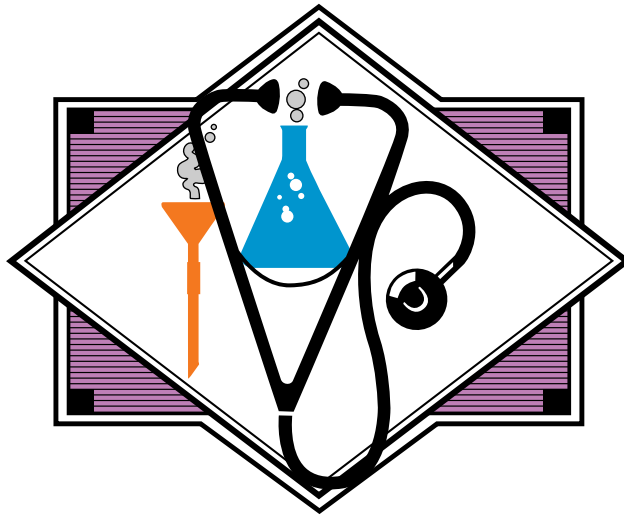
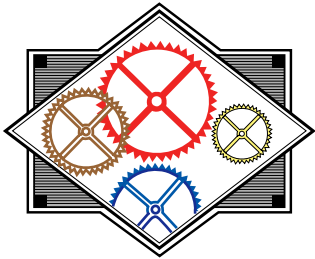


South Central Michigan Works!



HEALTH CARE

Industry Sector Study

MICHIGAN'S CAREER PATHWAYS



Arts and Communication:

Careers related to the humanities, the performing, visual, literary, and media arts.



Business Management, Marketing & Technology:

Careers related to all aspects of business including accounting, business administration, finance, information processing and marketing.



Engineering/Manufacturing and Industrial Technology:

Careers related to technologies necessary to design, develop, install, or maintain physical systems.



Health Sciences:

Careers related to the promotion of health as well as the treatment of injuries, conditions, and disease.



Human Services:

Includes careers in child care, civil service, education, hospitality, and the social services.



Natural Resources and Agriscience:

Careers related to the natural resources, agriculture, and the environment.

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Executive Summary

Today the American economy is a turbulent one as firms and even whole industries are being born and are dying at an unprecedented rate. New technologies, and new products based on them, are introduced almost daily. In short, the speed of transformation in local economies is creating critical information gaps.

To more fully understand the competitive challenges and labor force needs of the health care industry in Hillsdale, Jackson, and Lenawee counties, the South Central Michigan Workforce Development Board conducted a study on the employment and training issues in this sector. The purpose of this study is to:

- Help South Central Michigan residents make better training and career decisions;
- Allow education and training providers throughout the region to better target their programs and services;
- Enable employers to make better business decisions; and
- Guide community leaders in their support of the region's economic development initiatives.

Key Findings

In the past decade, and particularly since 1995, employment in health care has grown much more rapidly in Hillsdale and Jackson counties than in the rest of Michigan or in most of the U.S. Lenawee County, however, experienced a net loss of health care employment during the same period.

The health care workforces in the three counties have similar characteristics, but the employment base is somewhat different within each county. In Hillsdale County, nursing care facilities provide half of the current employment, as well as most of the industry's new jobs over the last few years. Lenawee County, having lost over 300 hospital jobs, has as many people employed by various offices and clinics as it does by hospitals. In Jackson County, hospitals are the largest employers. Since 1995, the area saw many new jobs in hospitals, as well as in laboratories. While the average earnings of health care workers (e.g., RN, LPN, CNA) in Michigan are higher than the national averages, health care workers in Jackson County earn significantly less. [Especially, for example, registered nurses (RNs) averaged \$8,600 a year less in 2000.]

Health service providers in the area share a sense of urgency regarding staff and skill shortages. Recruitment and retention issues are among the top concerns of most employers. RN is identified as the most difficult occupation to recruit, and CNA the most difficult to retain. Most employers rely on traditional methods such as newspaper ads to reach potential job candidates. Although most employers are interested in being more involved in the educational pipelines, presently only some have found the time and resources to take part in such initiatives. Most employers are concerned about the lack of maturity among its entry-level employees but very few employers consider academic achievement an important factor in making a hiring decision. To cope with the shortage of qualified employees, most employers try to fill vacancies by internal promotions or by allowing more flexible schedules. Half of the employers provide training to employees after hiring.

Most employees in health care are satisfied with their jobs, especially the challenges and the use of their skills on the job. Employees want better pay (and benefits) and more recognition for their work. Additionally from the RN perspective, the following areas could be improved:

- Workplace morale;
- Volume of work;
- Involvement in decision making; and
- Management practices.

The impact of the skilled staff shortage is felt most strongly by CNAs. These employees also have difficulty finding childcare during the hours they work and paying for such care with their low wages. Similar to RNs, many CNAs find inconsistent and inflexible management practices to be obstacles in their job performance.

Most *employers* in the study indicated the desire to learn how to motivate workers for better performance. Developing teams and training for supervisory staff are among the top training concerns. Most *employees* want to learn advanced computer skills and many are interested in training in conflict management and basic supervision / management. Perhaps due to the limitation of resources, employers generally place top priority on training that has to do with service, technical skills or certification and licensing. Helping entry-level employees and their supervisors learn how to communicate and work together more effectively is a somewhat lower priority.

Overall, employees in the study feel that they are provided with enough training opportunities. But they do not feel that they have very much input in their own career development and training plan. Very few employers use formal job analysis as a means to identify training needs within their organizations. In fact, many employers would welcome assistance in developing individual employee development plans for training.

Implications for the Region

Several implications for the health care industry emerge from these study findings:

- Most hiring likely to be result of turnover;
- New approaches will be needed to recruit and retain RNs and LPNs;
- Retention of aides reflects lack of career ladder;
- Lagging wage levels are a factor at all levels; and

Opportunities for Action

Several opportunities emerged from the research as candidates for action in managing health care employment issues in South Central Michigan, including:

- Develop multi-firm career ladders for certified nurses aides;
- Enhance health care training options available in the region;
- Build partnerships between health care employers and educators; and
- Make health care employers a focus for Mmichigan Works! Service Centers.

Acknowledgments

We want to thank the following organizations for providing funding support for this study:

- Jackson County Community Foundation
- Foote Hospital
- Hillsdale County Intermediate School District
- Jackson County Intermediate School District
- Lenawee Intermediate School District

Introduction

Today the American economy is a turbulent one as firms and even whole industries are being born and are dying at an unprecedented rate. New technologies, and new products based on them, are introduced almost daily. The result is a chaotic labor market:

- Workers have trouble getting information about career opportunities and career paths. They don't know where the good jobs are or how to access them.
- Firms struggle to find employees with the right skills since their needs are changing so rapidly.
- Education and training providers must scramble to keep up with these changes and frequently are unable to do so.

In short, *the speed of transformation in local economies is creating critical information gaps.*

At the same time, the efficient and effective functioning of the labor market is more important than it has ever been. In region after region throughout the country, labor shortages are the number one impediment to economic growth. Timely, accurate, and detailed information is the first step in addressing this problem.

In looking at the top private industries in South Central Michigan, it is important to consider the specific employment and training issues employers are facing. Because the health service industry is one of the largest in the area, it is important to examine the employment outlook and workplace changes so that employer and worker recruitment, training, and retention needs will be met in the future.

To more fully understand the competitive challenges and labor force needs of the health care industry in Hillsdale, Jackson, and Lenawee counties, the South Central Michigan Workforce Development Board conducted a study on the employment and training issues in this sector. The purpose of this study is to:

- Help South Central Michigan residents make better training and career decisions;
- Allow education and training providers throughout the region to better target their programs and services;
- Enable employers to make better business decisions; and
- Guide community leaders in their support of the region's economic development initiatives.

Corporation for a Skilled Workforce (CSW), an Ann Arbor, Michigan-based not-for-profit organization, together with Marketing Partners (MPI), based in St. Joseph, Michigan, conducted the research and analyzed the resulting data on behalf of the Workforce Development Board.

Purpose

The goal of this study is to provide a clearer understanding of the dynamics and labor force needs in the health care industry in South Central Michigan. This report provides a quantitative and qualitative analysis of the labor market and workforce development challenges. The main topics of our investigation are workplace changes, challenges in recruitment and hiring, issues in employee retention and advancement, and finally, needs for additional training and education.

The South Central Michigan Workforce Development Board intends for this report to serve as a conversation starter for further discussions about strategies that support the growth of the health care industry in the area. We invite policymakers and stakeholders to engage in dialogues that improve mutual understanding and promote workforce excellence in health care and beyond.

We also want to take this opportunity to thank the people who served on the project steering committee:

- Peter Ford (Chair), Foote Hospital
- JoAnne Baty, Lenawee Vo Tech Center
- John Bremer, Lenawee Health Alliance
- Gail Denkins, Lenawee Health Alliance
- Bob Engel, Jackson Area Career Center
- Kathy Greenlee, Lenawee Health Alliance
- Kevin Leonard, Hillsdale Workforce Development and Technology Center
- Joyce Lockman, Jackson Community College
- Nancy Miller, Lifeways
- Diane Nelson, Foote Hospital
- Lisa Pritchard, Lloyd Ganton Retirement Centers
- Janet Rose, Hillsdale Community Health Center
- Barbara Stoy, Gerontology Network
- Norma Tomlinson, Lenawee Health Alliance
- JoAnn Wiczynski, Lenawee Health Alliance

They have been an instrumental guiding force throughout this study. We relied on them to identify specific workforce issues, to set priorities for research questions, and to review and discuss data and findings. They have been and will be an invaluable resource in identifying and evaluating potential strategies for dealing with the critical workforce issues identified in this report.

Methodology

Research methods consisted of:

- Analyzing existing national and state-level data about the health care industry;
- Assessing the local health care infrastructure and business establishments; and
- Surveying area health care employers and employees on their views of the state of the health care workforce and opportunities for improvement.

The information contained in this report comes from many sources, including data collected by the U.S. Census Bureau, the Bureau of Labor Statistics, Michigan Department of Career Development, Michigan Department of Consumer & Industry Services, U.S. Department of Health and Human Services, as well as previous research by the Corporation for a Skilled Workforce.

The steering committee identified potential respondents and solicited survey responses from area employers. Surveys were returned by 31 employers, representing accurately the mix of sizes and types of employers in each of the region's three counties as well as the balance between Jackson, Hillsdale and Lenawee Counties. Employee surveys were completed by 496 health care workers in the region, with the responses proportionately greater from Lenawee than from Jackson County. Details of the survey methodology and descriptions of survey respondents can be found in Appendix A.

Health Care Workforce

“The health care workforce can be viewed from two perspectives: by place of work; or by profession and occupation. The health care workforce in health settings includes health professionals (e.g., physicians, nurses), paraprofessionals (e.g., nurse aides, home health aides, and technicians), and non-patient care workers employed in health care service settings (e.g., food service aides, administrative staff). Some health care professionals also work in other settings (e.g., nurses employed in schools and insurance firms).”¹ For this report, our focus is on the workforce in the health service setting. According to the Health Resources and Services Administration of the U.S. Department of Health and Human Services, in the U.S. more than 12.5 million people are employed in such settings. Nearly 8.5 million of them are professionals and 4 million are other workers.

Health Care in the U.S. and Michigan

The national health service workforce has experienced steady growth in the last decade. Based on data from the Bureau of Labor Statistics, the nation’s health service employment grew 26% between 1991 and 2001, and 12% between 1995 and 2001. In Michigan, the health service employment grew 19% for the past decade² but most of it took place before 1995. Since 1995, the state’s overall health employment growth slowed down to a total of 5%.

Health Service Employment In Michigan Is Concentrated At Hospitals

Health service workers in Michigan numbered 393,000 strong in 1998, or 8.9% of the total labor force, very similar to the national level of 9%. Hospital employees make up half of Michigan’s health service employment, more than the national average of 45%. Personal & nursing care facilities employ 14% of the health work force, less than the national average of 17%.

Between 1988 and 1998, health service employment grew 20% at Michigan hospitals, slightly lower than the national average of 23% (after adjusting for population size). Job growth in Michigan nursing care facilities was very slow at just 1%, compared to the national average of 23%. Around the country, home health care is the fastest growing segment in health care. In Michigan, home health jobs grew 188%. Nationally, it was 171%. Still a very small sector of the health service industry, home health care is expected to continue its high speed of growth in the coming decade.

¹ Health Resources and Service Administration, Bureau of Health Professions, US Dept. Of Health and Human services. HRSA State Health Workforce Profiles – Michigan, Dec. 2000. Page vi.

² For Michigan and Jackson MSA, data were from 1990 to 2000.

Michigan Has Fewer Beds Per Capita Than The National Average, But Bed Employment Levels Are Higher

According to statistics from a nationwide study by the Health Resources and Service Administration, health services in Michigan are not as accessible as in many other states. Michigan ranked 33rd out of 50 on hospital beds per 1,000 population³, and 37th out of 50 on nursing home beds per 1,000 of population over age 65.⁴

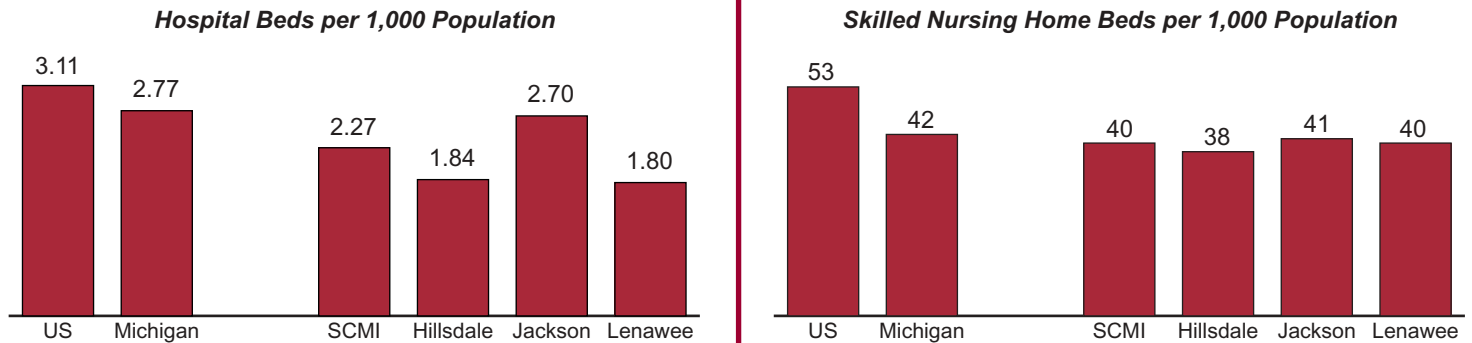


Figure 1. Availability of Hospital and Nursing Home Beds

Measured by the number of jobs per bed, Michigan hospitals have a higher employment level than the national average (11/50). In nursing homes, it is about the same as the national average, but lower than most other states (39/50).

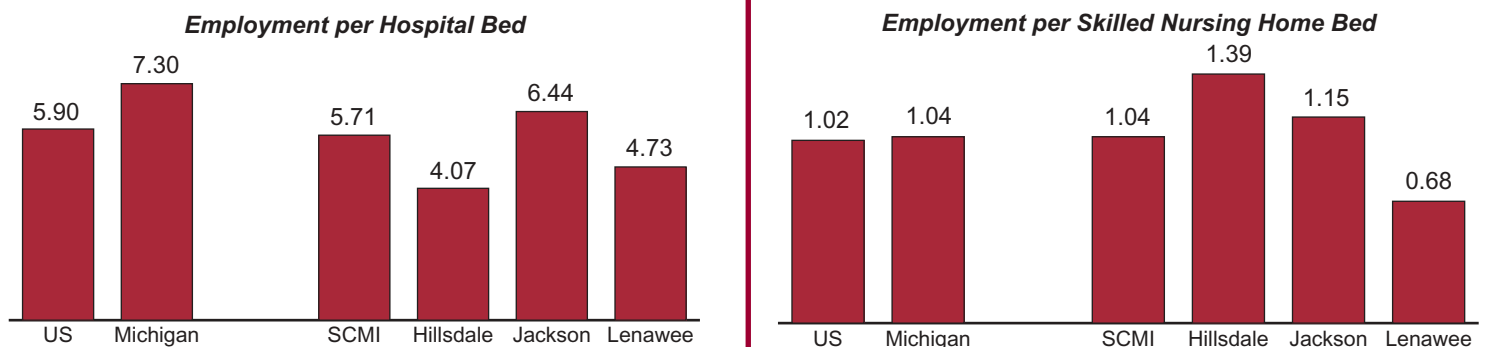


Figure 2. Employment Level per Bed

³ A ranking of 33/50 means that 32 states have more beds per 1,000 population than Michigan.

⁴ The most recent data in the HRSA report was from 1998. Data we report for South Central Michigan are calculated using 2001 data. These statistics have not changed drastically since 1998. For example, using 2001 data, we estimate Michigan to have 2.8 hospital beds per 1,000 population and 41 skilled nursing beds per 1,000 population over age 65.

Average Pay For Health Workers In Michigan Is Slightly Higher Than The National Averages

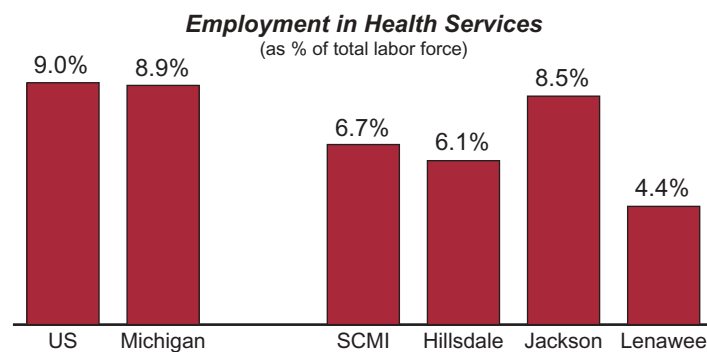
According to the Bureau of Labor Statistics, in 2000, registered nurses made an average of \$47,380, slightly higher than the national average of \$46,410. For LPNs, those in Michigan averaged \$32,500, compared to the national average of \$30,470. Direct care workers in Michigan averaged \$20,460 a year. Nationally, their average earning was \$19,100. The same trend is true for home health aides. In Michigan, they made an average of \$18,580. Nationally, the average was \$18,110.

Nationally, registered nurses (RNs), the largest single profession in hospitals, accounted for 26% of the workforce in 1998. Direct care workers (aides, orderlies and attendants) represented 7% and licensed practical nurses (LPNs) represented 4% of the workforce. Other health professions accounted for 27% and non-health professions represented 36%.

At nursing and personal care facilities, direct care workers were the largest profession, accounting for 36% of the workforce. LPNs and RNs were 11% and 8% each. Other health professions accounted for 8% and non-health professions 37%.

Health Care in South Central Michigan

The health care providers in South Central Michigan consist of over 9,800 people, or nearly 7% of the regional workforce. In contrast to the slowing trend at the state level, growth in the South Central Michigan region continues to be significant: 18% between 1995 and 2001. Health care employment grew 50% in Hillsdale County and 26% in Jackson County. Between 1990 and 2000, health service employment grew 62% in Jackson County. Unfortunately, the strong growth in these two counties did not apply to Lenawee County, where employment in health services declined by 10% during the same period. Relatively speaking, health care is a much bigger part of the economy in Jackson County than it is in Hillsdale or Lenawee counties. One in 16 persons working in Hillsdale County is employed by the health care sector and one in 23 in Lenawee County. In Jackson County, one in 12 employed persons works in health care.



Small Employers Dot The Landscape But A Handful Of Dominant Employers In Each County Provide Most Of The Jobs

State employment statistics identify 399 health service employers in South Central Michigan. Nearly two-thirds of all employment is provided by just 16 of those organizations.

The influence of large employers is most significant in Jackson County where they employ two-thirds of the workforce. Relatively speaking, small employers have the most presence in Lenawee County, providing 22% of the jobs there. Employers in the middle segment (10-100 employees) provide the most jobs in Hillsdale County at 31%. In Jackson and Lenawee counties, they account for 23% of jobs.

As of 6/30/2001 ...	SCMI	Hillsdale	Jackson	Lenawee
Number of health service employers	399	58	207	134
Employment in health services	9,814	1,364	6,326	2,124
Small Employers				
% employers with fewer than 10 employees	71%	72%	67%	71%
% jobs provided by small employers	13%	13%	10%	22%
Large Employers				
% employers with more than 100 employees	4%	5%	4%	4%
% jobs provided by large employers	63%	56%	67%	55%
Average employment	25%	24	31	16
Median employment ⁵	6	5	6	5

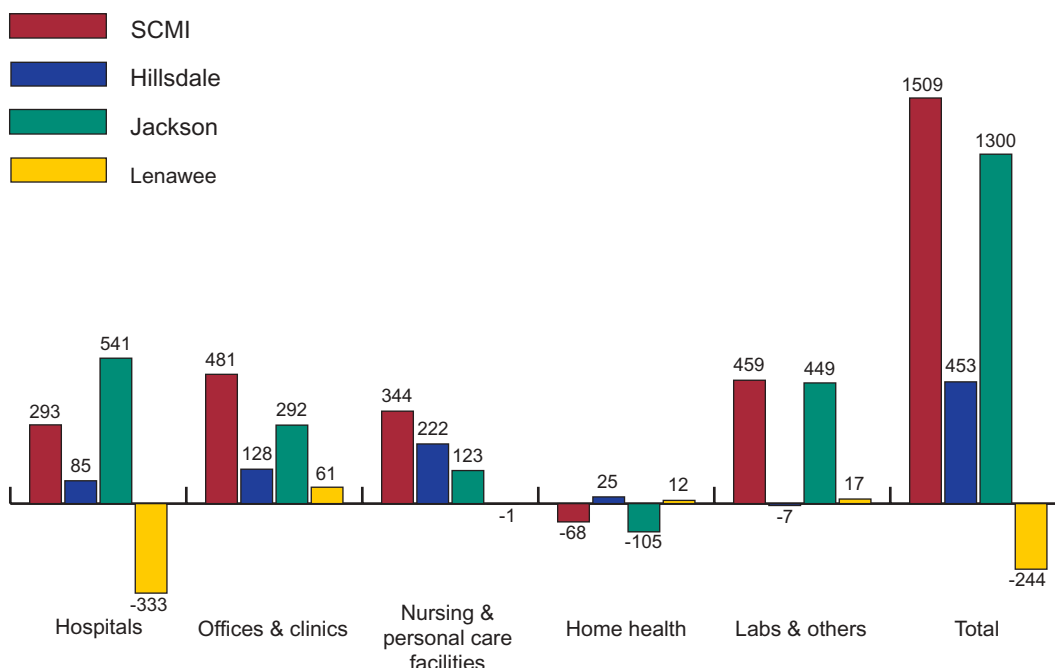
Source: LMI/MDCD. Compiled by CSW using data extracted from Wage Record/Employer Database (ES202).

Health Care Employment Has Grown Substantially In Jackson And Hillsdale Counties

Between 1995 and 2001, health care jobs grew 18% in South Central Michigan. The largest employment gains come from offices & clinics, laboratories and others. Bucking the national and state-level trend of strong growth, regional home health care employment shrank by 25% with Jackson losing 105 jobs. Hillsdale County has the largest growth rate of 50% over six years, gaining 453 jobs. Almost half of this growth came from the skilled nursing care segment. Over the past six years, Lenawee County saw a 10% reduction in its health service employment due to the loss of 333 hospital jobs and lack of growth in other segments. With the exception of home health care, all other segments in Jackson County experienced growth, ranging from a low of 12% in nursing care facilities to a high of 356% in laboratories and others. Overall, the health care workforce in Jackson County grew 26% in six years.

⁵ The median is the same as the 50th percentile. A median employer size of 6 means that 50% of all health service employers in South Central Michigan employ 6 or fewer people and 50% employ 6 or more people. It is different from the average because it is not skewed by extremely large or small employers. In Jackson, for example, the large hospitals drove the average employment size to 31, even though half of the employers employ 6 or fewer people.

Changes in Employment Levels by County by Segment



South Central Michigan Counties Have Fewer Beds Per Capita Than The State And National Averages

At the county level, there are substantial differences in health care infrastructure. As shown earlier, Hillsdale and Lenawee counties have fewer than 2 hospital beds per 1,000 population, much lower than the state and national averages. Jackson County has 2.7 beds per 1,000 population, very close to the state average. Taken as a whole, the South Central Michigan region averages 2.27 beds per 1,000, still lower than the rest of the state.

Nursing home availability in SCMI counties is very similar to the rest of the state, at 40 beds per 1,000 population over 65 years of age. Occupancy rates at skilled nursing facilities were 86% for Hillsdale and 92% for Jackson and Lenawee. For the state as a whole, the occupancy rate was 87.6%.⁶

Employment Levels Are Lower Than State Averages At South Central Michigan Hospitals But Higher At Skilled Nursing Care Facilities

Per-hospital-bed employment levels at South Central Michigan hospitals are lower than the state average. Hillsdale and Lenawee counties average fewer than 5 employees per hospital bed. Jackson County has a higher employment level of 6.4 employees per bed, above the national average of 5.9, but still lower than the Michigan average of 7.3.

Taken as a whole, the region has a similar employment level per skilled nursing facility bed as the state average, about 1 employee for each bed. This, however, masks the differences among the counties. Employment per bed is much lower in Lenawee County, at .69 person per bed. Facilities in Hillsdale County have the highest

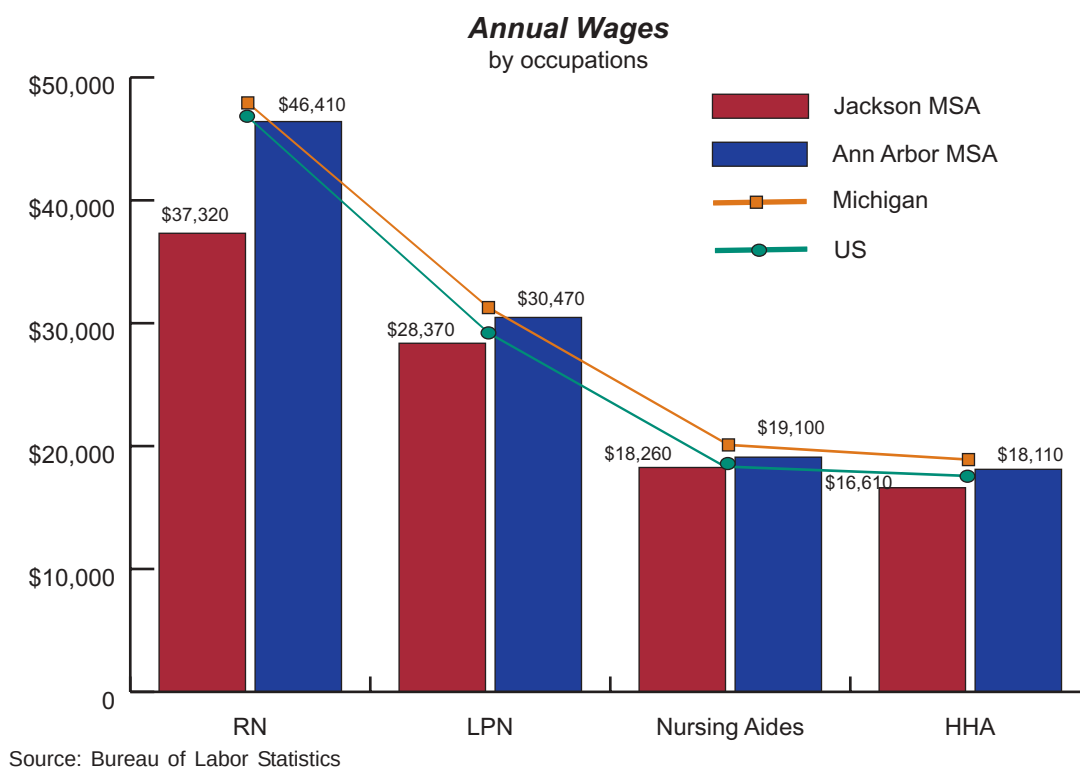
⁶ Data from "3rd quarter Staffing Reports – 2001". Reporting Period 7/22/01 to 7/28/01. Michigan Department of Consumer & Industry Services, Division of Operations.

employment level of 1.39 beds per bed. In Jackson County, there are 1.15 employees per bed.

Health Workers In South Central Michigan Are Paid Less Than The State Averages And Less Than Their Peers In Neighboring Washtenaw County

As discussed earlier, the average pay for some of the biggest health care occupations in Michigan are slightly higher than national averages. This trend, however, does not follow in South Central Michigan. Registered nurses in Jackson County are paid an average hourly rate of \$18, which is \$4 less than the average for RNs working in neighboring Washtenaw County, and almost \$5 below the state average. On an annual basis, this translates into \$8-9,000 less for a full-time RN, an almost 25% pay differential.

Similarly, LPNs, Nursing Aides and Home Health Aides are paid on average 10-15% less than their counterparts in neighboring Washtenaw County.⁷ According to a recent EPIC / MRA survey, 17% of the tri-county respondents worked outside the area. Half of those commuted to Washtenaw County where they made “better money.” (Job Training, Education, and the Market in South Central Michigan: A Public Opinion Survey, September 2001) Clearly, many workers find the extra money to be worth the commute.



It is worth noting that the cost of living in the Ann Arbor area is significantly higher than many other cities in the state. Based on available data, for example, Ann Arbor is estimated to be 24% more expensive than Kalamazoo and almost 30% more expensive than Battle Creek. Unfortunately, data were not readily available for Hillsdale, Jackson, and Lenawee Counties or for any cities in those counties. (Source: Cost-of-living calculators at Monster.com and Homestore.com)

⁷ Ann Arbor MSA data includes Washtenaw and Lenawee counties so the Washtenaw County data may also indicate that higher wages are paid in Lenawee County than in Jackson County.

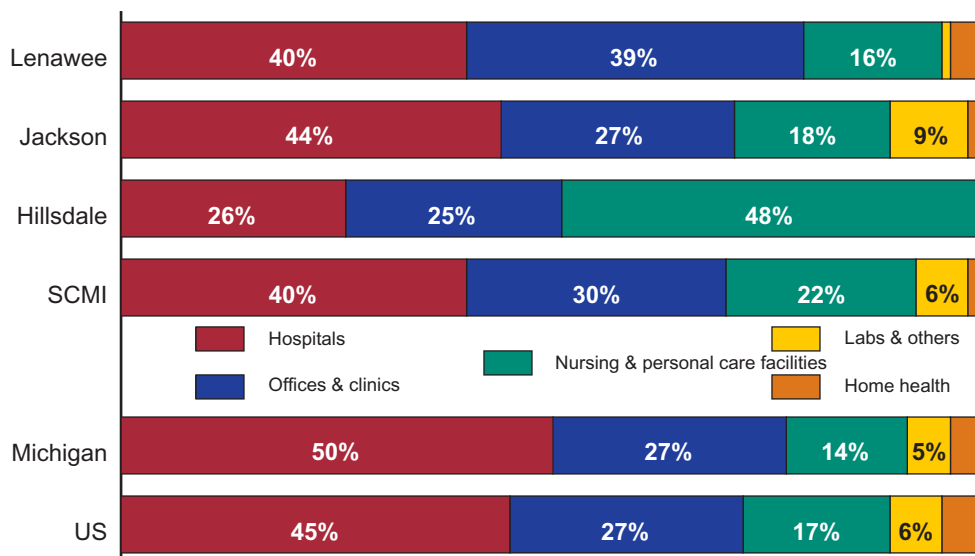
The Health Care Work Force In South Central Michigan Is Less Concentrated In Hospitals Compared To The State And National Levels

Distribution of the health care workforce varies from county to county. Jackson County, perhaps due to its larger size and the presence of a large hospital system, most reflects the national averages. Half of Hillsdale County's workforce is employed by skilled nursing care facilities. Lenawee County has a relatively high level of employment in offices and clinics.

Of the Lenawee County workforce employed by offices and clinics, 63% are non-physician offices. In Hillsdale County, 48% of office employment is non-physician, and in Jackson County, it is only 40%.

Employment by Place of Work

(% of health work force)



Source: LMI/MDCD ES202 for local data. HRSA for MI and US data.

South Central Michigan Counties Show Different Potentials For Health Care Job Growth

Jackson County will continue to provide most of the area's health care jobs. Its employment trends and patterns closely reflect those at the national and state levels. Therefore, changes in the Jackson County health care workforce will most likely be driven by health care changes at the national and state levels.

In Hillsdale County, partly because of its rural environment, we expect more jobs to be created in home health care and offices and clinics. In the past six years, Hillsdale County has experienced a significant growth of nursing care facilities. The current lower occupancy rate does not suggest a continuation of the past aggressive growth in this segment.

With the exception of hospital employment, the health care work force in Lenawee County has stayed very stable in the last six years. Because of its proximity to Jackson and Washtenaw counties, hospital jobs are not expected to return to Lenawee County. Also because of this proximity, there might be some growth in segments that support hospital services, such as home health care and laboratory and allied health services.

Local Perspectives - Learning from the Surveys

In the remaining sections of this report, we will examine the issues and challenges facing local health care employers and employees. The complete tabulation of the survey results can be found at the South Central Michigan Workforce Development Board's website, www.scmw.org.

Workplace Changes

Employers Share A Sense Of Urgency Regarding The Shortage Of Qualified Candidates

The entire health care industry has been affected by the growth of managed care.

Organizations find themselves competing for revenue in an industry with ever changing standards and practices.

Almost everyone is affected by a shortage of qualified employees. Many feel the need to improve the skill level of the existing workforce.

Improving employee retention tops the list of concerns for the industry, as does finding competently skilled new employees.

Most employers in the survey do not place high priority on training people for jobs in the industry or on working to improve education in the community. Although the majority is interested in being more involved in the educational pipelines, most feel that they are not able to do so due to a lack of time and money

Please select the top 5 industry, budgetary, or market forces that have most affected your organization in the past year.

% Employers "Affected"

Shortage of qualified job candidates	80.6
Skill shortages for current employees	41.9
General growth in managed care	38.7
Change in service and/or patient mix	35.5
New compensation/benefits system	29.0
New workforce organization system (ex. Teams)	29.0
Grant/public funding change	29.0
Increased uninsured/low income patient access	29.0

Please indicate the relative importance of each of the following organizational concerns.

% Employers "High Priority"

Employee retention	74.2
Finding competently skilled new employees	51.6
Contending with increasing competition for revenue	45.2
Responding to changing industry standards	41.9
Contending with increasing competition in recruiting staff	38.7
Training people for jobs in your industry	35.5
Benchmarking organizational performance	25.8
Increasing efficiency by decreasing non-value added functions	25.8
Working to improve education in your community	19.4
Cutting costs in response to customer demands	19.4

Recruiting the Health Care Workforce

Traditional Channels Top The List Of Most Useful Recruiting Methods

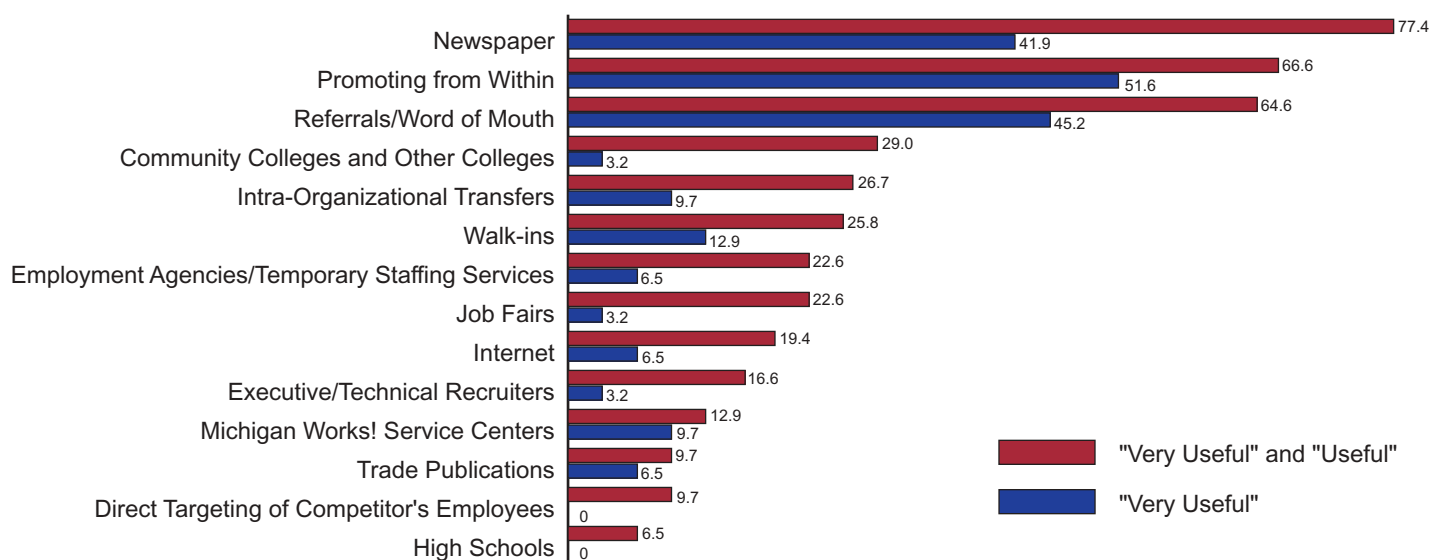
Employers in the survey find traditional recruiting methods, such as newspaper ads, word of mouth or internal promotion, to be the most useful in filling vacancies at all levels.

Even though more than half of the employers attend job fairs, most do not see it as an effective way to recruit.

Very few employers find the Michigan Works! service centers useful in their recruiting efforts. This may be attributable to a lack of awareness of the service centers and the employment and training assistance they provide.

Usefulness of Methods for Recruiting Entry-Level Staff

(% employers)



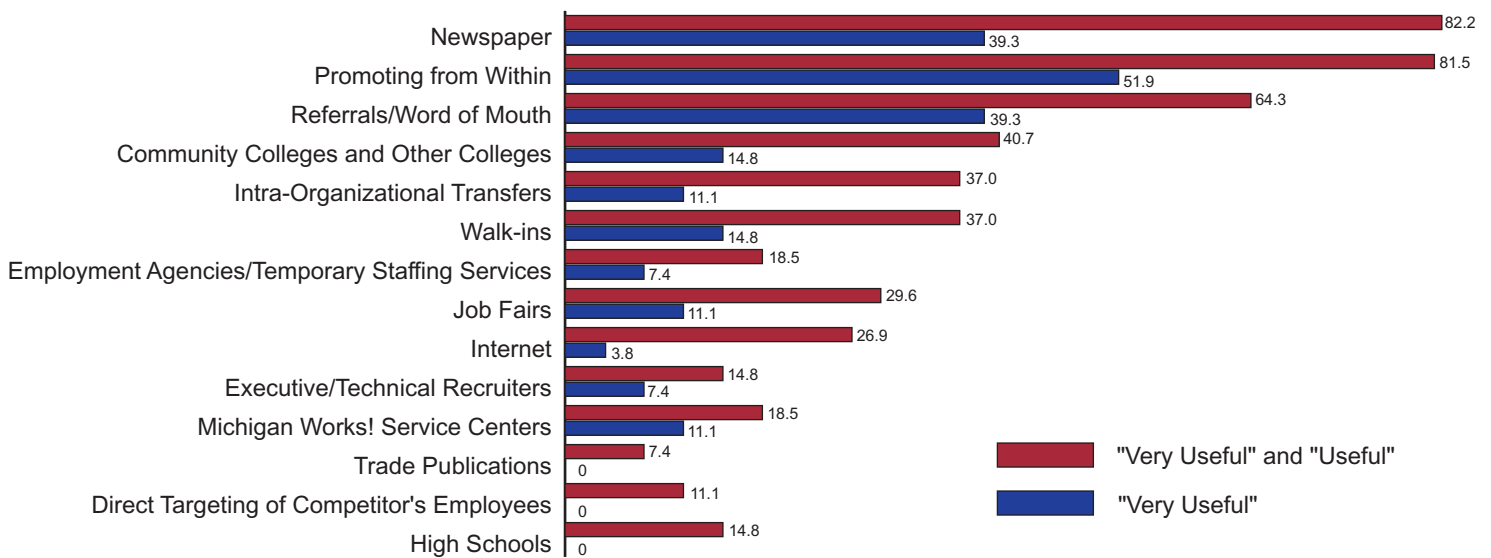
Additional Methods Also Used To Recruit For Higher-Level Positions

More methods are used for jobs that have higher skill requirements. The Internet, for example, was not useful in finding entry- or paraprofessional level employees. Nearly 20% of employers find it “very useful” for recruiting professionals.

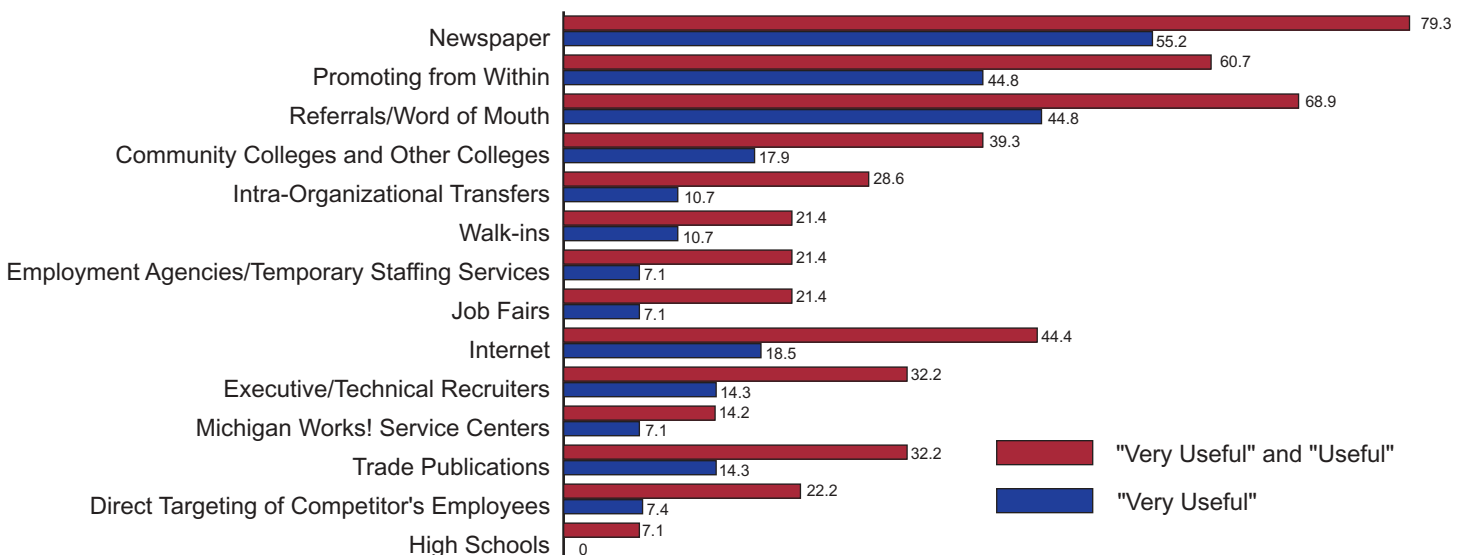
Most employers do not directly target competitors’ employees but a number of them do adopt this strategy for professional level jobs.

Colleges, as sources for potential hires, are more useful in filling paraprofessional and professional jobs. About a third of the respondents thought that executive / technical recruiters are useful for filling professional jobs.

Usefulness of Methods for Recruiting Paraprofessional Staff
(% employers)



Usefulness of Methods for Recruiting Professional Staff
(% employers)



Academic Records Not Important In Hiring Decisions

When looking to fill entry-level and paraprofessional positions, employers consider the following factors most important in their hiring decisions:

- Criminal record;
- Attitude and demeanor;
- Communication skills;
- Ability to complete forms;
- Drug test results;
- Appearance / dress / grooming; and
- Recommendation from previous employers.

Additionally for paraprofessional jobs, employers look for

- Demonstrated technical skills, and
- Previous work experience.

Most employers do not make academic achievement an important factor in their hiring decisions. Less than a third of the employers take transcripts (high school or college) into consideration. Michigan Education Assessment Program (MEAP) scores are hardly used at all.

Registered Nurses and Licensed Practical Nurses Are The Most Difficult To Recruit

Almost two-thirds of the employers in the survey indicate difficulty recruiting registered nurses. Over 40% of the employers identified licensed practical nurses. Fewer employers indicate difficulty in recruiting certified nurses' aides (CNAs), perhaps because many do not have a formal recruiting effort for this occupation. Anecdotes abound about employers taking "anyone who walks in the door" to fill the vacancies. It is no surprise, as we will see later, that CNA is the occupation with the most retention challenges.

Please identify the positions for which you have difficulty recruiting.

% employers

Registered nurses	64%
Licensed practical nurses	44%
Certified nurses aides	28%
Clerical personnel	28%
Physical therapists	24%
Behavioral health professionals	24%
Occupational therapists	24%

Coping with Staff Shortages

During this time of nationwide staff shortages in health care, local employers are coping by looking more carefully at how to retain their current employees. Most are promoting existing employees to fill higher-level positions. Almost 60% have relaxed work schedules, perhaps to make it easier for part-time employees to work more hours. Most employers provide additional training after hiring new employees. Many employers have also increased wages and/or benefits to help attract and keep skilled workers.

Some employers are trying to get by with fewer employees and paying overtime. Some have consolidated positions and made permanent changes to the workforce structure. Hiring temporary employees is seen as only slightly more preferable to leaving positions unfilled.

Very few respondents indicated efforts that tap into nontraditional population or people for whom English is a second language. Only a handful of health care employers use Michigan Works! Service Centers for hiring or training. Most employers do not see co-ops and internships as ways to meet labor needs.

Given the current competitive local labor market and shortage of qualified employees, please indicate the extent to which your organization is doing the following to meet workforce needs.

% employers "Always" and "Almost always"

Promoting internally	71%
Allowing employees flexible scheduling/part-time	58%
Doing more training once employees are hired	52%
Increasing wages/benefits	42%
Hiring fewer people and paying existing employees OT	36%
Consolidating positions	32%
Hiring temporary employees	29%
Leaving jobs unfilled	26%

Workforce Retention and Advancement

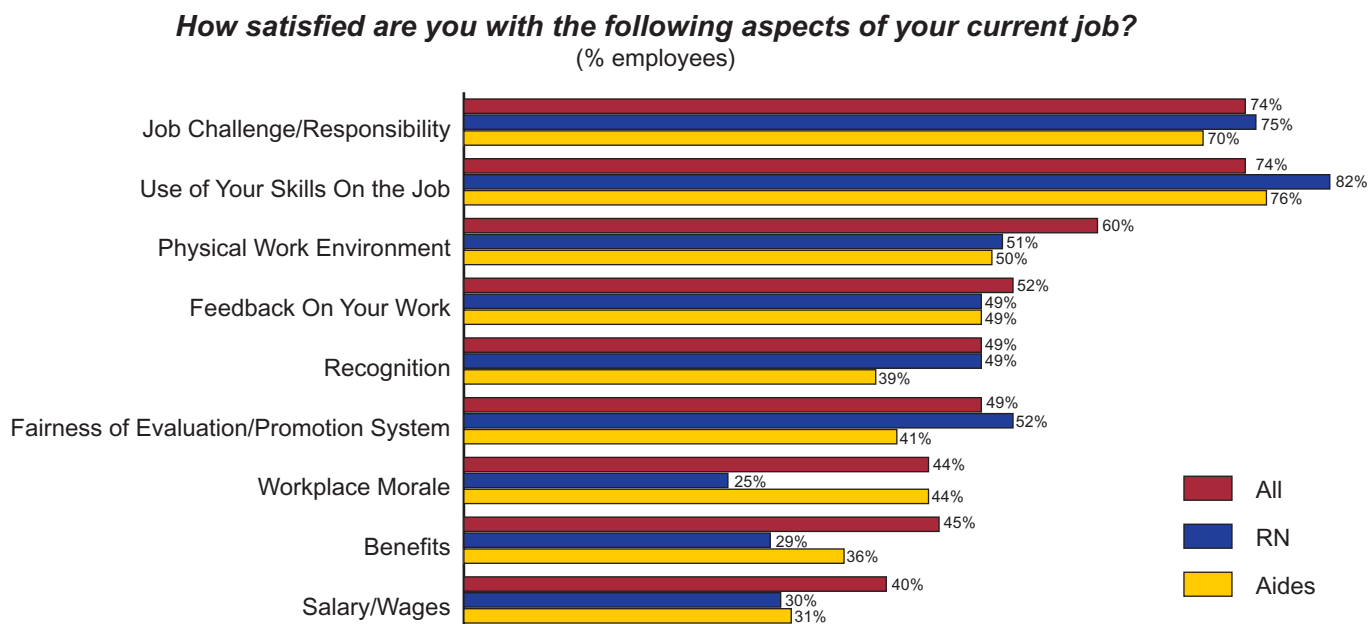
Nationwide, high turnover among direct care staff has received a great deal of attention by policy makers and academics alike. Statistics on turnover rates vary, ranging from 50% to over 100% a year.⁸ Locally, surveyed employers identified retaining skilled workers as the most important concern for their organization.

Most Employees Are Satisfied With Their Work

Of the employees who participated in the survey, the vast majority are satisfied with their work: the challenges the jobs present, the use of their skills on the job, and the physical work environment. Areas that cause dissatisfaction, besides wages and benefits, are low workplace morale, lack of recognition and perceived unfairness of the advancement process.

Registered nurses as a group seem to enjoy their work the most. They also seem reasonably satisfied with the promotion systems and recognition. Areas with which RNs are most dissatisfied are workplace morale, wage and benefits. The dissatisfaction with wages is consistent with the fact that RNs in the area are paid significantly less than those in other parts of the state.

Certified Nurses Aides, despite their stressful work and low pay, are likely to be satisfied with *more* aspects of their jobs than RNs. Most aides would like to be paid better, receive more recognition and have a fairer evaluation/promotion system.



⁸ Stone, Robyn I. and Joshua M. Wiener. "Who will care for us? Addressing the long-term care workforce crisis". Urban Institute. Oct. 2001.

Certified Nurses Aides Lack Viable Career Ladders

At most employers, aides who wish to advance in patient care face very large rungs if they try to follow a career ladder. Typically, the only logical upward mobility is to licensed practical nurse, requiring significant educational investment. This requires a great deal of commitment and resources – tuition, personal time for classroom learning, arrangement and payment for child care – that most aides do not have. As CNAs conclude that there are no advancement opportunities, they leave for jobs in other industries. One of the suggestions by the Paraprofessional Health Institute and others is, essentially, to add a few “rungs” between CNA and LPN. These positions can be senior aides, mentors, trainers or care specialists.

Please identify the positions for which you have difficulty retaining employees.

% employers

Certified nurses aides	42%
Clerical personnel	25%
Dietary aides	21%
Registered nurses	21%
Licensed practical nurses	17%
Physical therapists	13%
Registered respiratory therapists	13%

Schedules And Child Care Present Challenges For Aides

Some of the aides leave their jobs for more money and /or a better schedule. The top issues CNAs identified as problems for their organizations are low wage/benefits, difficulty with child care (affordability and availability), and work schedules.

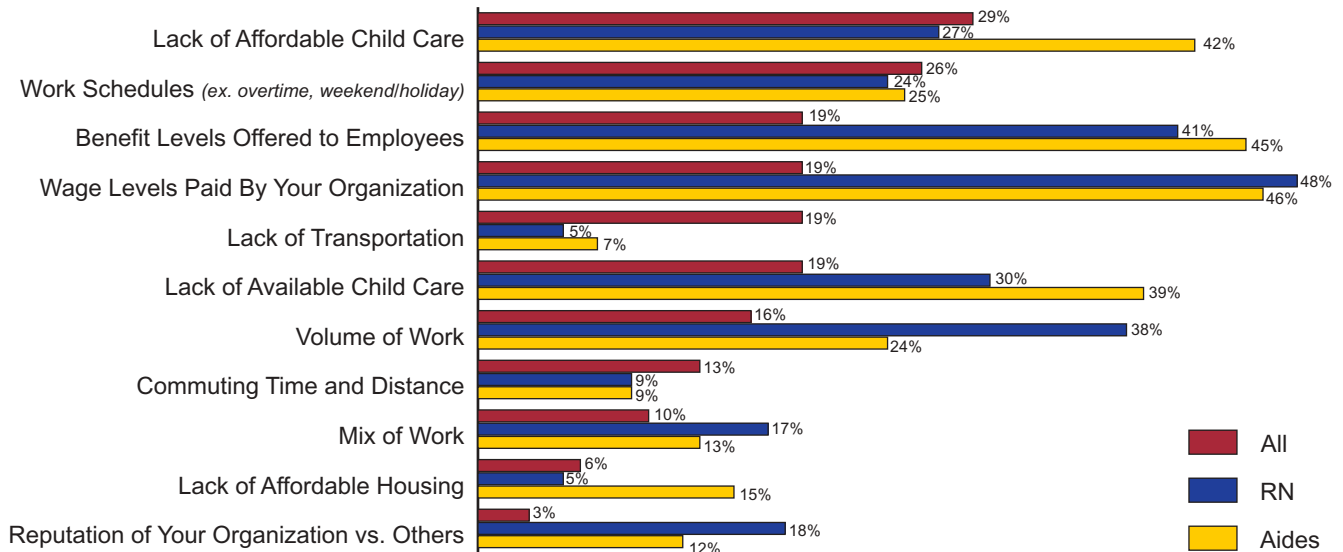
Although employers clearly are aware of child care as a challenge for their employees, they seem to underestimate the difficulty in finding care. Among RNs and aides, *available* child care is as much, if not more of, a problem as *affordable* child care.

One area that might be of interest is that employees do not generally perceive transportation as a problem in hiring and keeping qualified employees. One out five employers see it as a problem. This discrepancy may actually be a reflection of various efforts that employers have already taken to help employees to get to work.

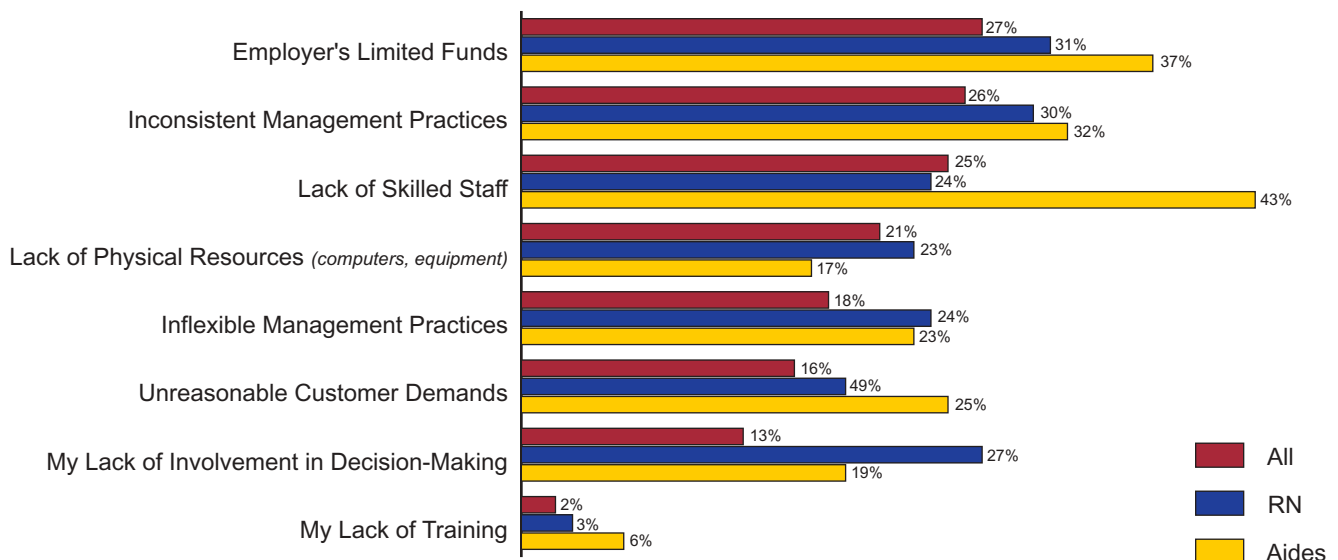
CNAs Are Most Affected By The Lack Of Skilled Staff

More than 40% of aides feel the staff shortages affect their job performance. Much like RNs, aides also feel that limited funds and inconsistent management practices affect their job performance.

Employee Recruitment & Retention (% problematic)



Problem for Job Performance

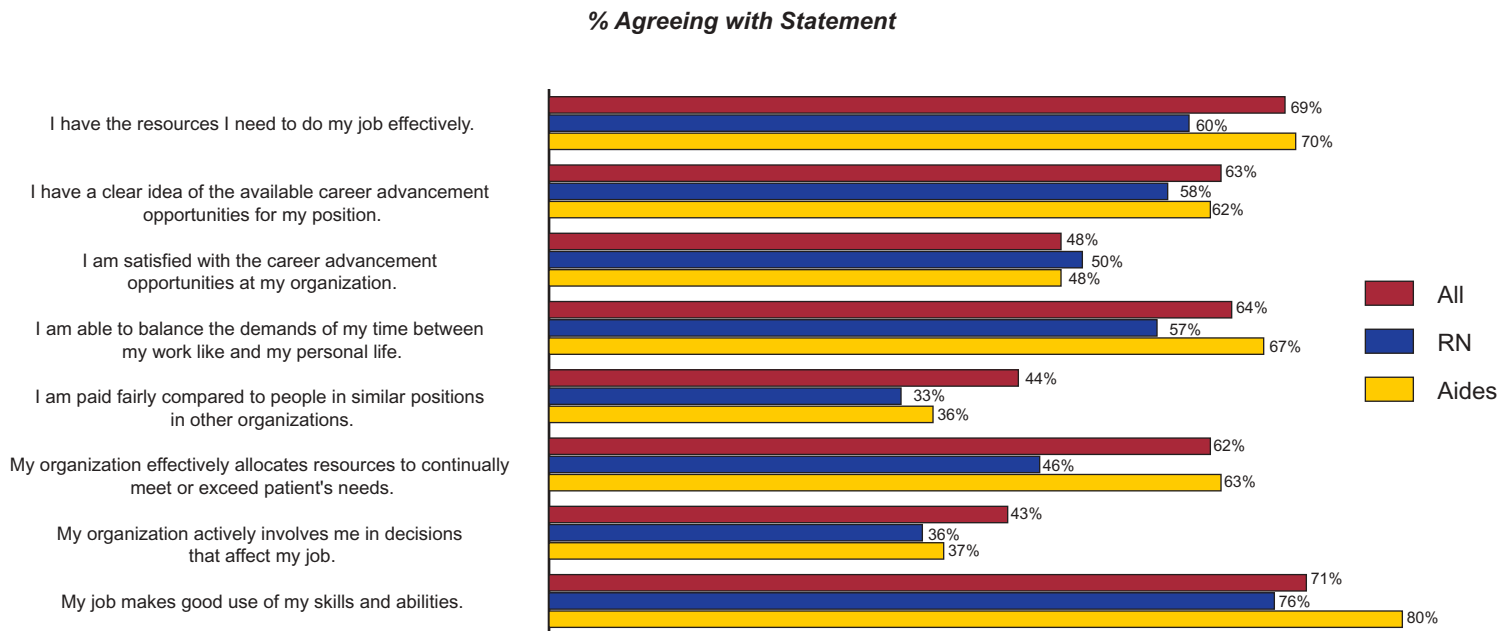


Registered Nurses Want To Be More Involved In Decision-Making

Another area that is causing job dissatisfaction among RNs is the lack of involvement in decision-making. More than one in four RNs surveyed (27%) identified it as a problem that affects their job performance, significantly more than the 13% of all respondents or even the 19% of aides. RNs are trained to be decision makers but on the job, protocols are set without their involvement. The lack of autonomy and involvement is a source of frustration for many nurses.

RNs Are Dissatisfied With Workplace Morale

Among RNs, low morale causes a great deal of dissatisfaction. Only 25% of RNs are satisfied with workplace morale; 40% are dissatisfied. For many of them, “employer’s limited funds” and “inconsistent management practices” are main obstacles to job performance. These are perhaps reflections of the frustration that they are not permitted enough time and resources to do all that they want to do for the patients. Less than half of RNs agreed that their “organization effectively allocates resources to continually meet or exceed patients’ needs.”

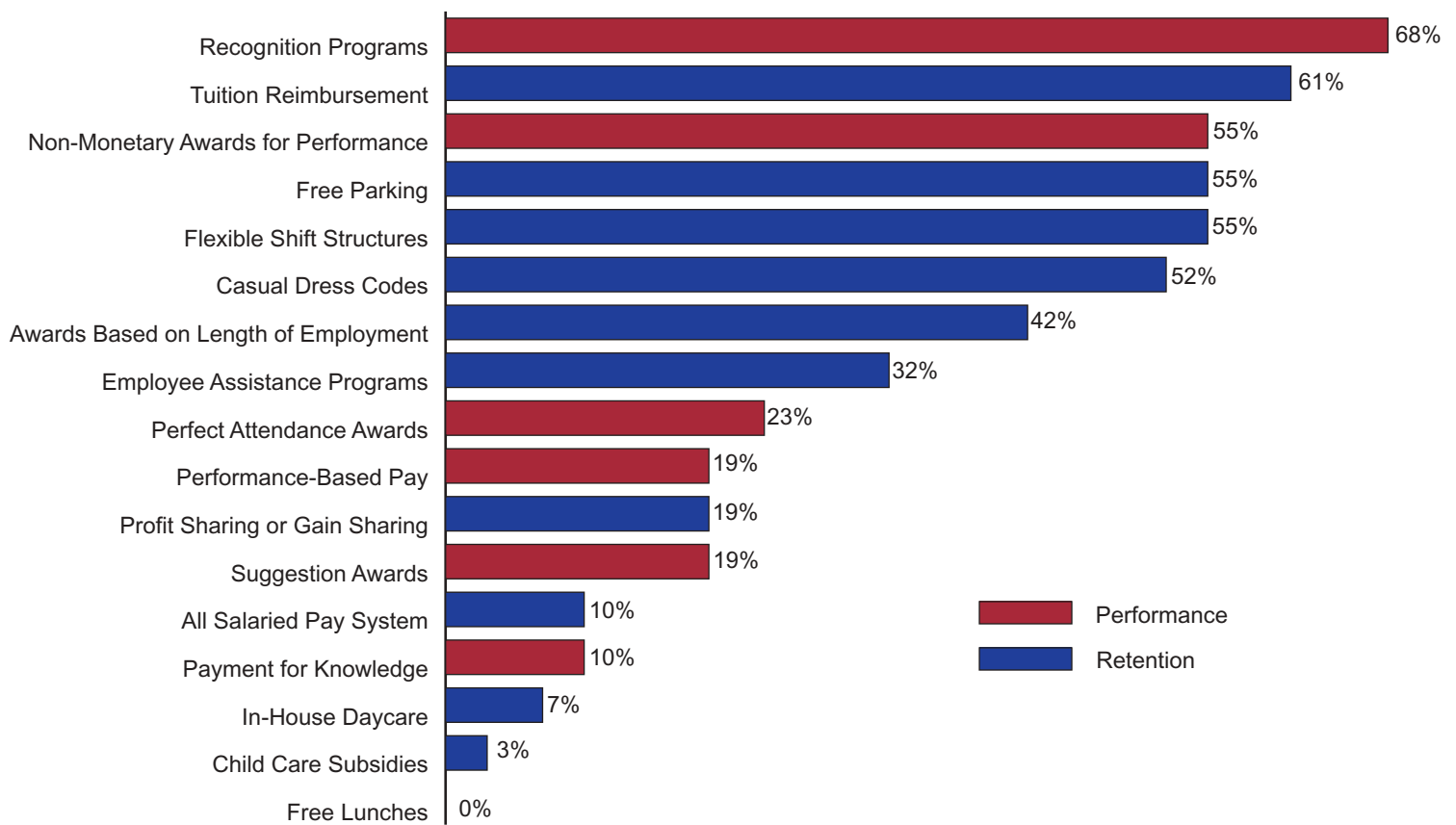


The feeling that patients are not adequately cared for is not unique to nurses in South Central Michigan. At a national level, many researchers have discussed the impact of managed care on the morale of nursing staff. As patients’ hospital stays are shortened, the average patient in a hospital is sicker and requiring much more care than was the case in the past. Nurses are spending more time on insurance and paperwork. The result is that nursing has become a harder, more stressful profession at the same time as nurses’ real earnings have stayed flat.⁹ To make matters worse, the average earning of RNs in Jackson area is \$8,600 less than the average statewide.

⁹ “The Registered Nurse Population. National Sample Survey of Registered Nurses – March 2000.” Preliminary Findings, Feb. 2001. Bureau of Health Professions, Division of Nursing. Health Resources and Services Administration (HRSA). U.S. Department of Health and Human Services. In this study, inflation-adjusted real wages for RNs have stayed flat between 1992 and 2000, even though nominal wages went up by almost \$10,000.

Retention Strategies

Measures to Improve Retention and Performance
(% employers implemented)



To improve retention and performance, two thirds of the employers implemented recognition programs. Some employers are offering performance-based pay and reward for employee suggestions. Most employers now allow some flexibility in shift structure. Two employers in the survey are providing in-house day care; one provides child care subsidies.

Training and Development

For most employers in the survey, the lack of work maturity skills is a problem among entry-level employees. Personal management skills are problematic for almost 40% of employers. Some employers have difficulty finding people with prior work experience.

Employers' Top Training Concerns Include How To Motivate Workers, Develop Teams, And Train Supervisors

About one in six employers consider it very important to help employees gain the necessary skills to be comfortable with new technologies. To many employers, finding resources to pay for employee education and training is a very important concern.

Among employees, the top interests are learning computer and interpersonal skills. Most employees want some training in advanced computers and 26% wanted basic computer training. Many employees indicate desires to learn how to manage and work with people, how to resolve conflicts and solve problems.

Please indicate the importance of each of the following training concerns within your organization.	
	% employers "Very important"
Learning how to motivate workers for improved performance	55
Finding resources to pay for employee education and training	42
Developing work teams	36
Need for training of supervisory staff	32
Cultural diversity of the workforce	16
Determining the employee skill needs related to new technologies	16
Lack of basic literacy/numeracy	13
What specific skills ... are [you] interested in learning?	
	% employees interested
Advanced computer	53
Conflict management	41
Basic supervisory/management training	34
Time management	31
Problem solving	28
Basic computer	26
Teamwork	26

Technical Skill Training Receives Highest Priority

The vast majority of employers in the survey identify training needs by responding to customer requirements. Government regulation on continuing education and requests from supervisors are also important at most organizations. Some employers use performance review / appraisals as an opportunity to assess training needs. Very few employers use formal analyses that identify the full set of skills required for the job and additional skills needed for career advancement.

When it comes to the allocation of training resources, service and technical competence receive the highest priority. Although attitude and interpersonal skills are seen as the biggest problems among entry-level employees, training that might help to improve work attitude or develop better interpersonal skills receives a somewhat lower priority.

How important are the following reasons for your organization to provide training?	
	% employers "Very important"
To improve services	68
To improve technical skills	65
To promote employee personal or career development	55
To provide certification or licensing	52
To help employee attitude and work habits	48
To assure success over competition	45
To introduce a new service requiring new skills	45
To improve interpersonal skills	36
To improve basic skills (ex. math or reading)	13

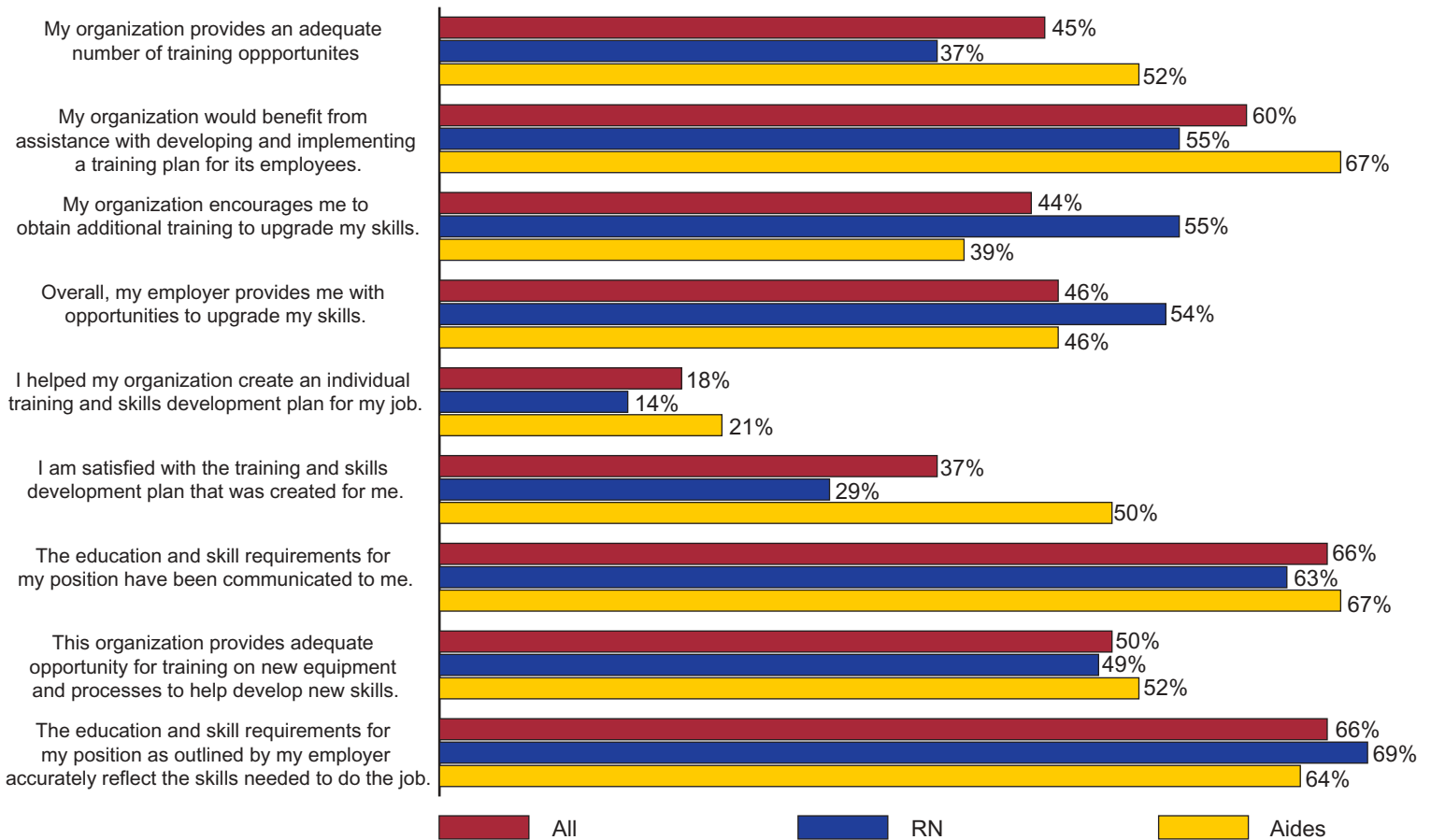
Employees Want To Contribute To A Formal Development Plan

Employees generally seem to think that they know the education and skill requirement for their jobs. And most think they are provided enough training opportunities. An area of great dissatisfaction is in their level of involvement in developing a plan for their jobs. This feeling of noninvolvement is present throughout the health care workforce.

Among RNs, most agree that their organizations provide enough training opportunities. But only 30% of RNs are satisfied with their training plans. Most say they do not have a clear vision of career development and advancement within the organization.

Among the aides, there is not a great deal of dissatisfaction with the development plans created for their positions. But two thirds of CNAs (and 60% of all respondents) still think that their organizations would benefit from assistance with developing and implementing a training plan for employees.

% Agreeing with Statement

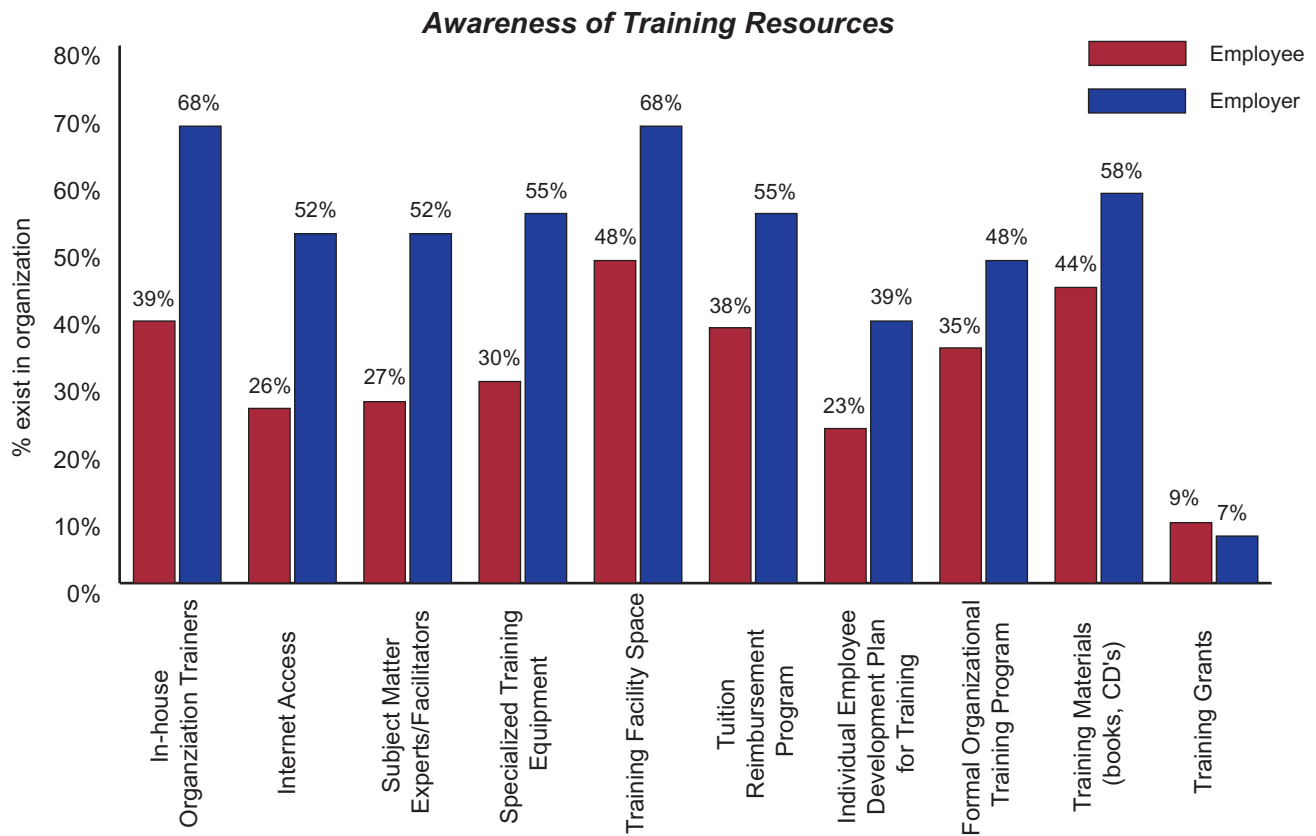


Employers Identify Need For Assistance In Employee Development Plan

As shown in the chart below, almost 70% of the employers have training space and in-house trainers. Most employers have subject matter experts and use training materials such as books and CDs. Although just 6.5% of respondents have training grants, only 19% indicated a clear desire for assistance. The areas employers identify as most needing assistance are:

- Individual employee developments plan for training (38.7%)
- Formal organizational training program (35.5%)
- Training materials (books, CDs)(30%)
- Subject matter experts / facilitators (29%)
- Internet access (25.8%).

Although more than half of all employers have Internet access or tuition reimbursement, only about a quarter of the employees surveyed indicated these resources were available to them. These differences could, in part, be an indication of the degree to which employees are aware and make use of training resources in the organizations.



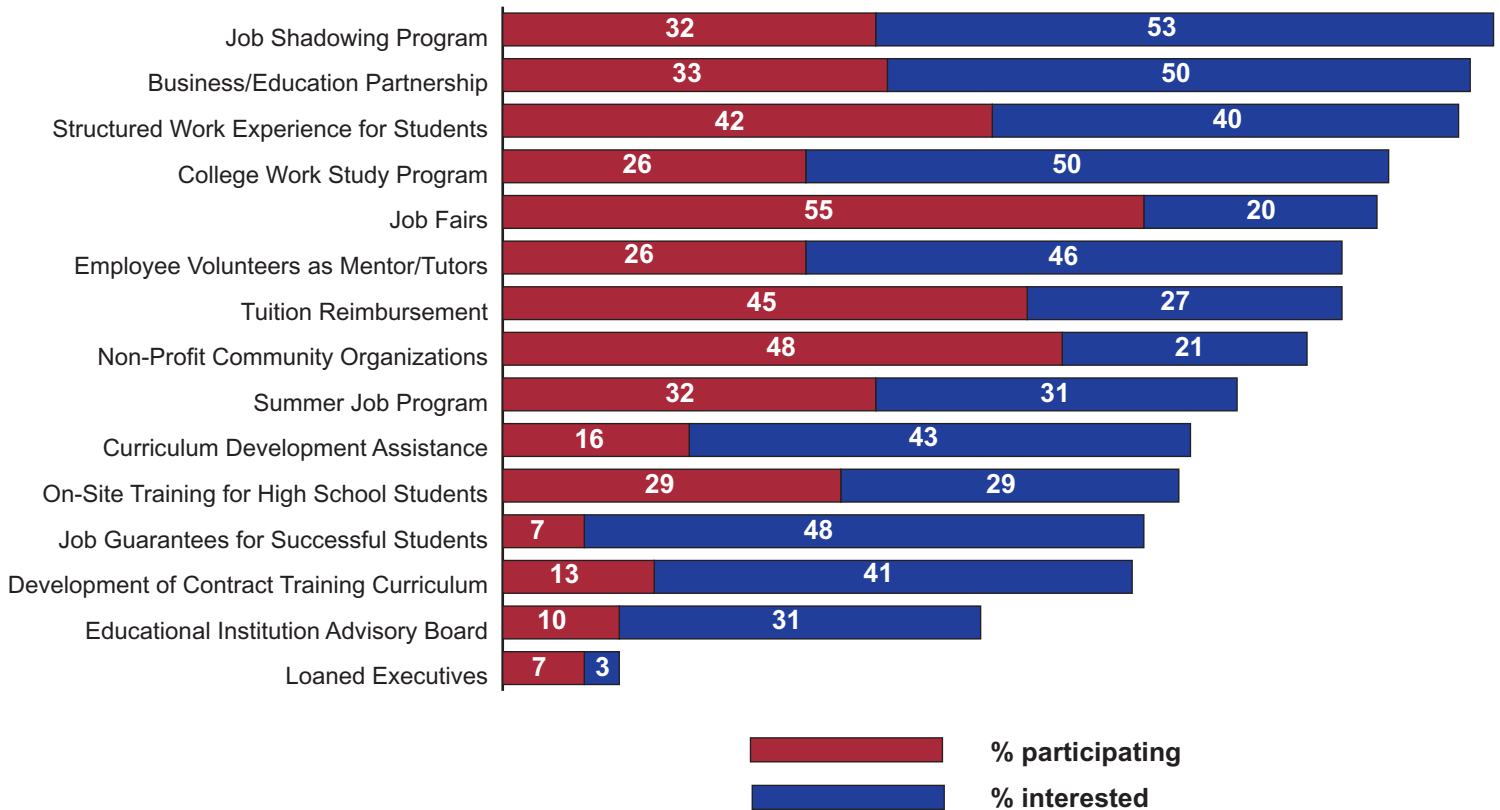
Most Employers Show Interest In Community/Education Partnerships

When asked about initiatives that they are interested in participating in, employers were most interested in programs that will bring students into direct contact with the employers at the workplace. Job shadowing, business/education partnerships, college work study programs and even job guarantee for successful students top of the list of initiatives that employers are either taking part in or are interested in. Initiatives of the least interest are the loaned executives program and serving on advisory boards of education institutions.

Most employers are not currently participating in the programs and initiatives that they are interested in mainly because of the following reasons:

- Lack of money (61.3%),
- Lack of time (58.1%),
- Lack of cooperation between organizations (48.4%), and
- Lack of staff (41.9%).

Participation and Interest in Local Initiatives



These are clearly areas in which local education and training organizations could offer a great deal of valuable assistance and direction. Programs that allow students to gain hands-on experience will also allow employers to gather first-hand knowledge of the student's fit to a career in health services or with their organizations. On their own, most employers in the survey are too small to create and oversee such programs. But they indicate a willingness to support efforts that will connect interested workers with potential employers.

Implications of the Data

Most Hiring Likely To Be Result Of Turnover

As we have seen earlier, availability of hospital and nursing home beds in South Central Michigan is similar to the rest of the state. Both state and local capacities are significantly lower than the national levels. Employment levels at hospitals and nursing facilities, adjusted by the number of beds, are basically in line with the national levels. Employers in the survey indicated intentions to hire 463 CNAs, 113 RNs, 82 dietary aides, 73 LPNs and 29 clerical personnel over the next three years. Since not all of the employers responded to this question, the responses we have are not complete or indicative of the whole region. Among the responses we received, about a quarter indicated “growth” as the main reason for their hiring plan. Most of the openings will be a result of employee turnover (including both voluntary and involuntary terminations).

New Approaches Will Be Needed To Recruit And Retain RNs And LPNs

Both the survey and trend data from the state and national levels argue that shortages will continue in nursing for the foreseeable future. Employers may need to focus on new strategies both to increase retention of nurses and to enhance recruitment. Already, many employers in the region offer flexible schedules, where employees are allowed some variability in the arrangements of their three 12-hour shifts. One strategy that employers might want to consider is to permit shorter shifts or job sharing. These could be attractive to RNs who are temporarily out of the workforce to care for school-age children. Another area that may be worth exploring is extending benefits to part-time employees or offering some assistance for child care.

As the RNs who are currently employed in nursing get older¹⁰, it becomes more and more important for employers to tap into the educational pipelines and reach out to students who are interested in the profession. Only a few employers are participating in programs that provide a structured work experience to students. But many more are interested in taking part in such initiatives.

Finally, given the region’s demographic trends toward an older workforce, health care employers may be well served to consider strategies that could attract nurses who have left the field and are living within the region to return to the profession.

Difficulty In The Retention Of Aides Reflects Lack Of Career Ladder

Certified Nurses Aide is the primary occupation most employers have difficulty retaining. Part of the problem might be that the initial hiring process is ineffective. Very few employers identified a clear recruiting strategy for positions at this level. Although many in the survey find their entry-level employees lacking in maturity, virtually none of them utilize information that might provide some indication of a potential hire’s maturity and ability to learn (such as transcripts and MEAP scores).

¹⁰ “The Registered Nurse Population. National Sample Survey of Registered Nurses – March 2000.” Preliminary Findings, Feb. 2001. Bureau of Health Professions, Division of Nursing. Health Resources and Services Administration (HRSA). U.S. Department of Health and Human Services. The median age of the RN population in 1980 was between 25 and 29. In 2000, it was between 40 and 50. The average age at graduation from basic nursing education programs was 24.3 before 1985. Between 1995 and 2000, it is estimated to be over 30.

A big obstacle CNAs face is the lack of a career ladder. Currently, the easiest way for CNAs to earn more money and gain more responsibility is perhaps to leave their positions for other jobs in the service sector. In order to advance in health care, most CNAs have to take a big and costly (perhaps too costly) step towards earning certification for LPN or a technical profession. Considering that over 40% of them already have trouble finding affordable child care just so they can work, it is no surprise that earning an LPN on their own time is out of the question for many of them.

Lagging Wage Levels Are A Factor At All Levels

Both RNs and CNAs in the survey expressed dissatisfaction with wage and benefit levels, which range from 10%-25% below those found in neighboring Washtenaw County. The data suggests some of the challenges in recruitment and retention can be traced to this disparity, with workers choosing either to commute or relocate.

More money would undoubtedly alleviate some of the frustrations of health care workers in the region. But money alone does not define happiness or success for most workers. In fact, an EPIC /MRA survey of the South Central Michigan region found that area residents define employment success by satisfaction and enjoyment, not money.¹¹ This is particularly true in health care where many workers see serving others as a calling. The most cited source of job satisfaction always relates to the respect and appreciation from patients and their families.

Therefore, recognition and reward for performance, employee empowerment (i.e., autonomy and involvement in decision making) and supervisors who are good communicators and mentors are important factors contributing to employees' enjoyment of everyday work and their overall job satisfaction.

Structural Differences At The County Level Point To Different Paths To Improving Employee Satisfaction

In South Central Michigan, each county emphasizes a different area of health services. A large proportion of Hillsdale County employment is in nursing care facilities. Lenawee County has a significant presence of non-physician offices and clinics. Jackson County mirrors the national employment distribution very closely due to its larger metropolitan area and the large Foote Memorial Hospital system. Although employees in the region share the same concerns and face the same issues that we discussed earlier, the survey results suggest some small differences among the counties.

Jackson County, being the largest of the three counties in South Central Michigan, accounts for 48% of all respondents to the employee survey. Its responses dominate the response distributions and local results are very close to the overall responses reported throughout this report. On almost all measures, Jackson County is more like Lenawee County than it is like Hillsdale County.

¹¹ Job Training, Education, and the Market in South Central Michigan: A Public Opinion Survey, September 2001.

Overall, respondents from Hillsdale County seem to have the highest job satisfaction.¹² Most of the respondents (61% vs. 40% overall) are satisfied with the wage levels they receive. They are aware of the training and resources available at their organizations. For example, 80% of Hillsdale County respondents know that their organizations use internal trainers, compared to under 60% of respondents from Jackson and Lenawee counties. Hillsdale County respondents would like to see improvement in the volume of work and better communication between employees and supervisors. Thirty percent of Hillsdale County respondents indicated that volume of work was a problem for employee recruitment and retention, as compared to 21% overall. And compared to 51% of overall respondents, only 41% of Hillsdale County respondents are satisfied with the feedback they receive on their work.

Of the three counties in the study, respondents from Lenawee County tend to have the lowest job satisfaction.¹³ They are least likely to be satisfied with their wages (32% vs. 40% overall respondents) and benefits (38% vs. 45% overall respondents). They do not feel that they are involved in decisions and they do not think there are enough training opportunities:

- “My organization actively involves me in decisions that affect my job.” — 35% agree, compared to 57% in Hillsdale County and 43% overall;
- “My organization provides an adequate number of training opportunities.” — 39% agree, compared to 63% in Hillsdale County and 44% overall;
- “Overall, my employer provides me with opportunities to upgrade my skills.” — 44% agree, compared to 72% in Hillsdale County and 50% overall;
- “This organization provides adequate opportunity for training on new equipment and processes to help develop new skills.” — 39% agree, compared to 73% in Hillsdale County and 45% overall.

By contrast, health employment in Lenawee County shrank by 10% between 1995 and 2001. It lost a community hospital and more than 300 jobs. Since hospitals traditionally offer more growth opportunities, the community also lost advancement opportunities for its health workers. Almost 40% of the Lenawee County health care workforce is employed by offices and clinics. These tend to be small employers that do not have formal training programs. It is not surprising, then, that in Lenawee County many employees do not feel that they have adequate training opportunities.

¹² This may be partly explained by the fact that only 63% of Hillsdale respondents are hourly employees, as compared to 80% and 79% in Jackson and Lenawee, respectively. And that, although half of Hillsdale health workforce is employed by nursing care facilities, only six of the 51 respondents are CNAs.

¹³ It may be helpful to note that 47 of the 190 Lenawee respondents are CNAs.

Opportunities for Action

Several opportunities emerged from the research as candidates for action in managing health care employment issues in South Central Michigan, including:

Develop Multi-Firm Career Ladders For Certified Nurses Aides

Aides represent a great potential pipeline for identifying and developing skilled health care workers for the region. The current challenges in offering meaningful advancement opportunities for aides could be addressed by new “rungs” on the career ladder between CNA and LPN. The Paraprofessional Health Care Institute suggests these could include senior aides, mentors, trainers or care specialists. And while individual employers could do this internally, the strategy could take on added power if approached on a consortium basis by multiple employers of aides and nurses in the region, so that those gaining needed expertise and credentials could not only advance within one employer but move up by shifting to another local health care provider.

Enhance Health Care Training Options Available In The Region

Several training needs were suggested by the survey results, including supervisory training, use of computers, and technical training. One of the gaps identified by the project’s steering committee was the lack of emphasis on technician positions in the region, for which training may not be locally available. Training issues include flexibility as to location and timing, offering it in smaller modules, and identifying ways employers can either obtain grants or collaborate to pay for training.

Build Partnerships Between Health Care Employers and Educators

Employers who responded to this survey indicated a strong interest in working with schools in the region in a range of ways. Launching a strategic partnership between health care employers and South Central Michigan educators could help market both the industry and specific occupations within it to young people. This would allow them to learn about viable careers in health care within their home region. Activities could include both activities to inform students as well as employment opportunities. This type of partnership would also provide a vehicle for health care employers to engage with schools about expectations for workers being hired immediately out of school.

Make Health Care Employers a Focus for Michigan Works! Service Centers

The lack of visibility of the service centers within the health care industry points to an opportunity for Michigan Works! Given the large number of small health care employers in the region, the Service Centers could play a vital role in helping those employers, who typically lack organized human resources and training functions. The Service Centers could focus on employee development strategies with those firms, including helping them connect to training opportunities and funding that is available.

Appendix A. Survey Methodology

The overall response rate among employers was 74%. Lenawee had the highest response rate of 92%; only one survey was not returned. Jackson's response rate was 68% and Hillsdale was lowest, at 60% (3 of the 5 surveys were returned).

Employer Surveys

Survey respondents provide a good representation of health care employers in the area.

	Employer survey returns	as % of total returns	Health service establishments	as % of SCMI total
Hillsdale	3	10%	58	15%
Jackson	17	55%	207	52%
Lenawee	11	35%	134	34%
	31	100%	399	100%

Most respondents employ between 10 and 200 people.

Q3. How many individuals does your organization employ locally?	Surveys		Actual			
	Surveys returned	as % of total returns	# of establish- ments	as % of SCMI total	# of jobs provided	as % of total jobs
Less than 10 employees	2	7%	282	71%	1,186	12%
10-24 employees	5	16%	67	17%	996	10%
25-49 employees	6	19%	23	6%	727	7%
50-74 employees	3	10%	6	2%	372	4%
75-99 employees	4	13%	4	1%	348	4%
100-199 employees	6	19%	7	2%	937	10%
200-299 employees	2	7%	6	2%	1,412	14%
300-399 employees	0	0%	1	0%	350	4%
400-499 employees	1	3%	1	0%	402	4%
500 or more employees	2	7%	2	1%	3,087	31%
Total	31	100%	399	100%	9,814	100%

Twenty-two percent of the respondents have revenues less than \$1 million a year. About a third operate on \$1-3 million a year. Three have revenues in excess of \$15 million. Most of the respondents (63%) indicated that no more than 25% of its staff is salaried. Only 6 respondents had more than half of its staff on salary.

All Segments of health services are represented.

Primary Business	Number	%
Ambulatory/Outpatient Care Facility	1	3.2
Rehabilitation Center	2	6.5
Hospital	3	9.7
Specialized Group Home	1	3.2
Home Health Care	2	6.5
Skilled Nursing Care Facility	8	25.8
Offices and Clinics of Medical Doctors	3	9.7
Behavioral Health (ex. substance abuse)	5	16.1
Dentistry	1	3.2
Public Health Department	1	3.2
Other	4	12.9
Total	31	100

Employee Surveys

Nearly 500 employees participated in the survey.

	Employee survey returns	as % of total returns	Health service employment	as % of total employment
Hillsdale	51	11%	1,364	14%
Jackson	224	48%	6,326	64%
Lenawee	190	41%	2,124	22%
	465*	100%	9,814	100%

A total of 496 employee surveys were returned. We were able to identify employers (and their counties) for all but 31 respondents.¹⁴ As shown in the table above, relative to the size of its health work force, Lenawee County had a very high response level. Nearly 10% of its workforce participated in the survey. For Hillsdale and Jackson, it is about 4%.

Respondents For Good Cross-Section of Workforce.

Employee Respondents by Place of Work	
Behavioral health	6%
Hospital/ambulance/rehab. center	23%
Medical or dentist office/home health	12%
Skilled nursing	49%
Other	11%

¹⁴ These responses are included in overall analyses but excluded from any county-level analyses.

Thirty-two occupations were represented in the survey.

	number of responses	as % of total responses
Nursing Aides, Orderlies, Attendants	92	19%
Registered Nurses	67	14%
Clerical Personnel	48	10%
Licensed Practical/Vocational Nurses	31	6%
All Others	258	52%
Total	496	100%

Respondents in the survey have a wide range of tenure with employers.

	% all	% RN	% Aides
Less than 1 year	25%	-	40%
2-5 years	36%	42%	32%
6-10 years	17%	19%	15%
11-20 years	16%	30%	11%
More than 20 years	6%	9%	2%
Total	100%	100%	100%

Over 70% of employee respondents are on hourly payroll. Almost all respondents have at least a high school education. The median age of the respondents is 40; 59% are between the ages 30 and 49.

Appendix B. Acronyms

CNA - Certified Nurses's Assistant

CSW - Corporation for Skilled Workforce

HRSA - Health Resources and Service Administration

LPN - Licensed Practical Nurse

MPI - Marketing Partners, Incorporated

MSA - Metropolitan Statistical Area

RN - Registered Nurse

SCMI - South Central Michigan (Hillsdale, Jackson, and Lenawee Counties)

SCMW - South Central Michigan Works!

Notes:

This image shows a full page of blank handwriting practice paper. It features approximately 30 evenly spaced horizontal orange lines across the entire page, providing a guide for letter height and placement. The background is plain white, and there are no margins, text, or other markings present.

SCMW: Who We Are

South Central Michigan Works brings together public and private sector groups in Hillsdale, Jackson, and Lenawee Counties to help employers recruit, develop, and keep skilled workers. We also help students and jobseekers build their skills and connect them to quality jobs. Our focus is on ensuring that the South Central Michigan region develops and sustains prosperity based on strong employers with a supply of competent and skilled workers.

Some of the specific services we provide are:

- One-Stop Service Centers to assist individuals in finding new or better jobs;
- One-stop services to assist employers in finding qualified applicants;
- Welfare Reform programs such as Work First;
- Collect, manage and publish information about the State of the Workforce in the region and about crucial workforce issues;
- Conduct studies where needed to fill information gaps, such as industry sector studies, wage and benefit surveys, and public opinion surveys;
- Support improved academic achievement and workplace readiness initiatives, including Career Preparation;
- Launch and manage community initiatives to tackle important workforce issues. We do this by developing partnerships with public and private sector groups to develop strategies and leverage resources to achieve results about the issues.

Board of Directors

Private Sector Representatives

Tim Bala

Director of Training
MACI

Carl English

President & CEO
Consumers Energy Gas Division

Peter Ford

Vice President, Human Resources
Foote Hospital

Stephanie Hickman

President & CEO
Brazeway, Inc.

David Hill

Human Resources Manager
Eaton Corporation - Aeroquip Corp.

Paul Hill

Owner
Amvets-Flag Store

Marcus James

Director of Business Management and
Quality Performance
Dow Automotive
(subsidiary of Dow Chemical)

Tim Levy

Vice President
Industrial Steel Treating Company

Allan Marzano

Operations Manager
Worthington Speciality Processing

Lynn Matzen

Owner
Matrix Systems, LLC

Geoffrey Scully

President & CEO
Cargotainer Division
of Adrian Fabricators, Inc.

Robert Snow

Second Vice President, Business
Development
County National Bank

Dennis Wright

Vice President Human Resources
Promedica North Region

Education

Harvey Souders

President
Sand Creek Board of Education

Linda Trombley

Trustee
Concord Community Schools

Unemployment Agency

Robert Wilkis

Branch Manager
Unemployment Agency

Public Assistance Agency

Renee Hayward

Director
Family Independence Agency

Organized Labor

Reuben Marquez

Secretary
UAW Community Action Program
- Region 1-C

Jennifer Trudeau

President
International Union Operation Engineers
- Local 547

Economic Development

Reb Turner

President
Hillsdale County Industrial Development
Commission

Rehabilitation

Tim Guest

Site Manager
MDCD - Michigan Rehabilitation Services

Community-Based Organization

Randall Yagiela

President & CEO
Lenawee Training and Education
Consortium

Other

Dionardo Pizana

Board Member
Cambios, Inc.

Officers

Lynn Matzen, Chair

Reb Turner, At-Large

Carl English, Vice Chair

Tim Guest, At-Large

Marcus James, Vice Chair

South Central Michigan Consortium Board

Jackson County

John Day

Betty Jo DeForest
Gail Mahoney-Sherrod
Floyd Baum (Alternate)

Lenawee County

David Abraham

Lawrence Gould
Hugh Flippo (Alternate)

Hillsdale County

Alice Britton

Kenneth Lautzenheiser

Officers

Gail Mahoney-Sherrod, Chair

Alice Britton, Vice-Chair

Administrative Staff

Scott Menzel, Executive Director

Shelley Jusick, Deputy Director

Maggie Flaherty, Executive Assistant

Cheryl Hockenberry, Management Information and Support Services

Belinda Shaffer, Business Manager

Chuck Mason, Marketing Specialist

South Central Michigan Works! Workforce Development Board

Mission Statement:

To develop a system that results in a quality workforce for South Central Michigan.

Purpose Statement:

To create a quality system of coordinated, customized services that: optimizes community resources; simplifies access to education, training, and employment opportunities; contributes to a long-range strategy of economic and workforce development; and leads to self-sufficiency.

Core Values:

High Quality Service. All services meet or exceed customer expectations.

Innovative Leadership. The Workforce Development Board will be a leader, make strategic decisions regarding use of resources, be proactive in workforce development and will take appropriate risks to improve services and maximize impact.

Customer-focused. The board supports the development and coordination of high quality programs and services that are responsive to the needs of employers, job seekers, and other community groups.

Respect for Individuals. The board believes in treating everyone with integrity, fairness and dignity. The board values cultural diversity and differences of opinion in our decision making process.

Continuous Improvement and Accountability. Continuous improvement is essential to the workforce development system. Programs and services will be evaluated based on customer satisfaction, core performance and implementation of continuous improvement processes. The board will ensure a sound return on investment of taxpayer dollars and will work to secure resources to support the workforce development system.



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