What is HPOP? What is ERI?

- **NH Health Profession Opportunity Project (HPOP)**
  - Federal HHS Administration for Children & Families (ACF) **HPOG** funding
  - Affordable Care Act funds
  - 32 demonstration projects
  - September 30, 2010 – September 29, 2015
  - Almost $12 million

- **Employer Research Initiative (ERI)**
  - **HPOG University Partnership Grant** from ACF
  - Institute on Assets and Social Policy (IASP) at Brandeis University partnering with NH HPOP
  - 2011-2015
  - Focus on the diversity aspect of the larger HPOP initiative
Partners

IASP Research Team:
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HPOP Team:
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Funders:
Endowment for Health
Administration for Children and Families (Federal DHHS)

Key Employer and Workforce Partners:
Manchester Community Health Center
NH DHHS / Division of Family Assistance
Dartmouth Hitchcock
Department of Labor Office of Apprenticeship
Home Care Association of New Hampshire
Manchester Community College
Foundation for Healthy Communities
Bi-State Primary Care Association
New Hampshire Health Care Association
Workforce Investment Board

What is HPOP?

- Partners:
  - Division of Family Assistance (DFA)
  - Department of Labor (DOL) Apprenticeship Office
  - Office of Workforce Opportunity / Workforce Investment Board (OWO/WIB)

- Objective:
  > To train TANF and other low-income individuals in health occupations that pay well and are projected to be in high demand
    - Offer advancement opportunities for those already engaged in health careers to advance up their career ladder
HPOP Goals

- Train ≥ 1000 participants
  - At least 25% racial/ethnic minorities
  - 20% incumbent healthcare workers
  - Sectors
    - Allied Health
    - Long-term Care
    - Health Information Technology
    - Nursing
- Place ≥ 500 HPOP graduates into jobs
- Geographic areas:
  - Nashua, Manchester, Concord, Seacoast
  - Also Laconia, Keene, and Claremont

NH HPOP Case Management & Training Program Model

Outreach & Enrollment
- Eligibility, Application, Enrollment & Engagement
- Screening for Eligibility
- Application process
- Interview & Acceptance
- HPOP Case Managers work one-on-one with participants to create individual education plans with training and employment goals
- Information Sessions on HPOP / intro to health careers

Supportive track
- Prerequisites & Skill Building
- School/Job readiness
- Cultural orientations to American school and work environments
- Vocational-ESOL
- Academic enrichment classes for career tracks (healthcare vocabulary, first aid, CPR, math and measurements)
- Health Careers Exploration
- Resume development, interview coaching, job shadows, apprenticeships

Health Occupation Training
- Training in Health Occupations
  - Allied Health
  - Long Term Care
  - Child Care Health Advocacy
  - Health Information Technology
  - Nursing
- Partner with existing programs
- Collaborate to develop new training opportunities

Employment
- Job Development & Placement
- Partner with employers to assist with recruitment
- Employment Retention and Participant Follow-up
- Case-Mgmt for 3 months post employment
- Follow-up for 1 year post employment when Graduate/Exit from HPOP
- Advancement

Network of Advisors
Business Advisory Councils and Employer Consortium, Educator Consortium, State Level Advisory Group, Regional Advisory Boards, HPOP Leadership Team, and Project Partners
HPOP Outcomes

- 1,311 participants enrolled
- 1,051 enrolled in healthcare training
- 845 participants completed healthcare training
- 782 individuals employed
  - 692 employed in healthcare

HPOP Participants

- 20% incumbent healthcare workers
- 28% racial/ethnic diversity
- 83% female
- 76% Household Income Below $19,999
- 11% TANF Participants
- 43% SNAP
- 32% received Medicaid
- 10% received Subsidized Child Care
- 59% received some form of public assistance (unduplicated)
Workforce Diversity in New Hampshire

Findings from the Employer Research Initiative (ERI)

Employer Research Initiative (ERI)

- University Partnership Grant (2011-2015)
- Research rooted in policy and partnership
- Focus on challenges and opportunities in NH health sector given changing demographics
- Win-win workforce development strategies
ERI: Study Of Employment and Advancement Opportunities For Racial, Ethnic And Linguistic Minorities

Primary Question
- How can NH healthcare employers create a more diverse workforce and foster greater recruitment, retention and advancement of racial, ethnic and linguistic minorities?

Secondary Questions
- How can the workforce development field better prepare and support both workers and employers in the healthcare sector to improve minority hiring, retention and career pathways in NH?
- What are the opportunity structures or bridges that need to be developed or leveraged to build and sustain a more diverse and upwardly mobile minority healthcare workforce in NH?

On Ramps and Career Pathways
Distribution of People of Color in Southern NH's Health Care Workforce (2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of People of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Population</td>
<td>12.40%</td>
</tr>
<tr>
<td>Total workforce - all industries</td>
<td>9.5%</td>
</tr>
<tr>
<td>Ambulatory Health Care Services</td>
<td>7.7%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>6.5%</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

Source: Quarterly Workforce Indicators (Avg Q1-Q4, 2012). Census Bureau Local Employment Dynamics Database

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Path 1: Cookie-Cutter

Career Path Over the Life Course

Cookie Cutter
Path 2: Old Guard

Career Path Over the Life Course

Path 3: Innovator

Career Path Over the Life Course
Path 4: Zig-Zag

Career Path Over the Life Course

Path 5: Lateral

Career Path Over the Life Course
Path 6: Foreign Trained Professional

Career Path Over the Life Course

Policy: Which should we be most concerned about?

Career Path Over the Life Course
It’s not just what you know, it’s who you know

And the resources available through your networks
Institutional supports are not enough

- Zig-zag v. linear
- Multiple routes to destination
- Roll the dice

Career Pathways
Networks as Mediators of Inequality

- When I was in school you didn’t really see too much [diversity]. I would prefer to work in a diverse crowd just because I don’t feel kind of excluded, which I like. I felt excluded all the time, but I don’t really think about that. I don’t really think about it at all, but I would prefer to work in a diverse… I’m not racist or anything, but I would definitely like to be in an environment where I kind of see someone that kind of looks like me. I just feel like I would be more motivated and people would reach out to me more… I wish I saw that more in New Hampshire.

- I’ve heard they have an advantage because they have to hire so many [people of color] …but I feel that we need to help our own people and I think we’re at a point where we’re just helping so many that we’re in a mess. I mean, we really are… there’s so many different people from all around the world and they’re always all on food stamps. It’s like now, wait a minute. I mean I was a single mom and I never got food stamps.

Moving Beyond Supply and Demand

- Employers
- Educators
- Community Experts
- Workers
- Supervisors
- Labor Market Experts

Student
New Hire
Incumbent worker
Healthcare Administrator
Employers

“There are some who will adamantly say, ‘I will not have a caretaker of color.’ And we will say to them, then you really can’t stay here because we have a diverse workforce and you don’t get to choose the color of the person who … helps you with your daily living. That’s not a choice you have”

“And I’ll say to a patient, ‘Today you’re having difficulty because this is new. Once you’ve heard this person speak for a while, you’ll begin to become accustomed to the rhythm of the language, you will, and you’ll love her or you’ll love him,’ and they do….”

Workers

“People … don’t necessarily know what being a refugee means, is it an illegal immigrant? … educating employers on what a refugee is … is a second barrier we have to break down to get them to just think about hiring this person.”

(job developer)

“Sometimes I wonder...(there are) times where I put my name on something like an online application and then I lie? Do I put “Chavez” on there – then I’m not going to get a call back. And I think about that a lot, which is awful…”

(diverse health professional)
Workplace v. Workforce Development

Seven Elements
Framework for a Culturally Effective Organization

- Leadership
- Data Collection and Analysis
- Community Engagement
- Language and Communication Access
- Staff Cultural Competence
- Workforce Diversity and Inclusion

- Improved quality of care, safety, and patient satisfaction
- Reduced health disparities
- Increased revenue
Findings, Challenges & Lessons Learned

TANF Participant Profile

11% of HPOP participants were receiving TANF benefits at the time of enrollment

- 94% Female
- 25% employed at intake
- 46% completed training and employment
- 28% enrolled and had no activity
- 67% sought LNA training
Remedial Training Pathways (n=351)

HPOP Participants with the Most Success were...

- Opportunistic
- Strong self-advocates
- Highly motivated to change
**Sense of Urgency**

Average time for a successful (completing) participant was 1.6 years

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**Nursing**

- Most commonly non-completed: RN
- Most commonly completed: LNA
- Many aspiring RNs had unrealistic goals
- Typical HPOP participant benefits from short term goals offered by a nursing career lattice
Employer Engagement

- Strategic outreach and collaboration with employers
- Ongoing dialogue with healthcare employers
- Convene regional Business Advisory Councils
- Understand employer opportunities/challenges to diversity
- Liaison to DOL Apprenticeship Program
- Deliver well-trained applicants to meet employer needs
- Provide incumbent training
- Employer Based Training pilots
- Assist employers to identify training and technical assistance to increase or manage diversity

www.nhhealthcareers.org
CONCLUSION
Questions?

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