a poor work history, and a smaller percentage are younger (19-29 years old) and co-enrolled in other programs. The two centers are similar in that most of their clients are female, about half do not have any dependents under age 18, about one-third are single parents, and everyone has completed high school or the equivalent and obtained some education post high school.

The hourly wages of Mark Sanders and Hillsdale clients at intake into WIA are quite similar. Over half of their clients were earning less than \$10.00 per hour at intake, and only a couple of clients were earning \$15.00 to \$18.00 per hour at intake. It is important to note that intake into WIA was not always at the same time as intake into the WIA Rewards program. For many clients, the intake into WIA occurred months or years prior to intake into WIA Rewards. There were no wage data systematically collected that coincided with intake into the WIA Rewards program.

**Table 4-2: Background Characteristics and Wages of WIA Rewards Clients**

		<b>Mark Sanders (n=34)</b>	<b>Hillsdale (n=49)</b>
Gender	Female	28 (82%)	36 (73%)
	Male	6 (18%)	13 (27%)
Race	Non-Hispanic White	4 (12%)	26 (53%)
	Other	30 (88%)	23 (47%)
Age	19-29	14 (41%)	11 (22%)
	30-39	10 (29%)	11 (22%)
	40-49	6 (18%)	19 (39%)
	50-63	4 (12%)	8 (16%)
Number of dependents < 18	0	20 (59%)	24 (49%)
	1	3 (9%)	10 (20%)
	2	7 (21%)	10 (20%)
	3-5	4 (12%)	5 (10%)
Single parent*		10 (29%)	17 (35%)
Low income		18 (53%)	33 (67%)
Poor work history		5 (15%)	19 (39%)
Education Post High School		34(100%)	45 (92%)
Employed at WIA Intake		21 (62%)	33 (67%)
Co-enrolled		23 (68%)	20 (41%)
Hourly Wage at WIA Intake**	\$6.75 - \$9.75	18 (69%)	26 (58%)
	\$10.00 - \$14.00	7 (27%)	17 (38%)
	\$15.00 - \$18.00	1 (4%)	2 (4%)
Hourly Wage at Rewards Exit***	\$6.75 - \$9.75	5 (24%)	1 (17%)
	\$10.00 - \$18.00	16 (76%)	5 (83%)

\*2 missing

\*\*12 missing wage at intake (8 Mark Sanders; 4 Hillsdale)

\*\*\*21 Mark Sanders and 6 Hillsdale clients had exited the program

## H. PROGRAM SERVICES

The WIA Rewards program offered the following job retention and career advancement services:

- Support – referral to appropriate agencies for legal problems, domestic violence, mental

health, substance abuse, and child care

- Case management/job coaching to monitor job status and needed support
- Incentives to reward participants for reaching their set goals and outcomes associated with steady employment;
- Incentives that reinforce the customer self esteem (i.e. personal recognition awards, certificate of achievement, on time drawing and customer referral awards);
- Connection to industry mentors;
- Career Counseling;
- Re-employment assistance;
- Employer support - direct intervention to address workplace issues;
- Workshops addressing job retention and career development issues such as building skills in crisis planning, goal setting, time management and other life skills. (Light meal and on-site child care available for children 3-12 during Rewards sessions.)

Each enrollee was expected to develop at least one individual employment plan (IEP). The plan included ultimate goals, but the goals were broken down into smaller benchmarks to make achievement of the goal more manageable. Generally, four benchmark steps were selected as markers of achievement. When a benchmark step was completed, the participant received an incentive, such as \$25 gas or food card. For example, a participant may have had the goal of becoming an Licensed Vocational Nurse (LVN). Benchmarks might have been: (1) enroll for prerequisite classes; (2) attend regularly; (3) enroll in LVN courses; and (4) complete LVN courses. The benchmark approach was used to help low-wage workers move toward the goals they may have had for years but had failed to achieve due to becoming “stuck” somewhere along the path to achievement. The case manager and participant developed benchmarks together. If a participant had trouble achieving a benchmark, the benchmark was broken down into smaller steps. Other examples of benchmarks are (1) complete WIA Rewards recruitment questions; (2) gather transcripts; (3) enroll in a GED course; and (4) pass first class.

Applicants were invited to attend WIA Rewards Workshops as soon as enrollment was completed. The workshops might have been included in the benchmarks to achieve a goal. Every workshop offered a light dinner and childcare. Topics for the workshops covered “soft

skills” and communication skills. According to the case managers, most of the participants had problems communicating with co-workers and supervisors and managing their time but did not have problems with childcare or transportation.

The workshop course outline was the same for both Hillsdale and Mark Sanders, as the case managers worked together to develop the curriculum. There were roughly six weeks of curriculum (12 workshops); although adjustments of the curriculum were made depending upon the needs of the participants. Participants who came to the workshop on time received a small incentive, such as a candy bar.

Unlike the Portland project which required clients to attend workshops and develop a career plan, the WIA Rewards clients chose the level of program services they received. Although the case managers regularly called clients to check how they were doing, clients were not required to utilize counseling or referral services or to attend workshops. Individual Employment Plans were supposed to be developed by the case manager in consultation with the client, but this was not consistently done nor did the existence of the plan affect program services.

Nevertheless, in reporting about the program, we have chosen to capture some measure of program participation.<sup>3</sup> We would have liked to measure the amount of counseling received, the number of referrals, and the amount of workshop participation – all key elements of the WIA Rewards program. Although early in the project the evaluation team was assured that the automated SMARTCARD tracking system would record Rewards participants’ use of services, it was later discovered that the SMARTCARD was not programmed to isolate WIA Rewards services, such as workshops. Despite the evaluators’ request to re-program the SMARTCARD, the system was never changed. The case management notes could have been used, but these notes were not consistently maintained at Mark Sanders. Furthermore, in order to count counseling sessions, many of which occurred on the phone, it would require distinguishing “counseling” phone calls from other phone calls (for example, left message for client to call back

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<sup>3</sup> Ideally, in measuring the program success, some background client characteristics and level of program participation would be factored into an analysis of change in retention or advancement.



or called to confirm employment). This would have been a laborious and imprecise process. A similar problem existed in documenting the number of referrals WIA Rewards clients were given. To simplify, we decided to ask for a count of the presence or absence of a career plan (Individual Employment Plan) and a list of WIA Rewards goals in the case file. This information was not provided by the grantee. However, we were able to obtain a roster of clients attending each workshop, one measure of program participation.

The workshop topics, while similar at both sites, were not identical. Workshop topics were sometimes repeated. At Mark Sanders, 22 workshops were held between January 2004 and April 2005. Workshop topics included the following:

- Keeping the Job
- Take this Job and Love It
- Transferable Skills (3)
- Staying Focused/ Staying Motivated (2)
- What is Stress? (2)
- Time Management (2)
- Overcoming Barriers (2)
- Conflict Management
- Setting Goals (2)
- Job Search (3)
- Budgeting (2)

At Hillsdale, 27 workshops were held between October 2003 and May 2005 (about two workshops per month). Shown below are the Hillsdale workshop topics and the number of times the workshop was offered, if offered more than once:

- What I Need to Stay in the Job and Get Ahead (3)
- What Makes a Good Worker? (3)
- What Makes a Good Employer?
- Conflict Management (3)
- Attitude and Initiative (4)
- Surviving Office Politics (3)

- Job Search
- Successful Interviewing (1)
- Communication (2 different workshops, the first offered three times, the second only once)
- Assertive Communication on the Job (2 different workshops, each offered twice)
- Job Survival Tools (2)
- Healthcare
- True Colors Personality Assessment
- Goal Setting
- Time Management
- Financial Management
- Money Management – Bad Credit
- Insurance

As of May 2005, 33 of the 34 Mark Sanders clients and 43 of the 49 Hillsdale clients had attended at least one workshop. Some clients attended more than one occurrence of a workshop on the same topic. The number of workshops attended by the clients is shown in Table 4-3. In addition to WIA Rewards clients, there were usually a couple of other attendees at each workshop.

**Table 4-3: WIA Rewards Workshop Attendance**

		Mark Sanders	Hillsdale
# Workshops Offered		22	27
# Workshops Attended by WIA Rewards Clients	0	1	6
	1	0	9
	2	0	7
	3	1	5
	4	13	1
	5	2	4
	6-10	16	11
	11-15	1	4
	>15	0	2

Table 4-4 shows the hourly wages at WIA entry (the appropriate wage data should be Hourly Wage at WIA Rewards Intake, but it was not always available) and exit of the 20 clients who had exited the program as of June 2005 for whom there were complete data (7 clients were missing

wages at intake).

**Table 4-4: Change in Wages from Program Entry and Exit**  
(Note: Entry Wage is WIA Entry, not Necessarily Rewards Entry)

	Entry Hourly Wage	Exit Hourly Wage	Difference
<b>Hillsdale</b>			
	7.50	11.54	4.04
	6.76	9.60	2.84
	8.60	17.15	8.55
	17.25	10.00	<7.25>
	10.00	11.00	1.00
	13.30	10.31	<2.99>
<b>Mark Sanders</b>			
	8.75	8.75	0
	18.00	16.39	<1.61>
	10.75	13.00	2.25
	6.75	10.00	3.25
	8.31	13.90	5.59
	11.00	9.00	<2.00>
	8.00	10.00	2.00
	8.00	9.00	1.00
	8.00	10.00	2.00
	8.00	10.00	2.00
	9.00	10.00	1.00
	10.71	13.00	2.29
	7.44	10.00	2.56
	9.00	10.00	1.00

## I. IMPLEMENTATION CHALLENGES

### Project Management

It was difficult to determine who was in charge of this project. While the Sacramento Employment and Training Agency (SETA) had received a sub-grant from EDD to administer the project, there appeared to be some doubt as to whether the SETA staff had the authority to control staff and work product from the Mark Sanders Center (an EDD Managed One-Stop career center). According to SETA staff, they did not. This meant that there was no overall program oversight. The result of this lack of oversight was inconsistent data collection, lack of consistency in file documentation, inability to fill the Employer Recruitment vacancy (funds were at Mark Sanders where there was a hiring freeze and should have be redirected to SETA where there was no freeze) and a lack of general program cohesiveness.

## **Project Design**

In an effort to respond quickly to the ETA's request for proposal, the EDD and SETA relied on some elements of existing projects as the core of their design. Language was freely imported as were goals and measures to demonstrate success. There was no designated data collection system in place to track the achievement of the goals and measures. In addition, it was unclear as to who was responsible for tracking the goals and measures.

## **Enrollment Levels**

Both Centers had difficulty in attracting participants for the program. While both sites conducted orientation sessions, the numbers of people who ultimately agreed to participate were very low in relation to the numbers attending these sessions. Only about 10 percent of the attendees were both interested and eligible for participation. The reason for lack of interest in participation could not be documented as there were no data on those attending the orientation sessions. The enrollment data from both Centers shows that most of the participants were female, under 50, single, childless and had completed high school.

## **Employer Participation**

Staff acknowledged that they were naïve about how employers would respond to this project. While both Centers had lots of employer connections, those employers were accustomed to using their services for recruitment. The Human Resource personnel at some of the major companies were excited about the program, but line management did not want to contribute release time for their low-wage employees. Providing off-hours training or workshops was not an option because it creates liability problems for the employer. Also, one case manager believed it was threatening to management, and to first-level supervisors, to have the Rewards staff find out about how low-wage employees are treated. Even pizza lunches were vetoed.

Another staff person suggested that the difficulty that they were having in getting employer participation related significantly to how the employers viewed low-wage workers. For many of the employers, expending time and energy to retain an

unskilled, low-wage worker was not worth the effort. A \$10/hr. employee would be easy to replace, whereas replacing a \$25/hr. employee might be more difficult.

### **Training**

The educational system is not coordinated with the employer/employees' needs. Educators tend to want three hours a week of training time, but employers cannot spare workers that long. Thus, identifying training opportunities that were suitable for employed workers was very difficult unless the employer was fully committed to having workers trained.

### **Data Collection**

Data collection presented a challenge. The systems used were inadequate for thorough tracking of the Rewards project. As in many demonstration projects, Sacramento did not have a tested system of data collection in place in the early phases of the project. Both the Hillsdale and Mark Sanders Centers could have benefited from specialized technical assistance to establish satisfactory data management systems. Additionally, it would have been useful for someone to monitor the quality of case notes at Mark Sanders.

### **Staffing**

There were two significant staffing issues that faced this project. At the Hillsdale Center, the case manager was forced to be off for several weeks due to a medical problem. A replacement was found to carry on the program, but much of the program's success had been related to her drive and initiative. She made contacts with employers; she was an active workshop leader; and she had established bonds with the clients. During her absence, the program was maintained but not with the same intensity.

Mark Sanders staff stated that they were hindered by lack of funding to support adequate staff; however, even if additional funding had been made available, they would not have been allowed to hire personnel. As was mentioned earlier, the project had budgeted for a half-time Employer Relations Specialist who would do employer recruitment for both sites. Due to a hiring freeze imposed by the State, this position was never filled. (The Mark Sander's Center is operated by the California Employment Development Department, a state agency.)

Instead, existing personnel with no experience recruiting employers were assigned the recruitment task in addition to their regular work.

## CHAPTER 5: KEY LESSONS LEARNED AND CONCLUSIONS

### A. KEY LESSONS LEARNED

Each of the demonstration sites was able to identify lessons learned. Some were unique and related specifically to their demonstration program design, although most were shared by all sites. Table 5.1 categorizes lessons learned and provides specific details for each project. The comments from the two Sacramento sites have been merged since the project was the same at both sites, even though there were implementation differences. Below we summarize the lessons.

Recruitment for all sites was more difficult than anticipated. Despite efforts to conveniently schedule and locate activities, recruitment and engagement of the low-wage population was a challenge. The Portland and Sacramento sites offered evening workshops with childcare and dinner but still had difficulty recruiting participants. The Sacramento project tried to conduct workshops at the job site but was told that there were liability issues for the employer. The Linn-Benton project discovered that it was difficult to conduct workshops on the job site during lunch breaks or before or after shifts because participants were often distracted by work or family commitments, or simply needed a break. The Linn-Benton employee survey showed that workshops or classes before or after work at the community college were also problematic due to the additional commute time and competing family responsibilities. Ultimately, to fully engage participants in training, the Linn-Benton project obtained paid release time from the participants' employers so once-a-month all-day training could be offered during normal work hours off-site.

Recruitment methods affected the type of participant. As the Portland site discovered, referrals from the Department of Human Services were newly employed former and current TANF recipients. Less than five percent of these individuals were interested in the program. Those who agreed to participate, came to the workshops and worked with the counselor on a career plan but were unlikely to take advantage of the free learning disability testing and counseling, or the limited training opportunity (approximately one-free quarter of community college classes). To increase their intake, the Portland site added another recruitment source – WIA applicants

who did not qualify for WIA services. In contrast to the former and current TANF recruits, these individuals were mostly male. They had already taken the step to obtain additional training, and so they were more willing to agree to participate in the project and to utilize the project training resources. Differences in recruitment methods at the two Sacramento sites may also have attracted different types of participants. Those participants co-enrolled in other programs were not as engaged in the Rewards program as those recruited specifically for the Rewards program.

Case management of low-wage workers is labor-intensive. The two programs that adopted a case management approach, Portland and Sacramento, discovered that the case managers' role was broad and labor-intensive. In addition to providing workshops, the case managers were "on call" to help workers solve problems that could interfere with their work and to refer them to other agencies for help. In addition, the case managers, who were not career counselors, had to research career paths in order to help clients "map" near-term and long-term plans. The case managers also helped clients navigate the welfare system. Although recruitment at both Portland and Sacramento lagged behind original expectations, it is doubtful whether the case managers could have served more clients.

Providing additional training is a challenge due to course schedules, cost, and time. Even when participants were eager to obtain additional training, it was difficult to find suitable courses. Community colleges do not accommodate working part-time students as well as full-time students. The course schedules do not fit well with daytime work schedules, and part-time students have lower priority for enrollment. Although Portland Community College had developed "fast-track" programs to certificates, these programs were too intensive for working parents or those employed full-time. Limited training dollars meant that courses had to be selected carefully in order to increase job opportunities for participants, most of whom had a high school diploma or less. The Portland program learned that resource allocation of training dollars is complicated. Initial prerequisites to weed out the less-committed participants, coupled with the academic calendar, delayed the start of training for many participants eager to begin. In addition, the costs of different training programs varied widely, and the program had insufficient funds to offer training to all participants. At the Linn-Benton site, grant money paid for courses specifically designed for the participants, whose employers paid for their release time.



Training supervisors of low-wage workers is also necessary. The survey and focus groups of healthcare employees for the Linn-Benton project showed that a key reason for staying with a job is having good relationships with co-workers and supervisors. Conversely, workers mentioned that they often have problems with nurse supervisors who do not receive supervisory training in their nursing programs. One of the employers working with the Sacramento project also requested training for supervisors.

More money and time are needed to conduct a demonstration project. All three project staff noted that additional time and money are needed to plan and implement a demonstration project. Of the three projects, the Linn-Benton project demonstrated the most novel approach and was the most successful in engaging employers. Yet, Linn-Benton project activities for low-wage workers were just gaining momentum after two years and were scheduled to continue past the end of the grant, which had been extended to 36 months. The novel approach of Linn-Benton involved more than a year's worth of planning, including employer recruitment, management team meetings and a needs assessment. It took the team nearly another year to decide on activities and to plan implementation.

Sites could use more technical assistance in program design and monitoring. All three sites could use more technical assistance with designing a program that can be evaluated and that logically might achieve program goals, and in developing data collection systems to track program participation and to record critical wage and employment data at the start and end of the program. The design of the Linn Benton and Sacramento projects complicated program monitoring and evaluation, as program participants were often difficult to distinguish from non-participants, and the program itself was composed of various optional activities (i.e., participants could opt for little or no intervention). In contrast, the design of the Portland project clearly defined program participants as those who completed an intake form and attended 80 percent of the monthly meetings. The Portland project maintained a database system to track the attendance of program participants at monthly meetings, to record which participants opted for additional training, and to record wage and employment information, but the database was inadequately designed. The Sacramento project used their existing data collection systems to track program participants, but the existing systems failed to track key project activities (such as

workshops) or to consistently record wage and employment data at entry into the program.

**Table 5.1: Lessons Learned**

	<b>Portland Community College Step-by-Step</b>	<b>Linn-Benton Community College Health Care Worker Retention and Career Advancement Initiative</b>	<b>Sacramento Employment and Training Agency (Hillsdale Career Center and Mark Sanders Career Center) WIA Rewards Project</b>
Target Population	<ul style="list-style-type: none"> <li>▪ Clients needing retention help are often very different than clients needing advancement assistance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Must focus on a sector in order to have critical mass for training, especially skills training. Also workplace culture varies across industry.</li> </ul>	
Recruitment & Enrollment Targets	<ul style="list-style-type: none"> <li>▪ Advancement population (WIA recruits) easier to engage than retention population (TANF new hires)</li> <li>▪ The first Career Day came too soon; it generated interest, but the program was not in place</li> </ul>	<ul style="list-style-type: none"> <li>▪ Having employer support substantially improves participation levels. Although attendance at workshops and counseling sessions was voluntary, motivated workers attend because they feel they will gain from the experience and perceive that the employer will view them in a more favorable light.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The original target of 100 enrollees per site would have been almost impossible to accomplish. Even when the target was reduced to 50 participants per site over a two-year period, it was difficult to interest enough clients to meet this target.</li> <li>▪ Recruitment methods affect the type of client enrolled in the program. When people are responding to flyers or brochures, they may have more motivation than individuals “sent” to orientation programs. Hillsdale did outreach to the community (fliers, job clubs, referrals, etc.) and many of their enrollees came into the Center specifically for the Rewards Program Mark Sanders site recruited participants from the WIA adult and dislocated worker programs, thus participants were often co-enrolled and may not have been specifically interested this program.</li> </ul>

**Table 5.1: Lessons Learned**

	<b>Portland Community College Step-by-Step</b>	<b>Linn-Benton Community College Health Care Worker Retention and Career Advancement Initiative</b>	<b>Sacramento Employment and Training Agency (Hillsdale Career Center and Mark Sanders Career Center) WIA Rewards Project</b>
Service Area and Setting	<ul style="list-style-type: none"> <li>Connections with the community college are helpful</li> </ul>	<ul style="list-style-type: none"> <li>Connections with the community college are helpful</li> <li>There are advantages and disadvantages to operating a program in a rural setting. Employers in a rural setting operate in a more “closed” labor market, and therefore may be more willing to participate. On the other hand, it is more difficult to obtain the minimum number of students necessary to fill a class.</li> </ul>	<ul style="list-style-type: none"> <li>A statewide budget freeze can impede the ability of state agencies to recruit qualified personnel for the project (e.g., EDD failed to find a qualified individual to recruit employers).</li> </ul>
Workshops or Support Meetings	<ul style="list-style-type: none"> <li>Workshop soft skills training and group support were more beneficial for TANF new hires than WIA applicants.</li> </ul>	<ul style="list-style-type: none"> <li>Workshops must be offered on site</li> <li>Participants at on-site workshops may be distracted by work</li> <li>Use names with positive connotations to attract participants (e.g., “Burnout” workshop was not popular, possibly because workers did not want others to think they were “burned out” and less effective employees).</li> <li>Flyers distributed in employee mailboxes were effective in recruiting low-wage workers for upcoming workshops.</li> </ul>	<ul style="list-style-type: none"> <li>Workshops offered on the job site after work hours may create liability problems for the employer.</li> </ul>
Case Management	<ul style="list-style-type: none"> <li>Developing personal career plans requires extensive research</li> </ul>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>	<ul style="list-style-type: none"> <li>For program consistency, the recordkeeping of case managers should be reviewed by their supervisors.</li> </ul>

**Table 5.1: Lessons Learned**

	<b>Portland Community College Step-by-Step</b>	<b>Linn-Benton Community College Health Care Worker Retention and Career Advancement Initiative</b>	<b>Sacramento Employment and Training Agency (Hillsdale Career Center and Mark Sanders Career Center) WIA Rewards Project</b>
Training	<ul style="list-style-type: none"> <li>▪ Childcare is a barrier</li> <li>▪ Working parents opt for more family time over additional training</li> <li>▪ Work schedules can be a barrier – do not fit with course schedules</li> <li>▪ Prerequisites for training can weed out the less-committed but can also discourage those eager to begin</li> <li>▪ Academic calendars and course schedules can be barriers – few weekend and evening courses</li> <li>▪ Resource allocation is tricky - different costs for different education/training programs (e.g., \$500 - \$2000)</li> <li>▪ Need to evaluate the likelihood that the education/training program will lead to a better job</li> <li>▪ Cannot afford training/education for all participants</li> <li>▪ PCC Career Pathways program is short but too intense for working parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Work schedules can be a barrier – do not fit with course schedules</li> <li>▪ Release time to attend training during normal working hours is necessary in order to attract workers who have family responsibilities</li> <li>▪ Courses may not have openings for part-time students</li> <li>▪ Courses may not be offered due to an insufficient number of students</li> <li>▪ Supervisory training for nurses is needed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consideration should be given to funding training for the supervisors of low-wage workers to sensitize them to problems faced by these workers and to help develop skills necessary to deal with this population. In addition, providing this kind of training reduces any envy that supervisors may have if subordinates receive “special treatment.”</li> <li>▪ Academic calendars and course schedules can be barriers – few weekend and evening courses</li> </ul>

**Table 5.1: Lessons Learned**

	<b>Portland Community College Step-by-Step</b>	<b>Linn-Benton Community College Health Care Worker Retention and Career Advancement Initiative</b>	<b>Sacramento Employment and Training Agency (Hillsdale Career Center and Mark Sanders Career Center) WIA Rewards Project</b>
Employer Recruitment	<ul style="list-style-type: none"> <li>Marketing employers requires: <ul style="list-style-type: none"> <li>- Time</li> <li>- Dedicated staff person</li> <li>- Marketing materials (e.g., cost of turnover)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Must engage employers, as they are both part of the problem and part of the solution.</li> <li>More time-consuming than expected to build trust, because the employers did not have any previous relationship with the workforce system, nor did the employer representatives know each other.</li> <li>Recruit employers for whom you already have some relationship (e.g., LBCC and the healthcare partners).</li> <li>Collaborate with employers in defining the problem and designing interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Commitment must come from the upper management; the HR director's support is insufficient. Off-hours training or workshops may create liability problems for the employer.</li> <li>If there is a steady supply of low-wage workers who can fill jobs with minimal training, then selling this kind of program becomes a chore because it may be in the employer's best interest to have workers leave before they are eligible for benefits or wage increases.</li> <li>Small employers are much more dependent on the loyalty of workers because they generally don't have the time to recruit and train new workers, even if the training is minimal. This might be a better target for these kinds of programs in the future.</li> <li>Consider working with the Small Business Administration counselors as a resource.</li> <li>Contacting individuals you have assisted in the past who are now either in positions of authority in businesses or who are self-employed might be productive as these individuals feel some level of gratitude for services rendered and trust you.</li> </ul>

**Table 5.1: Lessons Learned**

	<b>Portland Community College Step-by-Step</b>	<b>Linn-Benton Community College Health Care Worker Retention and Career Advancement Initiative</b>	<b>Sacramento Employment and Training Agency (Hillsdale Career Center and Mark Sanders Career Center) WIA Rewards Project</b>
Project Management		<ul style="list-style-type: none"> <li>■ It is important to enlist employers as part of the project management team.</li> <li>■ Employers bring a fresh innovative perspective to a team of workforce partners.</li> <li>■ A consensus model of team decision-making is slow but particularly useful in the early stages when the management team is building trust among members, defining the problem(s) to address, and proposing solutions. In the implementation phase, the project leader may assume more responsibility for decision-making.</li> <li>■ A project leader skilled in team-building and management is essential.</li> </ul>	<ul style="list-style-type: none"> <li>■ There needs to be a clear line of authority. Someone needs to oversee the two sites to ensure consistency in program implementation and efficient use of resources.</li> </ul>
Data Collection	<ul style="list-style-type: none"> <li>■ Database design is critical but requires expertise</li> <li>■ Collecting follow-up data from participants is challenging once workshop and counseling contact is finished – obtaining alternate contact names and numbers may help</li> </ul>		<ul style="list-style-type: none"> <li>■ Existing data collection systems will need modification in order to record employment and wage data at the start and end of the program and to track program participation.</li> </ul>

**Table 5.1: Lessons Learned**

	<b>Portland Community College Step-by-Step</b>	<b>Linn-Benton Community College Health Care Worker Retention and Career Advancement Initiative</b>	<b>Sacramento Employment and Training Agency (Hillsdale Career Center and Mark Sanders Career Center) WIA Rewards Project</b>
Grant Process	<ul style="list-style-type: none"><li>▪ \$100,000 per year is inadequate</li><li>▪ Grant delays slow program implementation</li><li>▪ Two years is too short; it takes 4-6 months to develop a program and hire personnel. That only leaves about a year to operate the program before winding down.</li><li>▪ Grantee conference would be more beneficial at the beginning of the project</li></ul>	<ul style="list-style-type: none"><li>▪ Two years is too short to recruit employers, build trust, define the problem, and design and implement interventions</li><li>▪ Grantee conference would be more beneficial at the beginning of the project</li></ul>	



## **B. REPLICATION POTENTIAL AND RECOMMENDATIONS FOR FUTURE DEMONSTRATION PROJECTS**

The LWWRA project experience, although limited to three sites implementing different program models, provides some examples of workshops, career planning, and goal setting procedures that were well-received by program participants. The workshop lessons developed by the Portland and Sacramento projects were similar in topics and the emphasis on soft skills. The workshops and Leadership Academy provided by the Linn-Benton project also included many of the same topics, such as conflict resolution and communication. All of the projects recognized the need to either provide childcare and dinner for evening workshops or to offer the workshops during normal working hours.

In addition to soft skills, all three projects included career planning and the development of career ladders. The projects helped participants identify their interests, personality characteristics, and knowledge and skill strengths and to recognize how certain types of jobs would be a better match for them. Participants also learned about the training required for different jobs and the options for obtaining the training. Funding for limited training was available for some Portland participants, and the employers paid for training for selected Linn-Benton program participants. The Portland and Sacramento case managers helped participants set goals and sub-goals, and then rewarded participants for achieving sub-goals.

Only one of the three projects was successful in engaging employers. Based on the Linn-Benton experience, the following factors are important:

- Choosing employers for whom the hiring and training of low-wage workers is difficult, or for whom the turnover of low-wage workers creates problems for all workers and potentially for customers
- Recruiting employers with whom you have a previous relationship.
- Obtaining commitment from upper management even if the HR person is the employer representative

Other factors – the rural nature of the community and the leadership skill of the project director – may have contributed to Linn-Benton’s successful recruiting of employer partners but are not so

easily replicated.

In addition to learning about the strategies and techniques used by the Portland, Linn-Benton, and Sacramento projects, future demonstration projects may further benefit from receiving technical assistance in the early stages. A longer planning period would allow multiple sites to collaborate in the planning process and to receive technical assistance in designing the program and the data collection systems.

# **APPENDICES**

**Appendix A – Process Study Statement of Work**

**Appendix B – Site Summaries for Each Sub-Grantee**

**Appendix C – Cross-Site Matrices of Low-Wage Worker  
Demonstration Project Characteristics and Site  
Reflections Regarding Implementation**

**Appendix D – Low-Wage Worker Literature Review**

**Appendix E – Oregon State University Study of Low-Wage Health  
Worker Characteristics**

**Appendix F – Mennonite Village: How One Employer Successfully  
Addressed Employee Turnover – A Case Study**

**Appendix G – Demonstration Project Implementation Tools**

# **Appendix A**

## **Process Study Statement of Work**

## **STATEMENT OF WORK**

### **Process Evaluation and Replication Component of the Retention and Advancement Demonstration Project for Low-Wage Workers**

#### **PROJECT OBJECTIVE:**

Develop and implement new job search assistance services and workshops designed to increase the competitiveness of low-wage workers in a job or in the job market that can be rolled-out to local One-Stop centers to meet the job search and skill-building needs of low-wage workers, including former welfare recipients and individuals with learning disabilities. It is expected that this project will allow the One-Stop Centers to increase their capacity to provide effective employment and retention services to low-wage workers and to enhance their capacity to work with employers to strengthen their workforce.

#### **GRANTEES:**

To achieve the objectives of the project, grants have been awarded to the State of Oregon (March, 2002) and the State of California (April, 2003).

#### **PROJECT SITES:**

- Linn and Benton Counties in Oregon
- Washington and Multnomah Counties Oregon which include the cities of Beaverton and Portland as well as primarily rural Tillamook County
- Two sites in the Sacramento, California metropolitan area

#### **EVALUATION OBJECTIVES:**

1. Document the processes used by the grantees to develop their individual programs with particular emphasis on the barriers faced by each.
2. Document models or components of effective low-wage worker retention and advancement programs that can be used across the nation.
3. Publish a “how-to” guide based on the experience of these grantees and based on findings from other similar low-wage worker retention program studies.

**EVALUATION FOCUS/COMPONENTS:**

1. Grantee interface/coordination with:
  - One-Stop service delivery system
  - Employers
  - Welfare-to-Work and TANF programs
  - To provide job retention and advancement workshops to low-wage workers
2. Demographics of workers served in the demonstration
3. Treatments offered to targeted populations
4. Participant flow through the systems developed by the cooperating organizations
5. Participant success:
  - Job retention
  - Advancement
  - Another job/same job but in a career path
  - New career
6. One-Stop success in filling jobs vacated by successful participants
7. Implementation obstacles
8. Potential for program replication

**EVALUATION METHODOLOGY:**

- Telephone interviews with grantees
- Review of Administrative Records
- Analysis of site reports
- Site visits
- Focus groups
- Joint Oregon/California Meeting to exchange ideas and experiences

**DELIVERABLES:**

1. Limited Technical Assistance to Sites
2. Conference Agenda and Arrangements
3. Project Design Report:
  - Data Collection
  - Templates and Procedures
  - Implementation Plans
  - Planned Analysis
  - Schedule of Task Milestones
  - Report Delivery Dates
4. Progress Reports:
  - Initial
  - Quarterly
  - Mid-point Status Report
  - Draft Final Report
  - Oral Briefing
  - Final Report

**NOTES:**

This is a revised scope of work which includes:

- A. The addition of two additional demonstration sites in California that ended in September 2005
- B. The Linn-Benton site was extended through December 2005
- C. The recognition that some technical assistance will be provided to the sites
- D. The addition of a combined Oregon/California meeting to allow demonstration participants to share ideas/issues
- E. The potential for using material from outside low-wage worker studies to develop a more comprehensive “how to” guide
- F. The Coffey Communications contract was extended through December 2005

# **Appendix B**

## **Site Summaries for Each Sub-Grantee**



## RETENTION AND ADVANCEMENT DEMONSTRATION PROJECT FOR LOW-WAGE WORKERS

**PROJECT OBJECTIVES:** develop and implement new job search assistance services and workshops that will provide effective retention and employment advancement services to low-wage workers and that can be implemented by other local One-Stop Career Centers serving low-wage workers, including former welfare recipients.

On March 15, 2002

U.S. DEPARTMENT OF LABOR  
grants to

OREGON EMPLOYMENT DEPARTMENT  
who sub-grants with

<b>Portland Community College</b>	
<b>Service Area &amp; Project Location</b>	Washington County which includes the cities of Beaverton, Hillsboro, and Tigert. The project is housed at Portland Community College in Beaverton.
<b>Partners</b>	<p><b>Original:</b>  <u>Portland Community College</u> – program administrator.  <u>Department of Human Services</u> Self-Sufficiency Program – identify eligible participants  <u>Oregon Employment Department</u> – referrals.  <u>Tualatin Valley Centers</u> – learning disability testing, participation in group sessions, mental health services.</p> <p><b>There was no change in partners throughout the life of the grant.</b></p>
<b>Setting</b>	<p>Major industries include manufacturing, trade and services. Portland PMSA's high-tech industry was one of the fastest growing industries in the nineties. Prior to the start of the project, there had been a downturn in the transportation, manufacturing, and high technology industries. There was negligible economic growth over the course of the project.</p> <p>The unemployment rate for the Portland PMSA (which includes Portland, Beaverton and Vancourver, Washington remained higher than the national average for the duration of the project. The 2002 average annual unemployment rate was 7.8%. At the end of the project, June 2004, the rate was 7.4%.</p> <p>The population is 80% white, 11% Hispanic, and 9% other.</p>
<b>Prior/Current Experience</b>	Operates local One-Stop Career Center
<b>Award Date</b>	June 30, 2002 – however, there was a substantial lag between the grant award date to the State and

	the sub-grant and flow of funds to the <b>local</b> implementing agency. Program operators indicated that they were very concerned after operating for at least 9 months without a signed agreement.
<b>Program Duration</b>	24 months, ending on July 1, 2004.
<b>Planned Approach</b>	<p><b>Case Management – Client Focus</b>  Voluntary participation by newly employed workers – Phase I  Skills and personal/professional behavior training  Development of Employment Success Plan  Includes Learning Disabled  Employer Involvement – Phase II</p> <p><b>Changes:</b>  Low enrollment caused program operator to change the approach for recruiting workers. Phase II was not implemented.</p>
<b>Referrals</b>	<p><b>Original Plan:</b></p> <ol style="list-style-type: none"> <li>1. Referrals from Department of Human Services (Welfare clients)</li> <li>2. Referrals from OED</li> <li>3. Voluntary enrollment</li> <li>4. Anticipated Employer referrals at some point (any low-wage worker) however, this did not occur.</li> </ol> <p>Originally a referral form was used to trigger a written invitation to participate in the program. This was followed up by a phone call regarding program services and enrollment potential.</p> <p><b>Modification:</b> Because of the poor referral to enrollment ratio (50:1 or less), the project shifted its enrollment targets to WIA clients who were ineligible for training services.</p> <p>Once it was determined that alternative means of identifying clients was needed, staff attended WIA staff meetings and presented information regarding the program. As a result, clients were referred for services. Interest from the WIA clients was more impressive than that expressed by the TANF population. The WIA applicants are mostly low-wage and newly hired. However, they are noticeably different from the TANF newly hired population. The individuals recruited from WIA meetings are mostly male, more readily willing to commit their time, show up at the workshops, tap into the resources offered (such as testing for learning disabilities), and are ready for additional training.</p> <p>At the same time, the grantee decided to approach employers about providing retention workshops for their low-wage worker population. Unfortunately, the shift in focus to employers and their workers was initiated late in the grant period and the grantee was concerned about starting programs for these employers and their workers and not being able to complete them before funding ran out. There was interest expressed by several employers, and it is likely that this approach might have been somewhat more successful than targeting newly employed TANF workers.</p>
<b>Services</b>	<p><b>Original Program:</b></p> <ol style="list-style-type: none"> <li>1. Bi-weekly meetings  Evening program of two hours every other week over a 6-month period (12 classes). Attendance required at a minimum of 80% of offered programs in order to receive training and support service benefits. Meals served to participant and family. Childcare available. Drawing for prizes and other incentives offered. Participants sign personal contract. <ul style="list-style-type: none"> <li>▪ Problem solving – personal and job related topics</li> <li>▪ Group setting – provides support</li> <li>▪ Identification of training and support service needs and referral to appropriate programs</li> </ul> </li> <li>2. Assigned Employment Specialist from PCC to be coach and mentor—the retention</li> </ol>

	<p>specialist</p> <ul style="list-style-type: none"> <li>Assistance with development of Employment Success Plan</li> <li>Provision of “soft” skills training (staying interested in the job, assertiveness, conflict resolution, teamwork, money management, nutrition, setting goals and priorities, parenting, etc.) to enhance job retention</li> <li>Provision of job-related skills training to enhance both job retention and advancement</li> </ul> <p><b>Modified Program:</b> The major change to the services provided has been enabling participants to enroll in training after as few as 4 months of program attendance. This change was initiated because some trainees were ready after this period and also training provider schedules often did not coincide with the 6-month program schedule. In addition, the grantee had to become more flexible regarding spending limits on training. Truck driver training, for example, was a very expensive program, but it was approved because of the potential benefits of the training.</p>	
<b>Employer Role</b>	<p><b>Original Plan:</b></p> <ul style="list-style-type: none"> <li>Refer participants</li> <li>Participate in the development of curriculum for meetings and Career Advancement classes</li> <li>Willing to participate in development of retention strategies</li> </ul> <p>While this was in the original project design, minimal efforts were made to identify employers to participate in the project. The reason for this was that employers who expressed interest early in the project were those who traditionally hired low-wage workers into positions where advancement potential was limited. The expectation was that employees from these firms would likely move on due to low wages and inadequate benefits regardless of the efforts made by the project.</p> <p><b>Modification:</b> In mid-2003, after experiencing such difficulty in enrolling participants, the grantee decided to re-initiate efforts to engage employers in the program. A new staff member was hired to mount this effort. A letter was mailed to the largest employers in the region. The letter described the services available through the retention project and outlined the level of commitment required from participating employers. In addition to the letter, an 8-step plan for recruiting employers was developed along with a script to use with employers when discussing the program. Staff from the One-Stop Career Center were also asked to provide names of employers they thought might be interested in the program. All these efforts were time consuming, and by the time there appeared to be some benefit to the approach, the project was nearing its end date.</p>	
<b>Target Group</b>	<p><b>Original Plan:</b></p> <ul style="list-style-type: none"> <li>Newly hired within past 4 months</li> <li>Former or current TANF recipient</li> <li>History of job retention difficulties (fired from previous employment, left without another job, multiple employers in single year)</li> <li>History of learning difficulties affecting employment</li> <li>Referral from an employer or agency</li> </ul> <p><b>Modification:</b></p> <ol style="list-style-type: none"> <li>Newly hired</li> <li>Former or current TANF recipients <b>or</b> WIA clients ineligible for training services</li> <li>Expressed need for job retention and advancement services</li> <li>Low-wage workers nominated by employers—for workshop attendance</li> </ol>	
<b>Participation Levels</b>	<p><b>Planned:</b> 218 screened as eligible (9 new participants per month)</p> <p>70 – wage enhancement training</p>	<p>As of June, 2004 – 66 people were enrolled in the program.</p>

	<p>35 – training for current job</p> <p>25 – GED/Distance learning/College training for career advancement</p>	
<b>Anticipated Outcomes</b>	<p><b>Original:</b> 70% of enrollees will be on the job after 3 months Participants employed for at least 6 months will enhance their wage</p> <p><b>Comment:</b> The site is having difficulty in follow-up. Participants may not be home, may not call back, may have moved, or may have changed jobs. In any of these cases, there is the possibility that they might meet the anticipated outcome measure, but no one can say for sure.</p>	
<b>Unique or Special Features</b>	<ul style="list-style-type: none"> <li>▪ Participants provided cell phone numbers to call in emergencies (as defined by participant)</li> <li>▪ Career Pathway planning--next step after Employment Success Plan. Available to participants who have stayed on the job for 6 months. Includes Career Exploration workshop to develop plan. Formal skills training available.</li> <li>▪ Career paths are broken into small steps to make achievement more manageable both in terms of time available to participant and costs associated with career advancement training.</li> <li>▪ Participants are called and reminded of meeting dates every other week.</li> <li>▪ Mental Health services</li> <li>▪ Recognition of learning disabilities as hindrance</li> </ul>	
<b>Definitions</b>	<p>Retention: Remaining in a position for at least one year unless changing job is for advancement, improved wages, improved benefits, or following a career path.</p> <p>Wage Advancement: Increasing monthly or annual wage</p> <p>Career Advancement: Increased job responsibility or new skill development</p> <p>Low-Wage: Entry wage for TANF worker (with children) is \$8.50 per hour. \$10.54 is living wage for single person without children. Minimum Oregon wage is \$6.50 per hour. Highest wage earned by participants is \$9-\$10 per hour. Script used to recruit employers defined eligibility at \$13.00-\$14.00 per hour.</p>	

## RETENTION AND ADVANCEMENT DEMONSTRATION PROJECT FOR LOW-WAGE WORKERS

**PROJECT OBJECTIVES:** develop and implement new job search assistance services and workshops that will provide effective retention and employment advancement services to low-wage workers, and that can be implemented by other local One-Stop Career Centers serving low-wage workers, including former welfare recipients

March 15, 2002

US DEPARTMENT OF LABOR  
grants to

OREGON EMPLOYMENT DEPARTMENT  
who sub-grants with

<b>Workforce Development Network</b>	
The original project design was described in a document forwarded by the Oregon Employment Department to the Employment and Training Administration in March, 2002. The design described in that document was very quickly modified by the project director with approval by OED and ETA.	
<b>Service Area &amp; Project Location</b>	The service areas are Linn and Benton Counties. The project is headquartered in Linn-Benton Community College located in Albany, Oregon.
<b>Partners</b>	<p><b>Workforce Development Network</b>  Linn-Benton Community College – LBCC – Program Administrator  Oregon Employment Dept. – OED  Community Services Consortium – CSC  Vocational Rehab Dept. – VRD  Community Human Services – CHS  Oregon State University – OSU</p> <p><b>Project Management Team</b>  Linn-Benton Community College – LBCC <ul style="list-style-type: none"> <li>▪ Program Administrator</li> <li>▪ Welfare-to-Work Representative</li> <li>▪ Health Occupations and Services Department Chair</li> </ul> Oregon Employment Department – OED  Community Services Consortium – CSC  Community Human Services – CHS  Oregon State University – Research Team  WIB Administrator  One-Stop Career Center Coordinator  Mennonite Village – HR Director  Corvallis Clinic – HR Director  Samaritan Health – HR Director</p>
<b>Setting</b>	Major industries in Linn County have been timber and rare metal processing. Both have suffered

	<p>serious declines. The average annual 2002 unemployment rate at the start of the grant period for Linn County was 9%. This was the highest rate in the state. The average annual rate for 2004 was 9.3%, although as of September 2005, the unemployment rate in Linn County had dropped to 7.1%. In contrast, Corvallis (major population center for Benton County and the largest city in the two counties), has had the lowest unemployment rate in the state. It is largely a white collar town and home to Oregon State University. Unemployment in Corvallis MSA at the start of the grant was 5.4% (2002 average annual) and as of September 2005 was 5.1%.</p> <p>More than 80% of the population is white. Hispanics are the next highest ranking ethnic group.</p>
<b>Prior/Current Experience</b>	Operates One-Stop Career Centers for Linn and Benton Counties
<b>Award Date</b>	To Oregon Employment Department in March 2002. From OED to Linn-Benton Community College, February 2003.
<b>Anticipated Program Duration</b>	<p><b>Original:</b> 24 months</p> <p><b>Modified:</b> Due to sub-granting difficulties with the State, the final agreement between Linn-Benton and OED was not delivered to the site until February 2003. LBCC had started planning work in mid-CY 2002. They published one time line in November 2002 anticipating that funds would be forthcoming. Because money was not available, they modified the timeline and reissued it in January 2003. The revised plan anticipated an active program of 18 months from January 1, 2003 to June 30, 2004. Several months prior to the official program end date, it became apparent that there would be sufficient funds left in the grant at its normal termination date to warrant requesting a no-cost extension in order to continue to offer program services.</p> <p><b>Modified:</b> A no-cost extension was issued allowing the project to continue until June 2005. At the time of the no-cost extension, \$80,000 remained for this project. No modifications were made to the scope of work. Once the no cost extension was received, a similar extension was given to Oregon State University thus allowing them until June 2005 to complete the research component of the project.</p> <p><b>Modified:</b> An additional no-cost extension was issued allowing the project to continue until December 2005. No modification was made in the scope of work as the projects underway are within the original scope. They include supervisory training, individual training grants, and CNA Training.</p>
<b>Planned Approach</b>	<p><b>Original Plan:</b> A case management approach will be used to establish relationships with participants, flag problems, and provide support services such as child care, transportation, auto repair, tools, and clothing. This method will be used to identify training needs and determine need for workshops. Use training under Title 1, Voc Rehab, and TANF for those eligible.</p> <p><b>Modified Plan:</b> The original program design put forward by OED was very short lived. Within a few months of its original presentation to ETA, a meeting was held with OED, ETA and the Linn-Benton project director who presented a program which was mainly directed towards working with employers from the health sector to improve their ability to retain current employees. The case management approach was not implemented. The primary focus is to provide retention and advancement services and techniques for employees and employers from three health care facilities. Shortly after the beginning of program operations, one facility changed its role from full participant to participation on the management team only. This shift was due to the initiation of a labor dispute which affected low-wage workers. This employer continues to serve in an advisory capacity on the Management Team.</p> <p>Services have primarily been offered in a workshop mode. Participants may avail themselves of training opportunities as a result of information provided by on-site counselors or workshop facilitators, but this project does not have staff or financial resources to support skills training. The project director, in consultation with the Management Team, identifies and coordinates services rather than delivering them. He has been able to utilize community college faculty, local healthcare providers, local workforce and community organizations to provide seminars/workshops covering burnout, conflict resolution, careers in healthcare, and a variety of additional topics identified as a</p>

result of consultation with employers, and brainstorming sessions with the management team. In the late Spring 2003, a survey was administered to low-wage workers currently employed by the targeted employers. The results of this survey also factored into the service delivery plans. A Career Development Program has been initiated which provides career counseling on-site in a one-on-one format and via the Internet. This enables workers with family commitments to avail themselves of the program. A calendar of events was published in December 2003 detailing the availability of workshops, career fairs, and counseling opportunities.

**Modified Plan (as result of project extension):** As a result of the no-cost extensions, the project will continue until December 2005. At the beginning of the first extension, there was approximately \$80,000 remaining in the grant (from an initial \$212,500) The changes are:

- Project director will remain the same although his salary will be funded by the LBCC. During the initial project phase, 30% of his salary was covered by the grant.
- There will be a greater focus on formal training activities such as:
  - Leadership Academy which will be offered to 20 employees (10 from Corvallis Clinic and 10 from Mennonite Village. The program consists of a one-day session each month for nine months. Employees will be given time off to attend, and they will be offered personal leadership skills training and emerging trends in the medical industry as well as in their own facilities. There is some desire for mid-managers to participate in order to ensure acceptance and understanding by supervisor of the training received by their subordinates. Estimated cost of \$19,000 (completed with high praise from participants and sponsoring employers)
  - Supervisory training - . There is some desire for mid-managers to participate in training order to ensure acceptance and understanding by supervisor of the training received by their subordinates. Corvallis Clinic wishes to have a component addressing the needs of the LWW. Mennonite Village has been unable to finance supervisory training for several years. The estimated cost is \$15,000 – Fall 2005.
  - Certified Nursing Assistant Level 2 is a new category established by the Oregon Board of Nursing. At this level, the CNAs specialize. The program wishes to finance at least two classes; \$30,000 for development and \$10,000 for delivery. They requested funding of \$25,000 from the WIB which was granted in the fall of 2004 which will help defray some of the original budget of \$40,000. (Fall 2005)
  - Medical Terminology training at \$15,000. Currently the LBCC is trying to partner with the local WIA to offer three sessions instead of the currently financed two sessions. This is a three-course program (3 credits each). Some individuals need all of the training and others only one or two of the courses. Completion of the full program will help with employee advancement.
  - Scholarships - \$4,000 for fall and \$4,000 for spring. (On-going as funds continue to be available.)

The ability of the project to offer all of these programs will depend, to some degree, on the willingness of the WIB to co-finance some of the program components.

**Research Component:** A small component of the project was a research study to be conducted by Oregon State University. The objective of the research is to find out if there is a profile of attributes and characteristics possessed by workers who enter employment at a relatively entry-level wage and successfully maintain employment and experience wage progression and career mobility. In addition, are there combinations of attributes of workers and work support services that seem to be particularly successful in maintaining employment and in wage progression (controlling for local labor markets conditions)?

The research is underway but no findings have been reported to date. It is important to note that this research was provided mostly as a community service utilizing the services of an interested faculty member and graduate students. The grant covers all costs with the exception of the faculty member's salary.

	<p><b>Research Component Modification:</b> Awarded no-cost extension by grantee until June 2005. Submitted findings in June 2005.</p>
<b>Referrals</b>	<p><b>Original Plan:</b> Targeted occupations will be identified by three (two after the start of the labor dispute) participating employers. The Management Committee will select which occupations to serve based on the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Pay scale of \$12 or less per hour</li> <li>▪ High turnover in the occupation</li> <li>▪ Significant population of workers</li> </ul> <p>Referrals will come from the occupational pool but no information available on the process.</p> <p><b>Modification:</b> Because of the shift from a case management to an employer workforce focus, the issue of referrals is somewhat moot. Workshops are announced by employers and flyers are used to attract participants. The flyers and announcements are targeted to the low-wage worker, but since these are not closed workshops, it is impossible to ascertain whether only targeted low-wage workers are attending. Attendance is voluntary. Career counseling sessions are offered by appointment – sign-up sheet – and these are limited to the target populations.</p> <p><b>No-Cost Extension Modifications:</b> Due to the shift to more formal classroom training, referrals will be made by the participating employers.</p>
<b>Services</b>	<p><b>Original Plan:</b> Assessment Phase: Management committee will develop action Strategies such as:</p> <ul style="list-style-type: none"> <li>▪ Job search/career activities</li> <li>▪ Barrier removal activities</li> <li>▪ Support Services</li> <li>▪ Skills training</li> </ul> <p><b>Modification:</b> The management committee developed program strategies, but it appears that the project director identified activities and planned the events. This placed a lot of pressure on the project director who then became responsible for planning, budgeting, contracting, soliciting workers, advertising, employer relations, and coordinating all activities. The problem with this is that replication would require a similarly dedicated, energetic and creative project manager or a larger staff presence. Additional information included in Planned Approach section.</p>
<b>Employer Role</b>	<p><b>Original Plan:</b></p> <ul style="list-style-type: none"> <li>▪ Provide input to the design and management of the project</li> <li>▪ Provide access to employees and facilities</li> <li>▪ Identify salient issues</li> <li>▪ Propose strategies</li> <li>▪ Test and evaluate strategies</li> <li>▪ Facilitate research</li> <li>▪ Provide feedback</li> <li>▪ Promote findings</li> </ul> <p><b>Modification:</b> This appears to be one of the few elements of the original program that has not significantly changed. The relationship between the project director and employers is extremely strong.</p>



<b>Target Group</b>	<p><b>Original Plan:</b> Incumbent workers meeting the definition of low-wage worker from selected target occupations.</p> <p><b>Modification:</b> Interested individuals are not turned away from workshops, but the original plan is generally followed.</p>	
<b>Participation Levels</b>	<p><b>Original Plan:</b> The original plan did not provide any target numbers or demographic information regarding potential participants.</p>	<p><b>Current:</b> There has been no change. Attendance is taken at the workshops but no other data are collected.</p> <p><b>Modification:</b> With the advent of formal training classes, it is hoped that more data will be available on participation levels and demographics. This will have to be cleared with the Community College.</p>
<b>Anticipated Outcomes</b>	<p><b>Original Plan:</b> The anticipated outcomes for this project were to be the development of interventions that would assist employers in retaining workers and would help workers with advancement. It is clear that interventions have been developed, but there is no way to measure the impact of the measures other than to solicit the opinions of the employers and employees. This may be a next-step for the project.</p> <p><b>Modification:</b> Outcome measures should be developed for the formal training components but have not yet been developed. (October 2004)</p>	
<b>Unique or Special Features</b>	<p>Targeted to serving specific industry.</p> <p>Research component designed to profile which low-wage workers stay employed and advance.</p> <p>Profiling will be from the same occupational pool.</p>	

## RETENTION AND ADVANCEMENT DEMONSTRATION PROJECT FOR LOW-WAGE WORKERS

**PROJECT OBJECTIVE:** develop and implement new job search assistance services and workshops designed to increase the competitiveness of low-wage workers in a job or in the job market, that can be rolled-out to local One-Stop Career Centers to meet the job search and skill-building needs of low-wage workers, including former welfare recipients. It is expected that this project will provide the One-Stop Career Centers with increased capacity to provide effective employment and retention services to low-wage workers.

April 1, 2003

US DEPARTMENT OF LABOR  
grant to

CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT  
who sub-grants with

<b>Sacramento Employment &amp; Training Agency (SETA) Mark Sanders One-Stop Career Center and Hillsdale One-Stop Career Center</b>	
<b>Service Area &amp; Project Location</b>	<p>Sacramento and surrounding counties – serve Sacramento employers only but will provide services to workers of those employers living in other counties</p> <p>Sacramento Employment and Training Agency 925 Del Paso Blvd., Sacramento, CA 95815</p> <p>Hillsdale Career Center 5655 Hillsdale Blvd., Suite 8 Sacramento, CA 95842 (916) 263-4100</p> <p>Mark Sanders Complex 2901 50<sup>th</sup> Street Sacramento, CA 95817 (916) 227-1395</p>
<b>Partners</b>	<p>Sacramento Employment and Training Agency – SETA Sacramento Works Career Centers (Local WIB) Employment Development Department (EDD)</p>
<b>Setting</b>	<p>The average annual unemployment rate for 2003, at the start of the grant, was 5.7% for the Sacramento MSA. At the end of the project, June 2005, the unemployment rate was 4.8%.</p> <p>Sacramento County has third or fourth highest TANF population in the state.</p>

	Tourism (hotel), high tech, call center/customer service, healthcare, and construction are five industries in the area that hire low-wage workers. The three largest industries are government; trade, transportation & utilities; and educational and health services. Construction; educational and health services; and trade, transportation and utilities (mostly retail trade) account for 98% of the new jobs between 2000 and 2004.	
<b>Prior/ Current Experience</b>	<p>CalWorks: evening and weekend workshops; offered light meal, childcare, reward drawing or prize for everyone; ask what their issues are then develop curriculum, present information about career ladders, teach basic computer skills, assist in job search efforts</p> <p>Refugee Program: (from website) “SETA’s Refugee Program has served the local Community for the past 18 years, and currently contracts with 9 local agencies to provide Refugee services;” “to provide direct services intended to result in the economic self sufficiency and reduced welfare dependency of refugees through employment.”</p>	
<b>Award Date</b>	April 1, 2003 - April 30, 2005 (signed June 9, 2003 by DOL and May 30, 2003 by EDD)	
<b>Program Duration</b>	24 months	
<b>Planned Approach</b>	<p><b>Original Proposal, March 2003:</b></p> <ul style="list-style-type: none"> <li>▪ Skills and personal/professional behavior training</li> <li>▪ “Career lattices” information</li> <li>▪ Customers linked to short-term training for basic occupational skills, soft skills, work based learning in high-demand occupations</li> <li>▪ Participants will also be eligible to obtain financial assistance for adult education, community colleges, occupational programs, and vocational training programs</li> </ul>	<p><b>Revised Proposal, September 2003:</b></p> <p>“The goal of the Sacramento WIA Rewards Program is to assist low-wage workers in attaining self-sufficiency. Program staff will assist low-wage workers by identifying potential barriers to employment and designing intervention plans that will facilitate job retention and advancement.”</p> <p>Plans may include:</p> <ul style="list-style-type: none"> <li>▪ Skills and personal/professional behavior training</li> <li>▪ “Career lattices” information</li> <li>▪ Customers linked to short-term training for basic occupational skills, soft skills, work based learning in high-demand occupations</li> <li>▪ Participants will also be eligible to obtain financial assistance for adult education, community colleges, occupational programs, and vocational training programs</li> </ul>
<b>Referrals/ Recruitment</b>	<p><b>Original Proposal:</b></p> <ul style="list-style-type: none"> <li>▪ Recruitment and referrals through the Career Center system – Staff from SETA, DHA, EDD, and many other partner agencies are co-located</li> <li>▪ Posters, flyers and direct mailings to announce evening orientations/incentives (food, child care)</li> <li>▪ Multi-lingual staff available to assist with recruiting limited English speakers</li> <li>▪ Unclear in grant application (and grant) as to whether this is an open enrollment or employer/industry specific</li> </ul>	<p><b>Revised Proposal:</b></p> <ul style="list-style-type: none"> <li>▪ Recruitment and referrals through the Career Center system – Staff from SETA, DHA, EDD, and many other partner agencies are co-located</li> <li>▪ Posters, flyers and direct mailings to announce evening orientations/incentives (food, child care)</li> <li>▪ Multi-lingual staff available to assist with recruiting limited English speakers</li> <li>▪ The program is currently open enrollment</li> </ul>

<b>Services</b>	<b>Original Proposal:</b> Job Retention and Career Advancement Strategies and Services <ul style="list-style-type: none"> <li>▪ Support – referral to appropriate agency for legal problems, domestic violence, mental health, substance abuse, and child care</li> <li>▪ Case management/job coaching to monitor job status and needed support</li> <li>▪ Connect to industry mentors</li> <li>▪ Career Counseling</li> <li>▪ Re-employment assistance</li> <li>▪ Employer support</li> </ul>		<b>Revised Proposal:</b> Job Retention and Career Advancement Strategies and Services as listed in original with the addition of: <ul style="list-style-type: none"> <li>▪ Services to Families</li> <li>▪ Workshops addressing job retention and career development issues</li> </ul>	
<b>Employer Role</b>	<b>Original Proposal:</b> “Participating employers will be asked to identify potentially eligible employees who may be in need of retention services. These individuals will be offered an opportunity to participate in the project.”		<b>Revised Proposal:</b> Employers will identify existing employees who may benefit from the project. These employees will be offered an opportunity to participate in the project.  Employers will be surveyed regarding retention issues and option to address those issues.  Employers will be offered assistance in refilling openings vacated by participating employees who have advanced. Employers will be offered the option of hosting workshops, similar to those offered at the One-Stop Career Centers, at their worksite.	
<b>Target Groups</b>	<b>Employee Customers (Original Proposal)</b> <ul style="list-style-type: none"> <li>▪ Employee Customers</li> <li>▪ CalWorks customers</li> <li>▪ Low-wage earners</li> <li>▪ Working Poor</li> <li>▪ Refugees and immigrants that qualify for Fed Refugee services</li> <li>▪ Women and minority males in non-traditional occupations</li> <li>▪ Youth including emancipated foster youth</li> <li>▪ Former</li> </ul>	<b>Employee Customers (Revised)</b>  Individuals employed in jobs which pay less than 150% of the Lower Living Standard	<b>Employers (Original Proposal)</b> <ul style="list-style-type: none"> <li>▪ Initially Health Care and Construction</li> <li>▪ Use industry advisory groups to identify employers</li> <li>▪ Healthcare Workforce Collaborative</li> <li>▪ Sacramento/Sierra Buildings and Trade Council</li> <li>▪ Linking Education and Economic Development (LEED)</li> </ul>	<b>Employers (Revised Proposal)</b> <ul style="list-style-type: none"> <li>▪ Health Care</li> <li>▪ Construction</li> <li>▪ Customer Service/Call Centers</li> <li>▪ High Technology</li> <li>▪ Hospitality – Use industry advisory groups to identify employers</li> <li>▪ Healthcare Workforce Collaborative</li> <li>▪ Sacramento/Sierra Buildings Trade Council</li> <li>▪ Linking Education and Economic Development (LEED)</li> <li>▪ California Association of Employers</li> </ul>

	CalWorks enrollees in low-wage jobs <ul style="list-style-type: none"><li>▪ People in jobs earning less than 150% of lower living standard</li></ul>			
Participation Levels	Original Proposal Planned: Recruit 250 and enroll 200 (50 per site per year)	Revised Proposal Planned: Recruit and enroll 100 (25 per site per year)	Actual: The final enrollment numbers are: 34 at Mark Sanders and 49 at Hillsdale. The project was ultimately underenrolled by 17 participants.	
Anticipated Outcomes	<ul style="list-style-type: none"><li>▪ Career Advancement with existing employers</li><li>▪ Increased wages for enrollees</li><li>▪ Decreased dependence on public assistance</li><li>▪ Employment retention due to enhanced skills attainment</li><li>▪ Employer customer satisfaction</li></ul> <p><b>Actual Outcomes:</b> Unable to determine any of the stated outcomes.</p>			
Unique or Special Features	Job retention services will be available during evening and weekend, as well as daytime hours			

**Appendix C**  
**Cross-Site Matrices of Low-Wage Worker Demonstration Project Characteristics**  
**and Site Reflections**  
**Regarding Implementation**

## KEY FEATURES OF RETENTION AND ADVANCEMENT DEMONSTRATION PROJECT FOR LOW-WAGE WORKERS

September 2005

<b>Project</b>	<b>PCC Step by Step</b>	<b>LBCC Healthcare Worker Retention and Career Advancement Initiative</b>	<b>Sacramento WIA Rewards</b>
Start/End Dates	July 2002 – June 2004	January 2003 – June 2004	April 2003 – April 2005 although grant signed June 2003.
Any Grant Modification	No	Yes, a no-cost extension through December 2005	Yes, a no-cost extension through September 2005
Service Area	Urban/suburban Washington and Multnomah counties (where Beaverton & Portland are located, respectively). The population of the Portland/Beaverton area (which includes Vancouver, WA) is just under 2 million.	Rural Linn and Benton counties. Corvallis, home of Oregon State University (OSU), is the largest town with a 2000 Census population count of 49,322; nearby Albany has a population of 40,682 and Lebanon has a population of 12,950; other towns have populations under 10,000.	Urban/suburban Sacramento county and neighboring rural areas in Yolo county
Unemployment Rate at Start of Grant	Portland PMSA 2002 annual = 7.8%	Corvallis MSA (Benton County) 2002 annual = 5.2% Linn County: 2002 annual = 9.0%	Sacramento PMSA 2003 annual = 5.7%
Unemployment Rate at End of Grant	Portland PMSA in June 2004 = 7.4%	Benton County: 5.1% – September 2005 Linn County 7.1% – September 2005	Sacramento PMSA September 2005 4.5%
General Economic Conditions	Portland's principal industries are service, manufacturing, and retail trade.	Benton county's principal industries are government (33%), educational, health and social services (13%) and manufacturing (16%). Most employees work in management, professional, and related occupations, sales and office occupations, or service occupations. The unemployment rate was the lowest in the state during this project.  Linn County's principal industries are wood products, agriculture, mining, and manufacturing. Trade, transportation and utilities (23%), manufacturing (21%) and government (17%) are the top three	Sacramento Works, Inc. (the local Workforce Investment Board) targeted five industries in critical need of employees: Healthcare, Construction, Customer Service/Call Center, High Technology, and Hospitality.

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“An Assessment of the Low-Wage Worker Retention and Advancement Demonstration Project”  
Final Report – March 2006

Project	PCC Step by Step	LBCC Healthcare Worker Retention and Career Advancement Initiative	Sacramento WIA Rewards
		industries. Linn County had the state's highest unemployment rate.	
Other Programs or Legislation Affecting Low-wage Workers			Sacramento living wage, responsible contractor & fair subsidy ordinance, passed 9/2003, mandates a \$10/hr. to begin in 2004 and to be adjusted annually with the Consumer Price Index for all urban consumers for all items ( <a href="http://www.cityofsacramento.org/Law_and_Legislation/pdf/Proposed_Ordinance.pdf">http://www.cityofsacramento.org/Law_and_Legislation/pdf/Proposed_Ordinance.pdf</a> )
Grantee Characteristics	Community College, administrator for the Beaverton One-Stop Career Center	Community College, administrator for the Albany One-Stop Career Center	Hillsdale One-Stop Career Center operated by Sacramento Employment & Training Agency (SETA) and Mark Sanders One-Stop Career Center operated by the Employment Development Department.
Project Goals	Help low-wage workers stay on the job or advance	<ul style="list-style-type: none"> <li>Identify and demonstrate replicable strategies to reduce turnover and increase career advancement among low-wage workers in healthcare occupations.</li> <li>Identify attributes of low-wage healthcare workers who obtain promotions</li> <li>Identify pre-employment strategies that workforce providers can take to enhance retention, career building and wage enhancement for healthcare workers</li> <li>Identify individual and systemwide workplace factors and strategies including diversity issues that promote retention and advancement of low-wage healthcare workers</li> </ul>	<ul style="list-style-type: none"> <li>Help low-wage workers stay on the job or advance</li> <li>Help unemployed find jobs</li> <li>Increase wages and decrease public assistance dependency</li> </ul>
Industry Focus	None	Healthcare	Healthcare, Construction, Customer Service/Call Center, High Technology, Hospitality



Project	PCC Step by Step	LBCC Healthcare Worker Retention and Career Advancement Initiative	Sacramento WIA Rewards
Target Population	<ul style="list-style-type: none"> <li>Originally targeted newly hired former and current TANF recipients</li> <li>Added applicants to WIA who did not qualify for WIA</li> <li>Recruited and tracked by Retention Specialist (except for a few participant referrals)</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare workers in the following occupations: nursing and medical assistants, records</li> </ul>	<ul style="list-style-type: none"> <li>Workers earning &lt; 150% of the Lower Living Standard (see <a href="http://countingcalifornia.cdlib.org/pdfdata/csa02/D22">http://countingcalifornia.cdlib.org/pdfdata/csa02/D22</a>) which for a single adult with two children was a minimum of \$16.41/hr (\$34,661/yr) although the Sacramento County, Dept. of Human Assistance (DHA), uses \$14.14/hr.</li> <li>Workers are tracked by Smartware client tracking system</li> <li>Workers are recruited using EDD Base Wage Files or New Employer Registry and flyers/posters in Career Center</li> <li>Workers are also recruited after employers identify employees who may be in need of job retention services</li> </ul>
Overview of Original Design/Scope	<ul style="list-style-type: none"> <li>Provide a series of 12 workshops to teach “soft skills”</li> <li>Offer funding for a limited amount of additional training (about one semester worth of classes)</li> <li>Offer testing for learning disabilities and recommend adaptations</li> </ul>	<ul style="list-style-type: none"> <li>Conduct research to identify attributes of low-wage workers who do advance</li> <li>Conduct needs assessment of healthcare employees</li> <li>Offer workshops on-site</li> <li>Offer career counseling on-site</li> <li>Offer courses off-site with release time</li> </ul>	<ul style="list-style-type: none"> <li>Identify barriers to employment to help unemployed</li> <li>Link low-wage workers to training in occupational skills, soft skills, and work-based learning (the training will be funded from other sources, such as WIA and community colleges)</li> <li>Refer customers for assistance with legal problems, domestic violence, mental health, substance abuse and childcare</li> <li>Provide job search and career services, such as career exploration, resume writing, application and interview preparation, self-directed job search assistance</li> </ul>
Design Changes	Originally targeted TANF newly employed but recruitment was difficult; later targeted people who tried to get WIA benefits but did not qualify		<ul style="list-style-type: none"> <li>Reduced emphasis on serving unemployed</li> <li>Increased effort to engage employers</li> </ul>

Project	PCC Step by Step	LBCC Healthcare Worker Retention and Career Advancement Initiative	Sacramento WIA Rewards
Model Assumptions	<p>Work ethic/culture is more homogeneous</p> <p>Change should occur in individuals:</p> <ul style="list-style-type: none"> <li>There are some “soft skills” that apply across a wide range of industries, employers, and jobs. These soft skills can be taught in workshops and will increase job retention and advancement.</li> <li>Providing training (about a semester’s worth of community college) can help participants achieve their career goals</li> <li>Employees need to change in order to become more marketable</li> <li>Participant commitment (workshop attendance and one career planning session) should be required as a way to screen recipients of training</li> <li>Employee change can be facilitated by helping participants map alternative plans to achieve career goal, and then break plan into small steps</li> </ul>	<p>Workplace cultures vary</p> <p>Change should occur in the system:</p> <ul style="list-style-type: none"> <li>Program activities need to be developed specifically for an industry, and activities need to be tailored to the particular employers and community (e.g., what works for urban areas does not work for rural areas; workplace issues in healthcare are not generally the same as other industries)</li> <li>The focus of change should be on what employers can do rather than on what employees can do</li> </ul>	<p>Work ethic/culture is more homogeneous</p> <p>Change should occur in individuals:</p> <ul style="list-style-type: none"> <li>There are some “soft skills” that apply across a wide range of industries, employers, and jobs. These soft skills can be taught in workshops and will increase job retention and advancement.</li> <li>Employees need to change in order to become more marketable</li> <li>Participants’ needs vary and so the program should be extremely flexible; attendance at workshops or one-on-one counseling is encouraged but not required</li> <li>Employee change can be facilitated by helping participants map a plan to achieve career goal, break plan into small steps, and reward each step</li> </ul>
Main Outputs	<ul style="list-style-type: none"> <li>A series of 12 workshops offered twice/month for peer support and soft skills training</li> <li>A one-on-one counseling session to map out career path, next steps</li> <li>About one semester’s worth of training</li> <li>Learning disability testing and recommended adaptations</li> </ul>	<ul style="list-style-type: none"> <li>Survey and focus group data on low-wage workers at two healthcare facilities;</li> <li>Workshops on burnout reduction, resume writing, interviewing skills, team building skills, conflict resolution;</li> <li>Career advising on-site and with online program;</li> <li>Research analysis of low-wage workers and low-wage healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Evening workshops offered twice/month for peer support and soft skills training</li> <li>One-on-one counseling sessions to map out career path, next steps</li> </ul>

Project	PCC Step by Step	LBCC Healthcare Worker Retention and Career Advancement Initiative	Sacramento WIA Rewards
		<p>workers in OR and in Linn &amp; Benton counties</p> <ul style="list-style-type: none"> <li>▪ Leadership Academy course</li> <li>▪ Medical Terminology courses</li> <li>▪ Certified Nursing Assistant class</li> <li>▪ Scholarships</li> </ul>	
Principal Partners	<ul style="list-style-type: none"> <li>▪ TANF</li> <li>▪ ED</li> <li>▪ Tualatin Valley Centers</li> <li>▪ PCC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employers: Mennonite Village, Corvallis Clinic, Samaritan Health</li> <li>▪ TANF</li> <li>▪ ED</li> <li>▪ WIA</li> <li>▪ LBCC</li> </ul>	<ul style="list-style-type: none"> <li>• Sacramento Works Career Centers</li> <li>• Employment Development Department</li> <li>• Sacramento Employment and Training Agency – SETA</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>▪ Low-wage workers with retention goals are a different population from low-wage workers who would like to advance; the retention population is more difficult to engage and less likely to take advantage of additional training.</li> <li>▪ It takes time and marketing to partner with employers, even if they have been customers of the One-Stop Career Center</li> <li>▪ Although the program may not target the unemployed, some participants will become unemployed and the program needs to plan for that</li> <li>▪ Childcare is a barrier to participants receiving additional training. It is expensive to provide childcare, and working parents prefer to spend time outside work with their children.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Relationships with coworkers and supervisors is a key factor in job retention</li> <li>▪ Workshops, counseling, and classes need to be offered at worksite</li> <li>▪ It takes time to partner with employers: employers within an industry are more likely to be competitors rather than collaborators when you start; it takes time to develop trust that the relationship will be worthwhile for the employers</li> <li>▪ Regardless of the content of the intervention, any employer interest in the needs of low-wage workers may be beneficial (perception of caring environment)</li> <li>▪ Innovative programs “rock the boat;” employers must be willing to take the chance (e.g., healthcare industry was a good choice – forecasts of labor shortage encourage action)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recruitment is not as easy as it appears. Individuals with barriers to employment often cannot participate in these types of programs for the same reasons they have problems with work.</li> <li>▪ Even though there are established relationships with employers, those relationships do not relate to this kind of program. Employers are reluctant to provide release time for workshops and some are concerned about their liability if they send employees to these programs.</li> <li>▪ Large employers may not be the best target for these programs. They are more able to replace low-wage workers, and may in fact find that some turnover at this level is good. People leave before they are eligible for benefits.</li> <li>▪ Tracking progress is not difficult, but there are no easy ways to capture the data in a computer system.</li> <li>▪ There are so many different levels of successes in this program it is difficult</li> </ul>

Project	PCC Step by Step	LBCC Healthcare Worker Retention and Career Advancement Initiative	Sacramento WIA Rewards
			to define. The usual outcomes could be measured, retaining employment (length of retaining, 6 months, 1 year, etc.), wage advancement, training completion, etc.

## CROSS-SITE REFLECTIONS REGARDING IMPLEMENTATION

DESIGN QUESTIONS	PORTLAND CC Smith and Leavitt	LINN-BENTON	MARK SANDERS	HILLSDALE
<p>Why did you decide to focus on:</p> <p>An employer model?</p> <p>A worker model?</p>	<p>We decided to focus on a worker model for a couple of reasons. Our counterpart in Multnomah County had run an employer focused retention project a few year back and found that it was not as successful as they had hoped. In addition, our current programming in the JOBS program is worker focused. We work primarily with low-wage workers who have a history of retention difficulties.</p> <p>If we had known that the preferred focus of the DOL was an employer model, and if an idea for a strategy that needed to be tested would have been shared prior to having to submit a proposal, we would have aligned ourselves with the employer focused model and our planning and brainstorming would have been in line with what DOL was wanting to see happen. I believe that the DOL is highly aware of strategies that need to be tried and tested and I would appreciate hearing more about these.</p>	<p>Employer Model:</p> <p>We had not done it before and really wanted to try something new.</p>	<p>The model section was determined by the grantor.</p>	<p>Actually we have focused on a model that included the employer and workers. However, the participation is definitely higher on the worker side of the model.</p> <p>We have worked with many employers providing them with core services and as yet have not been able to provide more intensive services (such as going to their job site and facilitating workshops).</p>

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How did you anticipate conducting worker recruitment? Did it work? If not, why do you think it failed?	DNA	We had hoped to rely on the employers to assist with the recruitment. It has had mixed results.	<p>Mark Sanders anticipated recruiting workers through fliers, outreach and utilizing the career center network. Staff also focused on internal programs that met the Rewards Project criteria:</p> <p>Initial Assistance Workshop (IAW) Job Search for UI Skill Upgrade Program Referrals from Sacramento Urban League On-The-Job Training.</p> <p><b>Did it work?</b> Yes.</p>	<p>A team meeting/ brainstorming session was held to develop a worker recruitment plan.</p> <p>Methods determined and utilized: Flyers developed and distributed to Department of Human Assistance, all Sacramento Works Career Centers, community based organizations, all WIA case managers.</p> <p>Orientations regarding programs given to various groups including weekly employer orientations, monthly TANF job clubs, manufacturing Boot Camps and other various workshops/group sessions.</p> <p>A large amount of recruitment is done on an ongoing basis by the Low-wage Worker (REWARDS) case manager talking to the career center staff and partners. There are ongoing discussions regarding their customers who may have a need and also fit the program profile.</p> <p>The recruitment efforts have been successful and the</p>

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				program is currently on target with the enrollment goals.
How did you anticipate conducting employer recruitment? Did it work? If not, why do you think it failed?	We had planned to recruit employers to participate in the services that were designed for the worker. I believe that we were on the edge of this happening, unfortunately, due to staffing for this project and turnover in temporary help to launch this part of the project, we were unable to really demonstrate this aspect until the end. We anticipated contacting employers directly and employers that we already have existing relationships with. This strategy was working. We also targeted specific employers who hire a large number of low-wage workers.	We worked with the healthcare departments at LBCC who had great relationships with the healthcare community.	<p>Staff anticipated focusing on the career center's employer base. Staff took the opportunity to use EDD's Job Order System as well as conducting surveys, marketing to employers in the Employer Services database, networking with the career centers in the region and sharing information with employers during recruitment events.</p> <p><b>Did it work?</b> Marketing efforts were good, but the results were mixed. While employers supported the concept of the Rewards Program, for the majority, the practice was not economically feasible. For many, their staff turnover was far too great to release employees from work.</p>	<p>The team had high expectations for working with employers in this program. Our initial recruitment efforts included sending flyers and/or informational surveys to those employers who we had previously established relationships. Follow up with phone calls were then done to these employers.</p> <p>Employers who currently work with our Manufacturing Boot Camp were contacted and most provided a completed survey as to their thoughts about recruiting and retaining low-wage workers.</p> <p>Staff attended Job Fairs and other employer events and marketed the program while attending.</p> <p>We have not been successful in our efforts for recruiting employers thus far. We have had many employers state interest and they have been served in other arenas; however, none has received the intensive services we are seeking to provide.</p>
How did you determine	We based our numbers to be	<b>It was based on the amount</b>	The contractor determined the	The team had a brain storming

<b>DESIGN QUESTIONS</b>	<b>PORTLAND CC Smith and Leavitt</b>	<b>LINN-BENTON</b>	<b>MARK SANDERS</b>	<b>HILLSDALE</b>
enrollment levels? What are appropriate referral and enrollment levels?	<p>served on the resources that were available for the project. Based on our experience working with similar populations and the FTE assigned to this project, the partners in this project used this experience to develop goals.</p> <p>Clients were considered “enrolled” once they attended a workshop and began receiving support services (i.e. bus tickets/gas vouchers). Three to six new clients per month seemed reasonable; however, many clients would commit to the program and not show up to the meetings. So in order to reach enrollment goals, we had to recruit six to eight people per month.</p>	<b>of dollars and specific strategies.</b>	enrollment levels. This number was appropriate based on the funding amount.	<p>session to determine the number of enrolled customers we would set as a target. In this determination we took into consideration the number of case managers and other staff who would be assisting, the average case load for the mainstream WIA programs and the level of intensive case management needed for the target population.</p> <p>The WIA Rewards team determined that we would recruit 150 potential customers to achieve an enrollment goal of 120 to be served.</p>
How did you decide what topics would be covered in workshops?	<p>Initially, we brainstormed general topics that from our experience we felt would be important for the population we were working with but also included the clients in generating topic ideas based on what they felt they needed. These were not surprising topics; however, it did become clear where the most plaguing areas were for the clients. We determined that the</p>	Employer, employee and workforce partners’ opinions	<p>The topics were customer driven and heavily influenced by employers.</p> <p>Staff reviewed surveys given to the employers, and the information from the questionnaire given to the customers to develop the workshops topics listed below:</p> <ul style="list-style-type: none"> <li>▪ Time Management</li> <li>▪ What are Goals/Setting Goals</li> </ul>	<p>Hillsdale had previously developed a program for retention services, and at that time developed new curriculum and also utilized established curriculum from other resources. While determining what topics to focus on, we took in the factors of what was important to the customers to retain their jobs and to obtain career advancement/upward</p>



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	barriers we should cover were those that occurred both at work and at home. Working with a Mental Health Specialist, we identified 12 barriers (i.e. anger management, health issues, dealing with difficult people)—1/2 of which were specific to the workplace and the other half specific to everyday living. In order to confirm we were on the right track, we asked the clients to brainstorm what they would like to learn in the workshops, and they came up with very similar ideas.		<ul style="list-style-type: none"> <li>▪ Verbal/Nonverbal Communication</li> <li>▪ Communication and Attitude</li> <li>▪ Listening Basics (Are You Listening? What Do You Hear?)</li> <li>▪ Job Survival Skills</li> <li>▪ Problem Solving</li> <li>▪ Skills/Conflict Management</li> <li>▪ 30 Ways to Shine As A New Employee</li> <li>▪ Getting A Job And Keeping It</li> <li>▪ What I Need to Stay on the Job &amp; Get Ahead</li> <li>▪ Seeing Myself as the Boss Sees Me</li> <li>▪ Balancing Work And Life</li> <li>▪ Good Characteristics Of A New Employee</li> <li>▪ Transportation/Childcare-What Are Your Plans?</li> <li>▪ Why we work?</li> </ul>	<p>mobility.</p> <p>We utilized the past and current employer surveys, determining what they felt were the hot issues that prevented their staff from keeping and advancing on the job. We also consistently ask the customers what they feel are their issues/challenges and developed curriculum to address them..</p> <p>The program is flexible and we add and delete what is needed to make it successful.</p> <p>Workshop topics include: See Mark Sanders List</p>
How do the projects handle rolling admissions in terms of workshop participation?	Each client was expected to attend 12 consecutive workshops in order to receive the benefits of the program. So generally speaking, there was always a “core” group who felt comfortable with each other & built strong networking relationships. With the comfort level of this core group, it was easy to welcome new members and	DNA	DNA	This program utilizes a worksheet with a listing of over a 15 various customer workshops, which covers approximately six months. They are tracked by date and topic. Guest speakers and special topics are added in as needed. When all the workshops have been facilitated, the class has input on which ones they would like

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	create an immediate feeling of trust.			to re-look at and which new topics they may need assistance with.
Should there be some kind of tracking of people who did not enroll to determine whether this program makes any difference at all?	<p>Ideally, yes. However, it was difficult enough tracking the “success” of those who were enrolled and actually participating. It would be quite challenging to track those who chose not to participate.</p> <p>It would be interesting to see but the numerous variables that affect whether someone enrolls or not would need to be factored in. We have data on people receiving public assistance and their rate of returning to public assistance which could also be helpful.</p>	It would add substantially to the cost and what would that universe entail!	While this exercise would help judge whether your recruitment efforts were effective, given the amount of funding, it is not feasible to track non-enrollees.	Perhaps there could be tracking of customers who did not enroll and this could be of value. However, due to the amount of time the intensive case management takes it does not seem feasible at this point.
How can we define success?	<p>Smith: This project seemed so ambiguous, it was difficult to know if we were on the right track to success or not. However, as we began creating the project goals and accomplishing those goals, we felt successful. Also, as the clients engaged in the program and reported “success” stories, we knew we were doing something worthwhile.</p> <p>Success would be defined in terms of employment with no lapses in employment, client</p>	What have we learned and what will we do differently in the future.	We can define success by looking at the goals the participant made and together determine if they were met. But we also defined success when participants continue to be active in the Rewards Program even though their initial goals have been met.	<p>There are so many different levels of successes in this program it is difficult to define. The usual outcomes could be measured, retaining employment (length of retaining, 6 months, 1 year, etc.), wage advancement, training completion, etc.</p> <p>However, all customers set a minimum of four self development goals. These goals can vary from small, easily obtainable to assist in self confidence, to more major</p>

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	is not fired, does not leave job without another job to go to, increase in benefits, increase in wage, increase in responsibilities. I would also define success in terms of employer support and participation in the project.			goals. This program measures a large amount of its successes by the attainment of these goals.
How do you decide when a person is no longer an enrollee?	<p>Smith: Knowing at the beginning of the project that we were working with a finite amount of time (2 years), we left each enrollee open until they withdrew themselves or until the project end-date.</p> <p>When a person does not follow through with the agreed upon plans or does not attend project activities as agreed upon.</p>	When they make more than \$12 per hour	The structure of workshops is set so that participants determine when they feel there is no longer a need to participate. For many, the Rewards Program acts as a support group; most remain in the program long after their goal has been met.	<p>A customer is “exited” from the program and at that time is no longer considered an enrollee. Reasons for exits vary, such as:</p> <ul style="list-style-type: none"> <li>▪ Customer determines they have achieved self sufficiency and</li> <li>▪ No longer need the support.</li> <li>▪ Case manager determines customer has met goals and is not in need of further guidance.</li> <li>▪ Non participation in the program or the activities.</li> </ul> <p>These reasons can vary on a case-by-case basis as there is not a set rule. All factors must be taken into consideration.</p>
Data collection. What kinds of data do you think should be collected? Should it be different depending on the nature of the project?	Smith: I think data collection will be different depending on the nature of each project. For our project, it was important to collect data on each client such as place of employment, length of employment, employment history and salary in order to	It should depend on the project.	<p>Number of Workshops Types of Workshops Number of Employers Served Wage Gain Promotion</p> <p>The Positions that became available as a Result</p>	The two major goals of the program are to assist the customers with retaining employment/develop better work history and to obtain higher wages. Therefore, those are two important data elements that need to be

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	<p>determine any increase or improvement in these areas during the duration of the project. It would also be important to track the goals and accomplishment of goals of each client in order to track their “success.”</p> <p>The data that is tracked and reported would be different depending on the structure of the project. It makes sense that Linn-Benton would track different data than Washington County. What would have been helpful was to have the DOL be very specific about the data that they wanted to see. We could have built our database to collect that information. I also believe it is important to track whatever data is possible in a pilot project and this is the approach we used. We tried to anticipate what data DOL would want to see, what data would be interesting to collect, and what was possible to collect in addition to these.</p>		Promotion for those participating in the Rewards Program.	<p>collected.</p> <p>Other data that could be collected:</p> <ul style="list-style-type: none"> <li>▪ Number of enrolled low-wage workers</li> <li>▪ Number of employers served</li> <li>▪ Number of workers received support services</li> <li>▪ Number of workers that completed education/ training programs</li> </ul> <p>(Unsure if your data should be different depending on the project, but it appears this would make more sense.)</p>
How can we make the body of material developed for these programs available to other interested program operators? Are you willing to provide any assistance to other	Smith: Once we figured out the nuts and bolts of our project, we created a brochure that turned out to be a great marketing tool. This would be the first step in sharing this	<p>Conference and/or written documents</p> <p>I have a very limited amount of time but can assist to a small</p>	Posting the material on a website and providing access to information for agencies who traditionally serve the underemployed.	We are willing to share materials to other interested program operators whether by email, regular mail or if they were interested they could make a site visit. Assistance

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interested program operators?	<p>program with other program operators. It would be great to share our work with others.</p> <p>We can provide copies of any materials we used for this project and would be willing to answer questions for other interested program operators.</p>	degree	Staff is willing to provide assistance if funds are available to assist.	to the providers could be provided, depending on the nature of the assistance and the staff time involved.
<p>What were your main barriers to program implementation?</p> <p>Not enough lead time Not enough money Grant period too short Lack of support Poor project design Other</p>	<p>Smith:</p> <p>Not enough lead time—It would have been beneficial to have 2-3 months of planning time before implementation</p> <p>Not enough money</p> <p>Grant period too short—We needed at LEAST one more year!!</p> <p>Lack of support—Expectations seemed unclear. For example, had we known that employer involvement might have prompted an extension of the grant, we would have focused on this piece earlier on</p> <p>Poor project design—It would have been so beneficial to have had the Sacramento conference earlier on in the project in order to collaborate with the other groups.</p>	<p>Not enough money – should have had full-time staff</p> <p>Grant period too short</p> <p>Difficulty in availability of people’s time (employer’s)</p> <p>Lack of support from one employer</p> <p>Labor problems</p> <p>We may have been too ambitious</p>	<p>The main barriers for Mark Sanders were:</p> <p>Not enough money</p> <p>Not enough staff (relative fund issue)</p> <p>Lack of focus in the program design</p> <p>Lack of consistency</p>	<p>Actually, program implementation did not have major barriers except for the employer participation factor. It could have been smoother with more funding to bring on another staff person. As mentioned previously, the case management is very intensive due to the multiple barriers of most of the customers.</p> <p>Also, determining reporting requirements, what is needed upfront and ongoing, etc. vs. how we would be serving the customers was a barrier.</p>

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	<p>Although our ideas were similar to the Sacramento group, our project would have been stronger if we had been able to share ideas in time to actually implement them.</p> <p>I think the design concept of forging a union between supply and demand side models was a great plan. This is the direction of workforce development and is where we should be focusing. We were able to develop great services for populations that really needed direction and support in retention and wage enhancement; however, when it came time to branch out and recruit employers into partnering and participating in the project, we did not have the personnel resources to be able to follow through with this. We had essentially one full-time employee, Kristi, and the demands of the project services kept her busy. We really needed additional resources in order to be able to contact employers, interact and meet with them, sell the program, develop ways that we could partner and then follow-through. Additional resources would have allowed</p>			

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	<p>us to begin the work with employers much sooner and also the ability to put adequate time and resources towards these activities.</p> <p>We really needed at least four months of planning time before beginning services. We did do some planning in the initial few months of the project but did not have Kristi identified until just prior to services beginning. There was some confusion regarding when we were supposed to get started. We received word locally in July 2002 that we needed to get moving on this project. We started planning project services and a kick-off event immediately, and it was many months later before we ever had a signed contract. This created some confusion.</p>			
If you had it to do over, what would you have done differently?	<p>Smith: I like the idea of groups going through workshops as cohorts. I might have started a new cohort each month or so as opposed to having students enter at any time.</p> <p>The reports seemed confusing each month, so it would be nice next time to determine clear goals in order to track</p>	Made sure we had employer support at the highest level.	Maintain consistency in project design, budget for more staff, and allow marketing for greater employer outreach.	<p>Determined effective means to increase employer participation. It's not that we are unable to market to employers, because we have a substantial employer base. What is difficult is getting the employer buy-in for the services we can provide within this program.</p> <p>Focus in the beginning was</p>

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	<p>only pertinent information. This might only happen with an allotment of “planning time” at the beginning of the project and clearer communication between the expectations of the grantor.</p> <p>With the same amount of resources, I would have planned fewer services for clients so that the Retention Specialists time was freed up in order to work more closely with employers.</p>			<p>more on enrolling and serving the low-wage workers. Having a staff person dedicated to employer outreach might have brought us better results. It is very difficult for a case manager to have the time to dedicate to employers due to high needs of enrolled customers.</p>
<p>What parts of your program do you think can be replicated? What are the caveats?</p>	<p>Smith: The database, the workshops, the forms, the brochures, and the outcomes could all be replicated. It would be more difficult to replicate the recruiting process and the involvement of our partners if those resources weren’t available to others working on similar projects.</p> <p>I believe that the retention and wage enhancement services could be fully replicated with adequate funding. I would really be pleased to see the next phase of the work be tested, referring to the work with employers in an effort to forge the partnerships between supply and demand</p>	<p>Engaging employers</p> <p>Providing career, educational and employment related counseling and activities on site</p> <p>Assessing what employees view as needs</p>	<p>The workshops, incentives, group support, light meals during workshops and child care should be replicated. One caveat is not to give incentives too freely. Incentives should be gained for significant accomplishments.</p>	<p>Most facets of the program can be duplicated, such as: Setting and meeting goals, Incentives for goal, completions (REWARDS), and Curriculum for Workshops.</p> <p>A caveat could be realizing the time and energy required to successfully case manage a case load of the targeted population.</p>



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	side models. We were close to making this happen and would recommend exploring this further.			
Can these programs be sustained? How?	<p>Smith: I think these programs could be sustained with the support of employers who would be willing to invest in the benefits.</p> <p>These programs can potentially be sustained through partnerships with employers who are able to see the benefit to their participation and provide funding for the services.</p>	Not without additional revenue	Yes. But the level of funding should match the goals.	This may be possible, the WIA Adult program can also serve incumbent workers and this agency is currently looking at ways to increase the numbers of enrolled customers that fall within this targeted population.
Have there been any unanticipated positive or negative results?	DNA	The new relationships with the employers have been very positive and should lead to future collaborative efforts.	<p>One unanticipated negative result has been employer participation.</p> <p>We expected more interaction with those employers that we identified for services.</p>	There have been numerous positive results in the worker model. However, it was anticipated that we would be serving a variety of employers by this stage in the project. We continue to work on this and anticipate that we will obtain a positive result before the end of the grant period.

# **Appendix D**

## **Low-Wage Worker Literature Review**

## **Low-Wage Worker Retention and Advancement: A Review of the Research Literature**

### *1.0 Introduction*

With the passage in 1996 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and the passage of the Workforce Investment Act (WIA) in 1998, the role of the workforce investment system and the welfare system in serving welfare recipients and low-wage workers has changed considerably. The policy context for welfare programs and employment and training programs operated by the workforce system has moved to a work first model. The need to move more TANF (Temporary Assistance for Needy Families) into the labor market or work activities has required extensive coordination with the workforce development system. The demand for policy and programmatic change in both the welfare system and the workforce system has created new employment centered collaboration between welfare and workforce programs.

With a quarter of the nation's workforce earning less than \$9 an hour in 2002, low-wage workers constitute a significant segment of the labor market. They represent an important potential source of candidates for higher-skilled job openings that often go unfilled, particularly in high-growth sectors. But for many of these workers, job retention rates are low, and for their employers, the costs of job turnover are high. Opportunities for career advancement are limited, and access to government-provided financial work supports — such as childcare subsidies and health insurance — is often difficult.

These collaborations have produced dramatic change in the policy structure of programs that affect employment of low-income workers. The Workforce Investment Act of 1998 revamped the job training and workforce development systems into a network of streamlined One-Stop Career Centers that provide a full range of employment-related services. Several agencies may be involved in providing work related services to TANF recipients: the welfare agency, the Employment Service, WIA administrative agency, community colleges and other subcontracted service providers, including community based organizations and for-profit service

providers.

The PRWORA imposed time limits for welfare receipt. Efforts to get welfare recipients jobs intensified. Aided by a booming economy, the welfare caseload dropped from 4.5 million in 1996 to slightly over 2 million in 2003. At the same time, the number of single (divorced or never-married) mothers in the work force increased by 22 percent. Yet, many were still eligible for welfare benefits despite full-time employment. Of those who worked full-time throughout the year, more than one-third made less than the federal poverty level. Others cycled off and on welfare as they moved in and out of jobs. Studies of former TANF recipients showed that 42 percent were not employed 12 to 18 months after leaving TANF and 25 percent had returned to TANF. On average, those who left TANF had family incomes of \$1,000 to \$1,500 a month.<sup>1 2 3</sup>

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Programs have been funded by the federal government and by foundations to improve employment outcomes among low-wage workers, many of whom are former or current welfare recipients. The Low-Wage Worker Retention and Advancement Demonstration Project, funded by the U.S. Department of Labor, Employment and Training Administration, is one such example. These programs aim to help low-wage workers attain self-sufficiency by providing services that increase job retention and promote advancement to better paying jobs. To provide a better understanding of such programs, this paper synthesizes the findings from research as they relate to the following questions:

- What program strategies and services help low-wage workers stay employed and advance to higher paying jobs?
- What are the relative benefits of training, education and work experience for retention and advancement of low-wage workers?

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<sup>1</sup> Loprest (2003).

<sup>2</sup> Loprest (1999).

<sup>3</sup> Jarchow (2003).

<sup>4</sup> Acs and Loprest (2004).

<sup>5</sup> TANF, Temporary Assistance for Needy Families Program, is the cash benefit program that replaced the AFDC Aid to Families with Dependent Children) Program in 1997. It is intended to provide temporary assistance to families with children.

- What are effective strategies for engaging employers as partners in efforts to increase retention and advancement for their low-wage workers?

Research on how to assist low-wage workers sustain employment and advance to better paying jobs includes (1) several recent studies of post-employment services; (2) the body of literature on the effectiveness of welfare-to-work and other pre-employment programs; and (3) the research on the effectiveness of various training and education programs, especially those under the 1982 Job Training and Partnership Act (JTPA) and the 1998 Workforce Investment Act (WIA). Much of the research has used a random assignment design, whereby individuals who are eligible for program services are randomly assigned to either the control group (no additional program services other than what has previously been offered or can be obtained in the broader community) or the program group (new program services).

The random assignment design is the strongest research design in that any observable differences in retention or earnings are more likely related to the program.<sup>6</sup> However, in a real life setting, a random assignment design is difficult to implement for a number of reasons. Control groups are unlikely to receive “no treatment.” It is difficult to measure the treatment that program participants received, let alone similar treatment control members received “outside” the program. In voluntary programs, participants may be disengaged or receive little “treatment.” The duration of “treatment” may also be ill-defined. Participants may be considered in training until they find a job, thereby biasing the employment status for the treatment group. Follow-up of controls and participants is also difficult, particularly in low-wage populations that are often transient. Even if follow-up occurs, employment duration and wage comparisons are problematical. If treatment did increase employment among those who are less likely to find employment on their own, the characteristics of the employed in the treatment group will differ from the employed in the control group. In such a situation, the wages of the employed in the control group might reasonably be higher, as they represent

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<sup>6</sup> In contrast, much of applied social science research does not employ a random assignment design, and thus suffers from a self-selection bias that makes it difficult to distinguish program benefits from the possibility that individuals who choose the program are different from those who do not.

individuals who are more self-motivated or have fewer barriers to employment.<sup>7</sup>

To provide background and context for the research results that follow, Section 2.0 presents a description of the characteristics associated with low-wage workers. Sections 3.0 and 4.0 address the first two questions that focus on the supply side of the issue – what can be done to help low-wage workers become more stable employees and command better wages? To answer these questions, we draw upon a number of large-scale random-assignment evaluation studies that have pertinent findings for low-wage workers and welfare-to-work populations. In Section 5.0 we review some case studies of programs that involve employers and discuss strategies for engaging employers as partners. This discussion broadens the issue to include the demand side and addresses the last question – what can employers do to increase retention and improve the quality of their workforce?

## 2.0 Characteristics of Low-Wage Workers

The terms *low-wage worker*, *working poor*, and *self-sufficiency* vary somewhat from study to study. Generally *low-wage worker* refers to either part-time or full-time workers earning less than \$15,000 a year, or whose family income is under the official poverty threshold for a family of three.<sup>8 9</sup> Acs, et. al. (2001) define the *working poor* as families whose adult members work a total of more than 1,000 hours per year and whose family income falls below twice the federal poverty threshold.<sup>10 11</sup> By this definition, in 2003 a single mother with two school-age children would need to earn \$30,520 to be *self-sufficient*.<sup>12 13</sup> At this income level, the family would no longer be eligible for food stamps, childcare, Medicaid, or the Earned Income

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<sup>7</sup> LaLonde (1995).

<sup>8</sup> Carnevale and Rose (2001).

<sup>9</sup> The poverty thresholds, updated annually by the U.S. Census Bureau, are used for official population statistics. The threshold amount is the cost of a minimum diet times three to represent the amount needed for a family to meet its basic food, clothing, and shelter needs. The multiplier of three represents the relative amount a family in 1955 spent on food. See [www.census.gov/hhes/www/img/povmeas/sum.pdf](http://www.census.gov/hhes/www/img/povmeas/sum.pdf) for a discussion of proposed changes to the official poverty measure.

<sup>10</sup> Acs, et. al. (2001).

<sup>11</sup> Foster-Bey and Rawlings (2002) use a slightly lower limit of 150% of the poverty level.

<sup>12</sup> U.S. Department of Health and Human Services, *The 2003 HHS Poverty Guidelines*.

<sup>13</sup> Based on 2002 data, a single parent with two young children would need to earn \$43,608 per year in Washington State in order to pay for rent, health insurance, food and transportation; although 77 percent of the job openings in the state paid less (reported in *The Seattle Times*, September 24, 2004).

Using data from the 1997 National Survey of America's Families, Acs, et. al. (2001) find that one in six non-elderly Americans lives in a low-income household. Almost two-thirds of these households have two adults and children. On average, the primary earner works full-time year round. These lower income families differ from higher income families in several ways:

- Wages: the hourly wages of primary earners in low-income households is less than half that of primary earners in higher income households
- Number of earners: lower income households are less likely to have a secondary earner
- Work hours: Primary earners in lower income households are less likely to work daytime hours
- Job stability: Primary earners in lower income households are less likely to have been at their job for more than a year (69.2% compared to 86.3% have been with their current employer for more than a year)
- Benefits: Primary earners in lower income households are less likely to receive health insurance through their employer. (54.3% of lower income families receive health insurance through an employer compared to 88.6% of higher income families)
- Number and age of children: Lower income families have more children and have younger children than higher income families. (43.3% of lower income families have three or more children compared to 22.9% of higher income families; 58.1% of lower income families have a child six years old or younger compared to 43.6% of higher income families)
- Education of family head: The highest earning adult in lower income families is less educated (22.4% lack a high school diploma or GED compared to 4.3% in higher income families; only 10.4% are college graduates compared to 36.0% in higher income families)

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<sup>14</sup> Miller, et. al. (2004).

Characteristics of the low-wage workforce (workers earning less than \$15,000 a year) are also described by Carnevale and Rose (2001) using data from the 1998 Panel Study of Income Dynamics (PSID). This sample of low-wage workers showed that 43 percent were in low family income households, defined as less than \$25,000 annual income. The results are shown for three age groups: less than 29, 30-59, and 60 or older. Adolescents and semi-retired adults, who may choose to work part-time to supplement other income, are separated from “prime-age” adults, who presumably are supporting a family. Among “prime-age” (30-59) females, 32 percent had annual earnings below \$15,000 and 24 percent had earnings between \$15,000 and \$25,000. Smaller percentages of prime-age males had these low earnings – 12 percent had earnings below \$15,000 and 15 percent earned between \$15,000 and \$25,000. Workers earning less than \$15,000 a year had low earnings due to low hourly wages, with 75 percent earning less than \$8.50 an hour and working less than full-time all year. Only 35 percent of prime-age females who made less than \$15,000 in 1998 worked 1,750 hours or more - an average of 35 hours a week or more for 50 weeks.

Carnevale and Rose (2001) also describe the relationship between low earnings and education. The percentages of prime-age adults who are earning less than \$15,000 a year are shown in Table F1. As can be seen, more highly educated workers are much less likely to be making under \$15,000 a year. Gender differences are also quite pronounced. Compared to similarly educated males, females are two to three times as likely to earn less than \$15,000 a year.



**Table F-1: Percentage of Prime-Age Working Females and Males Earning Less Than \$15,000 Per Year by Educational Attainment**

	Less than high school	High school graduate	Bachelor's degree or more
Prime-age females	61%	39%	16%
Prime-age males	31%	15%	5%

Similar findings of low earnings associated with lower educational attainment are reported by Kim (2000) using a sample of employed adult women, aged 18 to 64 years old, from the March 1998 Current Population Survey. Kim defines low-wage workers as those who were paid no more than \$7.91 per hour in 1998 and thus could not support a family of four above the poverty level while working 40 hours per week, 52 weeks per year. Although in 1998 the low-wage female workforce was disproportionately under age 25, almost half of the low-wage female workforce was 25 to 45 years old. Women with a high school diploma or less were more likely to be paid low-wages. Those without a high school diploma represented 11 percent of all female workers but 21 percent of low-wage female workers; those with a high school diploma represented 36 percent of female workers but 42 percent of low-wage female workers. Ethnicity, but not race, was correlated with low wages. Hispanic women were overrepresented among low-wage workers, and 54 percent of Hispanic women were in low-wage jobs. Other factors associated with low-wage employment were marital status (never-married women are more likely to be in low-wage jobs), and U.S. citizenship (non U.S. citizens are more likely to be in low-wage jobs). Having a disability, having children, and working part-time are also associated with low-wage employment. One-third of the women paid low wages live below 150 percent of poverty level and two-thirds are not offered health insurance coverage by their employer.<sup>15</sup>

In terms of occupations, women employed in service and sales occupations are the most likely to be in low-paying jobs. Retail trade employs 21 percent of the female labor force but 37 percent of the low-paid female labor force. The greatest percent of low-wage female workers is in the service sector because that sector employs 47 percent of all female workers.<sup>16</sup> Among TANF leavers who found jobs in 1995 to 1997, 43 percent were employed in the service

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<sup>15</sup> Kim (2000).

<sup>16</sup> Kim (2000).

industry, which pays poorly and has high job turnover and little benefits.<sup>17</sup>

### 3.0 *Program Strategies and Services That Help Low-Wage Workers*

#### Post-employment Programs

There are three major evaluation studies of different post-employment retention and advancement programs for low-wage workers. Two of these studies have recently begun, and therefore, do not have reported outcome results. This section describes the three studies, the *Post Employment Service Delivery (PESD)* project, the *Employee Retention and Advancement (ERA)* project, and the *National Work Advancement and Support Center Demonstration (WASC)*, and includes a discussion of the lessons learned from the implementation phase of the PESD and ERA, and the PESD outcome analysis.

#### *Post Employment Service Delivery (PESD)*

The first major study of retention and advancement is the *Post Employment Service Delivery (PESD)* project, funded in 1993 by the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS). Four sites operated PESD demonstration programs from 1994 to 1996 for welfare recipients who attained employment shortly after participating in the Job Opportunities and Basic Skills Training (JOBS) program. Participants were randomly assigned to receive program services or to receive regular services available to employed welfare recipients. The PESD case managers offered counseling and support, job search assistance, service referrals, assistance with obtaining benefits, and payment for work-related expenses. Case managers worked evenings and weekends, carried beepers or cell phones, and maintained personal and informal communication with clients to encourage client contact.<sup>18 19</sup>

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<sup>17</sup> Nightingale (2002).

<sup>18</sup> Rangarajan and Novak (1999).

<sup>19</sup> Rangarajan (2001).

Results from PESD show that although case managers were successful in providing counseling and services to most clients during the first six months, the program did not increase earnings, reduce welfare, or increase self-sufficiency. Possible reasons for the lack of program impacts include the relatively high caseloads and failure to tailor the counseling services to the needs of the client. Caseloads were higher than expected because more clients lost their jobs and needed additional services over time. The PESD program also provided the same type of case management to all clients. Thus, for clients who did not need intensive case management, more resources were expended than necessary; whereas for clients with multiple or severe barriers, not enough resources were used. Lessons learned from the PESD demonstration include:

- Simplify service delivery so that case managers spend less time resolving bureaucratic issues relating to child care, food stamps, and TANF benefits.
- Begin job retention services before clients are placed in jobs as part of the job search process.
- Tailor the level and type of service to the needs of clients to more efficiently use resources.
- Involve employers and employer mediation to help resolve retention problems and identify strategies or training requirements for advancement. Although more than 40% of PESD clients reported workplace conflicts, few opted to have their case managers intervene, possibly fearing the stigmas of having been a welfare recipient or of needing assistance resolving problems. Perhaps pre-employment training or workshops for a broad segment of employees at the client's workplace are options that avoid the stigmas.
- Include more activities geared specifically toward retention and advancement, such as career planning.

### ***Employee Retention and Advancement (ERA)***

The ***Employee Retention and Advancement (ERA)*** project, funded by the Administration for Children and Families (ACF) in DHHS and the DOL, is an ongoing study of the strategies and services that help low-wage workers maintain employment and advance.

Using a random assignment design, the ERA project will test the effectiveness of various pre-employment and post-employment strategies for job retention and career advancement, employer initiatives, and job retention strategies for the hard-to-employ. Considering the findings from the welfare-to-work studies and the PESD, ACF chose programs that emphasize placing clients in good jobs (associated with greater retention) and in full-time jobs (associated with advancement).<sup>20</sup>

There are 15 ERA programs in eight states. As shown in Table F-2, the programs differ somewhat in their focus. Seven programs recruit clients pre-employment for job search services, and four of these programs target participants who have barriers to employment (e.g., disabilities, substance abuse, long-term welfare recipients, welfare recidivists, individuals who have cycled in and out of employment). Seven programs begin services post-employment and emphasize advancement services: six to TANF recipients (and leavers), and one to low-wage workers in specific firms. The SC project recruits long-term TANF leavers, some employed and some not.

**Table F-2: 15 ERA Programs in 8 States: Services and Target Population<sup>21</sup>**

		Services					Target Population			
	State	Education &/or Training	Job Search	Career Planning	Retention	Advancement	Regular TANF Recipients	Specific TANF Recipients	TANF Leavers	Low-Wage Workers in Specific Firms
1.	LA		√				√			
2.	TX		√				√			
3.	OR		√	√	√		√			
4.	NY	√	√		√			√ <sup>22</sup>		
5.	NY		√		√			√ <sup>23</sup>		
6.	MN		√		√			√ <sup>24</sup>		

<sup>20</sup> Bloom et. al. (2002).

<sup>21</sup> Bloom (2004).

<sup>22</sup> Recipients with disabilities

<sup>23</sup> Recipients with substance abuse problems

7.	OR		√		√		√ <sup>25</sup>	
8.	CA	√		√		√	√	
9.	IL	√		√		√	√	
10.	LA		√	√	√	√		√
11.	OR		√	√	√	√		√
12.	OR		√	√	√	√		√
13.	CA				√	√		√
14.	OH			√	√			√
15.	SC		√	√	√	√		√

ERA is attempting to increase career advancement by encouraging participants to complete education and training programs while employed, or by encouraging participants to find better jobs, either with their current employer or with another employer. Some ERA programs will attempt to negotiate with employers for release time, flexible work schedules, tuition reimbursement, or on-site instruction in order to provide training to working single mothers, who have little time outside work to pursue additional training, and who cannot afford to lose income due to lost work hours.<sup>26</sup>

To increase retention, ERA counselors visit workers on the job and work with participants' supervisors to discuss performance issues. Once participants have been stabilized on a job, counselors discuss advancement options and steps the participant would need to take in order to advance. If participants do not want their counselor to contact their employer or visit them on the job, because they may fear being stigmatized at work, counselors will respect their wishes.

There are two implementation reports that have been released on the initial findings from the ERA program. At the time of the second implementation report, June 2003, all programs were operational. Outcome results are due in early 2005.<sup>27</sup> The following program needs were identified in the second implementation report:

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<sup>24</sup> Recipients who did not succeed in a regular welfare-to-work program

<sup>25</sup> Recipients who have lost their job or who have a history of recycling back to TANF

<sup>26</sup> Bloom et. al. (2002).

<sup>27</sup> Anderson and Martinson (2003).

- Better marketing (emphasis on how the program will benefit participants rather than just a description of program components)
- Financial or other incentives to increase participation in post-employment services because maintaining client contact has been difficult
- Formal assessment tools (mental health and substance abuse problems, learning disabilities, domestic violence, basic skills deficiencies) to document barriers to employment and retention
- Career counseling tools (e.g., interview guides, checklists, questionnaires) to help participants identify their skills, interests, personal characteristics and strengths and an appropriate career goal
- Career paths in order to break long-term career goals into steps
- Rapid re-employment and retention services to deal with the frequent occurrence of job loss
- Staff training as career counselors in order to transition from a job placement and retention focus to career advancement
- Maximum caseload size of 75
- Referrals to other organizations for services, especially for the hard-to-employ population
- Data collection systems to track program participation and participant outcomes (and ways of contacting participants after they no longer participate in a program)

Only one of the ERA programs, Cleveland's Achieve Program, is an employer-based program which aims to improve job retention among entry-level healthcare workers who have wages below 200% of the poverty line. The program, run by a local nonprofit service provider, Towards Employment, is working with 22 long-term nursing care facilities in the Cleveland area. The program includes one-on-one case management for low-wage workers, lunchtime discussion groups for all employees, and supervisory training for the supervisors of low-wage workers. Case managers collect intake information about demographics, job characteristics, barriers, and goals; provide career counseling and assist workers in developing a step-by-step plan; and offer retention services such as emergency assistance and help budgeting and accessing public benefits. The lunch and learn biweekly discussions are open to all employees and cover a variety

of topics such as home ownership, substance abuse, and the Earned Income Tax Credit (EITC). Supervisory training includes lessons on problem solving, relationship building, and managing employee styles.<sup>28</sup>

### ***National Work Advancement and Support Center Demonstration (WASC)***

Another ongoing study, funded by federal and foundation funds, is MDRC's ***National Work Advancement and Support Center Demonstration (WASC)***, which will test different worker-focused and employer-focused approaches to increasing low-wage workers' retention and advancement. The demonstration program aims to expand existing WIA and One-Stop service delivery capabilities by increasing the hours of operation, access to work supports, and the availability of training. The demonstration will also test working with employers to identify low-wage workers and to develop on-the-job training that leads to advancement. The demonstration project began with the selection of sites in late 2003 and will conclude in 2007. The demonstration project will include a research component to test ways to increase the participation of low-wage workers and their families in job retention and advancement services.<sup>29</sup>

### **Pre-employment Programs**

Studies of the pre-employment Welfare-to-Work programs have discovered some strategies and services that seem to result in better retention and advancement. The ***National Evaluation of Welfare-to-Work Strategies (NEWWS)*** studied 11 programs at 7 sites (Atlanta, GA; Columbus, OH; Detroit, MI; Grand Rapids, MI; Oklahoma City, OK; Portland, OR; Riverside, CA). The programs varied in their approach to retention and advancement, with some programs emphasizing rapid employment and accumulation of work experience -- a "work first" approach. Other ***NEWWS*** programs emphasized adult basic education, GED preparation, English as a Second Language (ESL), or vocational training -- a human capital development

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<sup>28</sup> Fishman (2004). See also the website at <http://www.towardsemployment.org/achieve.htm>.

<sup>29</sup> July 19, 2004 presentation at Workforce Innovations 2004 Conference, San Antonio, TX. [http://www.workforceinnovations.org/speaker\\_docs](http://www.workforceinnovations.org/speaker_docs)

approach. Some program sites combined employment and education strategies, varying their approach depending upon the client's educational and work history. At all sites, welfare recipients were randomly assigned to either a program group or to the control group. To directly compare the "work first" and human capital development approaches, three sites operated both types of programs. Welfare recipients at those three sites were randomly assigned to one of the following: the work first program, the human capital development program, or the control group.

The results show that the most effective program was Portland, OR, NEWWS<sup>30</sup>, which used a combined strategy of employment and education. The Portland, OR site tailored initial activities for participants depending upon their educational and skill level, work history, and barriers to employment. This individualized approach allowed counselors to adapt the program to meet the needs of the client. Participants were also encouraged to postpone employment until they found a full-time job that paid at least 25 percent more than minimum wage, offered stable employment and provided opportunities for advancement. Portland, OR NEWWS was more successful than the "work first" NEWWS sites at increasing employment and earnings. At the same time, the Portland program was superior to the human capital development sites at increasing receipt of occupational licenses or certificates and GEDs. Portland's success in the NEWWS program might be attributed to several factors -- the mixed strategic approach, the established partnership between the community college and the welfare department, the use of clear employment messages for participants engaged in short-term training or education, high quality training and GED preparation courses, relatively low caseloads, provision of child care benefits, and the emphasis on holding out for a good job.<sup>31 32 33 34</sup>

Results from the control groups in the NEWWS programs show that most welfare recipients do obtain jobs, but their employment is unstable and their earnings are low. About three-quarters of the control group found jobs during the five-year follow-up period, but among

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<sup>30</sup> Also known as the Portland JOBS training program and the Steps to Success program.

<sup>31</sup> Michalopoulos (2001).

<sup>32</sup> Hamilton (2002).

<sup>33</sup> Freedman et. al. (2000).

<sup>34</sup> Scrivener et. al. (1998).



those who found jobs, three-quarters were unemployed by the end of the fourth year. Average earnings, including zero earnings for those who did not work, ranged from \$2,500 to \$5,000 a year. Those with a high school diploma or GED at the start of the program earned an average of \$4,839 a year, whereas those without a diploma or GED earned an average of \$2,646. At the end of five years, one-quarter did not have health insurance, and less than half who had coverage obtained it from their employer. The majority of control group members enrolled in some type of vocational training or postsecondary education during the five years, but few enrolled in organized job search or adult education courses.<sup>35</sup>

Initially, the program group participants in NEWWS, regardless of the program approach, fared better than the control group participants. All 11 programs increased participants' employment and earnings and decreased the duration and amount of welfare receipt more than the control group. However, the effects decreased over time, so that at the end of the fifth year, only program participants from the Portland mixed strategy site and the Riverside "work first" site had significantly higher earnings than the control group. It is important to note that relatively few program participants experienced stable employment over the five years, and most program participants earned low wages. From 60 to 80 percent of program participants were unemployed for at least one quarter in the five years, and 70 to 85 percent earned less than \$10,000 in the fifth year. Also, while a larger percent of program participants' income came from their earnings, as opposed to welfare, income of program and control group members did not differ statistically.<sup>36</sup>

Additional analyses of NEWWS have compared the most disadvantaged -- those who had long-term welfare receipt, dropped out of high school, and had been unemployed long-term -- with the least disadvantaged who have none of these barriers or with the moderately disadvantaged who have one of the barriers. The NEWWS programs increased earnings for the two disadvantaged groups as well as for the least disadvantaged. However, the most disadvantaged still earned about half as much as the moderately disadvantaged. For the most

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<sup>35</sup> Hamilton (2002).

<sup>36</sup> Hamilton (2002).

disadvantaged, the type of program focus – employment or education – made little difference.<sup>37</sup>

#### *4.0 Relative Benefits of Training and Work Experience*

There is a debate about the relative benefits of training versus work experience for increasing job retention and wages for low-wage workers. Training typically includes one or more of the following types of skill areas:<sup>38</sup>

- Basic skills: literacy, writing, math, GED preparation, English proficiency, instruction on how to complete a job application form
- Hard skills: computer skills, technical or vocational skills and job-specific training
- Soft skills: people skills, punctuality, understanding work place culture, self-management, self-esteem and responsibility, communication skills

Data from the 1997 National Survey of America's Families (NSAF) show that a high school diploma or GED is the highest level of educational attainment for the head of household in 71 percent of low-income families compared with 39 percent of higher-income families.<sup>39</sup> The educational attainment of welfare recipients in the NEWWS was even lower -- half had not finished high school.<sup>40</sup> This finding is substantiated by Lerman, et. al. (1999) using Current Population Survey data for metropolitan areas; they found that 40 percent of welfare recipients in 1997 had less than a high school diploma.<sup>41</sup> Moreover, the percent of low-income (defined as earning less than 200% of the poverty level) single-parents who have some college education has declined from 24% in 1996 to 17% in 1999, which may reflect the effects of the first three years of PRWORA and the emphasis on work over training.<sup>42</sup> The percent of TANF families participating in education and training activities has also declined, from 5.8% in 1996 to 2.7% in 1999.<sup>43</sup>

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<sup>37</sup> Hamilton (2002).

<sup>38</sup> Jarchow (2003).

<sup>39</sup> Acs et. al. (2001). Note Acs, et. al. define low-income families as having incomes less than 200 percent of the poverty threshold.

<sup>40</sup> Hamilton (2002).

<sup>41</sup> Lerman et. al. (1999).

<sup>42</sup> Jones-DeWeever et. al. (2003).

<sup>43</sup> Strawn et. al. (2001).

The correlation between education and employment and income, especially for college educational levels, suggests that low-wage workers need to acquire additional education in order to obtain better wages.<sup>44</sup> On average, college graduates earn \$45,400 per year; high school graduates earn \$25,900 per year; and high school dropouts earn \$18,900 per year.<sup>45</sup> The trend in the last 30 years indicates a growing gap, as the real wages of workers with a high school degree declined 18.5 percent, while the real wages of workers with a college degree increased 15.9 percent.<sup>46</sup> Even taking a few college courses without getting a two-year or four-year degree can increase earnings 5 to 11 percent.<sup>47</sup>

Research of JTPA-funded projects found the impact of basic education and vocational training disappointing. Even among the most successful group, adult women, the gains were small. Although JTPA adult women earned \$900 more than the control adult women, both groups' earnings were well below the poverty line. JTPA participants had annual earnings at 54% of the poverty line compared to 46.9% of the poverty line for control women. Furthermore, most of the earnings gains were due to higher rates of employment rather than to higher wages. Thus, there is little evidence from JTPA that training helps participants hone their skills to command higher wages.<sup>48 49 50</sup>

The type and amount of training varied, but on average, those who received JTPA training received training for less than one year. The average training cost was a few thousand dollars per participant. Among economically disadvantaged participants (as opposed to dislocated workers), those receiving classroom training were most likely to be adult women; those in GED classes were most likely to be youth, and those in on-the-job training were most likely to be “job ready” men. On-the-job training resulted in the largest earnings gains.<sup>51</sup>

One noteworthy training success is the Center for Employment and Training (CET) in San

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<sup>44</sup> Carnavale and Rose (2001).

<sup>45</sup> Day and Newburger (2002).

<sup>46</sup> Karoly and Panis (2004).

<sup>47</sup> Carnevale and Desrochers (2003).

<sup>48</sup> U.S. Department of Labor (1995).

<sup>49</sup> Bloom et. al (1993).

<sup>50</sup> Grubb (1995).

<sup>51</sup> Orr et. al. (1996).

Jose, California. CET provides basic skills and vocational training to young female single parents and young high school dropouts. On average, CET participants increased their annual earnings by \$3,000. The program success may be due to the extensive involvement of local businesses in designing the skills curriculum and in providing technicians to teach some of the courses. Small class sizes, intensive instruction (35 hours a week for 7 months), and the integration of basic skills with vocational training using a “hands-on” approach are other distinguishing features.<sup>52 53</sup>

We reviewed several types of studies that provide information about the relative impacts of increasing the educational skills, the vocational skills, or the work experience of low-wage workers. Studies that compare the longer-term outcomes for women in welfare-to-work projects that emphasized a “work first” approach with those that adopted a human capital development approach are described first. Next, we present results of studies that examine the relationship between educational level, earnings and occupational choice in a national sample of single mothers. These studies point to the importance of focusing on select industries that pay better wages and offer more opportunities for advancement.

### Work First versus Basic Education and/or Vocational Training

Several studies have looked at the longer-term impacts of the welfare-to-work programs. In an evaluation of the longer-term impacts of the California Greater Avenues for Independence (GAIN) Program in the late 1980s, Hotz, et. al. (2000) show the program benefits found in the three-year follow-up had disappeared by nine years. At three years’ follow-up, welfare recipients in work first programs had higher earnings, more employment and less welfare use than recipients in programs emphasizing basic education and/or vocational training. However, the gain in earnings for the employment-focused groups was largely due to increased hours, not increased wages. The later follow-up at nine years shows that the work first program benefits decline over time, while human capital development program benefits tend to remain constant or

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<sup>52</sup> U.S. Department of Labor (1995).

<sup>53</sup> Pindus and Isbell (1996).

increase over time.<sup>54</sup>

The five-year follow-up NEWWS report (Hamilton 2002) of all NEWWS programs showed that employment-focused programs generally increased employment and earnings more than did education-focused programs. Among the three sites that ran both types of programs, few showed statistically significant differences in terms of employment, earnings, months on welfare, and welfare payments. Where there were significant differences, the employment-focused programs were superior. Neither approach was successful in increasing earnings or employment in stable and well-paying jobs. Given that the employment-focused strategy was less expensive to implement, the results argue against programs attempting to increase human capital through education and training.

Another analysis by Bloom, et. al. (2003) analyzed pooled data from three evaluations: the California's GAIN (Riccio and Friedlander, 1992), Florida's Project Independence (PI) (Kemple and Haimson, 1994) and the NEWWS (Hamilton, 2002; Hamilton, et. al., 2001). Bloom's analysis showed that a program's emphasis on rapid employment had the largest positive effect on participants' earnings in the first two years after random assignment. Next, personalized client attention was positively related to later earnings. Larger than average caseload sizes (the average was 136 clients) was negatively related to earnings. Participating in basic education classes is also negatively related to earnings, presumably because time in the classroom is time not spent earning money. However, there was no negative effect of vocational training, which also would have an opportunity cost. Other variables that were related to earnings, but reflect features that programs cannot control, include the local unemployment rate, the proportion of clients with a high school diploma or GED, the proportion of women with three or more children, and the proportion who had been on welfare for all of the preceding year. The analysis did show that participants who had completed high school or obtained a GED had higher earnings than did participants who had not completed high school.

One drawback with the "work first" approach, compared to the human capital

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<sup>54</sup> Hotz et. al. (2000).

development approach, is that workers are likely to be back in the job market soon, and without a diploma or certification, finding another job can be difficult. In addition, many vocational training programs require a high school diploma or GED. The return to unemployment may be a good time for further training and retention services.<sup>55</sup> However, career advancement from minimum wage to \$15 per hour may require 1,000 hours or more of training.<sup>56</sup> Based on the Portland, OR NEWWS experience, the combination of basic education and training pays off better than basic education or GED acquisition alone but may take a year or more. Similarly, high school graduates benefit from postsecondary education and training. The Atlanta human capital development NEWWS, the NEWWS site with the highest earnings gains for high school graduates, increased the number who obtained trade licenses or certificates. Thus, even without obtaining a two-year or four-year degree, postsecondary training and education appears to pay off.<sup>57</sup>

A further analysis of NEWWS by Bos, et. al. (2002) examined educational and employment outcomes for a sample of NEWWS participants who did not have a high school diploma or GED upon program entry.<sup>58</sup> Their analysis differs from other NEWWS analyses which compare the program effects of an education approach with a work first approach without regard to the fact that some participants in the education program never enroll in adult education classes or drop out very quickly. Bos, et. al. compare those who actually participated in adult education with those who did not, rather than those who were assigned to the education group versus those assigned to the control group. The disadvantage of this comparison is that it is not based on the random assignment of group members. Thus, characteristics of those who obtained additional education may differ from those who do not, and not all of these distinguishing characteristics will be controlled in the analyses.

The results show that recipients who had relatively high reading scores at the time of program entry had the biggest gain from GED courses, whereas there was no improvement in GED receipt for those with less than a ninth grade education. At least a year of adult education

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<sup>55</sup> Blank (2002).

<sup>56</sup> Carnevale and Reich (2000).

<sup>57</sup> Martinson and Strawn (2002).

<sup>58</sup> Bos et. al. (2002).

seemed to be necessary in order to show any increase in literacy. In contrast, for all but those with less than a ninth grade education at program entry, the greatest gains in math skills and in GED receipt occurred with six months of basic education but did not increase with more education. Unfortunately, the average participation time in adult education was twelve 20-hour weeks, which is considerably less than a year of high school.

Bos, et. al. (2002) also looked at how GED receipt or additional literacy and math skill benefited workers. Those who received a GED had higher earnings and received fewer welfare benefits than did those who did not receive a GED (although there are other differences between the groups that may not have been controlled). A more robust comparison is between program participants who obtained a GED and control group members earning a GED. The program participants who received a GED had higher earnings, a finding which suggests program benefits further enhanced the value of the credential. An increase in reading skills was also related to higher earnings, even in addition to the effect of GED receipt. Increases in math skills did not show any additional impact on earnings or welfare receipt.

The NEWWS program that had the best results, Portland, OR NEWWS, had a mixed job search and education or training focus. This result is consistent with the evaluation of the GAIN program in California in the late 1980s. Five years after assignment to the program group, participants in the Portland, OR NEWWS showed an average of \$1200/year earnings increases, while participants in GAIN Riverside, CA showed \$1400/year increases. Both Portland, OR NEWWS and Riverside, CA GAIN were flexible about initial activities, offered job search and short-term education services, enforced participation requirements, and were clear about the goal – increase employability. Both programs assigned participants who were not ready to enter the labor market to basic education (or in Portland to basic education, life skills, or training) and limited education or training to six months or less.<sup>59</sup>

Portland, OR NEWWS and Riverside, CA GAIN differed in how they provided education and training and in how they counseled job searchers. Portland partnered with the

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<sup>59</sup> Hamilton (2002).

local community colleges to design and implement courses, whereas Riverside used primarily adult education schools. The Portland program increased the percentage of participants who received both a GED or high school diploma and a trade license or certificate. In addition, the program increased the proportion of welfare recipients who took a community college course by 21 percent over the control group. Portland also counseled participants to wait for a good job, one paying at least 25% more than minimum wage and having the potential for stable employment. In contrast, participants in Riverside GAIN were encouraged to take the first job offered.<sup>60</sup>

### Education and Occupational Choice

Foster-Bey and Rawlings (2002) report that certain industries and occupations provide above average entry-level earnings, greater job quality, and the potential for upward wage progression and career advancement for single mothers leaving welfare, even those with less than a high school education.<sup>61</sup> Using data from the Current Population Survey from 1993-2000, they examined 18-64 year old single employed women with children under age 18. They looked at three groups: those who received welfare in the previous year, those who did not receive welfare but whose earned income is less than or equal to 150% of the poverty level for a family of three, and those whose earned income is greater than 150% of the poverty level for a family of three. The educational level of the women was coded as less than a high school diploma or GED, high school diploma or GED, some college but no degree, college degree or more. Industry groups included: (1) resources (agriculture/mining/forestry/fisheries); (2) construction and transportation; (3) manufacturing; (4) wholesale and retail trade; (5) hospital and medical services; (6) finance, insurance, real estate, business services, communication; (7) personal services, including private households; (8) personal services, not including private households; (9) other services; (10) educational services; and (11) social services. The results show that:

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<sup>60</sup> Hamilton (2002).

<sup>61</sup> Foster-Bey and Rawlings (2002).



- Education and earnings were positively correlated. High school graduation, in particular, results in a dramatic improvement in earnings for all three groups, single welfare mothers, single low-income mothers, and single high-income mothers.<sup>62</sup>
- After controlling for education and income/welfare status, researchers found that sectors such as manufacturing and health services provided above average earnings and opportunities for upward mobility. Construction/transportation and financial and business services were other industries where single welfare or low-income mothers had above average annual earnings.
- Opportunities for upward mobility were estimated for industry groups by comparing the earnings of low income and welfare women with the same educational level, to determine whether low-income women, who presumably have greater work experience, indeed have higher earnings than welfare women, who presumably are employed in entry-level positions. The results confirm that for single mothers without a college degree, manufacturing, health services, financial and business services, and construction/transportation appear to both provide above average earnings for entry-level workers and to reward increased labor market experience.

The authors conclude that there are several industries where women with a high school education or less can earn above average annual earnings and can achieve earnings growth. Thus, although the authors found that formal education is important – earnings increase with education – there are some industries where work experience and on-the-job training are rewarded regardless of educational level.

The relationship between industry and earnings is also found by Andersson, et. al. (2003) using the Longitudinal Employer-Household Dynamics (LEHD) data from unemployment insurance records and various Census Bureau household and employer surveys. They examined the data for male and female workers making less than \$12,000 per year (in 2000 dollars) for three consecutive years, 1993-95, to determine their earnings growth between 1996 and 2001.

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<sup>62</sup> A college degree made a larger difference in earnings among high-income women. Interestingly, college-educated low-income women did not earn more than high school graduates. The authors note that the sample size of college-educated low-income women was small, although they did not specify the sample sizes in this report.

Advancement rates were significantly higher among workers in construction, manufacturing, transportation/utilities, and wholesale trade than among workers in retail trade or the services sector. Greater earnings gains also occurred for workers at larger firms or at firms with lower turnover rates. Within industries, there is also variation. For example in manufacturing, firms producing durable goods (e.g. cars, appliances) pay more than those producing nondurables (e.g. textiles, apparel). In retail trade, supermarkets and department stores pay higher wages than restaurants and other small retail stores. In the service sector, the financial and health services pay better than personal services or hotel and entertainment services.

Andersson et. al. (2003) found wage gains occurred even when employees were working for low-wage employers, although the gains were less than for high-wage employers. Early employment with a temporary agency increased a low-wage worker's likelihood of being employed at a higher-wage firm, and thus of having higher earnings. Workers who changed jobs had greater wage gains than workers who stayed with the same employer.<sup>63</sup>

Placement in better jobs has also been shown by other studies to be associated with retention. In the Annie E. Casey Foundation Jobs Initiative demonstration project, welfare clients who obtained jobs in medical office administration, construction, manufacturing and business services had one-year job retention rates of 65 percent and higher starting wages, between \$8.73 and \$12.28 per hour.<sup>64</sup>

## *5.0 Effective Strategies for Partnering With Employers*

Many of the problems that lead to job turnover are associated with workplace issues. One of the lessons from the PESD was that case managers need to become more knowledgeable about their clients' workplace in order to counsel effectively, and to occasionally intervene to help resolve workplace issues. Getting along with supervisors, coworkers, and customers was the biggest problem on the job, according to employed former welfare recipients in the Pittsburgh GAPS Initiative. This soft "people skill" was chosen four times as often as

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<sup>63</sup> Andersson et. al. (2003).

<sup>64</sup> Fleischer (n.d.) cited in Jarchow (2003).

characteristics of the job, such as job related stress, poor benefits or salary, inconvenient schedule, and poor working conditions.<sup>65</sup>

In this section, we describe how employers can serve as allies in helping low-wage workers build a stable work history and achieve self-sufficiency. We present four case studies that show different approaches to working with employers to improve the quality of their entry-level or near entry-level workforce. The first, the Michigan Welfare to Career Program, is an example of how the local welfare agency partnered with an engineering firm to increase retention. The second case study is a new project in which employer associations serve as workforce intermediaries to change human resource practices in manufacturing companies. As workforce intermediaries, the employer associations strive to meet human resource needs of companies while also meeting the career development needs of employees. Workforce intermediaries typically foster partnerships between employers, non-profit social service organizations, educational institutions, organized labor, and government agencies. The third study, San Francisco Works, is another example of a workforce intermediary--in this case a collaboration among the city's largest businesses, the United Way, and the Chamber of Commerce to provide job training that will lead to better paying jobs. Seattle Jobs Initiative (SJI) is the fourth case study. SJI uses training coordinators and brokers as workforce intermediaries in a partnership of community business organizations and community colleges. We conclude this section with some recommendations from Crandall (2004) on how to engage businesses as partners in retention and advancement programs. All of these examples and recommendations reflect a "dual-customer" approach that serves both low-wage workers and employers.

### ***Case Study 1 – Michigan Welfare to Career Program***<sup>66</sup>

An example of how employers can partner with local welfare agencies to increase retention is the Cascade Engineering and Kent County Family Independence Agency "Welfare to Career" program in western Michigan. Welfare recipients are hired at Cascade at \$8.75 to \$9.10

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<sup>65</sup> Paulsell and Wood (2000).

<sup>66</sup> Jarchow (2003).

per hour but can move up the career ladder to \$15 per hour (in 2001, \$15 per hour allowed some families to become totally self-sufficient).

Cascade attributes their 90 percent or higher retention rate in 2002 to the following:

- Creating and using an assessment tool to identify employment barriers;
- Providing an intensive one-week orientation for all new employees (not just welfare recipients);
- Developing a career path from basic-level production skills to technical and leadership competence; and
- Inviting welfare caseworkers on site to help clients identify their current skill level and plan for skill development leading to advancement.

### ***Case Study 2 – National Association of Manufacturers Retention and Advancement Demonstrations (RAD)***<sup>67</sup>

Supported by The Ford Foundation and the Annie E. Casey Foundation as part of the Workforce Innovation Networks, the Retention and Advancement Demonstrations (RAD) seek to enhance retention and advancement among low-skilled workers in entry or near-entry positions by working with employers to improve human resource (HR) management. The projects partnered with the following employer associations: The Connecticut Business and Industry Association with over 10,000 members, the SMC Business Councils in Pittsburgh with over 5,000 members, and the American Society of Employers in the Detroit metropolitan area with over 1,000 members. The three associations developed a list of Human Resources best practices, recruited employers, and assigned personnel to advise and assist employers.

Recruiting employers to participate in RAD was challenging. All three employer-associations found that recruiting employers was more difficult than expected. Whiting quotes one RAD leader as saying, “Here we were offering essentially free, intensive services to employers. We thought they’d be lining up for the project, but this turned out not to be the case.

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<sup>67</sup> Whiting (2004).

We were surprised at how difficult a sell it was.”<sup>68</sup> Reasons for the challenge of engaging employers include the recession, which hit the manufacturing employers in the RAD project hard; the lack of attention focused on entry-level workers and a fatalistic acceptance of their absenteeism, turnover, skill deficiencies, and low productivity; and the novelty of the offer. The recession resulted in closures and layoffs, and discouraged employers from embarking on a new project that involved training, which is often curtailed during a recession. The offer of free and intensive services to employers was unusual, as employers typically spend little time and resources on their entry-level employees. The possibility that receiving advice from RAD leaders would require changes in practice was also a deterrent.

Despite the difficulty of engaging employers, RAD did eventually enroll 18 employers with 750 employee positions. Most of the employers were small and medium-size manufacturers. Some were ready to revamp their Human Resource practices and the workplace culture, while others merely wanted to upgrade their workers’ skills.

An unexpected reason for participating was that employers felt they needed to change their human resource practices in order to survive. RAD had anticipated that the main motivation would be to reduce absenteeism and turnover among entry-level workers. Instead, employers felt their business was threatened, and sought to improve the quality of their workforce in order to compete.

Another lesson that surfaced in this program was that the HR systems operated in a reactive rather than proactive mode. One project leader described the HR as “just-in-time HR.”<sup>69</sup> HR practices for hiring, new hire orientation, training, supervision, communication, and discipline were poor and needed to be overhauled. Thus the RAD projects sought organizational change. The HR systems needed to be repaired, and training needed to be provided to managers and supervisors before efforts for entry or near entry-level workers could be effective.

The RAD projects typically began with a diagnostic and trust-building phase. This phase

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<sup>68</sup> Whiting, 2004, p. 3.

<sup>69</sup> Whiting, 2004, p. 6.

often included employee interviews or analysis concerning HR policies and practices, the skill needs of various jobs and the training needs of employees, and on-the-job and at-home issues that are barriers to success. In the next phase, RAD projects have begun to implement changes to address some of the problems or needs identified.

It is interesting to note that although basic reading and math skills are deficient for many entry-level employees, basic education was not listed as a high priority. Also interesting is that the RAD associations and participating employers prefer community colleges and technical institutes to other training providers.

### ***Case Study 3 – San Francisco Works (SFWorks)***<sup>70</sup>

San Francisco Works (SFWorks) is an example of how a partnership between the Chamber of Commerce, a coalition of a city's largest businesses, and the United Way can be created to develop and provide training programs for welfare recipients. SFWorks had two goals: (1) create stronger ties between employment training programs and the job market; and (2) give welfare recipients access to jobs paying more than welfare. Established in 1997, each partner played a role: the Chamber of Commerce worked with its members to create new job opportunities, the coalition of the 35 largest businesses created some financial backing and recruited businesses interested in establishing in-house training programs, and the United Way provided an infrastructure of accounting and human resources, as well as elicited community-based organizations bids for services. SFWorks initially received funding from businesses and private foundations but later sought Employment Training Panel funds to pay participants during training. Lessons learned in the course of implementing and adjusting their program include:

- Stress bottom-line benefits like reduced recruitment and hiring costs and tax credits to attract businesses.
- Leverage business partnerships and resources (on-site training, equipment, facilities, funds for paid internships) to grow the program. For example, a

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<sup>70</sup> Bliss (2000).

partnership with the Bar Association provided SFWorks with access to 40 law firms.

- Recognize that “employer-led” initiatives seek active participation and buy-in at various levels of the organization, and need advocates within the organization. This is different than just obtaining financial backing. For example, SFWorks moved towards an employer-led or sectoral (cluster of employers in the same industry) program with employers actively involved in shaping the training curriculum.
- Limit the role of private sector intermediaries to that of a broker between employers and training agencies, rather than a provider of training. Intermediaries that were perceived as unbiased were more influential.
- Use paid internships to help participants gain confidence and use their hard-skills training in a real setting.
- Encourage employers to match employee volunteer mentors with participants.
- Realize that some public funding sources, such as ETP, may be inflexible and thus additional funds will be necessary to pay for job training. ETP requires training and paid work experience to begin simultaneously, as well as placement and 90-day retention. ETP will not pay for any training that occurs prior to placement, and will recall the training payments if the participant does not stay on the job 90 days.
- Offer training prior to placement in internships as well as during internships. Participants needed skills training before internships because most lacked the skills needed to even be placed as interns. On average, participants had a 5<sup>th</sup> grade reading level and 4<sup>th</sup> grade math skills.
- Training needs to be led by employers and designed towards specific jobs in specific industries. Employer involvement in the training includes participants having a better sense of what to expect on the job, paid internships are coordinated in advance, and employers can readily receive the necessary support systems like mentoring. Employers also identify the specific hard and soft skills necessary for the job.

### ***Case Study 4 – Seattle Jobs Initiative (SJI)***

One of the six cities funded by the Annie E. Casey Jobs Initiative in 1995, Seattle aimed to help low-income residents obtain living wage jobs and to supply employers in manufacturing, automotive, office occupations, and health care with qualified workers. Community-based organizations (CBOs) were in charge of recruitment, assessment, case management, job placement, and job retention services (including pre-employment training). Community colleges provided education and skills training and developed the curricula. Training coordinators facilitated communication among the community college faculty, CBOs, and employers. Brokers linked employers with the social service and training providers. Employers were involved in curriculum development and were asked to provide internships.<sup>71</sup>

The success of the SJI partnership is evident in the average hourly starting wage of \$9.80. Forty-five percent of the placements advanced and are earning an average hourly wage of \$13.12. In addition, the one-year job retention rate is 60%.

These four case studies illustrate how employers, working with employer organizations, social service agencies, educational institutions, or government agencies, can modify their human resource practices in order to promote employee retention and advancement. In this next section, we present strategies for marketing employers and developing effective partnerships.

### ***Marketing Strategies***

Crandall (2004) provides some strategies for forming partnerships with employers. Agencies can offer services to employers such as job placement, incumbent worker training, supervisor training, assistance in developing career ladders and mentoring programs, case management, and information about work supports (e.g., EITC, food stamps, healthcare, childcare, and transportation). To recruit and engage employers, effective marketing includes conducting a needs assessment, providing information about the cost of turnover and the advantages of increasing employee skill levels and loyalty, and establishing an agency contact

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<sup>71</sup> Fitzgerald (2004).



for the employer. Citing Hamilton's 2003 study of the employer-focused ERA program in Cleveland, Crandall recommends that services be marketed to all levels of the organization rather than just low-wage workers. In addition, agencies can integrate their retention and placement services, make their services convenient (e.g., provide on-site training), and work with employer associations or the chamber of commerce to increase credibility.<sup>72 73</sup> Finally, agencies should measure employer satisfaction with programs and services, share the findings with employers, and provide a plan for improvement.

## 6.0 Summary

The ultimate goal of welfare reform remains illusive. Programs have been successful at placing participants in jobs but have found little success at helping clients develop a stable work history and advance to better paying jobs. A few programs that have experienced relative success (e.g. Portland, OR NEWS; CET; Riverside, CA GAIN) offer clues but no sure formulas for ways programs can increase participants' retention, advancement, and self-sufficiency. Below we categorize these clues as they relate to employment, education and training, and case management and support services.

### Employment Services

- Fit program services to the participants' needs:
  - Maintain a flexible approach

The most successful NEWS programs, Riverside, CA GAIN and Portland, OR NEWS, were flexible with initial activities. Another mixed strategy site, Florida's Project Independence, used a formula approach and was less successful. (Gueron & Hamilton, 2002)
- Communicate a strong employment message coupled with a strategy to seek and wait for a "good" job (higher-paying with benefits):

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<sup>72</sup> Crandall (2004).

<sup>73</sup> Hamilton (2003).

- Encourage low-wage workers to work. Work experience does lead to wage growth, although it is less important for low-skilled than for medium-skilled workers. (Gladden & Taber, 2000)
- Encourage clients to select a good job that pays better than average wages and offers opportunities for advancement. Better-paying jobs with benefits are associated with higher retention. (Foster-Bey & Rawlings, 2002; Andersson, et. al., 2003; Portland, OR NEWWS evaluation; Rangarajan, et. al., 1998a; Rangarajan, et. al., 1998b)
- Steer clients toward industries, such as manufacturing, health services, construction/transportation, and the financial and business services, that offer better advancement potential (Cancian & Meyer, 2000; Foster-Bey & Rawlings, 2002)
- Provide career advancement services and job search assistance to help participants change jobs strategically:
  - Encourage low-wage workers to strategically seek a better job and to change jobs when appropriate. Wage growth occurs with planned job changes. (Gladden & Taber, 2000; Andersson, et. al., 2003)
  - If a good job is out of reach, encourage clients to work for temporary agencies. Temporary work experience connects low-wage employees with good employers and provides low-wage workers with an opportunity to learn the work culture and requirements of better employers (Andersson, et. al., 2003)
  - Train agency staff as career counselors. (Anderson & Martinson, 2003)

### **Education and Training Services**

- Emphasize the importance of adult basic education, English as a Second Language (ESL), and GED preparation:
  - Encourage participants lacking a high school diploma to obtain a GED, especially if they have completed 9<sup>th</sup> grade or more, or if they have relatively high reading scores. (Bos, 2002)

- Support ABE/GED education that is “hands-on” and applied to vocational training (e.g., CET).
- Encourage vocational skills training certification or licensing
  - Encourage some post-secondary vocational training or certification (Bos, et. al., 2002; e.g., Portland and Atlanta NEWWS sites )
- Choose high quality training that is focused on employment:
  - Partner with community colleges or technical institutes to provide training or to assist employers with developing on-the-job training. (Whiting, 2004; Bliss, 2000)
  - Seek employer input in vocational training but recognize that most employers do not have the in-house capability to develop training materials. (Bliss, 2000)

### **Case Management and Support Services**

- Adopt smaller caseload sizes:
  - The maximum caseload size should be 75, as smaller caseload sizes are correlated with better program success (Anderson & Martinson, 2003; e.g., PESD and NEWWS)
- Work with participants at their place of work:
  - Help new hires resolve workplace issues that could lead to turnover
  - Work with participants to plan for skill development leading to advancement (e.g., Michigan Welfare to Career Program)
- Provide support services to increase retention:
  - Discourage low-wage workers from being laid off or from changing jobs twice within a year. (Gladden & Taber, 2000; Cancian & Meyer, 2000)
  - Provide or refer support services, such as emergency assistance and help budgeting, help accessing public benefits [Earned Income Tax Credit (EITC), food stamps], childcare, transportation, and healthcare.

Partnerships with employers can be beneficial, although engaging employers is often

challenging. Examples of successfully selling a “dual-customer” approach involve employers who are faced with staffing shortages, stiff competition, such as the healthcare industry in a “boom economy,” or from manufacturers feeling competition from abroad (Whiting, 2004; Bliss, 2000). A sectoral approach may be appealing as it spreads training costs among similar businesses and reduces the costs of “poaching” (Aspen Institute, 2002). Employer partnerships often target more than entry- or near-entry level workers. In many cases, the partnerships work to improve human resource practices that affect the entire organization such as identifying requisite job skills for positions, creating career ladders, providing new hire orientation, and training supervisors and managers, as well as front-line workers. In the near future, results from ongoing demonstrations will provide additional guidance to programs providing services to low-wage workers.

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# **Appendix E**

## **Oregon State University Study of Low-Wage Health Worker Characteristics**

### **Formal Research Overview**

#### **Low-Wage Healthcare Worker Job Retention and Wage Progression: What Factors Contribute to Worker Success?**

## FORMAL RESEARCH OVERVIEW

*Why do some members of the transitional workforce who enter employment at the low end of the wage-tier manage to ultimately follow a career path to a secure family wage job, while other low-wage workers seem either to be perpetually under-employed or unemployed altogether?*

This question, which is frequently debated among Oregon workforce, education and social service professionals, was at the heart of the formal research component of this project.

### RESEARCH QUESTIONS

At the same time Action Strategies were being designed and implemented, the Oregon State University Department of Agricultural and Resource Economics designed a research project to address the following questions:

Is there a profile of attributes and characteristics possessed by members of the transitional workforce who enter employment at a relative entry-level wage and successfully maintain employment and progress in wage progression and career mobility?

Are there particular health sectors in which workers are more successful, and do labor market conditions affect the success of workers in low income occupations in maintaining employment and in wage progression?

## RESEARCH REPORTS

Two reports will be delivered as a result of this research component. They included:

**1. DEMOGRAPHIC PROFILE OF LOW-INCOME HEALTHCARE WORKERS.** With data from the Oregon Employment Department, researchers developed a portrait of the demographics, skills, attributes and services received in order to determine a profile of what is necessary for the entry-level healthcare workforce to effectively move along the workforce continuum. This report was prepared by the Oregon Department of Employment.

**2. ANALYSIS OF FACTORS CONTRIBUTING TO SUCCESSFUL RETENTION, CAREER ADVANCEMENT AND WAGE PROGRESSION.** Two regression models were developed to determine the impact of worker characteristics, job characteristics, industry characteristics, and labor market conditions, on labor force turnover and wage progression. The models were used to identify the characteristics of workers that make them more successful and that seem to contribute to retention and wage progression. The report was prepared by Oregon State University. A summary of findings follows. It is anticipated that the final report will be available in early 2006. Contact Dr. Bruce Weber at Oregon State University ([bruce.weber@oregonstate.edu](mailto:bruce.weber@oregonstate.edu)) for more information.

## **LOW-WAGE HEALTHCARE WORKER JOB RETENTION AND WAGE PROGRESSION: WHAT FACTORS CONTRIBUTE TO WORKER SUCCESS?**

What demographic characteristics of workers make them more successful in the labor market? In what health care sectors are low-income workers more successful in retaining employment and wage progression? Do local labor market conditions affect the employment retention and wage gain successes of workers in low-income occupations? The workforce development system has sought answers to these questions in order to better serve transitional workers and the currently employed seeking better jobs. This project has attempted to shed light on these questions for the Oregon workforce investment system.

The analysis focused on two employment outcome measures that the system uses to track performance of individuals who have received workforce services and have exited the system: job retention, measured as the number of quarters during the period July 2000 to June 2001 in which the individual received earnings from the same employer; and wage gain, measured as the gain in wages reported by the employer between the first quarter employed and the fifth quarter after employment.

Using data from the PRISM database of the Oregon Employment Department, we developed models of job retention and wage progression for the Oregon workforce served by the workforce system, which includes programs of the Oregon Employment Department, the Oregon Community College and Workforce Development Department, and several agencies of the Department of Human Services. The dataset includes about 215,000 individuals who had received employment-related services and exited the system between July 2000 and June 2001.

Using a truncated Poisson maximum likelihood model, we estimated the impact of selected demographic characteristics (race, gender, age, education and disability status), health care sector, and labor market characteristics (job growth rate and percent of population living in rural places) on job retention (the number of quarters a worker was retained in the same job during the

four quarter period after entering employment). Using a Tobit maximum likelihood model, we estimated the effect of these same factors on the wage gain over the year. Our results are summarized in the following table. A plus (+) indicates that the variable had a positive effect on retention or wage gain. A minus (-) indicates the variable had a negative effect. A 0 indicates that the variable had no statistically significant effect on the employment outcome.

We found that demographic characteristics (age, education, gender and disability), health care sector, and local labor market characteristics all matter for employment outcomes. Relative to Whites, Native Americans experience shorter job retention and lower wage gains, other things equal. Asians have better outcomes than Whites on both outcome measures. Hispanics have better job retention outcomes, but poorer wage gains, than Whites, other things equal. Being African-American has no effect on retention but boosts wage gains. Both wage gains and employment retention increase with age and education, but decrease for those who are disabled. Women have higher wage gains than men, other things equal.

Local employment context matters as well. Those working for doctors' offices or hospitals experience increased job retention and increased wages relative to those working in nursing or residential care, other things equal. And those living in "hot" labor markets (with high job growth) experience greater job retention and wage gains.

**Summary of Effects of Selected Factors on Employment Retention and Wage Gain  
Among Oregon Workers Who Received Workforce System Services and Exited the System  
between July 2000 and June 2001**

	<b>Retention</b>	<b>Wage Gain</b>
Native American	-	-
African American	0	-
Hispanic	+	-
Asian	+	+
Female	0	+
Disability	-	-
Age	+	+
Workforce Goal Flag	+	+
NAICS 1 (Doctors' Offices)	+	+
NAICS 2 (Hospitals)	+	+
H.S. Education	+	+
Beyond H.S. Education	+	+
County Employment Growth	+	+



**Appendix F**

**Mennonite Village: How One Employer Successfully  
Addressed Employee Turnover  
A Case Study**

# **MENNONITE VILLAGE:**

## **How One Employer Successfully Addressed Employee Turnover**

**September 2005**

**Prepared by:**

**Joyce Kaiser  
Coffey Communications, LLC**

**Prepared for:**

**U.S. Department of Labor  
Employment and Training Administration**

# MENNONITE VILLAGE LOW-WAGE WORKER TURNOVER STUDY

## Introduction

In 2002, the U.S. Department of Labor, Employment and Training Administration (DOL/ETA), initiated a two-year demonstration project for the purpose of improving job retention and advancement for low-wage workers. Four sites in two states (Oregon and California) were awarded grants to experiment with different approaches to dealing with the low-wage worker population. In addition to sponsoring the demonstration project, DOL/ETA also supported a process evaluation to track the implementation and outcomes of the projects.

During the course of the process evaluation, it was discovered that one of the participating employers from Oregon, the Mennonite Village, was experiencing significant success in retaining workers in the health care field. Their turnover rate for all employees is very low and among lower-level health care workers, is at least 40 percent lower than the national averages for these workers.

While conducting case studies was not envisioned as a part of the original process evaluation, it was determined that understanding why this employer's turnover rates were so low would add greatly to the body of knowledge regarding employment, retention, and advancement for this important group of low-wage workers.

The study is divided into three sections plus an appendix:

Turnover and Demand for Low-Wage Health Care Workers: This section provides national turnover rates for a variety of industries, turnover in health care occupations by state, and the demand for workers in the health care industry for Oregon. The demand information includes earnings and training methods for each occupation. The purpose of including these data is to demonstrate how truly unique the experience of the Mennonite Village has been and to show that their efforts will become increasingly important as demand for these workers increases over the next 5-10 years.

The Mennonite Village Experience: This section provides information regarding the local environment, the services offered, the organization's size and revenue, the turnover experience, and the policies and procedures in place at the Mennonite Village.

Conclusions: Based on a case study, this section provides some possible reasons why the turnover rates at the Mennonite Village are lower than both the state and national averages for all similar health care occupations.

## TURNOVER AND DEMAND FOR LOW-WAGE HEALTH CARE WORKERS

Health care is becoming more important with the aging of the baby boom demographic. At the same time that the demand for health care services is increasing, the availability of health care workers is either remaining steady or declining. Moreover, the providers of health care are more likely to be paraprofessionals rather than professional physicians and nurses.

“Our health care system is becoming increasingly reliant on paraprofessional caregivers that include mainly certified nurse assistants, home health aides, and personal care attendants. These workers provide at least 70 percent of the health system’s direct-care services in hospitals, nursing homes, assisted-living facilities and other institutions. Nationwide, paraprofessionals total more than 2.1 million workers; 86 percent are women; 30 percent are non-white; and most are between the ages of 25 and 54 (*Recruiting Quality Health Care Paraprofessionals*, Paraprofessional Healthcare Institute).

Over the next eight years, the paraprofessional work force is projected to be the nation’s seventh fastest-growing occupation (*Direct-Care Health Workers*, Paraprofessional Healthcare Institute). Situated at the bottom of the health-care hierarchy, these direct care workers are the face, voice, hands and heart of our health system for millions of long-term care consumers. Unfortunately, because these workers are typically paid poorly and provided with little training and support, they leave direct-care for better-paying, easier, and safer jobs, elsewhere. As a result, the overall turnover rate for paraprofessionals in home care agencies ranges from 40 to 60 percent and, in nursing homes, is often as high as 100 percent.<sup>1</sup>

The American Health Care Association, Health Services Research and Evaluation unit published the Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing

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<sup>1</sup> **The Changing Face Of The Health Care Industry**, Lynn Wallis,  
[http://olmis.emp.state.or.us/olmisj/ArticleReader?itemid=00003584&segmentid=0002&tour=0&p\\_date=1](http://olmis.emp.state.or.us/olmisj/ArticleReader?itemid=00003584&segmentid=0002&tour=0&p_date=1) March 31, 2004

Homes, February 12, 2003. In this report were more telling comparisons of turnover for specific health occupations in each state. The following tables are taken from that report. The first table shows the turnover rates for certified nursing assistants (CNAs) in all states. The findings were based on data from as few as 19 percent of all facilities (Louisiana) to as many as 60 percent of all facilities (Hawaii). The turnover rates ranged from a low of 20.7 percent (Hawaii) to a high of 135.5 percent (Oklahoma). The rate for Oregon was 68.2 percent. The second table provides data by state for a broader range of health care occupations which allows for comparisons among occupations in the health care field. In all states except Hawaii, the low-wage CNA had higher turnover rates than the better-paid Licensed Practical Nurse (LPN). In most states (44) the turnover rate for CNAs was greater than for Registered Nurses (RN).

In addition to these tables, the report also provided information regarding turnover in rural versus urban settings:

“Similar to the pattern for vacancy rates, urban freestanding nursing facilities experienced the highest turnover rate in every job category except CNAs in 2002. For CNAs, rural freestanding facilities had the greatest turnover rate. The CNA turnover rate at rural freestanding facilities was 76.4%, while that for urban freestanding facilities was 72.4%. Hospital-based facilities, whether rural or urban, experienced the lowest turnover rates across all job categories, at or below 30% for all positions except CNAs where the rate was about 40%.<sup>2</sup>

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<sup>2</sup> AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes, February 12, 2003

Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes

Table C2: Annualized Turnover Rate Estimates by Job Category and State (based upon six months ending June 30, 2002)

Job Category	State	Total Facilities	Facilities in Sample	Percentage of Total Facilities	Established Positions in Sample Facilities	Total Turnover in Sample Facilities	Turnover Rate
CNA	Alaska	15	7	46.7%	173	120	69.5%
	Alabama	222	104	46.8%	5,107	4,114	80.6%
	Arkansas	240	81	33.8%	3,048	3,474	114.0%
	Arizona	139	63	45.3%	2,691	2,806	104.3%
	California	1321	294	22.3%	10,544	5,708	54.1%
	Colorado	222	72	32.4%	2,132	1,410	66.1%
	Connecticut	253	64	25.3%	2,969	1,461	49.2%
	District of Columbia	21	9	42.9%	569	253	44.5%
	Delaware	42	17	40.5%	693	405	58.5%
	Florida	714	288	40.3%	13,370	8,160	61.0%
	Georgia	356	171	48.0%	6,880	5,210	75.7%
	Hawaii	45	27	60.0%	1,173	243	20.7%
	Iowa	465	173	37.2%	4,279	2,595	60.7%
	Idaho	83	37	44.6%	1,050	1,163	110.8%
	Illinois	836	229	27.4%	7,327	5,532	75.5%
	Indiana	549	151	27.5%	4,336	3,941	90.9%
	Kansas	367	147	40.1%	3,423	3,271	95.6%
	Kentucky	298	108	36.2%	3,686	3,967	107.6%
	Louisiana	320	61	19.1%	2,302	2,316	100.6%
	Massachusetts	496	145	29.2%	6,343	3,252	51.3%
	Maryland	235	78	33.2%	3,402	1,777	52.3%
	Maine	111	39	35.1%	1,189	605	50.9%
	Michigan	433	148	34.2%	6,409	4,207	65.6%
	Minnesota	424	157	37.0%	5,607	2,865	51.1%
	Missouri	547	182	33.3%	5,553	6,833	123.1%
	Mississippi	191	73	38.2%	2,574	2,003	77.8%
	Montana	101	33	32.7%	938	755	80.5%
	North Carolina	407	173	42.5%	6,851	5,739	83.8%
	North Dakota	86	49	57.0%	2,317	1,017	43.9%
	Nebraska	228	116	50.9%	3,217	1,889	58.7%
	New Hampshire	82	28	34.1%	1,207	472	39.1%
	New Jersey	352	94	26.7%	4,017	1,837	45.7%
	New Mexico	77	39	50.6%	1,422	1,552	109.1%
	Nevada	44	14	31.8%	470	370	78.7%
	New York	662	185	27.9%	12,076	5,040	41.7%
	Ohio	988	336	34.0%	11,994	10,223	85.2%
	Oklahoma	362	92	25.4%	2,417	3,276	135.5%
	Oregon	144	41	28.5%	1,188	810	68.2%
	Pennsylvania	749	245	32.7%	9,753	4,940	50.7%
	Rhode Island	96	32	33.3%	1,313	1,085	82.7%
	South Carolina	171	59	34.5%	2,346	1,649	70.3%
	South Dakota	111	53	47.7%	1,484	759	51.1%
	Tennessee	340	152	44.7%	6,066	5,576	91.9%
	Texas	1127	236	20.9%	7,264	7,640	105.2%
	Utah	91	38	41.8%	1,007	1,116	110.8%
	Virginia	267	104	39.0%	4,326	3,165	73.2%
	Vermont	43	16	37.2%	558	378	67.8%
	Washington	267	95	35.6%	3,564	2,533	71.1%
	Wisconsin	399	160	40.1%	6,372	3,488	54.7%
	West Virginia	140	61	43.6%	2,013	1,163	57.8%
	Wyoming	38	18	47.4%	513	444	86.5%

Table 12: Annualized Turnover Rate Estimates by Job Category and State (based upon six months ending June 30, 2002)

State	<i>DON</i> Turnover Rate	<i>Admin. RN</i> Turnover Rate	<i>Staff RN</i> Turnover Rate	<i>LPN</i> Turnover Rate	<i>CNA</i> Turnover Rate
Alaska	28.6%	0.0%	33.7%	36.4%	69.5%
Alabama	54.1%	41.8%	58.3%	48.3%	80.6%
Arkansas	60.7%	48.1%	62.4%	61.6%	114.0%
Arizona	68.6%	52.2%	94.6%	74.3%	104.3%
California	51.0%	45.5%	48.3%	48.2%	54.1%
Colorado	47.7%	48.5%	49.1%	48.4%	66.1%
Connecticut	34.9%	33.2%	43.5%	35.2%	49.2%
District of Columbia	44.4%	35.7%	27.8%	28.2%	44.5%
Delaware	25.0%	40.0%	43.8%	32.6%	58.5%
Florida	57.1%	45.2%	55.1%	51.8%	61.0%
Georgia	66.7%	43.5%	48.8%	52.7%	75.7%
Hawaii	14.8%	21.7%	38.9%	25.1%	20.7%
Iowa	30.9%	32.4%	39.9%	42.0%	60.7%
Idaho	36.8%	36.8%	71.9%	54.4%	110.8%
Illinois	53.2%	32.7%	41.0%	51.6%	75.5%
Indiana	54.5%	30.6%	54.0%	63.2%	90.9%
Kansas	48.6%	29.0%	55.0%	61.6%	95.6%
Kentucky	53.6%	45.2%	68.3%	64.5%	107.6%
Louisiana	32.2%	36.7%	59.9%	49.6%	100.6%
Massachusetts	40.9%	30.2%	50.4%	49.3%	51.3%
Maryland	33.8%	32.4%	46.0%	42.7%	52.3%
Maine	26.8%	40.5%	41.6%	34.9%	50.9%
Michigan	27.6%	24.1%	43.7%	37.5%	65.6%
Minnesota	16.8%	24.2%	30.5%	30.8%	51.1%
Missouri	60.8%	42.7%	56.1%	64.2%	123.1%
Mississippi	69.3%	95.3%	97.0%	70.7%	77.8%
Montana	35.3%	36.8%	46.5%	48.3%	80.5%
North Carolina	36.1%	42.7%	54.1%	52.3%	83.8%
North Dakota	27.3%	8.6%	27.9%	24.7%	43.9%
Nebraska	39.3%	22.8%	29.3%	28.5%	58.7%
New Hampshire	25.8%	21.8%	40.5%	32.3%	39.1%
New Jersey	29.5%	23.0%	43.7%	37.4%	45.7%
New Mexico	46.5%	45.5%	79.0%	61.9%	109.1%
Nevada	26.7%	40.0%	85.2%	72.7%	78.7%
New York	34.2%	25.0%	44.4%	33.3%	41.7%
Ohio	41.7%	40.0%	51.7%	46.4%	85.2%
Oklahoma	81.8%	37.8%	57.7%	71.1%	135.5%
Oregon	48.8%	37.4%	52.6%	46.7%	68.2%
Pennsylvania	39.6%	25.9%	45.5%	36.3%	50.7%
Rhode Island	34.2%	26.2%	58.9%	41.8%	82.7%
South Carolina	26.7%	35.1%	52.3%	49.4%	70.3%
South Dakota	42.9%	26.4%	28.3%	27.4%	51.1%
Tennessee	40.3%	39.4%	59.0%	56.2%	91.9%
Texas	91.3%	58.1%	60.3%	68.4%	105.2%
Utah	64.9%	44.3%	67.1%	52.8%	110.8%
Virginia	142.7%	54.5%	56.0%	57.3%	73.2%
Vermont	27.8%	4.3%	38.9%	21.2%	67.8%
Washington	122.8%	34.7%	38.7%	43.2%	71.1%
Wisconsin	39.7%	24.1%	32.7%	29.7%	54.7%
West Virginia	28.6%	29.5%	65.8%	37.3%	57.8%
Wyoming	62.5%	24.2%	38.7%	41.6%	86.5%



In the case of Oregon, the following table highlights the substantial growth that is anticipated in the various health care occupations along with information on current average annual wages and training requirements. Nursing aides, orderlies and attendants (including CNAs) and Home Health Aides (including CNAs) have been highlighted to enable easy comparison with the balance of the higher wage, higher skilled jobs. As is evidenced by this chart, workers earning less than \$22,000 make up approximately 18 percent of the health care worker needs (in Oregon) between now and 2012. Excessive turnover will further exacerbate the vacancy figures.

The Certified Nursing Assistants comprise most of the paraprofessionals. They are required to have a CNA certificate before beginning work unless they are joining a licensed nursing care facility. In this case, they may undergo training during the first four months of employment. The training programs may be offered at the facility or off site as long as the program is approved by the state board. The 150 hour program is broken into two equal components, classroom and on the job.

“Oregon had 16,613 state-certified CNAs in 1998. Over half (51%) of these CNAs worked in nursing homes, 17 percent in hospitals, 18 percent in assisted living facilities, and the remainder worked in home health organizations and temporary help agencies. Nursing home employment has a reputation for being hard, stressful, and low paying; problems with worker retention are significant. When employed in this setting, CNAs are often the principal caregivers, having far more contact with residents than other members of the staff. The National Institute of Medicine places the average annual nursing home turnover in the nation at 105 percent. The Oregon Health Care Association recently published an industry work force study which found an average staff turnover of 49 percent within 90 days of hire. A similar survey conducted by the Oregon Senior and Disabled Services Division found that 41 percent of the respondents had worked in their current facility for less than a year and over half of this group were either uncertain about staying or planned to stay less than a year. The survey ranked quality of care and teamwork as the most important category for job satisfaction.”<sup>3</sup>

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<sup>3</sup> **The Changing Face Of The Health Care Industry**, Lynn Wallis,  
[http://olmis.emp.state.or.us/olmisj/ArticleReader?itemid=00003584&segmentid=0002&tour=0&p\\_date=1](http://olmis.emp.state.or.us/olmisj/ArticleReader?itemid=00003584&segmentid=0002&tour=0&p_date=1) March 31, 2004

**Exhibit H-3: Health Care Occupations in Oregon**  
**Current and Projected Number of Jobs, Average Annual Wages, and Required Training<sup>4</sup>**

	Number of Jobs			Average Annual Wages	Required Training
	2002	2012 Projected	2002-2012 Openings*		
Registered Nurses (RNs)	26,976	34,031	13,217	\$51,783	Associate
<b>Nursing Aides, Orderlies, and Attendants (includes CNAs)</b>	<b>12,180</b>	<b>15,214</b>	<b>4,787</b>	<b>\$21,927</b>	<b>Short OJT</b>
<b>Home Health Aides (includes CNAs)</b>	<b>7,108</b>	<b>8,813</b>	<b>2,716</b>	<b>\$19,546</b>	<b>Short OJT</b>
Medical Assistants	5,038	6,244	2,701	\$27,841	Moderate OJT
Physicians and Surgeons	4,409	5,360	1,674	NA	1st Professional
Dental Assistants	3,763	4,735	1,733	\$30,231	Moderate OJT
Pharmacy Technicians	3,561	4,650	2,152	\$26,662	Moderate OJT
Pharmacists	3,075	3,890	1,856	\$76,662	1st Professional
Licensed Practical Nurses (LPNs)	2,933	3,633	1,544	\$34,775	Post-secondary
Medical Records and Health Information Technicians	2,373	2,956	1,177	\$26,722	Associate
Dental Hygienists	1,831	2,314	784	\$61,952	Associate
Medical and Clinical Laboratory Technologists	1,851	2,279	913	\$46,837	Bachelor's
Medical Transcriptionists	1,748	2,192	966	\$28,790	Post-secondary
Radiologic, CAT, and MRI Technologists and Technicians	1,708	2,123	836	\$43,992	Associate
Physical Therapists	1,638	2,049	874	\$55,576	Master's
Emergency Medical Technicians and Paramedics	1,698	1,974	741	\$32,694	Post-secondary
Medical and Clinical Laboratory Technicians	1,427	1,770	719	\$32,155	Associate
Opticians, Dispensing	832	1,021	360	\$26,704	Long OJT
Occupational Therapists	754	916	372	\$52,570	Master's
Dentists, General	669	845	347	NA	1st Professional
Respiratory Therapists	660	809	333	\$40,861	Associate
Medical Equipment Preparers	595	753	337	\$25,349	Short OJT

<sup>4</sup> Wallis, L (2004)

Surgical Technologists	592	735	315	\$35,463	Post-secondary
Physical Therapist Assistants	488	617	291	\$37,442	Associate
Speech and Language Pathologists	489	584	230	\$50,378	Master's
Physician Assistants	447	563	226	\$69,042	Bachelor's

\*Openings include both growth and replacement (mainly retirement) needs over the projection period.

\*\*Table excludes self-employment. Some occupations, such as physicians and dentists, are highly self-employed. Average annual wages for these occupations are above \$145,000.

CNA = Certified Nursing Assistant; OJT =On-the-Job Training

Home health care workers, who provide services to individuals who reside in their own homes, are also expected to be in great demand for the foreseeable future. In Oregon, these occupations are expected to be one of the fastest growing through 2012. The U.S. has one of the highest rates of home ownership in the world, and people are increasingly more likely to choose to remain in their own homes rather than to move into communal living arrangements. This situation is further complicated by the bad press associated with nursing home care.

“In Oregon, the Employment Department estimated that there were 1,642 home health aides and 13,236 nursing aides, orderlies, and attendants working in Oregon during 2000. The ratio of such workers to Oregon’s population was 70 home health aides and 410 nursing aides, orderlies, and attendants per 100,000 population. These statistics ranked Oregon 49<sup>th</sup> and 38<sup>th</sup>, respectively, among the 50 states in the number of health aides and nursing aides per capita.”<sup>5</sup>

“The state’s home health care employment is expected to grow by almost 51 % to reach 2,478 by year 2010. The Bureau of Labor Statistics estimates that the number of health and personal care aides who work in the U.S., totaling 746,000 in 1998, will grow by 58 percent to 1,179,000 workers by year 2008. Median hourly wages vary from state to state but fall typically within a range of \$7.17 to \$7.99. While those working in home care receive a somewhat higher hourly wage than facility-based workers, home care tends to be only part-time work; and, thus, the average wage falls below that of nursing home workers.”<sup>6</sup>

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<sup>5</sup> *ibid*

<sup>6</sup> *ibid*

## **MENNONITE VILLAGE EXPERIENCE**

### **Environment and Population Demographics**

The Mennonite Village is located in Albany, Oregon, a medium-sized community located in the middle of the state. Albany is the major population center for Linn County. Mennonite Village's workforce is generally drawn from the city and county.

As of the 2000 census, the total population for Linn County was 103,069 of which 93.3 percent were white, followed by 4.3 percent other or mixed race, 1.3- percent Native American, .8 percent Asian and .3 percent Black. Less than 4 percent of the population was born outside the United States. More than 81 percent of the population were high school graduates with 13.4 percent receiving a bachelor's degree or higher. The county is almost evenly split between males (49.4 percent) and females (50.6 percent). While the median age is 37, almost 25 percent of the population is 55 or older.<sup>7</sup>

Linn County's unemployment rate, as of September 2004, was 9 percent, the second highest in the state. Neighboring Benton County had a rate of 3.5 percent, the lowest in the state.<sup>8</sup>

### **Facility**

The Mennonite Village is a private, non-profit organization established in 1947 as the Mennonite Home for the Aged. Over the years, it has evolved into a multi-function facility catering to the housing and health needs of the senior citizen. Although Mennonite Village is a faith-based facility, neither the employees nor residents are required to be members of any specific religion. The exceptions are the CEO and the Board of Directors who are currently required to be from the Mennonite faith. The influence of the faith is apparent in the mission statement that sets forth the values important to the organization.

### **Services**

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<sup>7</sup> [DP-1. Profile of General Demographic Characteristics: 2000](#)  
Data Set: [Census 2000 Summary File 1 \(SF 1\) 100-Percent Data](#)

Geographic Area: Linn County, Oregon - see Appendix for full report

<sup>8</sup> Northwest Area Foundation - <http://www.indicators.nwaf.org> – See Appendix for more details

Mennonite Village provides the following services:

- **In-home care** for those who wish to continue living in their own home but require assistance with domestic and/or personal care needs.
- **Active retirement living for adults over age 55**, consisting of 258 separate homes in a planned community and congregate living (apartments), allows independence while providing support services such as housekeeping and meal service. Those moving into separate homes must pay for the homes in advance. They are then entitled to live in the homes until they die or require a different level of care. They are given priority for assisted living, nursing and Alzheimer's care, although they may be required to wait for services depending on the current occupancy level in other units. Communal living in apartments is available on a month-to-month basis.
- **Assisted living** that offers seniors independence and freedom with 24-hour access to medical care. This service is provided on a month-to-month basis.
- **24-hour health care for seniors with four levels of long-term care, plus short-stay skilled rehabilitation and nursing services.**
- **Alzheimer's and dementia care** is available in two separate living units depending on the state of the disease.

Almost all, 95 percent, of the residents of the Mennonite facility are from Oregon and 90 percent are local residents. There are, however, no geographic restrictions regarding the origin of residents.

## Size

As shown in Table H-1, Mennonite Village can provide nursing care for 220 patients and has 287 independent living housing units.

**Table H-1 Mennonite Village Facilities**

<b>Facility Type</b>	<b>Units/Beds</b>
Independent living facilities	287 units including 30 apartment units
Assisted living care	97 beds
Nursing home care	64 beds
Nursing home care - serious conditions	31 beds
Alzheimer care	28 beds

## **Employment Patterns**

As of April 2004, the Village employed 311 workers. Because this is a full service retirement community, the range of workers is broad and includes occupations such as registered nurses, certified nursing assistants, food service workers, laundry workers, office staff, maintenance staff and grounds keepers. The largest component of health care workers is Certified Nursing Assistants. State standards and the Mennonite Health Services Alliance, the sponsoring organization, dictate the size and mix of nursing care occupations.

## **Wages**

For the 2004 fiscal year (October, 2003 – September, 2004), wages and salaries ranged from a low of \$7.70/ hour to a high of \$25.21. These data do not include executive salaries. As will be explained later in the document, employees are allowed to forfeit leave in exchange for increased wages. The forfeit plan allows for full or partial forfeiture. The maximum salary increase for full leave forfeiture at the lowest wage level is \$.69 per hour and \$2.27 per hour for the highest wage level. On a weekly basis this would result in a pay increase of \$27.60 for the lowest paid worker and \$90.80 for the highest paid worker.

In addition to the basic salary, employees who avail themselves of educational opportunities may be eligible for education pay.

The available average wage data from Oregon<sup>9</sup> combine CNAs with several other occupations, so it is difficult to determine if the wages paid by Mennonite Village are better or worse than average. In addition, the Oregon data do not distinguish hospital from nursing home wages, although traditionally hospitals pay higher wages than nursing homes. The Mennonite Village may pay better than other nursing homes, but it is impossible to tell from the data.

## **Revenue**

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<sup>9</sup> **The Changing Face Of The Health Care Industry**, Lynn Wallis, [http://olmis.emp.state.or.us/olmisj/ArticleReader?itemid=00003584&segmentid=0002&tour=0&p\\_date=1](http://olmis.emp.state.or.us/olmisj/ArticleReader?itemid=00003584&segmentid=0002&tour=0&p_date=1) March 31, 2004

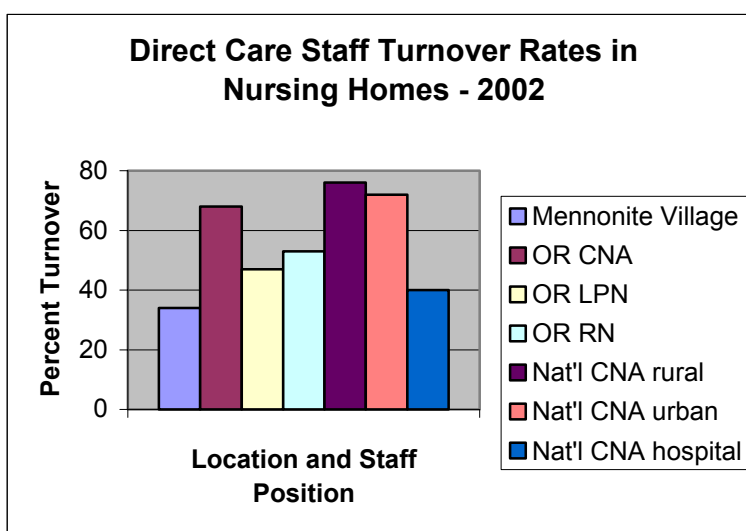
Revenue sources vary depending on the nature of care. Independent living is 100 percent private pay. Medicaid and Medicare provide some portion of the income for assisted living, nursing home and Alzheimer care. Overall, private resources account for 60 percent of the revenue.

The most recent financial data show that there are gross assets of \$38,000,000 and net assets of \$11,300,000. In addition, there is a separate Foundation, established in the mid 1990's, which supports and manages a \$2.3 million fund. This money is used to fund the cost of services and fees for residents who have limited or exhausted financial resources. It is also used for capital improvements and staff development. Money for the Foundation is obtained through campaigns and private donations. In 1997, it had assets of \$390,887.

### Turnover Experience

Figure H-1 compares the 2002 turnover rates of Mennonite Village Direct Care staff in the Health Care Center Nursing Home with Oregon CNAs, LPNs, and staff RNs (see Exhibit H-2) and CNAs nationally in rural and urban free-standing nursing homes and nursing care wings of hospitals. The comparison is imperfect because the Mennonite Village turnover rate includes some RNs as well as the dominant group, CNAs. Nevertheless, the Mennonite turnover rate is the lowest, even lower than CNA turnover in hospitals or Oregon RN and LPN turnover, and less than half of the national CNA turnover rates in free-standing nursing homes.

**Figure H-1**



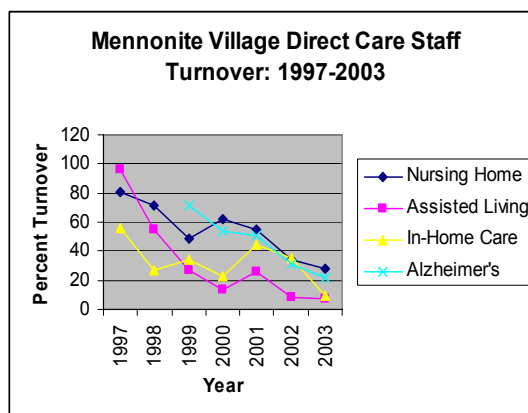
This low 2002 turnover rate for Mennonite Village is reflective of a continued decline in turnover from 1997 to the present day. Table H-2 shows the turnover experience for various

**Table H-2 Mennonite Village Staff Turnover Rate Comparison: 1997-2004**

Facility	2004 through March	2003	2002	2001	2000	1999	1998	1997
<b>Health Care Center (Nursing Home)</b>	10.71%	24%	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided	Not Provided
<b>Direct Care</b>	<b>11.75%</b>	<b>28%</b>	<b>34%</b>	<b>55%</b>	<b>62%</b>	<b>49%</b>	<b>71%</b>	<b>81%</b>
Support Services	5%	3%	8%	11%	12%	13%	1%	46%
<b>Quail Run (Assisted Living)</b>	<b>2.94%</b>	<b>7%</b>	<b>8%</b>	<b>26%</b>	<b>13%</b>	<b>27%</b>	<b>55%</b>	<b>96%</b>
<b>In-Home Care</b>	<b>5.83%</b>	<b>9%</b>	<b>35%</b>	<b>44%</b>	<b>23%</b>	<b>34%</b>	<b>27%</b>	<b>56%</b>
<b>Lydia's House - (Alzheimer's Wing)</b>	<b>11.25%</b>	<b>22%</b>	<b>31%</b>	<b>51%</b>	<b>54%</b>	<b>71%</b>	<b>NA</b>	<b>NA</b>
Village (Independent) Dietary	0	10%	15%	15%	26%	19%	87%	56%
Mennonite Home	8.96%	6%	24%	33%	49%	24%	36%	87%
Quail Run	0	24%	34%	40%	15%	46%	94%	96%
Maintenance	3.66%	7%	9%	59%	34%	30%	42%	65%
Administration	0	8%	20%	18%	28%	10%	29%	34%
<b>Total for organization</b>	<b>6.94%</b>	<b>16%</b>	<b>25%</b>	<b>40%</b>	<b>39%</b>	<b>39%</b>	<b>52%</b>	<b>76%</b>
Number of positions	23	80	103	120	124	114	137	187

staff positions in the Mennonite Village from 1997 to April, 2004. Figure H-2 graphs the annual turnover rates over time for direct care staff only (shown in bold in Table H-2). As shown in

Table H-2 and Figure H-2, Mennonite Village did not always have such a low turnover rate. Before 2002, the rate was double or more, similar to the current national rate for CNAs. Most recently, the rate has declined even further, from 34% to 28%. The question that begs to be answered is why such declines occurred.





## OPERATIONAL POLICIES AND PRACTICES

To attempt to explain why turnover declined during this period, interviews were conducted with staff from each of the occupational groups working at the Village.<sup>10</sup> Where possible, interviews were conducted with staff who had worked in the facility for longer than seven years because these people could offer anecdotal information on changes that took place over the years. Of the 24 staff interviewed, at least 16 had been employed more than seven years.<sup>11</sup> In addition to conducting interviews, personnel manuals were reviewed. The objective of the interviews and reviews was to determine if there might be any correlation between the declines in turnover and policy/practices. The following represent the major observations regarding policy and practices. The policies or practices implemented since 1997 are in *Italics*. Activities described in the employee handbook or articulated in financial management handbooks have been deemed to be policy. Fringe benefits are discussed in detail at the end of this section. Where possible the fringe benefits available at the Mennonite Village have been compared to national averages.

### **Human Resources Director**

The first HR director was hired in 1997. She was instrumental in initiating interest in turnover, developing an employee handbook, reviewing and revising job descriptions and pay scales.

### **Health Benefits – Including Vision and Dental (Policy)**

Health, vision and dental insurance are available to both full- and part-time employees. The employer pays the full premium for the full-time employee. Any additional family member coverage requires contributions from the employees. Part-time workers pay half the premium for themselves and the same payments for family members as required of the full-time worker. The health plan is costing the employer a minimum of \$400 per month for every full-time employee.

In addition to the normal health benefits, management has remained abreast of all new federal programs relating to health benefits, e.g. health saving accounts, and where practical, have made these available to employees.

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<sup>10</sup> See Appendix for full summary of interview findings

<sup>11</sup> See Appendix for interview list detailing occupation and length of service.

**Wages (Policy and Practice)**

Surveys have been conducted. Job descriptions and the salary structure were completely revised shortly after the first HR director was hired in 1997.

Currently, the HR director uses survey data from local professional associations, such as the Cascade Employers Association and national data from other Continuing Care Retirement Communities. If a job is new to the organization, she might obtain job descriptions and salary information from other similar organizations to ensure that salaries are competitive.

**Pension Plan (Policy)**

In addition to sponsoring a 403(b) employee contribution pension program, the employer contributes 3 percent of the employees' annual pay to a pension fund. For the lowest paid full-time worker, this is approximately \$500 per year.

**Leave Policy (Policy)**

There is no separate holiday, vacation or sick leave schedule. Each employee earns leave at the rate of 24 days per year (more days after 3 and 10 years). This leave can be used in any way the employee desires.

The employee can also elect to forfeit all or 50 percent of their leave in return for an increase in their hourly pay. Older workers tend to keep the leave days, while younger workers with more family responsibility are more likely to opt for the increased pay.

**Donated Leave (Policy)**

Leave donation is allowable. Leave may be undesignated and banked in the Employee Assistance Fund (EAF) or it may be donated for a specific person as a result of a call for donations issued by a supervisor or the HR office. There is no pressure to donate.

**Tenure Bonuses (Policy)**

After 7,280 hours of service (3.5 years of full-time employment), staff are given a 3 percent

tenure bonus which is awarded at the end of each year.

### **Scholarship Program (Policy)**

There are two scholarship programs. One is for any individual working at the Village and the other is limited to staff working in a particular section (Assisted Living). To qualify, employees must have worked for a minimum of 18 months, present recommendation letters, continue to work part-time, and maintain a 3.0 GPA. The general program is limited to support for a two-year program at the same tuition level as the local community college. The student may attend for longer than two years, but the award will be capped at the cost of a full-time program offered for two years. The assisted living scholarship is only for individuals seeking an RN degree and has the same requirements as the general scholarship program, except that it is based on a three-year full-time program. According to the most recent published brochure, more than 50 people have participated in the program since 1997. Support for the scholarship program come mainly from proceeds generated by two on-site, volunteer operated gift shops. Some additional money is received from the Mennonite Village general revenue and donations.

### **Training Bonuses (Policy)**

Job related training may result in increases in hourly rates of pay from \$.10-\$.20 per hour or \$200-\$400 per year for a full-time worker.

### **Employee Assistance Fund (Policy)**

This program is designed to help employees with short-term financial crisis or with need for compensated leave. It is fully funded through cash and leave donations, and the requests for assistance are presented to a committee of employees for consideration. Examples of requests might include gas, minor auto repairs, tires, food, or other emergency items that will affect the employees' ability to be at work. The grants are generally in the form of vouchers to vendors for goods or services. The eligibility criteria are minimal. An employee must have passed his or her trial service period.

### **Clear Job Descriptions (Policy and Practice)**

In 1998 or 1999, as part of an effort to formalize the personnel structure, the entire organization

participated in a job review and re-classification effort. The purpose was to establish a rationale for the pay structure for each job. Points were assigned based on job duties. Jobs and salary structure were compared with prevailing practices in the state. As a result, most people received pay increases. More importantly, there was a structure in place that was built on defensible evidence and which could be modified over time. Workers perceive the new system to be fair; pay is no longer related to how loud a supervisor complains about his or her workers' pay. Performance evaluations were also initiated with the goal of conducting one evaluation at the end of the trial period and one each year thereafter.

### **Job Sharing and Switching Work Hours (Policy and Practice)**

Job sharing is permitted but only one position is currently set up to be occupied by two people. However, there are a number of part-time positions. A more prevalent practice is to allow workers to trade hours without going through a bureaucratic paper approval process. The only factor that affects hour trades is the quality of patient care. If the patients will receive the same level and quality of care, then the switch may be made.

### **Improved Initial Screening and Reference Checks (Practice)**

If workers with attitude and substance problems are hired, retention is difficult. The nature of the work requires responsible people, so hiring people who have demonstrated a good work ethic mitigate the turnover problem. The HR director modified the interview process to improve screening. Now the interview process includes both formal and informal conversations with prospective employees and involves more staff interacting with candidates. For example, a supervisor may interview a job candidate, but another staff person may tour the facility with the job candidate.

### **Drug and Alcohol Testing**

Along with improved reference checks and initial screening, employees are also required to submit to drug and alcohol tests.

### **Childcare (Practice)**

While childcare is not provided, help is offered to identify suitable childcare. Children may

come to the work site during those times when childcare problems arise. Older children may volunteer to work with the residents, and thus be on-site with their parents.

### **CNA Appreciation Day along with Spa Day (Practice)**

The current nursing director for the acute care and nursing home facilities was originally a CNA. She went to school while working at the Village and got her RN. Because of her personal experience as a CNA, she recognized that the CNAs needed to feel valued, so she created a special day for them. During this period, seminars on a variety of topics are offered and two staff members are given a “spa day”-- an overnight stay at a hotel with spa facilities. This is a very popular event that was initiated within the past few years.

### **Food Baskets and Christmas Gifts (Practice)**

During the holiday season, the HR office produces a list of lower-level staff members (low-wage workers) who have children. The list includes the names and ages of the children. The entire Village is asked if they wish to participate in a gift program for these employees. Interested parties are provided the names and ages of the children and they purchase appropriate gifts. The gifts are coupled with a food basket for each family. Donations are anonymous.

### **Sharing Premium Savings from Workers Compensation Insurance by Having a Dinner with Gift Certificates and Prizes (Practice)**

On-the-job accidents are costly because they drive up the Worker Compensation (WC) insurance rates and often result in the need to hire replacement workers. Many companies post accident rates, warnings, and instructions on how to minimize risk, etc. It is not unusual to see a large poster indicating the number of days that the facility has gone without an accident. In addition to these common practices, in years when there have been virtually no on-the-job accidents, the Mennonite Village use the WC premium savings to pay for special “parties” which include dinner and prizes or gift certificates. This is an incentive for workers to help keep accident rates low by being careful and notifying management of potential risk factors.

### **Promotion from Within (Practice)**

Whenever possible, job opportunities are offered to incumbent workers first.

**Autonomy (Practice)**

Autonomy is not necessarily a job attribute mentioned by the low-wage worker, but it was mentioned by the supervisory staff. This autonomy often resulted in beneficial decisions regarding the line staff.

**Free Training (Practice)**

CNA training is offered to new hires and existing staff desiring the certification. Other programs are offered in order for staff to maintain their professional licenses or standing. When there are sufficient numbers of participants, the training may be offered on-site to minimize employee hardship.

**Seasonal Events (Practice)**

Some type of seasonal celebration is held in each of the four seasons. Typically, these events will involve the entire Village and in some cases will include the community at large. For example, an event is usually scheduled to coincide with national Senior Citizens Day or Week.

**Interest expressed by the Executive Director (Practice)**

Staff mentioned how much they valued the personal interest shown by the Executive Director in the work they performed and in their general job satisfaction. An issue arose regarding smoking on the premises. Several employees would gather outside the nursing facility to smoke. Unfortunately that smoke made its way into the ventilation system and complaints were lodged. The director called a meeting of smokers. All who attended thought that the meeting was for the purpose of telling them that smoking would no longer be tolerated on the grounds. Instead, the director announced that he was authorizing the building of two covered smoking patios. Both were to be convenient to duty stations but would not result in smoke making its way into the facility. People were surprised and pleased.

**Interest Expressed by Supervisors (Practice)**

Mentioned by many of those interviewed.

### **Perception of Caring by Co-workers (Practice)**

Workers are encouraged to look out for each other. They are encouraged to acknowledge good work or deeds done by fellow workers and to celebrate others' life events. Cards are made available for workers to use on birthdays or anniversaries. Staff can also use these cards to acknowledge an event experienced by a resident. It is not unusual for a person to receive a note of thanks or praise from a fellow worker.

### **Communications (Practice)**

A member of the management team recalled that the Workers Compensation Insurance carrier conducted a free survey in 1997 to identify worker concerns. Employees indicated that they were having a difficult time communicating with their supervisors and in getting information on new policies, procedures, and general events at the Village. Management was surprised because they perceived themselves as being open and approachable. Each supervisor was tasked with attempting to improve communications and an employee newsletter was established. The same survey was done the following year and communications dropped from first in importance to an insignificant ranking.

### **The Corporate Culture (Practice)**

The corporate culture includes many of the policies and practices listed above, but it requires some explanation. The culture is structured around the mission statement<sup>12</sup>:

**"Stewardship:** Acting out of love, and accountable to one another, we accept with joy the responsibility of participating in our community. We also accept our personal responsibility to prudently manage the community's affairs and assets; to encourage the exercise and development of talents and spiritual gifts and to safeguard the heritage of the Mennonite Church.

**Service:** Believing that serving each other is our true mission, we humbly devote ourselves to being the generous hands, the gentle voice, and the compassionate heart of Jesus.

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<sup>12</sup> Promotional Brochure

**Self-Determination:** Respecting the dignity and worth of each individual, we pledge to encourage independence and freedom of choice and to provide opportunities for physical, mental, emotional, and spiritual growth, while considering the needs of all people within our community.”

The level of interpersonal involvement among staff and managers is significant resulting in a “corporate family” rather than a disparate group of individuals. Because this is a faith-based organization, the mission statement has religious overtones, but there is no apparent pressure to join or practice any particular religion. The pressure is to treat co-workers and residents with respect and kindness.

### **Fringe Benefits**

The array of available fringe benefits at the Mennonite Village is impressive when compared to facilities employing a higher percentage of service workers or workers employing individuals earning less than \$15 per hour.

While the chart attempts to show national statistics for employers, in some cases the only statistics available relate to percent of employees with access to a certain benefit.

	<b>Mennonite Village</b>	<b>National Statistics</b> <sup>13</sup>	<b>Explanation</b>
<b>Retirement Plans</b>	Yes	89%	National Statistic for companies with 100 or more employees
<b>Health Care Benefits</b>	Yes	96%	National Statistic for companies with 100 or more employees  MV-Paid medical, prescription, vision, and dental insurance for single employees. Family plan requires contribution from employee. Part-workers are eligible and pay ½ premium

<sup>13</sup> *Employee Benefits in Private Industry, 2003*, Bureau of Labor Statistics News Release, 03-489 and selected tables from the National Compensation Survey: Employee Benefits in Private Industry in the United States, 2003 and 2004. Information not available for all categories of benefit.



	<b>Mennonite Village</b>	<b>National Statistics <sup>13</sup></b>	<b>Explanation</b>
			for single and full for other levels.
Employees With Medical Care Required To Contribute Toward Cost Of Single Coverage	0% Includes prescription drug	78% of employees required to contribute	National Average Contribution for workers making less than \$15/hour - \$62.92/mo
Employees With Medical Care Required To Contribute Toward Cost Of Family Coverage	Yes- three levels  Employee+spouse =\$338.13 Employee+child(ren) =\$270.48 Employee+family =\$676.17  Above amounts include prescription drug	90% of employees required to contribute	National Average Contribution for workers making less than \$15/hour - \$220.04/mo
Dental Insurance	Single – 0 contribution Employee +spouse =\$15.21 Employee+child(ren) =\$26.41 Employee+family =\$41.62	25% of service workers have access	
Vision Insurance	Yes–No details available	18% of service workers have access	
<b>Paid Leave/Holidays/Sick Leave</b>	100% employees	70% employees	National-Workers earning less than \$15 per hour
Days after one year	24	14.6*	National-Workers earning less than \$15 per hour *48% also receive paid sick leave
Days after 10 years	34	22.1 days*	National-Workers earning less than \$15 per hour *48% also receive paid sick leave
<b>Flexible Scheduling/Shifts</b>	Yes	2% of workers have access to flexible workplace	National-Workers earning less than \$15 per hour
<b>Bonuses</b>	Yes	42% have access to non-productivity bonuses	National-Workers earning less than \$15 per hour

It is clear from this table that the Mennonite Village provides a benefit package that is more generous than most benefit packages for low-wage workers.

## Conclusions

Since 1997, there have been some changes to wages and benefits. Low cost, “feel good” activities have been established, such as CNA appreciation day and holiday celebrations. There has been more focus on hiring people with good work histories and minimal personal problems. Employee development has also improved over the years. Although all of these practices and policies may contribute to improved employee retention, during interviews with staff, it appeared that what made a difference to them was that they were treated fairly and with respect.

Employees perceived the following actions as ones which related to fair treatment and respect:

1. **Clearly articulated job descriptions and salaries which were commensurate with duties outlined in the job description.** Employees did not want their raises and future opportunities to be solely dependent on whether their supervisors were able to lobby on their behalf with management.
2. **Communication among staff and supervisors.** Employees did not want to rely on haphazard communications to find out about promotional and training opportunities or changes in policy. Not all employees have access to computers so e-mail was not a solution. The implementation of the employee newsletter and use of bulletin boards to communicate was important. In addition, having the executive director available for consultation was viewed as a sign of his respect for their work and their needs.
3. **Hiring of qualified individuals who had good work ethics and did not have dependence problems.** Employees felt that management owed them the opportunity to work in a setting where they did not have to compensate for co-worker failures.
4. **Knowing that management would go the extra mile to ensure that employees could remain employed.** If an employee could no longer work at a job requiring heavy lifting, management would try to find alternative employment in the organization. If short-term child care became an issue, management would help with finding a solution.

In order to implement these policies and procedures, the most important change in this organization was the hiring of a human resource director who recognized the need to clearly

articulate job requirements and wages, thus establishing a transparent personnel system.

At the same time that the HR Director was hired, the organization began to pay serious attention to the need to control turnover. It was not clear whether this was the result of input from the HR Director or whether the Executive Director and Chief Financial Officer were responsible for highlighting the need to deal with turnover. It may have been that hiring an HR Director was part of a larger plan for improving Village management. At any rate, managers were provided with turnover data for their departments and were given the impression that they needed to control turnover. While there are no hard data to prove that this focus caused managerial behavior changes, it may have affected their involvement with employees. For example, rather than replacing an employee who had a short-term personal problem, the managers may have elected to assist the employee to solve the problem.

Having a central HR Department also enabled the organization to make better use of staff. If, for example, a worker is no longer needed in a specific area, efforts are now made to identify alternative employment opportunities rather than to terminate the worker.

The HR Director was, and continues to be, responsible for ensuring that personnel policies and practices are consistent with the practices of other like organizations.

The ability of the HR Director (and Department) to be effective, however, has a definite relationship to the HR Director's position in the organization. In the case of the Mennonite Village, the HR Director is part of the executive management team and thus has direct access to the director and to other department heads. Personnel policies are developed in a team setting.

As was stated in the introduction, there is no way to state, with certainty, that any of the policies or practices undertaken by the Mennonite Village were directly accountable for the decline in their turnover rates. Policies and practices that appear to be correlated with improved retention include fair wages and benefits, better screening of new hires, treating employees with respect and including employees in the decision-making process.

**Appendix**  
**to**  
**Mennonite Village: How One Employer**  
**Successfully Addressed Employee Turnover**

**Census Data for Linn County Oregon**

**Population, Employment and Wage Highlights for Linn and Benton Counties  
and the State of Oregon**

**Discussion Guide for Interviews with Mennonite Village Staff**

**Mennonite Village Interview List**

**Worker Testimonial**

## CENSUS DATA FOR LINN COUNTY OREGON

DP-1: **Profile of General Demographic Characteristics: 2000**

Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

Geographic Area: **Linn County, Oregon**

NOTE: For information on confidentiality protection, nonsampling error, and definitions, see

<http://factfinder.census.gov/home/en/datanotes/expsflu.htm>

Subject	Number	Percent
<b>Total population</b>	<b>103,069</b>	<b>100.0</b>
<b>SEX AND AGE</b>		
Male	50,880	49.4
Female	52,189	50.6
Under 5 years	7,038	6.8
5 to 9 years	7,337	7.1
10 to 14 years	7,720	7.5
15 to 19 years	7,514	7.3
20 to 24 years	5,833	5.7
25 to 34 years	12,699	12.3
35 to 44 years	15,131	14.7
45 to 54 years	14,787	14.3
55 to 59 years	5,647	5.5
60 to 64 years	4,409	4.3
65 to 74 years	7,428	7.2
75 to 84 years	5,574	5.4
85 years and over	1,952	1.9
Median age (years)	37.4	(X)
18 years and over	76,239	74.0
Male	37,143	36.0
Female	39,096	37.9
21 years and over	72,214	70.1
62 years and over	17,473	17.0
65 years and over	14,954	14.5
Male	6,458	6.3
Female	8,496	8.2
<b>RACE</b>		
One race	100,504	97.5
White	96,059	93.2
Black or African American	327	0.3
American Indian and Alaska Native	1,313	1.3
Asian	799	0.8
Asian Indian	83	0.1
Chinese	156	0.2
Filipino	127	0.1
Japanese	71	0.1
Korean	185	0.2
Vietnamese	64	0.1
Other Asian <sup>1</sup>	113	0.1
Native Hawaiian and Other Pacific Islander	151	0.1
Native Hawaiian	69	0.1
Guamanian or Chamorro	37	0.0
Samoan	17	0.0

Subject	Number	Percent
Other Pacific Islander <sup>2</sup>	28	0.0
Some other race	1,855	1.8
Two or more races	2,565	2.5
<b>Race alone or in combination with one or more other races <sup>3</sup></b>		
White	98,476	95.5
Black or African American	551	0.5
American Indian and Alaska Native	2,700	2.6
Asian	1,252	1.2
Native Hawaiian and Other Pacific Islander	320	0.3
Some other race	2,542	2.5
<b>HISPANIC OR LATINO AND RACE</b>		
<b>Total population</b>	<b>103,069</b>	<b>100.0</b>
Hispanic or Latino (of any race)	4,514	4.4
Mexican	3,402	3.3
Puerto Rican	123	0.1
Cuban	36	0.0
Other Hispanic or Latino	953	0.9
Not Hispanic or Latino	98,555	95.6
White alone	94,012	91.2
<b>RELATIONSHIP</b>		
<b>Total population</b>	<b>103,069</b>	<b>100.0</b>
In households	102,075	99.0
Householder	39,541	38.4
Spouse	22,506	21.8
Child	29,867	29.0
Own child under 18 years	24,081	23.4
Other relatives	4,439	4.3
Under 18 years	1,848	1.8
Nonrelatives	5,722	5.6
Unmarried partner	2,247	2.2
In group quarters	994	1.0
Institutionalized population	737	0.7
Noninstitutionalized population	257	0.2
<b>HOUSEHOLDS BY TYPE</b>		
<b>Total households</b>	<b>39,541</b>	<b>100.0</b>
Family households (families)	28,232	71.4
With own children under 18 years	12,651	32.0
Married-couple family	22,506	56.9
With own children under 18 years	9,087	23.0
Female householder, no husband present	3,952	10.0
With own children under 18 years	2,490	6.3
Nonfamily households	11,309	28.6
Householder living alone	9,086	23.0
Householder 65 years and over	4,002	10.1
Households with individuals under 18 years	13,886	35.1
Households with individuals 65 years and over	10,447	26.4
Average household size	2.58	(X)
Average family size	3.01	(X)
<b>HOUSING OCCUPANCY</b>		
<b>Total housing units</b>	<b>42,521</b>	<b>100.0</b>
Occupied housing units	39,541	93.0

Subject	Number	Percent
Vacant housing units	2,980	7.0
For seasonal, recreational, or occasional use	301	0.7
Homeowner vacancy rate (percent)	2.2	(X)
Rental vacancy rate (percent)	9.2	(X)
<b>HOUSING TENURE</b>		
<b>Occupied housing units</b>	<b>39,541</b>	<b>100.0</b>
Owner-occupied housing units	26,854	67.9
Renter-occupied housing units	12,687	32.1
Average household size of owner-occupied unit	2.62	(X)
Average household size of renter-occupied unit	2.50	(X)
<b>LANGUAGE SPOKEN AT HOME</b>		
Population 5 years and over	96,024	100.0
English only	90,402	94.1
Language other than English	5,622	5.9
Speak English less than 'very well	2,413	2.5
Spanish	3,560	3.7
Speak English less than "very well"	1,793	1.9
Other Indo-European languages	1,350	1.4
Speak English less than "very well"	333	0.3
Asian and Pacific Island languages	602	0.6
Speak English less than "very well"	253	0.3

(X) Not applicable

<sup>1</sup> Other Asian alone, or two or more Asian categories.

<sup>2</sup> Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

<sup>3</sup> In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.

## POPULATION, EMPLOYMENT AND WAGE HIGHLIGHTS FOR LINN AND BENTON COUNTIES AND THE STATE OF OREGON

### Highlights for Linn County

Total population (2003)	106,121
Total population change (2002 – 2003)	1%
Poverty rate (1999)	11%
Number of jobs (2002)	52,125
Annual average wage per job (2002)	\$29,760
Unemployment rate (September - 2004)	9.0%

### Highlights for Benton County

Total population (2003)	79,335
Total population change (2002 – 2003)	1%
Poverty rate (1999)	15%
Number of jobs (2002)	53,008
Annual average wage per job (2002)	\$33,446
Unemployment rate (September - 2004)	3.5%

### Highlights for Oregon State

Total population (2003)	3,559,596
Total population change (2002 – 2003)	1%
Poverty rate (1999)	12%
Number of jobs (2002)	2,108,559
Annual average wage per job (2002)	\$33,063
Unemployment rate (September - 2004)	6.5%

Data taken from Northwest Area Foundation - <http://www.indicators.nwaf.org>



## DISCUSSION GUIDE FOR INTERVIEWS WITH MENNONITE VILLAGE STAFF

Interviews Conducted between May 3 – May 6, 2004  
Reviewed, Edited and Approved by Mary Vines October 1, 2004

Confidentiality Statement: Before beginning this interview, I want to thank you for agreeing to participate in the study. I know that you are busy, and I will try to be as focused as possible. I have many questions and hope to talk to many different people, so please do not feel as though I expect you to be able to answer every question. In addition, before we start, I want to let you know that though I take notes at these interviews, information is never repeated with the name of the respondent. When I write this report and discuss findings, information from interviews will be compiled and presented so that no particular interviewee can be identified. Do you have any questions before we begin?

Organization: Mennonite Village  
5353 Columbus St. SE  
Albany, OR 97322  
Phone: 541-928-7232  
Fax: 541-917-1399  
E-mail: [carol@mennonitevillage.org](mailto:carol@mennonitevillage.org)

Primary Respondents: Name: Carol Jensen  
Position: Human Resources Director  
(See Attached List for Others Interviewed)

### **GENERAL INFORMATION**

#### **ORGANIZATION**

1. Please provide a brief overview of your organization (local and national) and its services:

- a. Year established: *1947 – As the Mennonite Home for the Aged*
- b. Type of organization: *Private, Non-Profit*
- c. General organizational mission/objectives: (language from the Covenant Statement)

*“**Stewardship:** Acting out of love, and accountable to one another, we accept with joy the responsibility of participating in our community. We also accept our personal responsibility to prudently manage the community’s affairs and assets; to encourage the exercise and development of talents and spiritual gifts and to safeguard the heritage of the Mennonite Church.*

***Service:*** *Believing that serving each other is our true mission, we humbly devote ourselves to being the generous hands, the gentle voice, and the compassionate heart of Jesus.*

***Self-Determination:*** *Respecting the dignity and worth of each individual, we pledge to encourage independence and freedom of choice and to provide opportunities for physical, mental, emotional, and spiritual growth, while considering the needs of **all people within our community.***

- d. Geographic area served by organization: *95% of the residents of the Mennonite facility are from Oregon and 90% are local residents. There are, however no geographic restrictions regarding the origin of residents.*

- e. Types of individuals served by organization:

—Limited by religious affiliation? *Religious affiliation is not a consideration for residency.*

—Priority for religious affiliation? *None*

—Income criteria? *Individuals not covered by adequate insurance, must demonstrate that they have sufficient funds to pay for care for a minimum of two years. After that, the Village will attempt to identify supplemental benefits (Medicaid).*

- f. Types of health care services offered:

—To non-residents (if any): *In-home care for those who wish to continue living in their own home but require assistance with domestic and/or personal care needs*

—To independent living facility residents: *Active retirement living for adults over age 55, consisting of 258 separate homes in a planned community and congregate living (apartments) that allows independence while providing support services such as housekeeping and meal service. Those moving into separate homes must pay for the homes in advance. They are then entitled to live in the homes until they die or require a different level of care. They are given priority for assisted living, nursing and Alzheimer's care although they may be required to wait for services depending on the current occupancy level in other units. Communal living in apartments is available on a month-to-month basis.*

—To assisted living facility residents: *Assisted living that offers independence and freedom with 24-hour access to medical care. This service is provided on a month-to-month basis.*

—To nursing home residents: *24-hour health care with four levels of long-term care, plus short-stay skilled rehabilitation and nursing services*

—To Alzheimer patients: *Alzheimer's and dementia care is available in two separate living units depending on the state of the disease.*

g. Other relevant features about the organization:

—*This is a Faith-based facility although neither the employees nor residents are required to be members of any specific religion. This applies to all except the CEO and the Board of Directors who are currently required to be from the Mennonite faith. The influence of the faith is apparent in the mission statement which sets forth the values important to the organization.*

—*Accredited Continuing Care Retirement Community (CCRC)*

—*Non-Profit with gross assets of \$38,000,000 and net assets of \$11,300,000. In addition there is a separate Foundation which supports and manages a \$2.3 million fund. This money is used to fund the cost of services and fees for residents who have limited or exhausted financial resources. It is also used for capital improvements and **staff development**. Money for the Foundation is obtained through campaigns and private donations. The Foundation was established in the mid -1990's. In 1997, it had assets of \$390,887.*

2. Please describe the current arrangements between your organization and your affiliation with the Mennonite Health Services Alliance (MHSA).

*Mennonite Health Services Alliance is their sponsoring organization.*

3. How is policy developed for your organization?

*Individual managers have the latitude to develop operational policy for their units/sections. Policy that will affect patient care or that will require the commitment of resources is generally drafted by the Administrators, reviewed and approved by the CEO (in consultation with the CFO), shared with the Management Team and implemented. The CEO says that he involves the Board of Directors in an advisory capacity on important policy matters but they normally leave the management of the Village up to the Director and staff. The Board of Directors does include representation from the Independent Living component of the Village so the residents do have some influence in policy matters.*

## STAFFING

Nursing  
Certified Nursing Assistant  
Personal Caregivers  
Housekeeping  
Food Service

Office  
Laundry  
Maintenance  
...and more!

1. Please provide the staffing pattern for your organization as it relates to patient care categories shown above:

*Not Available*

2. What are the minimum requirements for entry into each of the above job categories?

*There doesn't seem to be any organizational-wide minimum requirements. Most of the skilled and licensed jobs will require a HS diploma because to enroll in the certification programs there are minimum educational requirements. The food service operation will take dropouts as long as they demonstrate a "good attitude" and do not have poor employment histories. This is the case with several other low skill jobs. All units providing Medicare eligible services are required to have certified Nursing Assistants and Certified Medication Aides.*

3. Have those requirements changed over the past 5 years?

*No*

4. Are there any workers currently on the payroll who would no longer be eligible for employment were they to apply for a job today? How many?

*No*

5. What is the ratio of nurses to aides/assistants? Is this ratio the same for all shifts?

*Standards are established by state law and the certifying organization. These are met. Ratios vary depending on the level of care.*

6. Can you provide an age and sex breakdown for each category of worker?

*Data was available but would require significant staff time to assemble.*

7. Can you provide information on length of service for each category of worker? Average data will be fine if we can identify those workers with exceptional length of service histories and those who may have just joined the organization.

*See above*

8. What types of workers are most and least likely to remain on the job? What is the basis for your determination?

*The most likely to leave are direct care and dietary workers. Some direct care personnel will get training at the Mennonite facility and then move on to higher paying hospital jobs. This is not a big number but apparently it is a memorable event.*

9. What percentage of the low-wage worker staff is part-time?

*Approximately 25%. This is mostly a voluntary situation. These people only want part-time work.*

10. Are supervisors provided any in-service management and supervision training? If yes, how long is that training and is it mandatory? Are there other training programs that you believe contribute to improved relationships among workers?

*There is no structured in-service management and supervisory training. Supervisors may enroll in a variety of paid training. Training may be led by college instructors, the Employee Assistance Program, Cascade Employer's Association, function specific societies or other professional trainers.*

11. Please discuss your "corporate culture."

*The corporate culture is structured around the mission statement. The level of interpersonal involvement among staff and managers is significant resulting in a "corporate family" rather than a disparate group of individuals. People are encouraged to remember each other on special occasions (free greeting cards provided). When there are family or health problems which result in prolonged absence, staff throughout the facility will donate their leave time to the affected employee. At Christmas time, single parents are provided food baskets and gifts for their children through secret donations. While childcare is not provided, help is offered to identify suitable childcare. Children may come to the worksite during those times where childcare problems arise. Older children may volunteer to work with the residents thus being on-site with their parents.*

12. Are there any procedures/services your organization uses that are particularly effective in retaining workers?

*Management and staff mentioned a number of policies, procedures, services and benefits provided that might be effective in retaining workers, although there is no way to identify exactly which ones are significant. One interviewee said that it was the combination of corporate culture along with policies that supported that culture that made the difference.*

*The following were mentioned throughout the interview process:*

- a. Improved initial screening and reference checks. *If workers come in with attitude and substance problems, retention becomes a real issue. The nature of the work requires responsible people, so hiring people who have demonstrated a good work ethic mitigates the turnover problem.*

- b. The existence of an HR Director. Having a central HR presence enables the organization to make better use of staff. If, for example, a worker is no longer needed in a specific area, efforts are now being made to identify alternative employment opportunities rather than to terminate the worker. The first HR Director hired in 1997 was instrumental in initiating interest in turnover, developing an employee handbook, reviewing and revising job descriptions and pay scales.
- c. Structure of the leave policy. There is no separate holiday, vacation or sick leave schedule. Each employee earns leave at the rate of 24 days per year (more days after 3 and 10 years). This leave can be used in any way the employee desires.

*The employee can also elect to forfeit all or 50 percent of their leave in return for an increase in their hourly pay. Older workers tend to want to keep the leave days while younger workers with more family responsibility are more likely to opt for the increased pay.*

- d. Donated Leave— described under corporate culture.
  - e. Job Sharing and switching work hours. Job sharing is permitted but only one position is currently set up to be occupied by two people; however, there are a number of part-time positions. A more prevalent practice is to allow workers to trade hours without going through a bureaucratic paper and approval process. The only factor that affects hour trades is the quality of patient care. If the patients will receive the same level and quality of care, a switch may be made.
  - f. Childcare and childcare policies – described under corporate culture.
  - g. Wages. No staff member thought that the wages were exceptional. As a matter of fact, many staff mentioned that they could get (and had gotten) higher wages at doctor's offices, clinics, and hospitals. If they left for wages, they generally returned because wages by themselves were not the determining factor regarding staying on the job. None of those interviewed felt that the wage policies were unfair or discriminatory or that management did not share savings with them.
  - h. Health Benefits-including vision and dental. Health Benefits were mentioned as a reason for remaining on the job since so many companies did not provide these benefits. The workers were aware of the high cost of health insurance, and while they were not pleased with or did not understand the current plan, they were glad to be working for an organization that had these benefits.
- Health, vision and dental are costing the employer a minimum of \$400 per month for every full-time employee.*
- i. Tenure bonuses. After 7,280 hours of service (3.5 years of full-time employment), staff are given a 3 percent tenure bonus which is awarded at the end of each year.

- j. CNA Appreciation day along with spa day. The current nursing director for the acute care and nursing home facilities was originally a CNA. She went to school while working at the Village and got her RN. Because of her personal experience as a CNA, she recognized that the CNAs needed to feel valued, so she created a special day for them. During this period, seminars on a variety of topics are offered and two staff members are given a “spa day.” They are given an overnight stay at a hotel with spa facilities. This is a very popular event which was initiated within the past few years.
- k. Food Baskets and Christmas gifts. During the holiday season, the HR office produces a list of lower-level staff members (low-wage workers) that have children. The list includes the names and ages of the children. The entire Village is asked if they wish to participate in a gift program for these members. Interested parties are provided the names and ages of the children and they purchase appropriate gifts. The gifts are coupled with a food basket for each family.
- l. Sharing premium savings from Workers Compensation Insurance by having a dinner with gift certificates and prizes. On the job accidents are costly because they drive up the WC insurance rates and often result in the need to hire replacement workers. Many companies post accident rates, warnings, and instructions on how to minimize risk, etc. It is not unusual to see a large poster indicating the number of days that the facility has gone without an accident. The Mennonite Village does all of these things, but, in addition, in very good years where there have been virtually no on-the-job accident, they have used the WC premium savings to pay for special “parties” which include dinner and the awarding of prizes and gift certificates. This is an incentive for workers to help keep accident rates low through care and through notifying management regarding potential risk factors.
- m. Promotion from within. Whenever possible, job opportunities are offered to incumbent workers first.
- n. Pension plan. In addition to sponsoring a 403(b) employee contribution pension program, the employer contributes 3 percent of the employees’ annual pay to a pension fund. For the lowest paid full-time worker, this is approximately \$500 per year.
- o. Autonomy. Autonomy is not necessarily a job attribute mentioned by the low-wage worker, but it was mentioned by the supervisory staff. This autonomy often resulted in beneficial decisions regarding the line staff.
- p. Free training. CNA training is offered to new hires and existing staff desiring the certification. Other programs are offered in order for staff to maintain their professional licenses or standing. When there are sufficient numbers of participants, the training may be offered on-site to minimize employee hardship.
- q. Scholarship program. There are two scholarship programs. One is for any individual working at the Village and the other is limited to staff working in a particular section

*(Assisted Living). To qualify, employees must have worked for a minimum of 18 months, present recommendation letters, continue to work part-time, and maintain a 3.0 GPA. The general program is limited to support for a two-year program at the same tuition level as the local community college. The student may attend for longer than two years, but the award will be capped at the cost of a full-time program offered for two years. The assisted living scholarship is only for individuals seeking an RN degree and has the same requirements as the general scholarship program except that it is based on a 3 year full-time program.*

*According to the most recent published brochure, more than 50 people have participated in the program since 1997. Support for the scholarship program comes mainly from proceeds generated by two on-site, volunteer operated gift shops. Some additional money is received from the Mennonite Village general revenue and donations.*

- r. Employee Assistance Fund. This program is designed to help employees with short-term financial crisis or with need for compensated leave. It is fully funded through cash and leave donations and the requests for assistance are presented to a committee of employees for consideration. Examples of requests might include gas, minor auto repairs, tires, food, or other emergency items that will affect the employees' ability to be at work. The grants are generally in the form of vouchers to vendors for goods or services. The eligibility criteria are minimal. An employee must have passed his or her trial service period.*
- s. Clear job descriptions. In 1998 or 1999, as part of an effort to formalize the personnel structure, the entire organization participated in a job review and re-classification effort. The purpose was to establish a rationale for the pay structure for each job. Points were assigned based on job duties. Jobs and salary structure were compared with prevailing practices in the state. As a result, most people received pay increases but more importantly, there was a structure in place that was built on defensible evidence and which could be modified over time. Workers perceive the new system to be fair and pay is not related to how loud a supervisor complains about his or her workers pay. Performance evaluations were also initiated with the goal of conducting one evaluation at the end of the trial period and one each year thereafter.*
- t. Training bonuses. Increases in hourly rates of pay from \$.10-\$.20 per hour or \$200-\$400 per year for a full-time worker.*
- u. Seasonal events. Some type of seasonal celebration is held in each of the four seasons. Typically, these events will involve the entire Village and in some cases will include the community at large. For example, an event is usually scheduled to coincide with national Senior Citizens Day or Week.*
- v. Interest expressed by director. Staff mentioned how much they valued the personal interest shown by the Executive Director in the work they performed and in their general job satisfaction. An issue arose regarding smoking on the premises. Several employees would gather outside the nursing facility to smoke. Unfortunately, that smoke made its*



way into the ventilation system and complaints were lodged. The director called a meeting of smokers. All who attended thought that the meeting was for the purpose of telling them that smoking was no longer going to be tolerated on the grounds. Instead, the director announced that he was authorizing the building of two covered smoking patios. Both were to be convenient to duty stations but would not result in smoke making its way into the facility. People were shocked.

- w. Interest expressed by supervisors. Mentioned by many of those interviewed
  - x. Perception of caring by co-workers. Workers are encouraged to look out for each other. They are encouraged to acknowledge good work or deeds done by fellow workers and to celebrate each others life events. Cards are made available for workers to use for congratulating others on birthdays or anniversaries. These cards can also be used by staff for residents. It is not unusual for a person to receive a note of thanks or praise from a fellow worker.
  - y. Donated leave policy. As was mentioned in the section on the Employee Assistance Fund, leave donation is an allowable policy. It may be undesignated and banked in the EAF or it may be donated for a specific person as a result of a call for donations issued by a supervisor or the HR office. There is no pressure to donate.
  - z. Communications. A member of the management team recalled that the Workers Comp Insurance carrier conducted a free survey in 1997 to identify worker concerns. Employees indicated that they were having a difficult time communicating with their supervisors and in getting information on new policies, procedures, and general happenings at the Village. Management was shocked because they perceived themselves as being open and approachable. Each supervisor was tasked with attempting to improve communications and an employee newsletter was established. The same survey was done the following year, and communications dropped from first in importance to an insignificant ranking.
13. Comment on the religious affiliation of the staff. The question does not relate to whether you hire only church members but rather whether people who are interested in working at Mennonite Village are likely to be affiliated with a formal religion and whether this may affect their “staying power.”

*This was a difficult question to ask and it was difficult for those asked to answer. The question required a lot of explanation because I didn't want the respondents to think that I had a bias in either direction. They also wanted to answer the question without bias but as it turned out there was no way that the respondents could speculate, with any level of confidence, on whether it made a difference. They thought that many people were affiliated with formal religious organizations but did not know for sure.*

## RESIDENTS AND PATIENTS

1. How many residents are there in?

Facility	Units/Beds	FY 2004 Funding Source to Date (3/31/04)	FY 2003 Funding Source	FY 2002 Funding Source
Independent living facilities	287 Units including 30 apartment units- Some added during these periods	Private	Private	Private
Assisted living care	97 beds	Medicaid – 22.46%	Medicaid – 26.02%	Medicaid – 23.78%
Nursing home care	64 bed	Medicaid – 70.27%	Medicaid – 64.56%	Medicaid – 61.54%
Nursing home care	31 beds	Medicaid – 27.50% Medicare – 46.10%	Medicare – 39.58%	Medicare – 64.86%
Alzheimer care	28 beds	Medicaid – 28.24%	Medicaid – 38.20%	Medicaid – 41.36%

– Other: *Overall the Private Pay clientele has increased by about 3% since FY 2001 to an overall 59.68% of the population in the medical care facilities as of March 31, 2004.*

2. Are individuals required to be members of a particular religion?

*No*

## WAGES AND BENEFITS

1. How are wages determined?

*Surveys have been conducted. Job descriptions and the salary structure were completely revised shortly after the first HR Director was hired which was some time after 1997.*

National, state and local labor market data—identify sources: *Currently, the HR Director uses survey data from local professional associations such as the Cascade Employers Association and national data from other Continuing Care Retirement Communities. If a job is new to the organization, she might call around for information from other similar organizations to obtain job descriptions and salary information to ensure that salaries are competitive.*

Other: *None mentioned*

2. Benefits – *Details in the main body of study*

## PERSONNEL PRACTICES

1. Recruitment

Estimate the percent of low-wage workers coming from the following sources: *No percentage estimates were available but in rank order a., c., and e. generate the most new hires. The internet is being utilized more and more by applicants for all levels of positions. Surprisingly, no use is made of either public or private agencies.*

- a. Referred by friend, relative, or patient
- b. Referred by an agency (public or private)
- c. Response to advertising
- d. Response to internet listing
- e. Walk-in inquiry regarding job availability

Other

2. Reference check policy

*Extensive background and reference checks are conducted. The population is vulnerable, so this is essential. In addition, alcohol and drug tests are conducted.*

3. Who makes hiring decisions?

*The unit supervisor does the reference checks and makes the hiring decision. Depending on the unit, co-workers may be involved. HR is regularly consulted for advice.*

4. What is the length of the normal trial service period?

*120 days*

5. Evaluation Policy

*120 days and then yearly. Step increases are given after the trial period and then every 6 months. It takes 3.5 years to get to the end of the salary scale for a particular job. The Board of Directors allocates an annual cost of living adjustment every October.*

6. Career Ladders

*There are no published career ladders but “everybody knows what you have to do.”*

7. Counseling and guidance

*There is an Employee Assistance Program providing professional counselors who will assist with substance abuse, job stress, grief, divorce, etc. There are two licensed clergy on-site as a benefit to Village residents and they may be used for this service. People are also referred*

*to professionals off-site.*

8. Other interesting practices:

*Turnover is a front burner issue all the time. Turnover statistics are generated by department and provided to supervisors on a monthly basis.*

*The low turnover rate is a point of pride for most supervisors, so they work hard to keep it low.*

*Staff meetings are held on a regular basis beginning at the unit level up to the management team.*

*Official job sharing is allowed.*

## **TURNOVER DISCUSSION**

1. Include the latest turnover chart:

*In main body of report.*

2. Relate turnover to:

Low-wage workers in general as compared to nursing staff/administrative professionals

Assignment (is turnover greater in direct patient care or in support (clerical, food service, maintenance)).

*See Chart*

3. Why do you believe that turnover in this facility is so much lower than that in similar facilities in Oregon/US?

*No one factor. There is a sense of commitment and pride among the workforce about the service being performed, and there is a sense of responsibility among the management team in regard to caring for the workforce.*

4. Have you been able to quantify?

*NO*

## **OTHER**

1. To what extent do you think that the activities of the Low-Wage Worker and Retention

Program have benefited your operation?

*Very difficult to determine exact benefits. Added services for employees builds on internal reputation for caring about the workers.*

2. To what extent do you think your policies and procedures could be replicated in other similar facilities? How does location, worker demographics, the population served, or other distinctive features of your operation make it either non-transferable or limit transferability?

*The policies and procedures could easily be replicated. There is nothing about the worker demographics, population served or location that necessarily impacts policy or procedures. If people understand upfront that they must have a commitment to the residents and a commitment to each other before accepting the position, that's half the battle.*

#### **CHECKLIST OF ITEMS TO COLLECT DURING INTERVIEW (IF AVAILABLE)**

Additional documentation/evaluation reports detailing personnel policies  
Organizational chart for Mennonite Village

## MENNONITE VILLAGE INTERVIEW LIST

Name	Position	Length of Service (Years)
Judy Gott	Director of Nursing	14
Stephanie Bates	Activities Director	19
Kate Brenneman	Village Administrator	16
Sue Currey	In-home Care Office	5
Ron Miller	Building Maintenance	25
Peg Short	Food Service Director	32
Sue McIntire	CNA-Rehab Center	5
Jodi Long	Essen Haus Manager (Restaurant)	11
Jeanie Reed	Billing	15
Gail Schlegal	Receptionist – Quail Run Assisted Living Facility	10
Amy Walling	Certified Medication Aide-Quail Run	15
Edna Ferebee	Payroll/HR Specialist	13
Bev Knox	CMA	15
Gladys Mast	Medical Records	15
Dave Detweiler	Environmental Services Director	14
Chet	CFO	Failed to obtain but more than 7 years
Cheryl Landis	Administrative Assist-Independent Living	6
Yodi Allen	Grounds Maintenance	5
Linda	Grounds Maintenance	19
Mary Scott	Lydia's House (Alzheimer Care)	6
Mary Taylor	Team Leader (Alzheimer's Care)	Failed to obtain unknown
Jewel	Housekeeping/Laundry	26
Ron Litwiller	Executive Director	5
Carol Jensen	HR Director	4

## WORKER TESTIMONIAL

The following e-mail was sent to the Executive Director of the Mennonite Village by one of the staff. With the exception of his name, all last names have been removed from the document. No other edits have been made to the e-mail. It has been included in this report because many of the policies and practices referenced in the report are also mentioned here.

From: Staff Member

Sent: Friday, November 05, 2004 11:59 AM

To: Ron Litwiller (*Executive Director*)

Subject: Mennonite Village

Hi Ron,

This isn't meant, necessarily, to be something for the entire staff but I felt I wanted to share with the people who may not always get a chance to experience what I have been fortunate enough to experience while here. There have been many who have worked here a lot longer than I. But maybe not too many that have experienced the full spectrum of our community and so many of life's changes while here. I don't even really remember the year I began working here. I think I am coming up on seven years.

I began by taking the CNA course. I didn't really think nursing would be something that I would want forever but I knew I wanted to be somewhere I could make a difference. Taking the class was pretty much a spur of the moment thing; I had never even considered a "nursing home". So in I came, not sure what I was even doing. The CAN instructors, Margo and Margaret were wonderful and I did learn a lot. I really liked the environment here so after the class decided to try it for a while. I interviewed with Michelle (past DNS) and Melody (past staffing coordinator) and then I went "on call" on the evening shift. On call really turned into a 5 to 6 day a week job as I was scheduled frequently. Working on the floor really was a fast paced and difficult job but I loved the residents I got to know and felt good at the end of the shift.

After the first year I got the wonderful surprise that I was to have another child. The pregnancy was touch and go so I could no longer lift. My services were used in different ways at that point. It was wonderful to learn so many different jobs. I worked in HCC activities, I filled in for the restorative dept. I did staffing etc. During this time both of my older children became volunteers and spent many hours with the residents here in all kinds of capacities. I walked around here like a whale, staying up until my due date.

After my daughter was born I came to fill in here and there. One day it was spur of the moment so I had to bring her with me. I brought her walker and she sat in the activities room with many of the "grandma" residents while I readied some activities. I remember walking her stroller down the hall delivering and reading mail to residents.

During this time not only was there changes in my family life but here at work as well. The new administration offices, Lydia's House, Ashwood Court, and more. After a time I saw in the paper that there was an opening working for "The Village". I read the description and was very excited to apply. I met for an interview with Kate which made me even more excited because after speaking with her I knew this would be a job that I could still be involved in making a difference but also apply my love for creativity and business. Not to mention that Kate seemed to me like someone I could admire and learn from. I began in the new position creating the Village Update and planning for Village activity as well as different odds and ends when needed. I shared an office with Jean and LOVED what I was doing.

As time passed there were many changes in my family life as well as my responsibilities in my work assignments. Some were difficult. Some a blessing. I became a single parent of three. At one point I got very sick and almost lost my life. At that time I saw how much the people here really care. I received many prayers and donations of earned leave allowing me to have enough time to heal before returning to work. I have made some life long friends with staff in every area on campus and a few residents as well.

My family's involvement in life here at The Mennonite Village continued to grow. My sister took the CNA training and became a Lydia's House employee. It was there that she met her now



husband. They even got married by our Chaplain Lynn in the Lydia's House Court Yard with our whole family attending. Here I will also interject that it was the former Chaplain here at the Mennonite Home, Mary Lou, that introduced me to Lynn and that's how I ended up joining my first church and getting baptized and, started me on my journey of becoming a Christian. (I can say this is probably the best thing that has happened as a result of working here!)

I now feel that what I do here at work is more removed from the hands on experience regarding residents but none the less important. I enjoy meeting the people that come or call here from every area of the United States wanting to learn about our great community. I am proud when I tell them what we have to offer them. And I have learned so much working in all these new capacities. This week I was fortunate enough to have a brand new experience here at “work”. I was on the opposite side of the coin and had the wonderful opportunity to see exactly what our residents and their families experience when they come here at a very difficult time in their lives.

My grandmother, and her husband, Dave, became residents of Ashwood Court in the last year. They were both in their 90's, still doing very well but needing a few services. After some great hesitation, they learned to love their new home and the people around them. Not too long after moving here Dave passed suddenly in their apartment. Our family was very grateful that grandma was here surrounded by loving neighbors and staff. She lived in the apartment for a time alone but began a decline in health after Dave left us. She had a small stroke that sent her to rehab for awhile. The staff there was wonderful and even though I work here they did not assume I knew everything, which I didn't, and they kept us very well informed. The care she received was wonderful. Angie and Beth went above and beyond to keep us sane. After a short stay grandma decided she would like to go to our family farm to live her remaining time. My parents wanted to grant this request and took her home. As most families learn from this situation it is harder than it appears to care for an elderly loved one who is failing. We hired Mennonite In-Home Care to come and help. Again, I got to experience the flip side of the coin. They are awesome! So caring and helpful. I can't say enough how we appreciated them. But, after a time grandma became worse and ended up back here in rehab. Hospice was called in and on Tuesday they said we probably had about a week left with her. That same evening I had my girls, both of whom have spent many hours here during their lives, come in to say goodbye. They held her

hand and did just that. The next day I would go to grandma's room on my breaks. My son came to see her later in the day. I walked him down and upon entering the room I immediately knew based on working there in the past and seeing people pass that grandma was going to go to her glory very soon. I asked Judy to come in and confirm my suspicions. She agreed with me and suggested I call my parents. The aides who had been caring for her were all very attentive and so wonderful.

Unfortunately grandma passed very quickly and my parents did not have time to arrive. But my son Cody, my sister Kristi (Lydia's House) as well as Chaplain Lynn were and I were there. Holding her hand. We watched her take her last breath. How glorious because I knew the angels were there. We stayed with her body until the funeral home arrived. How honored it made me feel when Beth, Judy and one of the aides walked grandma's remains, draped in a beautiful quilt out to waiting transportation. How truly blessed I am to have experienced this wonderful place from both sides of the coin. Thanks be to God who I know put me here. I know my journey will always be intertwined with the great mission of this place.

Signed by a  
Mennonite Village Employee

## **Appendix G**

### **Demonstration Project Implementation Tools (CD-Rom)**

**Portland Community College – Step-by-Step Program**

**Linn Benton Community College – Healthcare Worker  
Retention and Career Advancement Initiative**

**Sacramento Employment and Training Agency  
(SETA) – WIA Rewards Project**

# **Linn-Benton Community College**

## **Healthcare Worker Retention and Career Advancement Initiative**

(Demonstration Project Implementation Tools)

### **Burnout Program Materials**

- Burnout Content Curriculum for Seminars
- Burnout Schematic
- Safe Places to Vent
- Self-Assessment
- Tips and Strategies on Organizing at a Care Facility
- What to Say When You Feel Overwhelmed

### **Focus Group Materials**

- Focus Group Page
- Focus Group Questionnaire and Mennonite Village Responses
- Mennonite Village Synopsis of Focus Group Responses
- Survey Executive Summary – July 10, 2003

### **Management Team Materials**

- Project Management Team – Guidelines
- Strategy Classification Table

### **Miscellaneous Materials**

- Healthcare Recruitment Flyer #1
- Healthcare Recruitment Flyer #2
- Leadership Academy
- Leadership Academy Evaluations

**Portland Community College**  
**Step-by-Step Program**  
**(Demonstration Project Implementation Tools)**

Employer Recruitment Planning

Employment Success Plan

Job Enhancement Form

Nike Letter

Proposed Agenda for Career Day – 1

Referral Form for the Retention Program

Retention Project Intake Form

Step-by-Step Flyer

Workshop Topics

**Sacramento Employment and Training Agency**  
**WIA Awards Program**  
**(Demonstration Project Implementation Tools)**

“Attitudes count: ‘Soft skills’ top list of what area employers desire”

*The Sacramento Bee* News Article

Recruitment, Assessment, Workshop,  
Employer Recruitment and Evaluation Documents