Inclusive, Local Hiring

Building the Pipeline to a Healthy Community

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PLACE MATTERS:

Male life expectancy in Hough & Lyndhurst, OH



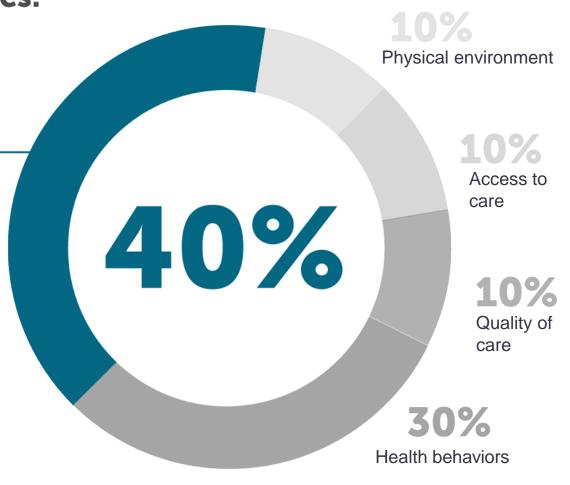
The Social Determinants of Health

To address health inequalities, you must address social and economic inequalities.

Social & Economic Factors

- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Data from "County Health Ranking & Roadmaps," University of Wisconsin Population Health Institute



The widening health & wealth gap

- Differences in lifespan after age fifty between the richest and the poorest has more than doubled—to thirteen and fourteen years for women and men respectively—since the 1970s.
- Despite long years of efforts to end poverty, a greater percentage of Americans live in poverty today than in the early 1970s.
- White family wealth was seven times greater than African American family wealth and five times greater than Hispanic family wealth in 2016.

How can health systems begin to shift these drivers?

Community Wealth Building Ecosystem

Individual Asset Building

CSAs, EITC, Home Ownership & Workforce Development

Local & Shared Ownership

Cooperatives, ESOPs, Social Enterprises, Enterprise Accelerators, Small Business Capacity Building & Succession Planning

Leveraging Anchor Economic Power

Hire Local, Buy Local, Invest Local & Build Local Supply Chains

Drivers of Community Wealth Building



Develops under-utilized local assets of many kinds for benefit of local residents



Promotes local, broadbased ownership as the foundation of a thriving economy



Encourages institutional buy-local strategies to keep money circulating locally



Brings many players to the table: nonprofits, anchors, philanthropy, and cities



Aims to create inclusive, living wage jobs that help all families enjoy economic security



Links training to employment and focuses on jobs for those with barriers to employment



Develops institutions and supportive ecosystems to create a new normal of economic activity

What are anchor institutions?

- Nonprofit or public institutions
- Rooted in place- "sticky capital"
- Economic engines- large purchasers, employers & investors







UNIVERSITIES



HOSPITALS & HEALTH SYSTEMS



COMMUNITY & PLACE-BASED FOUNDATIONS

The Anchor Mission

A commitment to intentionally apply an institution's long-term, place-based economic power and human capital in partnership with community to mutually benefit the long-term well-being of both.

Health System Assets

Functional assets

- Community planning & leadership
- Business & financing
- Partnering capacity
- Communications
- Government relations
- Public policy
- Healthcare services
- Research, Data, and Technology
- Diversity & Inclusion
- Labor-Management Relations
- Reputation

Discretionary assets

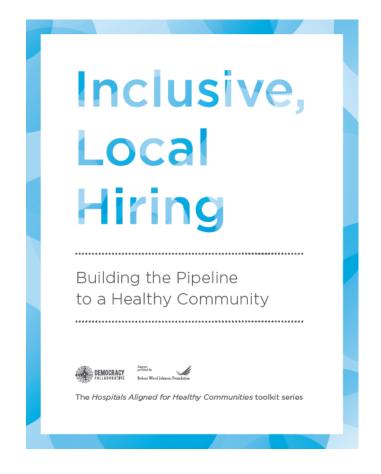
- Community Benefit Grants
- Community Health Initiatives
- Social & Economic Support Services
- Foundation & Philanthropic initiatives

Economic assets

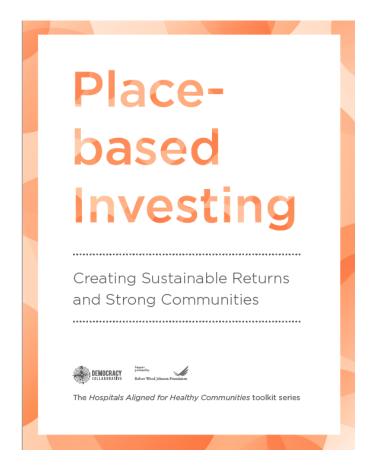
- Hiring and Workforce
- Procurement/Purchasing
- Treasury/Investment
- Construction
- Real Estate/Facilities

Strategies for Deploying Economic Assets:

Hospitals Aligned for Healthy Communities toolkit series







HospitalToolkits.org

Inclusive, Local Hiring

Building the pipeline to a healthy community

Inclusive, Local Hiring



 Outside In - equip local residents for quality, high-demand frontline jobs that are connected to job pipelines



• Inside Up - connect frontline workers to pathways for career advancement within the institution

Key Strategies for Outside-In

- Partner with a workforce intermediary
- Utilize a cohort training model focused on specific positions
- Develop a paid internship program with pathways to hire
- Designate geographic focus in high-poverty neighborhoods

Key Strategies for Inside-Up

- Utilize a cohort training model focused on specific positions
- Offer job coaching for new hires and map out potential career pathways
- Provide tuition assistance and advancement for trainings accessible to frontline employees
- Provide additional supports to build employee and community wealth

Healthcare Anchor Network

Join a growing national collaboration of more than 30 leading healthcare systems improving health and well-being for those they serve by building more inclusive and sustainable local economies

Healthcare Anchor Network

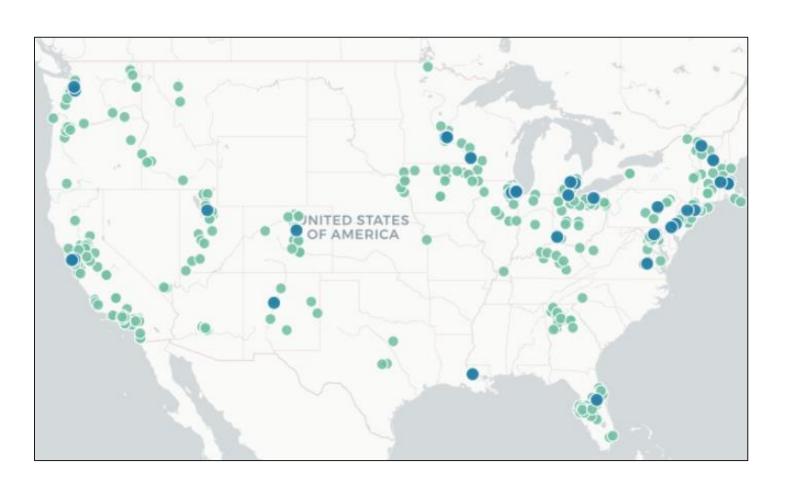
The **purpose** of the Healthcare Anchor Network is to help each participant more rapidly and effectively advance an anchor mission approach within our institutions, the communities we serve, and across the healthcare sector.

Our Long-Term Goal

To reach a critical mass of health systems adopting as an institutional priority to improve community health and well-being by leveraging all their assets, including hiring, purchasing, and investment for equitable, local economic impact.

Network Scale

- More than 35 health systems with more than 600 hospitals.
- Together, members
 employ more than 1
 million people,
 purchase over \$50
 billion annually, and
 have over \$150 billion
 in investment assets.



Network Initiative Groups

- Anchor Mission Implementation:
 - Hiring & Workforce
 - Purchasing
 - Investment
- Building the Evidence Base
- Collaborating with Community
 Stakeholders
- Defining the Organizational Imperative
- Aligning our Work to Advance Advocacy
 & Policy
- Anchor Philanthropy





Network Activities

- Share best practices to promote replication and scale
- Collaborate to develop new tools and innovations
- Create shared messages to advance systemic change
- Benchmark and track your impact alongside peers from across the nation
- Elevate your institution's impact nationally
- **Demonstrate** the importance of this work to national audiences and philanthropic partners

Healthcare Anchor Network members





































































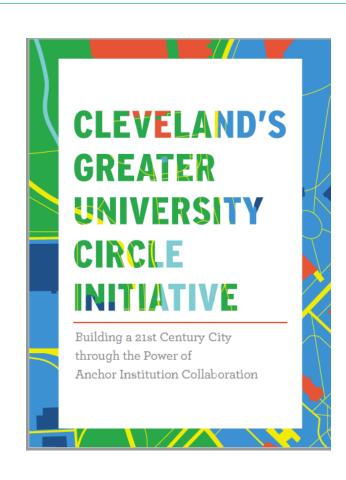






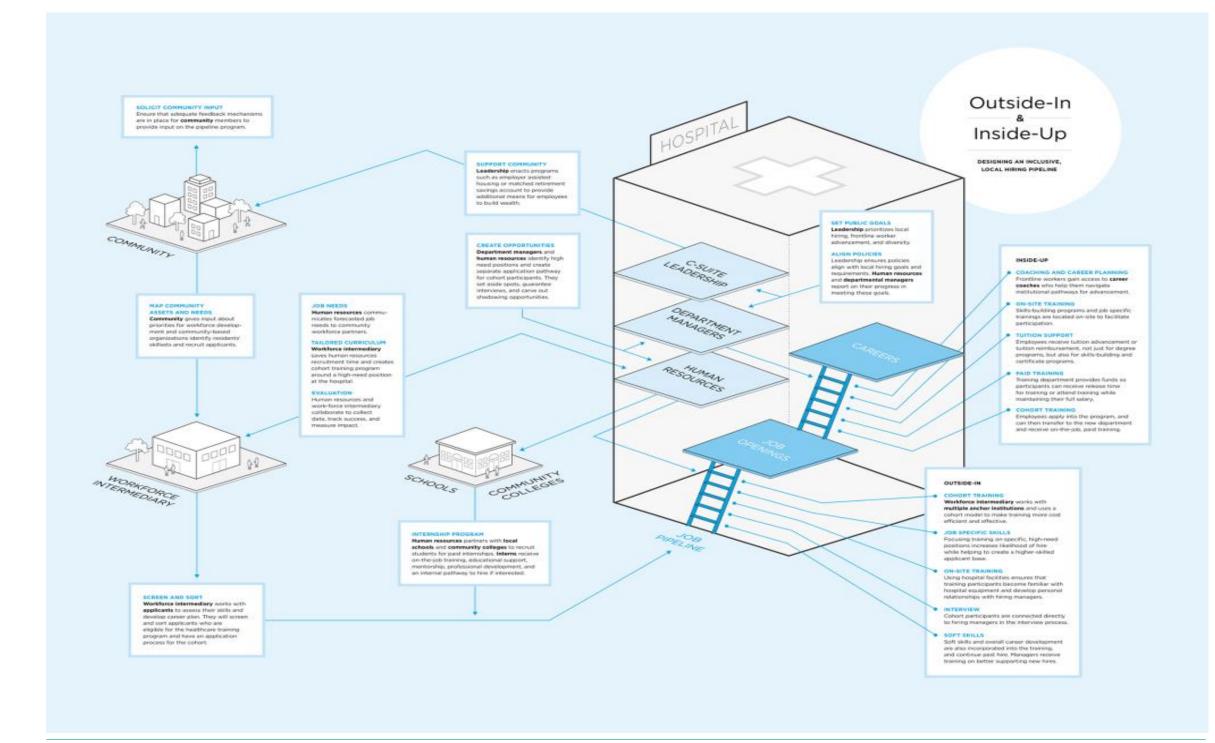
Greater University Circle Initiative

- Multi-anchor partnership focused on economic revitalization of highpoverty neighborhoods
- Local hire based on the principle of providing opportunities to people in specific zip codes who are challenged by the established recruitment process
- UH created Step Up to UH



Key strategies of local hire

- Specific geographic focus
- Part of larger anchor institution initiative
- Partner with workforce intermediary, other community organizations and local educational institutions
- Specific number of positions in target departments are for cohort graduates
- Job coaching for new hires for retention
- Local hire linked to internal career development programs and coaching



Key External Partners

Convener: Cleveland Foundation

- Step Up to UH idea developed from monthly conversations with "local hire" subcommittee
- Seed funding and ongoing support

Research and Data: Cleveland State University

Provides research, data collection and quarterly reporting

Workforce Intermediary: Towards Employment

Provides array of services including work preparation and retention services

Grassroots community organization: Neighborhood Connections

Key Internal Team and Staffing Model

- Talent Acquisition Leader
 - TA Managers and Recruiters
- Target Department Leaders
 - Hiring Managers
- Community Engagement Leaders
- Workforce Development Team
 - Workforce Development Leader
 - Career Coach
 - Onsite Job Coach from Workforce Intermediary

Step Up to UH

- Hire, onboarding, job coach retention services
- Hiring manager interviews and selection
- UH recruiter does onsite interviews and refers people to hiring manager
- Target dept. rep attends class session to discuss employment and culture of UH
- TE holds pre-employment class
- Towards Employment (TE) holds info sessions, applications, selects people for program
- Neighborhood Connections does outreach in target neighborhoods

Funding

- Seed funding by The Cleveland Foundation
- Initial in-kind funding by UH: Staff time, dedicated staff to program, etc.
- Leverage funding that community partners had to fulfill their mission
- Growing additional funding by philanthropy and UH

Elements Leading to Success

- Specific jobs openings in place for program graduates
- Close and ongoing collaboration and communication among all partners
- Onsite interviews by recruiters
- Cohort model: All activities by participants done as cohort
- Pre-planned calendar of program execution, hiring dates, etc.
 - Many checkpoints to ensure adherence to calendar and immediate troubleshooting as needed
- Onsite job coach for retention services
- Regular report-outs to all stakeholders

Lessons Learned

- An internal employee who is intermediary between internal and external partners is essential
- Regular onsite presence of external job coach and access to managers is essential for retention
- Communication, regular check-ins Leadership buy-in and ability to cascade it down to team to execute is key
- Ongoing orientation of new recruiters and hiring managers
- A no today could be a yes tomorrow
- Calendar and timeline adherence important to gaining trust
- Report out results to get support in other departments to grow programs

Thank you!

For more information:
Healthcareanchor.network
Hospitaltoolkits.org

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