



Securing Healthcare Jobs for Mature Workers

The Public/Private Sector Approach

ISSUE BRIEF • JANUARY 2011

Introduction

The graying of America will be reflected in its workforce: between 2010 and 2016, the number of workers 55 and over is projected to increase by 36%, a significant jump when compared to younger populations. Current workforce development efforts for mature workers are often siloed, fragmented, and disjointed. Public training and skill building investments for older workers are rarely driven by labor market data or particular industry need, while training and job placement efforts for mature workers often fail to consider pathways to economically secure wages and reliable benefits.

Over the past three years, the National Council on Aging (NCOA) has administered the 502e Healthcare Workforce Development Project, which has successfully trained and secured jobs for mature workers in the healthcare field. In partnership with Paraprofessional Healthcare Institute (PHI), NCOA

and PHI created a Direct Care Worker training curriculum and improved training and competencies for home care workers in selected counties in New Jersey, Pennsylvania, and New York City. This pilot project moved away from an outdated “train and pray” model toward a more intentional, industry-driven or “sector strategy” approach for employment of low-income older adults into health careers in high-growth occupations. The result has been to reposition mature workers as viable solutions to workforce development within the healthcare industry.

Why use a public/private sector approach?

According to The National Network of Sector Partners, sector initiatives are regional, industry-focused approaches to workforce and economic

development. They improve access to good jobs and/or increase job quality in ways that strengthen an industry's workforce. In contrast to other workforce development strategies, sector initiatives are distinguished in four key ways:

- They focus intensively on a specific industry over a sustained time period, customizing solutions for multiple employers within a regional labor market.
- They strengthen economic growth and industry competitiveness by creating new pathways into targeted industries, and toward good jobs and careers. This approach benefits low-income individuals and creates middle class jobs.
- They utilize workforce intermediaries, organizations that have a deep understanding of worker and employer issues in an industry and within a regional labor market. These organizations facilitate the many stakeholders involved to develop and implement industry-based workforce solutions.
- They promote systemic change that achieves benefits for the industry, workers, and the community.

According to the U.S. Bureau of Labor Statistics, employment wage and salary in the healthcare industry is projected to increase 27% through 2014, compared with 14% for all industries combined. Training mature workers in careers of growing need and with the potential for employment longevity is an investment in building skills that will lead to job and economic security through higher livable wages. Meeting the short-term needs of the coming decade is only part of the challenge. The long-term care sector alone will see an increase of 5.7 to 6.6 million Direct Care Worker positions by the year 2050. Even growing improvements in the health of Americans will not lessen the need for Direct Care Workers, thus marketing these careers to non-traditional labor pools, such as older workers, is key to meeting the demand.

Project Background

In 2007, NCOA received federal funding from the Department of Labor to administer the 502e Healthcare Workforce Development Project to foster individual economic self sufficiency, upgrade job

skills, and place 300 mature workers ages 55 and older in meaningful and sustainable unsubsidized employment as Community Health Workers in the healthcare industry across three states through the Senior Community Service Employment Program (SCSEP)¹. The primary goals of this project were to

What types of job training and employment opportunities are appropriate for the mature worker?

The answer depends on the population cohort being served. Some participants seeking encore careers have been out of the labor market a short time, but others have been retired for years. Existing industries such as healthcare, hospitality and tourism, retail, and financial services are hallmark employment sectors sought by many seniors. However, the right candidate equipped with information, quality training, and supportive services—coupled with proper screening and assessment—can perform multiple job functions within any given industry. It is the workforce development system's job to prepare these individuals for employment in varied settings and occupational titles. With this said, the face of the elderly workforce is evolving, with non-traditional skills sets that will expand the scope of training and employment opportunities available to seniors. This project models how the type of training can be tailored to the industry. Employment resource centers can screen and assess applicants to ensure appropriate recruitment and place both SCSEP eligible and non-eligible individuals in employment. Likewise, there is no reason why this training and employment model could not be applied to non-traditional occupational clusters in “green jobs,” academia, and homeland security, or to support entrepreneurship among the population.

¹ Funded by the U.S. Department of Labor, SCSEP is the nation's oldest program to help low-income, unemployed individuals aged 55+ find work. NCOA manages 27 SCSEP offices throughout the U.S. For more information, visit: <http://www.ncoa.org/enhancing-economic-security/mature-workers/senior-community-service-employment-program-scsep/>

train and transition seniors from subsidized activities into private sector employment, as well as provide a high-quality competent workforce to care for the growing frail elderly population. As a component of the grant, secondary goals included recruitment of more SCSEP eligible individuals into the workforce.

The 502e effort was a demonstration project to determine the feasibility of utilizing older workers to meet increasing demand in a growth industry with high turnover rates. The initial project provided low-income seniors in New Jersey and Pennsylvania with the opportunity for unsubsidized employment in a high-growth industry through short-term, relevant job training. The project targeted both SCSEP eligible and non-eligible mature workers. Within two years of project implementation, the New York City Department for the Aging joined this demonstration project to expand the service area.

Initial projects evolved over the three-year period to encompass three distinct service strategies.

1. New Jersey utilized a “try it before you buy it” approach.
2. Pennsylvania’s strategy employed a “train the trainer” model.
3. New York focused its efforts on job development with two employers and training partners, better known as the “teach and employ” model.

The project outcomes varied from state to state due to tenure of the grant, adjustments made based on lessons learned, participants’ interests and aptitudes, and abilities to address shortages within the industry. Some states also experienced challenges due to a lack of certifications in specific occupational titles, strict timelines, and administrative and operational functions.

No one approach worked better than the others. All three programs had merit and were beneficial to the overall success of the project. All partners put forth outstanding efforts with exceptional outcomes in the second worst recession in United States history. The NCOA New Jersey Resource Center and projects in New York and Pennsylvania were able to foster individual economic self-sufficiency and upgrade the job related skills of mature worker participants. This job training program was funded to serve 300 individuals with a 90% placement rate.



At project conclusion, the partnership served 424 individuals and secured unsubsidized, meaningful, and sustainable employment for 218 mature workers (73%), with the majority being employed as Direct Care Workers in long-term and home care settings.

Through this process, NCOA has recognized that a combination of thorough individual assessments, the right employer partnerships, and the appropriate training of mature workers will result in successful outcomes and a positive impact on managed care for all interested parties—participants, employers, and patients. Employment in the healthcare industry has been rewarding for many of the participants and has had a positive impact on their earning potential, eligibility for benefits packages, and other employer-sponsored resources.

The 502e Healthcare Workforce Development Project has built a strong framework for larger public and private sector partnerships that can be replicated across a broad spectrum of employment sectors. The following sections of this issue brief demonstrate how this specific service delivery model can be duplicated in future endeavors across a myriad of industries to train and employ the mature worker population.

Public and Private Partnerships

The collaboration between NCOA, community SCSEP offices, training centers, and employer partners proved to be invaluable in preparing

participants to become proficient direct care professionals. The regional project partners included public educational institutions, employment and training agencies, public/private sector employers,

Table 1. Industry and Employer Partners for 502e Healthcare Workforce Development Project

NCOA New Jersey Resource Center Partners

Acculabs	Family and Children’s Services	Ocean County College
Atlantic Cape Community College	Family Chiropractic Services	Ocean County Office of Senior Services
Atlantic Cape May One Stop Career Centers	Fort Monmouth	Ocean Medical
Brookdale Community College	Griswold Special Care Center	Pathstone Corporation
Atlantic Hematology and Oncology	Healthforce	Practical Billing Solutions
Assurance in Home Health	Home Instead	Quality Home Health Care
Bayada Nurses	Healthforce	Seashore Gardens Living Center
Centra State at the Manor	Karing with Kindness	Southern Ocean County Hospital
Comfort Keepers	Lennox Physical Therapy	Staffing Cure
Community Medical Center	Liberty Healthcare	The Haven at Toms River
Cuidado Casero Healthcare	Manchester Senior Services	To and Fro Medical Transport
Dependable Home Health Care	Medex of Ocean County	United Methodist Homes
Dr. Chudzik Family Practice	Mental Health Association of Monmouth County	Visiting Angels of Toms River
Easter Seals	Moe Shea Corporation	We Care Health Services
Experience Works	New Jersey Employment and Disability	Well Fit Personal Trainer
		Workforce Investment Board

New York City Partners

American Association of Retired Persons	Johnstown Area Regional Industry	The Partnership for the Homeless
Chinese-American Planning Council	Korean Community Services of Greater NY	The Rockland County Office for the Aging
Cooperative Home Care Associates	New York City Department for the Aging	Urban League of Westchester
Easter Seals	Partners in Care Foundation	
Jamaica Service Program for Older Workers		

Pennsylvania Partners

Aaron Healthcare	CareerLink	Johnstown Area Regional Industry
Abby Health Services	CareGivers America	Pennsylvania Community Progress Council, Inc.
Addus Healthcare	Community Progress Council, Inc.	Private Care Resources
Atrium Community	From the Heart	Visiting Angels
Allied Services In-Home Support	Global Healthcare Group	Westmoreland County Community College
Associated Family Care Services/Private Duty Agency	Geisinger Health System	
	HomeWatch Caregivers Luzerne/Wyoming Counties AAA	

community and faith-based organizations, and social service agencies (Table 1).

The collective organizations that serve older workers were aware that the target population has long been an untapped resource in the community. It is also common knowledge that there is a shortage of healthcare workers in long-term and home care settings, as the aging population of baby boomers increasingly require more chronic and acute care services. It was thought at its inception—and now confirmed through the progression of this project—that older workers caring for the elderly resulted in a compassionate, reliable, and dedicated workforce.

Whom did we serve?

As mandated from Title V of the Older Americans Act, NCOA's SCSEP sites enrolled participants aged 55 and over with poor and limited job prospects, who were returning to work out of necessity, and were living on a family income of no more than 125% of the federal poverty level. Some had significant barriers to employment that must be addressed prior to enrollment in any job training program. These SCSEP enrollees received intensive case management, resources, and staff time.

In an effort to expand this job skills training program to a larger population of mature workers, the pilot states enrolled “just over income” unemployed or incumbent workers ages 50 and older that possessed existing, marketable, and transferable skills. These individuals required short-term job training to remain in or re-enter the workforce. This population sought “encore careers” in a global economy; as such, the project principally prepared them for employment in the healthcare industry for the next decade.

Outcomes of 502e Project

New Jersey

As reported, the project trained 424 mature workers and placed 218 (out of the contracted level of service of 300), for a 141% training rate and 73% placement rate into unsubsidized employment. New Jersey placed 43% of the enrollees into unsubsidized employment, which constitutes 54% of the total project.

NCOA's New Jersey Resource Center began the pilot program in 2007 to explore whether employment and training as Community Healthcare Advocates could be a healthcare occupation focus for seniors. It was later determined that Community Healthcare Advocates would not be the most appropriate occupational title for the types of work-related skills and opportunities available in the labor market. After consideration, New Jersey decided to “go wide and deep” into other occupational titles, because there was no certification that could be tied to that title in New Jersey and there were limited to no job prospects. As a result, alternative training areas were sought and through focus groups with partner agencies and the private sector it was decided to pursue job training opportunities in allied health occupational titles.

An immediate partnership was formed with the state's post secondary education institutions specifically the community colleges, vocational schools and Workforce Investment Boards. The partnership provided entry-level employment opportunities as Electrocardiogram (EKG) Technicians, Pharmacy Technicians, Phlebotomists, Dental Assistants, Medical Billing and Coding Specialists, and Medical Office Specialists. However, this strategy proved to be expensive and yielded minimal outcomes. Slowly the program began to concentrate on training individuals for employment as Direct Care Workers with the expectation of securing employment in long-term and home care settings.

As 502e trainees completed classroom instruction and clinical experiences (if required), their job searches were affected by the recession. Many healthcare employers had begun to lay off their current employees, and the demand for the aforementioned occupations was nonexistent for experienced workers, as well as for the newly minted 502e participants with no experience. In the fall of 2008, it became apparent that the economic conditions were having a significant impact on the project. As such, the partners again decisively changed routes to focus efforts on training individuals as Certified Home Health Aides (CHHA) and Certified Nursing Assistants (CNA), known collectively as Direct Care Workers. Healthcare employers confirmed that there was a high demand and sustainable employment in these

occupational titles. This strategy was a practical application of a classroom learned skill that provided potential employers with a snapshot of the individual’s ability to perform on the job. The “try it before you buy it” concept was a success and continued as the primary service strategy through the completion of the project.

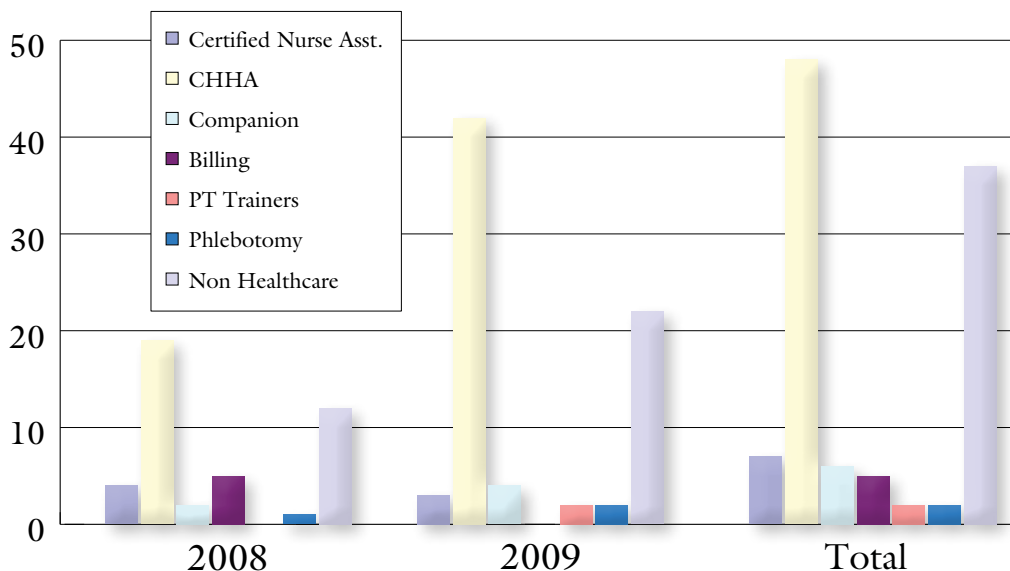
This new avenue resulted in partnerships with several private sector employers in Atlantic, Mercer, Monmouth, and Ocean Counties to provide turnkey training, certification, and employment for candidates. Each partnering agency had a hand in the success of this program. The integration of services and the professional experience of the collective agencies involved proved to be the best coordinated strategy. Participants were hesitant to enroll—many were comfortable in their current situation, uninformed regarding careers and advancement, or simply not interested in the types of training offered. Likewise, employers were slow to join the bandwagon, but quickly realized the value and benefit in the partnership to meet their workforce needs.

The NJ Resource Center staff performed the functions of intake, assessment, and case

management of each participant to ensure a successful outcome through partnering agencies to provide supportive services. The training providers (post-secondary educational institutions or employers) provided the instruction, clinical experience, and academic or job related skills remediation. Through this strategy the NCOA New Jersey Resource Center was able to secure employment for 119 mature workers; 91 earned a credential for employment (Figure 1).

New Jersey served primarily Caucasian women 56 to 60 years of age. Of the 274 participants trained, 58 (21%) were male and 214 (79%) were female. The program largely trained women in the age group of 56 to 60 (45%) and women ages 61 to 65 (26%) in Direct Care Worker careers. Of the 272 participants served, 21% were minorities, which is consistent with the percentage of minorities as compared to the entire State of New Jersey. Caucasian men made up 62% of the total male population served followed by 28% Black, and 10% Hispanic, Asian, and other. Seventy-eight percent of the women were Caucasian, 14% Black, and 8% Hispanic, Asian, and other.

Figure 1. NJ Employment Placement by Occupational Title



The New Jersey project was a success because of its ability to train clients in a variety of allied health occupations. Efforts were concentrated on a few high demand healthcare occupations for which multiple providers offered turnkey features of training, certification, and employment programs at reasonable costs. The New Jersey office achieved unprecedented outcomes for the mature worker population and the 502e project in the state. They plan to continue to operate this project through a partnership with the One Stop Career Centers to secure Individual Training Accounts (ITAs) funded under the Workforce Investment Act (WIA) for older workers interested in this type of training. They also intend to extend participation to additional counties across the state and to expand this model to include new job sectors in the upcoming year.

New York City

NCOA established two partnerships in New York City, with Partners in Care Foundation and Cooperative Home Care Associates (CHCA), which operates a nationally recognized training program that prepares low-income individuals for full-time jobs as home care workers. 502e grant funds were used by the NCOA SCSEP sub-grantee New York City Department for the Aging to help participants in SCSEP to receive home health aide training and provide employment opportunities. CHCA enrolled individuals who upon graduation earned credentials as Personal Care Assistants and Home Health Aides, as recognized by the New York State Department of Health (NYDOH). The primary source of referrals came from the agency's 1,600 home care employees, who identified potential candidates. Those workers that referred participants were provided with a \$50.00 contingent once their referral graduated from training, secured employment, and remained employed for six months. CHCA also relied on a network of public and community-based organizations to identify other program participants. The remaining participants learned about the program from posters, flyers, advertisements in newspapers, and the local cable station.

CHCA assessed all training program applicants by evaluating their interest and aptitude for home health aide employment through three activities: open house orientation sessions, initial skills assessments, and an interview. The agency conducted

criminal background checks and drug screening for all applicants, to ensure fulfillment of NYDOH Home Health Aide employment requirements. Unique among workforce development organizations, CHCA directly employs most graduates of its training program—and given its structure as a worker-cooperative, encourages all employees to purchase one equal stake in the business. Although only one private sector partner was targeted, CHCA retained a majority of the graduates.

During the one-year contract period between July 2009 and June 2010, the New York City project achieved the following outcomes:

- Enrolled 71 individuals into training, with 98% completing training and earning a credential.
- Of those that completed training, 66 or (94%) secured unsubsidized employment.

The project was a success in New York City because the city contracted with a single training provider that also partnered as the employer, allowing the state to focus all efforts in one direction. The city's large population offered a large pool of potential SCSEP and non-eligible individuals to recruit, allowing for more time to spend on the program design and operation. CHCA continues to accept individuals who meet the age, and in some cases income requirements, of the program. Through this partnership with New York, CHCA for the first time has formally tracked participant outcomes. The resulting statistics have reinforced the importance of recruiting individuals from the mature worker population to become committed home care workers who assist elders and individuals with disabilities in living independently and with dignity. They will continue with this program utilizing the "teach and employ model."

Pennsylvania

NCOA partnered with our SCSEP sub-grantees in Pennsylvania to administer the program and with the national Paraprofessional Healthcare Institute (PHI) to write a Direct Care Worker curriculum and hire a consultant to conduct the train the trainer workshops. The sub-grantees in this project were Community Progress Council Inc., Luzerne/Wyoming Counties Area Agency on Aging, PathStone Corporation, and Westmoreland County Community College.

Pennsylvania initiated two distinct program models focusing on: developing a quality Direct Care Worker curriculum and training, employer benefits for training, hiring older workers, and employer recognition. The first model encompassed a “train the trainer” concept wherein employers attended a workshop to learn the curriculum and how to provide instruction for the Direct Care Worker program. In return, the employers provided the training and subsequent employment of graduates. The second method for implementation included the NCOA sponsored regional trainings. Here, interested seniors who met enrollment criteria could attend multiple trainings offered by employers, post-secondary education institutions, or private vocational schools.

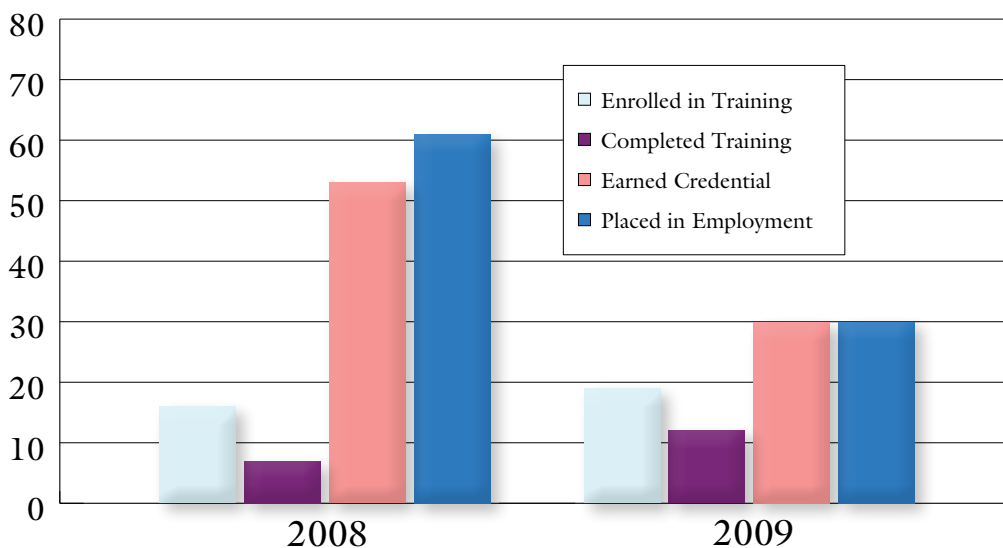
PHI met on an ongoing basis with regional industries, the public welfare agency, CareerLink representatives, long-term and home care administrators, and post secondary education institutions to build a framework. Early on in this project, the planning group agreed upon training areas such as Pharmacy Technician, Medical Coding and Billing, and Phlebotomy. Like New Jersey, Pennsylvania soon realized that the job market was tight in those occupational areas and quickly

adjusted to offer alternative trainings. They began to focus on recruiting SCSEP participants who showed an interest in pursuing employment in the healthcare field. They recruited trainees from their existing SCSEP participants, but also expanded recruitment efforts by employing traditional advertising methods such as referrals from area career centers, Division of Vocational Rehabilitation, and training sites.

The project collaborated with the CareerLink system to identify and recruit employer partners. Employers were encouraged to participate in the “train the trainer” workshops so they could provide both the instruction and employment to participants. Pennsylvania offered On the Job Training Grants (OJT) to those employers that agreed to attend the workshops and were willing to hire participants that had completed the training program. Participants were permitted to remain at the training site to continue practicing their skills while the employer prepared for the job hire. Employers understood the benefits and value of the partnership immediately and didn’t hesitate to participate.

All project participants were trained as Direct Care Workers and sought or secured employment in in-home care and long-term care settings. Figure

Figure 2. PA Annual Participation/Performance



2 presents the employment outcomes over the three-year grant period. As demonstrated in the chart, the project enrolled 91 individuals, with 85 (93%) completing the training, 19 participants (22%) earning a credential, and 35 enrollees (41%) securing unsubsidized employment.

The Pennsylvania project was a success because the partners quickly identified the need to focus efforts on one high growth occupational title within the industry. They effectively managed relationships with partner agencies, allowing for flexibility within the program design to accommodate the business community and the participants. This combination resulted in exceptional outcomes that will have a positive impact on the long-term and home care of seniors residing in the state. NCOA's Pennsylvania SCSEP sub-grantees intend to continue recruiting both participants and employers to expand the reach of the project and assist current trainees to secure unsubsidized employment. They will follow through by continued utilization of the successful 502e "train the trainer" model.

Challenges

Each state encountered difficulties at varying degrees in distinct areas during the project period. Challenges ranged from simple problems, such as poor selection of training occupational titles, to a lack of integration between coordinating agencies. All areas experienced similar challenges: SCSEP participants were often reluctant to change career direction. They did not wish to pursue careers as Direct Care Workers and many possessed significant barriers that should have excluded them from participation. In addition, entry-level wages in allied health were low and staff involved in the project had misconceptions about the types of work. All of these challenges compelled the partners to pursue alternative program designs and methods of implementation. The conclusion was simple and easy—Direct Care Worker training equaled quick employment in an industry with a demand for a qualified workforce in long-term and home care settings. The partners made a conscious effort to change to meet the reality of the labor market.

New Jersey initially experienced difficulty because the job titles selected for training did not result in certifications, which translated into limited

to no employment prospects. Similarly, the state noticed that allied health job training programs were too costly, too long, and many seniors were unable to perform the jobs. As a result, they recognized the need for an effective assessment tool to determine an individual's interest, ability, and capacity to perform the job.

In Pennsylvania, new employer partners took initiative in getting involved, but were less knowledgeable about the population and organization. However, existing employer partners embraced the program. In addition, there was turnover in administration and with that the program floundered, but with a renewed effort began operation almost one year later. In addition, the state's broad geographical area posed some logistical issues.

New York City's experience was not as encumbered, because of its geographic location and large pool of both participants and employers. Also, they had two years of history to build a framework upon and started immediately drawing on their SCSEP caseload and targeting existing employers. With that said, the state demonstrated less success in recruiting non-SCSEP participants, which was a predominant population served in the other two states.

Best Practices & Lessons Learned

Best practices emerged as a result of this project. New Jersey's "try it before you buy it" model was most successful, as the quantitative outcomes outlined in this paper have shown. The program clearly met the needs of the healthcare industry by utilizing the employer as the training provider. This strategy provided the employers with a snapshot of the trainee's abilities, work ethic, and dedication prior to offering employment. Similarly, New York City's "teach and employ" strategy worked well, as they contracted with two vendors to train in one occupational cluster and targeted existing employers and candidates. In relation to the other two states, Pennsylvania's "train the trainer" model was less successful in terms of participant outcomes. Based on interviews with individuals associated with the program, they noted overwhelmingly that this strategy worked well for the employer partner but not for the participant.

Some of the key lessons learned included setting realistic and achievable goals, and understanding the industry and academic/certification/employment requirements. Had all the partners been knowledgeable at the project's onset, they wouldn't have needed to change course multiple times over the three-year grant period. Nonetheless, some innovative strategies materialized out of this constant shifting.

Their innovation inspired the following conclusions and recommendations:

- Non-SCSEP candidates can conduct job searches prior to occupational training and secure a pledge from prospective employers that would consider them for employment upon certification. This strategy undoubtedly increased the rate of “entered employment.”
- The lead agency gained knowledge of the credentials and accrediting agencies in occupational clusters.
- Employing one state coordinator adds continuity and consistency to the planning and implementation processes, thereby increasing successful outcomes.
- Program staff needs to be trained and/or knowledgeable about the industry and its settings, and as a result, be able to present scenarios to customers for visualization of the type of work.
- Continued support to trainees for the duration of the program and post-employment such as support groups and counseling is vitally important.
- The necessity for falls prevention was a surprising by-product of this demonstration. As such, NCOA partnering with PHI has developed a Falls Prevention Awareness: Enhanced Training for Home Health Aides curriculum². Every year, one in three Americans aged 65+ falls—and that risk rises with age. Falls can lead to injury, hospitalization, loss of independence, and even death. It is critical that direct care workers know of the risks.

Lessons for Replication

Regardless of the industry, job candidates significantly increase their chances of an interview and subsequent employment offer by having performed on the job. This concept is no different when applying for jobs in Healthcare, Hospitality and Tourism, Retail, Information and Aviation Technology, Financial Services or employment in “green jobs.” The difference is that candidates in a “try it before you buy it” program are given an extended period of time to prove themselves as a qualified and diligent individuals worthy of the employment opportunity.

Having private sector partners serve as both the trainer and potential employer is a perfect arrangement, because they are familiar with the operation within their respective organizations, are up to date with the latest techniques and curriculum, and clearly understand the certification requirements for specific occupational titles. As an added bonus, the employer can shift between training areas to accommodate their job opening, which simultaneously improves graduates' chances of securing employment. This model allows the employer to evaluate the individual in both classroom instruction and on the job.

Short-term, relevant training is vital to quickly train individuals for jobs that are available immediately. NCOA originally selected training programs that were too lengthy. As a result, the demand for those occupational titles waned, resulting in limited employment opportunities. Low income or “just above income” individuals need to achieve technical and academic skills and obtain a job immediately for self preservation and economic sufficiency. It is difficult for these individuals to sustain themselves if enrolled in long-term job skills training programs.

Knowing your audience is also important. For two of the states, a new client emerged during the tenure of the project—the “just over income,” non-SCSEP participants ages 55 to 60 that possessed existing marketable and transferable skills. These clients were interested in this training

² The curriculum is available for free download at: <http://phinational.org/training/resources/phi-curricula/fall-prevention-awareness/>

and could perform both the physical and academic requirements of the job. It is this population seeking “encore careers” that should be the subject of increased focus for employment in the next decade. Proper planning at this stage will prevent large numbers of older individuals seeking SCSEP services over the next five years. To accomplish this goal, the aging network could identify potential future customers, conduct assessments regarding their physical and educational abilities, survey their career interests, and provide counseling available through the One Stop Career Center or special initiatives funded by grants similar to the 502e project. This proactive approach will conserve resources for those individuals with significant barriers to employment and who need intensive case management and wrap-around services. With that said, the mission of the SCSEP sites is to serve low-income individuals with multiple barriers and limited job opportunities. For SCSEP participants, in-depth assessment tools will be vital to properly identify barriers, select appropriate remediation services, job training programs and subsequent employment opportunities.

Conclusion

The 502e Healthcare Workforce Development Project repositioned the mature worker as a viable solution to workforce development. A three-tiered approach—the right employer partners, selection of in-demand and appropriate training areas, and recruitment of informed trainees—resulted in successful outcomes for the healthcare industry. As such, this project should be continued through the SCSEP programs with individuals ages 50 and older

that may have an interest in pursuing a career in the healthcare industry as a Direct Care Worker. This currently operating program positively impacts both the seniors working in a variety of settings and the patients in their care.



Contributing Partners

National Council on Aging

James P. Firman, Ed. D., President and CEO

Sandra Nathan, Vice President, Workforce Development

Donald L. Davis, Vice President, Workforce Development (Retired)

Valdes Snipes-Bennett, NCOA Deputy Director of Workforce Development

Timothy Hamre, NCOA 502e Director of Program Operations, Workforce Development & Initiatives

Victoria Norman, Program Operations Director

Sonny Marks, Program Operations Director (Retired)

Concetta Tkacz, Senior Finance Analyst

Urrikka Woods-Scott, Special Projects Coordinator, Workforce Development & Economic Security

Rose Russell, Executive Assistant

New Jersey

Roger Leahy, NCOA State Director

Janet Lickley, NCOA State Program Office Manager

Jules Sackman, NCOA Training and Employment Coordinator and State 502e Coordinator

Pat Constantino, State Director of PathStone Corporation

Victoria A. Banks, Senior Recruiter for Staffing Cure

New York

Maria Serrano, Director, SCSEP—Title V Program, New York City Department for the Aging

Stu Schneider, Business Development Manager for Cooperative Home Care Associates

Pennsylvania

Gerry Chickeletti, SCSEP Project Director

Barry Freeland, SCSEP Project Director

Bill Magda, SCSEP Project Directors

Nita D'Augustino, Senior Director for Training & Employment, Pathstone Corporation

Francine Fineman, Consultant

About the Author

Bruner Consulting & Training, LLC is a Workforce Development and Systems Integration small business. Stephen J. Bruner, President and CEO, has a BA in Sociology from Villanova University and a Masters Degree in Social Work (MSW) from Rutgers, the State University of NJ.

