

A Healthy Future

A labour market plan for health care in Hamilton

Sector Planning Partnership Grant



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Workforce Planning Hamilton
Planification de main d'oeuvre de Hamilton



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Introduction

This report is the result of a partnership between Workforce Planning Hamilton, Mohawk College, Employment Ontario service providers and the larger health care sector employers in Hamilton to identify 1) key labour market skills shortages and workforce needs across these organizations, 2) opportunities to fill these shortages with people who have barriers to employment, and 3) analysis of training and support needs that would enable long term workplace success for these employees.

Workforce Planning Hamilton has conducted some initial consultations with health care employers and found that recruitment and retention are issues in this sector. Employers have concerns about how to reach the “right” recruits, how to best access employment supports/training, and how to sustain and retain employees that are doing well. They also identified the need for additional training around the soft skills: communication, professional behavior, teamwork, and dependability.

These findings were echoed in additional consultations with some of the largest health care institutions across the region. They described a need for more nuanced and specific training of skill sets, as well as an orientation and introduction to the myriad employment opportunities that actually exist in these large organizations.

With the support of a Sector Partnership Planning Grant from the Ministry of Advanced Education and Skills Development, Workforce Planning Hamilton was able to delve into these issues in much more detail. In addition to Workforce Planning Hamilton and Mohawk College, the project was overseen by a multi-sector steering committee made up of Human Resource leaders from the three largest health care employers (Hamilton Health Sciences, St. Joseph’s Health Care and the Local Health Integration Network – Hamilton), the leadership of the Employment Ontario network in Hamilton, and several agencies who provide training to entry-level workers.

Several approaches were used to gain the information required for this report: a review of labour market information for the local health care sector, a phone survey with 10 mid-size health care sector employers, interviews/surveys with the three largest health care sector employers, focus groups with Employment Ontario agencies, and adult education providers (both school boards, Mohawk College, and McMaster Continuing Education.) There was also a very high level look at some promising practices within Hamilton and from other jurisdictions.

This report presents the findings of the research, and concludes with a strategic plan developed by the Steering Committee based on the findings. This plan identifies a path forward that will support marginalized job-seekers in their search for employment and will also address labour force challenges that are present in the local health care sector.

Labour Market Analysis

In the Hamilton CMA, the health care and social assistance sector is the second largest employment sector, only behind retail and trade. It employs over 53,000 people, and includes Hamilton Health Sciences, the largest single employer in Hamilton. Additional large employers include St. Joseph's Healthcare, the City of Hamilton's Wentworth and Macassa Lodges, and the Community Care Access Centre.

The health care sector is also growing: data from the Labour Force survey showed the sector employment increased by 14% from 2011 – 2016¹, that is expected to continue strong growth of 12% over the next eight years². Provincially, unemployment rates in this sector (2.0% in 2016) are much lower than other industries (6.5% in 2016)³.

The health care sector is more likely to require higher levels of education and training than other sectors. Information from the National Household Survey (2011) shows that 70% of jobs in health care require a college diploma or university education, compared to 60% in all industries. Jobs that require "on the job" training (no educational requirements) make up only 5% of employment in health care, while making up 13% in all other industries.

For this report, "Health Care" has been divided into 3 different sub-industries:

- 1. Ambulatory Health Care (NAICS 621):** In general, these are offices of health professionals: doctors, dentists, chiropractors and have smaller numbers of employees – most of whom are highly skilled and educated (77% require university degree or college diploma)⁴. They are also small offices: 97% have fewer than 20 employees, and 66% have fewer than 4.⁵
- 2. Hospitals (NAICS 622):** Large employers with a wide range of employee categories with a correspondingly wide range of skill requirements. But overall, positions require higher skills: 55% require a university degree, and 24% require college diploma.⁶ In Hamilton, there are two primary hospital systems: Hamilton Health Sciences (13,100 employees) and St. Joseph's Health Care (4,500 employees).⁷
- 3. Nursing and residential care facilities (NAICS 623):** Includes Community Care facilities for the Elderly, nursing care facilities and residential care facilities. Of the three, this category has the highest percentage of lower skilled positions (59% require a high-school diploma or on the job training only)⁸. These facilities vary widely in the number of employees they have: 66% have fewer than 20, but 27% have between 20-200 employees, and 7% have 200 or more employees.⁹

When looking at total number of people employed in health care in Hamilton, the highest percentage are registered nurses or registered practical nurses (18%) and nurse aides, orderlies, and patient service associates (9%)¹⁰.

1 Statistics Canada, Labour Force Survey, Cansim Table 282-0131

2 EMSI Analyst

3 Statistics Canada, Labour Force Survey, Cansim Table 282-0008.

4 Statistics Canada, 2011 National Household Survey

5 Statistics Canada, 2017 Canadian Business Counts

6 Statistics Canada, 2011 National Household Survey

7 Statistics Canada, 2017 Canadian Business Counts.

8 Statistics Canada, 2011 National Household Survey

9 Statistics Canada, 2017 Canadian Business Counts

10 Statistics Canada, 2011 National Household Survey

In the highly skilled occupations (doctors, nurses, specialists), the unemployment rates for positions vary between 0 and 4%, meaning that demand is high for the occupation. In the less skilled positions, the unemployment rates tend to be higher¹¹ (with the exception of General Office Support workers):

- Nurse aides/orderlies/patient service associates 4.7%
- Receptionists 3.6%
- Administrative Assistants 6.7%
- General office support workers 0.0%
- Food counter/kitchen helpers/support 5.8%
- Light duty cleaners 7.3%
- Assisting occupations in support of health services 11.4%

Moreover, entry-level positions are much less likely to be posted. By looking at job posting data, we gain a window into the most in-demand positions. In 2016, there were a total of 3,159 job postings, and out of the top 15 health care job postings only nurse aides/orderlies/patient services associated could be considered entry level. There were 80 postings. This compares with over 1,500 for registered nurses and 477 for licensed practical nurses¹².

Overall, the health care sector is projected to continue its strong growth over the next decade, and will continue to require additional workers. From this data, it appears the highest demand will be for more highly skilled job-seekers with either a college diploma or a university education. However, especially in the nursing, home care, and residential care sub-sectors, there will be continued demand for workers of all skill levels.

11 Statistics Canada, 2011 National Household Survey

12 2016 Vicinity Data

Mid-Size Employer Interviews

In order to explore the Nursing and Residential Care sub-sector in more detail, this project conducted phone surveys of 10 mid-size health care employers¹³. These organizations came from employment sub-sectors: managed services (cleaning), home health care, nursing care, ambulatory health care, and community care facility for the elderly. Organizations were asked a series of questions about labour force needs: e.g. what are the positions that have high turnover and/or are hard to fill, what might create these conditions, and what are the potential solutions to these issues.

Across organizations that hire Personal Support Workers (PSW), almost all identified a continued need for more candidates, and most said they were currently hiring qualified candidates. Some noted high rates of turnover among staff (particularly PSWs), as most openings are part time or casual to start with shift work required, especially nights. As one employer stated “All of our workers have 2-3 jobs and are always tired”. Several employers reported that new hires “shop around” among different employers to look for highest paying or full-time employment, and those employers compete with each other for employees.

There were several companies who identified a need for candidates in the environmental and food services (they struggle to hire and have difficulty keeping recent hires). These companies also said management positions are available – although the likelihood of advancement would be greatly helped by additional training related to working in a medical setting.

In terms of suggestions for skills that would make job-seekers more competitive, most respondents emphasized the needs for improved soft skills – especially teamwork, positive attitude, reliability, and a customer service mentality. Several identified the need for a car or reliable transportation to help serve more rural areas.

Approaches to career development varied widely across these mid-size employers. Several had very few options in place: “they [entry-level employees] don’t usually last long enough to move up”, while others had extensive mentorship programs, health and safety training, the ability to attend conferences, and offering to support education upgrading (Practical Nursing or additional business training).

Given the overall challenges in finding and retaining entry-level staff, most mid-size employers expressed an interest in developing additional strategies to find qualified workers. Some had existing relationships with PSW training agencies, offered co-op placements for students, and were open to expansion of those programs. Several were open to possibilities like internships or innovative education approaches that might be developed by the training agencies.

13 Compass Group Canada/Crothall Health Care, Alert Best Nursing, Heritage Green Nursing Home, Homewell Senior Care, St. Elizabeth Health Care, Chartwell Willowgrove, VON Hamilton, The Meadows Long Term Care, Bertram Place Retirement Living Centre, and North Hamilton Community Healthcare

Large Employers

In Hamilton, the largest health care sector employers are Hamilton Health Sciences, St. Joseph's Health Care, and the LHIN (who has recently employed the former Community Care Access Centre employees). Additionally, the City of Hamilton administers Macassa Lodge and Wentworth Lodge, which are large long-term care facilities. These four large employers were asked a series of questions about their labour force needs: are there positions that are hard to fill or have high turnover? What factors make them hard to fill or result in high turnover? What skills training programs would be helpful for job-seekers? What recruitment techniques do you use to find employees? Are there career pathway supports in place for your employees?

As noted above, large health care organizations employ a wide variety of occupations, ranging from highly specialized and skilled, to entry-level and less-skilled. Given the purposes of this research project to focus on marginalized job-seekers, there was an intentional focus on jobs requiring fewer skills and lower levels of formal education.

All organizations noted that nurses are in high demand across the health care sector. Other highly specialized and high skill level occupations, such as physicians, physician specialists, as well as specialist nurses (e.g. Operating Room nurse) are difficult to fill and are in high demand.

Entry-level positions (including environmental aides, hospitality services, security, and porters) across these institutions are very competitive due to relatively high wages for comparable occupations in smaller employers. These large organizations are considered very desirable places to work with good support for employees and good benefit plans for full-time employees. They are also unionized environments, which can create some challenges in innovative or creative hiring practices.

In these large institutions, entry-level positions are almost always part time or casual to begin. This can lead to employees seeking full-time opportunities in smaller employers. (One institution gave the example that it often takes years in entry-level positions to get full-time permanent in the case of Environmental Aides, Porters, and Security Guards). The following are educational and experience requirements for one of the large institutions:

- Specific community college or technical college programs (e.g. Health Records Coding, PSW, Healthcare Aide Certificate, Pharmacy Technician, Lab Technician, Rehab Assistants);
- Environmental Aides require high school diploma
- Administration Assistant requires Community College Office Admin or Business Administration + 2 years experience
- Clerks require High School Diploma + 2 years experience
- Security Guards require completion of Law/Security Program or Police Foundations and 3 years experience in hospital security, non-violent crisis intervention, CPR, First Aid and valid Security Guard license.

The hiring process is similar across institutions: posted jobs would be available on sites like LinkedIn, the institution's website, and other job sites like Monster or Indeed. Some institutions take part in career fairs. Most organizations talked about hiring students in from key programs (e.g. specialist high skill major or post-secondary programs) and most often when students had completed placements at the organization. All institutions have an on-line application process.

Overall, these large employers re-iterated the need for soft skill development for entry-level positions: literacy and numeracy, professional expectations and behavior, reliability, customer service, maturity, confidence and teamwork. Additionally, they suggested training programs should give real-life training in co-ops or internships to build confidence to work in large, complex, ever changing environments. Programs should build resilience and adaptability and provide exposure to continuous quality improvement, which would provide an edge for job-seekers.

Large Employer Opportunities

In addition to these suggestions, several institutions did offer some current employment opportunities:

- The LHIN/CCAC expects to hire 20 new Patient Care Assistants per year for the next several years. These positions require some experience with health care terminology, office experience and computer familiarity. There is a 6-week full-time orientation, positions are casual/relief after that, but full-time hours (not positions) are available.
- Hamilton Health Sciences is predicting a demand for Health Records Coders. This is generally a two year diploma in Health Information Management. They are anticipating vacancies in the near future due to retirements and not many training programs.
- Hamilton Health Sciences is anticipating increased needs for health service analytics and health funding analytics.
- The City's Macassa and Wentworth Lodges have current open postings for PSWs, housekeeping aide, laundry aide, cleaner/porter, dietary aide, RPN, day program aide, cook, lodge clerk, receiver/cleaner and resident's helper. These are generally entry-level positions requiring little formal education, but experience in a health care environment and with the relevant equipment (e.g. floor scrubbers). These positions are generally on-call or casual.
- Several organizations also mentioned that over the next decade there will be large numbers of employees retiring. These retirements are likely to create labour market shortages across a wide range of positions.

In these specific cases, employers were interested in exploring the development of training programs and/or pilots that would address these occupations.

Training Agencies and Employment Ontario Providers

In order to understand the perspective of agencies and institutions that provide training and support to marginalized job-seekers, this project conducted interviews and focus groups with the Hamilton Wentworth District School Board Continuing Education Office, the Hamilton Wentworth Catholic District School Board, Mohawk College Faculty of Health Sciences, and McMaster University's Continuing Education office.

Interviewers also conducted a focus group with Employment Ontario providers that explored the experience of working with health care institutions and employers in Hamilton, especially with marginalized job-seekers. They were asked what additional solutions could be developed that may increase career success for these workers.

Overall, there was great interest and enthusiasm among the training community to be involved. There was broad support for increasing the flexibility of current programs and interest in creating new programs that could respond to employer needs.

There were two themes that were repeatedly identified:

1. Job-seekers often want the quickest path to work, so training, especially full time training, can be viewed as a less attractive option. This was true both for marginalized workers who are currently out of the labour force and looking for work, and workers who may be in part-time or full-time positions looking to upgrade their education credentials. Most training programs identified this as a barrier to participating in further training that may equip job-seekers to develop careers in the health care sector.
2. There is a need to increase partnerships (primarily co-op placements or internships) with employers to provide on-the-job experience, preferably paid experience. This can have spin-off benefits such as increased networking, witnessing the soft-skills required for the job, and familiarity with a workplace, but also ensures the job-seeker is actually interested in the kind of work that is done with that training.

One of the implications of these themes was that training programs could consider increasing shorter-term intensive programs (e.g. micro-credentials), and concurrent training programs that include (or recognize) on-the-job training. This may not be as straightforward as it seems: many of the allied health programs are self-regulated or regulated by the Ministry of Health, so changing the delivery and format of training programs would require their approval. Nonetheless, most training agencies consulted for this project were very interested in exploring this possibility further.

Training providers did identify a vast array of certificate and diploma programs that equipped job-seekers to compete in the health care sector. These programs are widely respected by employers and often serve as the gateway into health care organizations. Some examples included:

- Medical Terminology, Medical Transcription, Sterilizing Technology, Canadian Health Care Certificate program, Health Care Support Services, Security Guard program, Janitorial Services/Environmental Aides, PSW and SSW, Culinary Arts/Food Service Worker, Health Information Management, Addictions Worker, Food Handling Certificate, Excel and Office Computer Skills, Administrative Training, Community Pharmacy Assistant, OT/PT Assistant, and Pharmacy Technician.

Most of these programs require a high school diploma before entering, and several key informants noted that the more specialized the program (and the higher the projected pay level), the more competitive the programs are to enter, which usually means higher marks and limited enrollment.

Specific barriers experienced by marginalized job-seekers

Employment Ontario providers were asked to identify barriers their clients experienced. The following is a list of the most common responses:

- Irregular and unpredictable hours of entry-level work (casual/part-time work only, shifts)
- Low entry-level wages make it difficult to cover child care and/or other costs.
- Access to education and training programs (limited enrollment and high entrance marks required), full-time student status often required
- Cost of application or programs (especially post-secondary institutions)
- Child care – during training programs and employment (especially for shift work)
- Transportation – especially for home care work
- Recognition of foreign credentials (for newcomers to Canada)
- English language skills especially related to the field for some newcomers
- Computer skills – especially for office or clerical positions
- Police clearance for some clients
- On-line application format of many employers doesn't allow for non-traditional job seekers to get access
- No access to "hidden" job markets
- Lack of knowledge of employment supports that are available
- Skills to navigate job application and interview process.

There was general support for approaches that increased stability in entry-level employment, improved flexibility in training programs, and also building networks with employers to enable access to the more informal job markets.

Innovative Programs and Pilots & Large Institutions - Entry Level

In order to build on successful examples in Hamilton and other jurisdictions, a limited scan of employment initiatives was conducted. Two local programs were selected for inclusion in this report: the Mohawk CitySchool partnership with Hamilton Health Sciences, the Hamilton Wentworth District School Board Specialist High Skills Major in Health Care Support Services in partnership with Hamilton Health Sciences. From other jurisdictions, employment initiatives by CivicAction in the greater Toronto area, as well as examples from Cleveland and New York City are profiled.

Mohawk CitySchool, and Hamilton Health Sciences: Health Care Careers

This pilot program worked with 10 at-risk youth who took part in a 4-week summer program at the Hamilton General Hospital. The program was based on job shadowing and mentorship to expose youth to the wide variety of entry-level opportunities in health care, while obtaining a dual credit (high school and college). Six out of the ten youth completed the program, and five of the six completed a 3-month diploma in basic health care.

This program was viewed as a proof of concept. There is willingness of the hospital staff to continue this program, but coordination and logistical support is necessary. Additionally, while the pilot was focused on at-risk youth, the organizers felt it would be possible to adjust for other populations. They also felt it would be applicable to other large employers as well.

Hamilton-Wentworth District School Board and Hamilton Health Sciences: Specialist High Skills Major Health Care Support Services Program

The health care support services program is a one semester co-op program offered to 25-30 Grade 12 students per year. Classes are held on-site at the Juravinski Hospital.

Students in this program have both in-class and co-op components of the program. The in-class component covers health and safety, fundamentals of infection control, simple wound care, how to take and record vital signs, CPR/First Aid, and lifting and transport of patients. The co-op consists of three 3-week job placements where they work in different areas of the hospital. Students work alongside their “coaches”, which may mean rotating shifts.

At the conclusion of the program, students receive resume design help and also take part in a mock interview by HHS Human Resource staff. Staff report that, while not all students choose to apply to HHS for employment, of those who do, 80% are successful.

CivicAction: Escalator Program¹⁴

This program was developed out of Ontario's Youth Action Plan in 2012 and is based on wide consultation in the GTA with 4 primary actions:

- 1. *Regional mentorship initiative: connecting youth with role models.*** This action centralized, coordinated, and promoted mentorship opportunities. It launched a pilot called *netWORKS* that involves 250 youth and mentors using an innovative technology platform. It uses a wide variety of mentorship models (e.g. group-based, 1:1).
- 2. *Employer-designed training and internships: closing the skills gaps.*** This action focuses on specialized recruitment programs where skills shortages exist with a particular focus on youth facing barriers. It launched a pilot called *NPower Canada*: which focuses on IT skills in three training and internship streams: Core IT Service Analyst (14 weeks), Core IT Software Development (14 weeks), Customer Care Professional (7 weeks). It includes free training, a paid internship, and up to 2 years post-hire support. As of 2016, over 300 youth have completed the program, and 85% are either employed or in school.
- 3. *Engaging Small & Medium Enterprises (SMEs): Bringing job opportunities into the open.*** This action focuses on aggregating and developing a platform for SME job openings (who are less likely to spend time on recruitment). It launched a pilot called *YouthConnect*, which focuses on youth workers in organizations to advise youth on building a digital network, and with SME about how to use LinkedIn to recruit youth talent. It holds an annual conference sponsored by LinkedIn, Ryerson Career Centre, City of Toronto, and CivicAction, which attracts more than 400 attendees.
- 4. *Transparency of the Job Market: Connecting the dots between supply and demand.*** Related to *YouthConnect*, this priority works to provide better employment info to youth outreach workers, and uses technology more effectively to recruit talent (social media and phones).

14 Additional information about this and other CivicAction initiatives can be found at www.civicaction.ca.

Anchor Institutions: Cleveland

Cleveland's anchor institutions (the largest hospitals, universities, and arts & culture organizations working together) have developed a broad based strategy focused on regenerating neighbourhoods and impoverished areas around anchor institutions. The strategy included two prongs: Capital Development and Economic Inclusion. The capital development prong focused on new buildings and capital investment in the University Circle area¹⁵.

The Economic Inclusion Objective focused on:

- **Live Local** created incentives for employees to buy, rent, or renovate houses in local neighbourhoods to promote income diversification. The initial budget was \$2.5 million to Anchor employees.
- **Buy Local** supports regional vendors, as well as attracting/retaining vendors who hire locally. In cases where goods are not produced locally, new businesses are encouraged to be developed.
- **Hire Local** develops workforce-training programs and proactively reaches out to 8,000 unemployed workers who, with proper skills and training, could match open jobs.
 - **Hire Local** developed a priority project: Newbridge Cleveland Centre for Arts and Technology offers a full schedule of youth programs and adult vocational training that are based on hiring needs of anchor institutions but also offer soft skills to remove barriers to employment (note: this initiative is similar to Manchester Bidwell Corporation in Pittsburgh).

¹⁵ For more information on Cleveland's anchor institutions, see the report: Cleveland's Greater University Circle Initiative: Building a 21st Century City through the Power of Anchor Institution Collaboration.

One City Working Together: New York City

New York City has developed a comprehensive and ambitious city-wide labour force approach built on three policy areas: 1) build skills employers seek, 2) improve job quality, 3) increase system and policy coordination.

1. Build skills employers seek through *industry partnerships and career pathways*. *Industry partnerships* will create real-time feedback loops with a variety of major employers and the skills/credentials required to be employed. *Career pathways* re-orient all workforce planning programs to career pathway development instead of stopping at job placement. Significant investment in training (tripling current investment in middle skill) and establishes \$60 million in bridge training programs for low skill job-seekers.
2. Improving job quality recognizes and rewards good employers, while pursuing increases to the minimum wage.
3. Increase system and policy coordination establishes a “First Look” hiring process and enforces targeted hiring provisions in social service contracts. It also rewards workforce agencies on the basis of job quality rather than job placement by assessing variables: full time work, wage growth and job continuity.

Analysis & Recommendations: The Creation of “CAREER HEALTH”

Overall, entry-level employment opportunities in the hospitals and larger health care sector employers are limited. These institutions are viewed as excellent employers, offer very competitive wages and benefits, and attract a high number of applicants – particularly at the lower skill levels. The entry-level openings that do occur are most often part-time or casual for a long period of time, which, for job-seekers looking for full-time employment, means they need to look elsewhere for full-time work.

These large institutions also noted that, given the competition for these jobs, job-seekers are likely to need additional training and experience to be more competitive. In particular, familiarity with the health care system/hospital environment and soft skill development (customer service, teamwork, reliability) were described as helpful. In spite of these limitations, this project has generated a number of options that would bolster the labour force readiness and preparation for job-seekers while strengthening employer partnerships and stabilizing employment arrangements.

Under the umbrella we are calling “CAREER HEALTH”, the Steering Committee has agreed on the following priorities and recommendations that include increased promotion of health care careers, pilot projects to fill specific employer needs, increased flexibility of training programs, and continued work to identify supports to enable career pathway development.

The Steering Committee also agreed that the implementation and success of CAREER HEALTH will depend to a great extent on the availability of resources to support, coordinate, and build on the commitments outlined below.

Given the high level of education generally required across health care organizations, the Steering Committee agreed that the initial focus of CAREER HEALTH is best suited to job-seekers who have at least a high school diploma or GED, and have had several years of work experience (not necessarily in health care). They also pointed out there may be specific opportunities for foreign trained health care professionals and Indigenous job-seekers.

The first component of CAREER HEALTH engages the larger health care employers in providing mentorship and continued co-op exposure to the health system environment. This would allow for job-seekers to better understand the skills that would be required to work there and further develop their networks. This approach could be similar to the CivicAction netWORKS mentorship initiative or similar initiatives in Cleveland.

Recommendation #1:

Promote awareness of career opportunities in the health care sector.

- a) Explore the development of a mentoring and job shadow program with the three largest employers: Hamilton Health Sciences, St. Joseph's Health Care, and the LHIN (former CCAC). This program would offer an orientation to the wide variety of work that takes place in the health care field, and could be offered in concert with a training program that would offer credit. The terms of the program would be developed, but could include one-day sessions, one-week sessions, or longer term placements. The benefit of such training would include: increased awareness of careers in health care, increased networking ability, and an understanding of the skills needed to work in a large health care institution.
- b) Develop a CAREER HEALTH marketing strategy including videos, social media, and other materials that demonstrates the wide range of possibilities for careers in health care. This strategy could also include the range of Employment Ontario programs (Second Career, Canada Ontario Jobs Grants) that would support pursuit of these careers.
- c) Establish a Health Care Careers resource position. This staff position would be responsible to increase the awareness of the range of health care career pathways among job-seekers and agencies who support job-seekers.

The second component of CAREER HEALTH focuses on specific opportunities that were identified for the larger employers: the LHIN has identified an ongoing demand for Patient Care Assistants, and Hamilton Health Sciences is anticipating a need for Health Records Coders. Employers also talked about the consistent need for RPNs. The City of Hamilton's lodges had a number of currently open entry-level positions that are casual or on-call.

There are additional opportunities for entry-level employment in the mid-size health care employer groups that we interviewed. Many of these employers fall into the "Nursing and Residential Care Facilities" category. Opportunities ranged from additional PSWs, Registered Practical Nurses (RPN), housekeeping/cleaners, and food service workers. Several of these employers are interested in developing more defined relationships with training organizations. Finally, Mohawk College is interested a pilot program for their Community Pharmacy Assistant program with local employers, as well as developing a bridge program for health care workers into an RPN training stream.

Recommendation #2:

Create a series of pilot projects that include paid co-ops and paid internships where there are anticipated job opportunities. These pilots should build on Employment Ontario and other employment support (e.g. Ontario Works) programs to ensure success. Given the relatively high educational requirements of the health care sector, these pilot programs are best suited to job-seekers who have at least a high school diploma or GED and several years of work experience.

- a) Explore the development of a pilot project with the LHIN to develop a Patient Care Assistant training program. The program would focus on job-seekers who face barriers to employment, and would develop curriculum and workplace experience to help the job-seeker be competitive for these positions.
- b) Explore the development of a pilot project for Health Records Coders with Hamilton Health Sciences. This program would focus on job-seekers who have been out of the labour force, and are interested in work that can be done flexibly and at home. As the educational requirements are somewhat higher for this position (two-year diploma + specialized course and training), special attention will be required in selecting applicants.
- c) Explore developing more formal relationships and explore co-op training opportunities for entry-level positions at the City of Hamilton's lodges and at mid-size employers who currently have entry-level vacancies (particularly PSW, environmental aide, food services, and cleaners).
- d) Develop a pilot project that works with community pharmacies and Mohawk's Community Pharmacy Assistant program. This may include working with pharmacies to establish internships/work experience and finding creative ways to deliver the course material.
- e) While a Registered Practical Nurse is not an entry-level position, most organizations reported this occupation is a high need. Opportunities to promote this as a career path should not be overlooked. The development and promotion of a bridge training program for entry-level health care workers to RPN could be developed. An orientation/marketing strategy combined with job shadowing of an RPN could be included.

The third component of CAREER HEALTH focused on organizations that provide training. In general, they were very interested in developing stronger relationships with employers – particularly larger employers. They expressed interest in additional workplace experience (internships, co-op placements) as part of the training programs. They noted these would be especially attractive if the job-seeker/employee was paid for this experience (or a stipend).

Both employers and training agencies discussed the need to focus on literacy (including digital literacy). They also identified the continued need to emphasize soft-skills like reliability, teamwork, and a customer service mentality.

One of the primary barriers training agencies reported was that job-seekers usually want or need the quickest path to employment, so training programs that are only offered in a full-time program can be viewed as undesirable by job-seekers. While many training agencies were very willing to explore creative and more flexible training options, they did note that some positions in the health care sector are accredited programs, which limits the flexibility of training programs. But where flexibility does exist, organizations were interested in pursuing concurrent or micro-credit curriculum development. Programs that offer support for training such as Employment Ontario and Ontario Works may want to ensure guidelines allow and encourage job-seeker participation in these opportunities.

Recommendation #3:

Develop flexible training opportunities that do not require full-time student status, are linked to employer needs, and that build career pathways.

- a) Work with training organizations to develop “micro-credit” or “micro-credentials” approaches to learning that can be delivered in small pieces while people are working. Mohawk’s City School and the Xperience Annex have models in place that could serve as a guide. These micro-credentials could also be used to help people move along a career pathway. The many different “courses” described on page 11 (and footnoted here¹⁶) could serve as examples.
- b) Develop a Soft-Skills for Health Care training module or course that could be incorporated into existing training programs. This course should cover skills like communication, teamwork, reliability, interpersonal skills, problem solving ability and customer service, but should also consider literacy and digital literacy.
- c) Work with employers and training organizations to create a pilot strategy targeted to foreign-trained health care workers. This could include language support (e.g. medical terminology), introductions to the Canadian health care system, and workplace experience.

¹⁶ Medical Terminology, Medical Transcription, Sterilizing Technology, Canadian Health Care Certificate (McMaster Continuing Ed), Porter Program (HWDSB), Security Guard program, Janitorial Services/Environmental Aides, PSW and SSW, Culinary Arts/ Food Handling Certificate, Health Infometrics, Addictions Worker, Excel and Office Computer Skills, Administrative Training, Community Pharmacy Assistant, OT/PT Assistant, and Pharmacy Technician.

Finally, CAREER HEALTH will work to address several other barriers that were noted. The most common theme around entry-level employment was the pervasiveness of casual and part-time work in the sector. Interviewees reported that these precarious positions create difficulty and uncertainty for employees, particularly in terms of job stability and career pathway development. Additionally, employers reported that the casual and part-time created retention issues for their employees.

Additional barriers that were identified included flexible, affordable child care and transportation to allow for client to client travel (especially in the case of some PSWs). These issues are somewhat compounded given the likelihood of casual or on-call work to start in many of these positions.

Recommendation #4:

Explore strategies to stabilize entry-level positions that will allow for career pathway development.

- a) Consider the development of a collaborative approach across institutions for entry-level part-time positions that would increase the numbers of hours available, enable additional training opportunities, and allow employees to further enhance their skills and abilities.
- b) Continue to work with employees in part-time positions as well as job-seekers to identify and implement supports and/or programs that would enable increased job stability and career pathway development. This would include addressing the barriers that marginalized job-seekers face as described on page 10 of this report.



Conclusion & Next Steps

This project set out to identify key labour market skills shortages and workforce needs across mid- and large sized health care organizations in Hamilton, find opportunities to fill these shortages with people who have barriers to employment, and ascertain the training and support needs that would enable long term workplace success for these employees. Through an examination of labour force data and interviews with employers, agencies who provide training support, local post-secondary institutions, and job-seekers themselves, we heard that matching marginalized job-seekers to existing workforce needs can be challenging and requires a range of approaches.

To address these challenges, we have developed a set of strategies called CAREER HEALTH that represent a path leading to increased career success for job-seekers while addressing challenges faced by the health care sector. CAREER HEALTH focuses on four elements: 1) increasing awareness of careers in health care; 2) implementing a set of pilot projects to address specific employment needs; 3) increasing flexibility of training and credential programs, and 4) finding ways to stabilize existing part-time employment to promote career pathway success.

CAREER HEALTH is an ambitious plan that builds on the assets and resources of Hamilton's health care employers. Their commitment to support awareness programs and a range of pilot projects present an excellent opportunity to move into the next phase of this work. Moving into this next phase will, however, require additional investments to coordinate the implementation of the plan and to leverage the contributions of the employers and training and support agencies. It will also allow us to reach out and include new partners. By continuing to strengthen the partnerships between the employers, training and support agencies, and post-secondary institutions, CAREER HEALTH will result in improved outcomes for marginalized job-seekers and health care employers alike.



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