

Health Care Career Ladder  
Job Opportunities for Low-Income Individuals

Year 1 Interim Evaluation

October 24, 1997

## **Introduction**

Bethel New Life has completed the first year of a three-year project to assist low-income women in gaining the training and experience necessary to enter and succeed in the health care field. This report covers the period December 1, 1996 through September 30, 1997. Participants in the program will receive classroom training and work placements that will introduce them to opportunities in the health care industry and provide avenues for advancement from entry-level positions into higher-skilled positions that pay livable wages. Successful participants will advance steadily along a career ladder that takes them into progressively more challenging, high-paying, and rewarding work.

The Year 1 interim evaluation of the Bethel New Life program is designed to report summary information on participants in the Health Services Career Ladder program. Section 1 presents summary data on program participants as well as data on program goals. Section 2 provides a summary of follow-up interviews with program participants regarding their impressions of the program, the service provider, and the health care field. Section 3 contains information gathered from employers regarding opportunities in the health care field.

## **Section 1 Data Analysis**

Section 1 summarizes program participation after Year 1. It begins with data on the participants themselves. This is followed by a review of program objectives.

Most program participants have graduated high school or received a GED, held two or more jobs, and received public aid for at least one year.

High school diploma or GED:	87%
Prior training in a health care occupation:	21%
Number of participants:	39

Most participants have not completed any education or training beyond high school. For some, this might be expected because they have recently completed high school.

Number of jobs held (maximum three)

Three:	54%
Two:	28%
One:	8%
None:	8%

Percent of participants who have held a health care occupation: 23%

Number of participants: 39

Employment throughout participants' careers tends to be of short duration. Most have held two or three jobs, often in the service sector. Work typically has been low paying. Common reasons for losing a job include family responsibilities, the loss of temporary assignments, job-related disputes, and layoffs. Average starting pay in participants' most recent job is \$5.50 and average hours work is 33.5 per week. Two-thirds of participants reported receiving a pay raise from their most recent employer. However, average ending pay was still only \$5.95. Approximately 40 percent had health care coverage from their most recent employer. There is wide variation in the number of months worked on the most recent job. Nearly one-third (31 percent) of participants worked three months or less while an additional 31 percent worked more than 18 months on their most recent job.

For a more detailed summary of each participants work history, see Appendix 1. This summary can be updated as participants proceed with the program and progress with their careers.

## Participation

### Homemaker Enrollment

Planned:	100
Actual:	150

### CNA Enrollment

Planned:	40
Actual:	48

### CNA Class Breakdown of Enrollment

	<u>Enrolled</u>	<u>Dropouts</u>	<u>Failed</u>	<u>Graduated</u>	<u>Working</u>
Class 1	12	0	0	12	8
Class 2	13	3	0	10	8
Class 3	13	4	1	8	8
Class 4	10	5	2	3	5
Totals	48	12	3	33	29

### Bethel Health Services Career Ladder Retention Rates

	<u>Number Enrolled</u>	<u>Retention Rate</u>
Class 1	12	100%
Class 2	13	81%
Class 3	13	77%
Class 4	10	50%
Year 1 Avg.		80%

### Allied Health Enrollment

Planned:	5
Actual:	9

Thirteen additional students attended class but Harold Washington College canceled the class.

### LPN Enrollment

Planned:	2
Actual:	0

### RN Enrollment

Planned:	2
Actual:	1

*Discussion.* Less than 10 percent of those recruited were eligible for enrollment. The most common reasons for failing to meet eligibility tests were not attending required activities, failing drug screening, and low reading levels. Bethel New Life will continue to investigate the reasons behind the high rate of ineligibility.

## **Recruitment**

### Number recruited

Planned: 100 per year  
Actual: 906

### Percent receiving AFDC

Planned: 75%  
Actual: 75%

### Percent Low Income

Planned: 25%  
Actual: 25%

*Discussion.* Bethel New Life has exceeded its three-year recruitment goal. The program has recruited through Illinois Department of Public Aid offices, Job Clubs, word or mouth, and through other Bethel New Life programs.

## **Retention**

### Selected as Homemakers

Planned: 150  
Actual: 150

### Hired as Homemakers

Planned: 150  
Actual: 150

### Accepted into CNA Class

Planned: 40  
Actual: 48

### Started CNA Class

Planned: 40  
Actual: 44

### Completed CNA Class

Planned: 40  
Actual: 33

## **Skills Learned by Participants**

See appendix 2.

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## **Job Placements**

Participants found jobs on their own. Planned placement was 100%. Bethel New Life found employment for 10 participants.

## **Livable Wage Jobs**

Information from employer interviews indicates that CNAs in the Chicago area do not earn family-supporting, livable wages. Opportunities for higher pay will come about through movement up the career ladder.

## **Community Characteristics**

Target area communities: North Lawndale, East Garfield Park, West Garfield Park, Humboldt Park

Total population of target area: 85,000 (1990 Census Public Use Microdata Sample)

Percentage receiving public assistance: 36.8% (1990 Census Public Use Microdata Sample)

Unemployment rate: 15.9% (1990 Census Public Use Microdata Sample)

## **Section 2**

### **Participant Interviews**

UICUED attempted to contact 22 program participants for telephone interviews. Only 10 were reached. Difficulties in tracking participants once they have finished the program include change of address with no forwarding information, disconnected telephones, and failure to return telephone calls. Alternate contacts were able to provide little assistance. The experience of tracking Year 1 participants suggests that further tracking of these participants will be very difficult.

The 10 participants who were successfully contacted and interviewed were asked a series of questions about their impressions of the health care field, the Bethel New Life program, and family-life issues. Seven of the 10 interviewees are currently working, all in the health care industry. Some expressed

dissatisfaction with the pay and benefits of CNA and other health care jobs. Although some had complaints about pay, six participants indicated that they plan to pursue additional training that would allow them to advance along a career path that would lead them to higher skilled jobs. Two participants, however, were so dissatisfied with pay and working conditions that they have decided to seek employment in another field.

Two interviewees stated that they liked the Bethel New Life program. One remarked that it helped keep her focused. Three interviewees voiced complaints about Bethel New Life and the program. Complaints centered on the low pay at Bethel and dissatisfaction with working at Bethel Senior Services.

Two interviewees reported that they have had difficulty balancing the demands of the program with their child care responsibilities. Some appeared surprised that the program requires participants to work and attend classes. For some, the demands on their time from the program and family needs have created hardships.

### **Section 3 Employer Interviews**

#### **Interview 1**

Employer: **Jackson Square Nursing Home**

5130 W. Jackson  
Chicago, IL  
(773) 921-8000

Contact/Interviewee: Jennifer Parker, Assistant Director of Nursing

Date: Friday, January 18, 1997

#### Who do you employ?

This institution does not hire homemakers, home health aides or other health paraprofessionals. (They subcontract services such as lab work, etc.) They only hire CNAs, LPNs and RNs. They do not differentiate between 2-year and 4-year degree RNs.

(Ms. Parker noted, however, that when they discharge patients many of them will need home care services and they may refer Bethel home care services).

#### Number of Employees

Jackson Square employs approximately 50 CNAs. They hire 50 to 60 a year so the turnover rate is over 100%. They tend to hire many new CNA graduates.

They employ approximately 16 LPNs per year. They hire about 5 new LPNs each year.

The numbers are the same for RNs (employ 16, hire 5 per year).

If they have an urgent need they will look for an LPN or RN with experience but if they have time to plan for the hiring they will hire someone with little experience and train him/her.

#### Future Hiring:

Currently, demand for CNAs is constant while the need for LPNs and RNs fluctuates.

Ms. Parker predicts that her institution as well as the industry in general will have steady need for CNAs and LPNs and an increased need for RN's. The reason for this is that hospitals are discharging sicker people, resulting in the nursing homes needing to provide more acute and more advanced care.

Pay rates

CNAs. Ms. Parker could not tell us exactly since this is proprietary information. She did say that they stay competitive with the market and their pay meets or exceeds minimum wage.

LPN. Average is around \$12/hr.

Pay rates in this nursing home, and in the industry in general, are “quite a bit less” than a comparable position in a hospital.

Health care is provided but employees share in the cost.

Sources of recruitment

Sometimes ads, mostly word of mouth. Also some “community marketing.” They work with agencies in the community that train or place potential employees.

What is the biggest problem/concern with employees?

The unequivocal answer to this question was “accountability” or dependability. The biggest problem with CNAs is poor attendance. Currently they only assess for this trait through the job interview and ongoing evaluations. She said that grades actually do not make a difference to them in hiring. What would make a difference? Possibly seeing the potential employee’s attendance record from the training program and a good recommendation from the program.

When asked why did she think that accountability was such a problem, Ms. Parker said that employees seem to have trouble juggling work and family responsibilities. The workload of the job is often heavier than expected.

Why would you use Bethel?

They have used Bethel in the past with some successes and some failures but they have talked this through with them. They would use Bethel again because of past contact. She said that they have “verbal agreement” with Bethel.

Cooperative training agreements with any other institutions?

No. They considered an on-the-job training cooperative agreement as recently as six months ago and have decided against it. At this time they would not be willing to enter into such an agreement.

What kinds of in-house training do you provide?

Training includes everything from communication and relationship skills to clinical skills such as how to put in an IV. With sicker patients being discharged from the hospitals to the nursing home, CNAs are having to be trained in more advanced skills.

What advice to Bethel?

They would like to see, in writing, that the potential employee has spent some time in a real work situation so they have a realistic idea about what it will be like to work full-time in this setting. This could be a “job-shadowing” experience. (Note: This contradicts their unwillingness to become involved in a cooperative training arrangement.)

She also suggested as part of the curriculum to teach persons how to manage job responsibilities and family responsibilities.

## **Interview 2**

Employer: **St. Joseph Home**  
2650 N. Ridgeway

Contact/Interviewee: Michelle Massie, Director of Human Resources

Date: Friday, January 24, 1997

### Who do you employ?

This institution employs CNAs, LPNs and RNs.

### Number of Employees

78 CNAs, 15 LPNs, and 15 RNs. They hire about 1 CNA per week. This is a 64% turnover rate, which she compared to a 150% turnover rate for the industry in general. They hire about 1 or 2 LPNs and 1 or 2 RN's per year (a 5% turnover rate).

There are 70 full time CNAs, 8 part-time.  
Of 30 LPNs and RN's, 5 are part-time.

### Future Hiring

Ms. Massie believes that there will be a higher demand in the future for CNAs. Hospitals are replacing LPNs with CNAs. There is more and more demand for long-term care.

She sees the market for LPNs and RN's as remaining stable. As hospitals lay off RN's and LPNs they are less in demand and more likely to stay longer in positions at nursing homes. Also, an LPN or RN in a nursing home is likely to be given more managerial duties than a position in a hospital, so the jobs are long-term and stable.

However, hospitals are paying CNAs more than the nursing home can afford to pay (approx. \$8/hr vs. \$6/hr). This is partly because hospitals have a “Patient

Care Technician” position (a CNA who can do bloodwork) and nursing homes do not.

Another issue for this institution is that suburban nursing homes are paying CNAs up to \$9.50/hr. Community Colleges are not turning out CNAs at the same rate as the City Colleges and so Chicago CNAs are being recruited. In Chicago the going rate is \$5.40-\$6.00/hr.

They have had “extreme success” with hiring new CNA grads. They are able to train them “their way.” They have found that CNAs with “experience” often have worked in other homes with lower quality standards and have a hard time to adjusting to St. Joseph’s protocols and standards of care.

Pay rates

Industry	CNA- \$5.40-\$6.00
	LPN- \$13-\$13.50 (hospitals= \$14)
	RN - \$15-\$16 (hospitals= \$17-\$19)

St. Joseph’s (as of March 2--had to raise CNA wages in response to market conditions)

CNA- starting at \$6.25, then \$6.50 after 90 days  
Over 5 years experience, add .75/hr  
LPN- \$13-\$14  
RN- \$15-\$17

In Dec. 1995 St. Joseph’s upgraded their benefits. After one year on the job, employees now receive: 2 weeks vacation, 6 sick days (2 can be personal days) and 1 birthday holiday. After 90 days they are eligible for medical insurance, of which they pay a part. They can have dental, life and disability insurance (latter two are fully paid) after 6 months. Also after 6 months they receive 1% of their salary into a 401K. The employer will match .50 on each dollar an employee contributes up to 4% of salary. They are vested after 5 years. (These benefits are the same for CNAs, LPNs and RN’s.)

Employee requirements and issues with employees

CNA needs certificate (by law), which means they must have passed the state competency test. However, they can be hired and can work for up to 120 days before passing the test. To accommodate those who cannot afford the test fee before they start working, St. Joseph’s requires that they show the test receipt of \$52 the day after their first paycheck.

They do not require CNAs to have any work experience, and, in fact, prefer that they do not have experience for reasons outlined above. They look for people who have problem-solving skills and those who can provide good customer service to patient’s families. They do not care about GED or High School diploma. Ms. Massie will speak with their teacher to find out if they are reliable

and have good grades. She also has them respond to potential scenarios. The number one thing she looks for is interpersonal skills.

When hiring LPNs and RN's, however, they do look for experience. Most who come to St Joseph's are used to working with a higher caseload (60 patients) and the caseload carried here (20-30) is much less. LPN and RN licenses are required. They do not distinguish between RN's with 2-year or 4-year degrees. The only difference it makes is in opportunities for growth. For instance, only an RN with a bachelor's would be considered for a position as Director of Nursing or Assistant Director. However, up to the level of charge nurses, LPNs, 2-year RN's and 4-year RN's all have equal opportunity.

In an LPN they look for someone with an ability to oversee CNAs, family/people skills, and ability to make good judgements. In interviews Ms. Massie presents potential scenarios and asks, "what would you do" to screen for this ability.

In the beginning they had a retention problem with CNAs. They became very strict with attendance (3 chances then lose job) and decided to increase their benefits. One benefit is that four people are given tuition-reimbursement scholarships for up to \$1,000/year.

\*\*In addition, one person per year is given a full scholarship to the LPN program at Wright College. (She then will be hired as an LPN). She works full time (with one paid "study day" per month, and takes classes at night. This is the first year of this program and they found that the prerequisites for the LPN program posed a dilemma. The particular person chosen, while very bright and while having 6 years of experience as a CNA, did not test well (tested on math and science) and was immediately discouraged. She is required to complete the prerequisites before she can actually begin the LPN program. Ms. Massie believes that 80% of her current CNAs are less qualified than this individual so this illustrates the potential obstacles for CNAs moving to LPNs.

#### Other types of CNA advancement?

Motivated CNAs can advance into positions such as Medical Records Secretary, Clerks, and CNA team leaders. These positions earn \$.75 go \$1.50 more per hour. A position titled "Rehab Aide" used to be reimbursed by the state but it has been discontinued. St. Joseph's has added these duties to CNA duties.

#### Sources of recruitment

Only word of mouth for all three positions. Ms. Massie found that there are always so many CNAs seeking positions that a newspaper ad only attracts those with some kind of problematic history. They also "advertise" by networking with Bethel and Association House. These two places are their first and most successful sources of new CNAs.

St. Joseph's has an average of three CNA positions open at any one time.

Note: By a new state law (1/1/96) certain criminal convictions exclude a person from working as a CNA (those relating to crimes against people like arson, burglary) while other convictions, such as forgery, do not. The law only applies to convictions in the state of Illinois.

Why would you use Bethel?

Ms. Massie reports that she has gotten the most successful CNAs from Bethel and Association House. The only problem she's found is that they don't check references. She has called and discovered dishonesty from some of the applicants. She calls the teacher first and then she will call a family member to verify work history. She says that she will not hire someone who has lied about his or her previous work experience on his or her application.

Cooperative training agreements with other institutions?

Yes, with Wright College. They provide clinicals for their CNA and LPN programs. Also, social workers from UIC have done internships there. They are rather ambivalent about these arrangements; the clinicals are a constant interruption and distraction for nursing staff, but on the other hand they are a good source of referrals for future employees.

Interested in a cooperative arrangement with Bethel?

Maybe. Director of Nursing would have to be consulted and involved in the discussion. (Ms. Massie noted that she would probably play "devil's advocate.")

What kinds of in-house training do you provide?

New hires go through five days of orientation on day shift where every kind of thing they'll run into happens. They learn admitting, discharge, activities, therapy, etc. Then they have 5 more days of training on their own shift. After these 10 days the new CNA gets a full caseload.

There is always a waiting list of at least two persons to get on day shift; new positions are always for 2nd and 3rd shifts.

What advice to Bethel?

There is an expected gap between the theoretical and practical in Bethel graduates. However, St. Joseph's training takes care of that. In general, however, new CNAs are ill prepared for the realities of the job market. They think they should immediately be making \$10/hr. They should set longer goals of 1-year, 3-year and 5-years. They should consider the benefits offered by a position and not just the dollar per hour. They tend to only focus on "today." LPNs and RNs have already reached that point. They need more focus on interpersonal skills and problem solving. Empathy for patients is so important and it isn't always taught in training programs.

They tell people in the interview that the first most important aspect of the job is their interpersonal skills, the second is attendance. The second interview, after Ms. Massie, is with the CNA team leader (there is currently one), who tells the applicant that the attendance policy is enforced strictly: if they miss more than two days in their first 30 days of work they are automatically let go. After this, they are given three opportunities for missing work. At that point they can get counseling, they will get their hours cut, and sometimes they need to take a 30-day leave of absence.

*Do you provide further career opportunities for employees?*

Yes, "lot's of CNAs move up." The first rung is to become a team leader (supervisory role and increased pay). They can become a "rehab technician" or "ward clerk." The employer provides tuition reimbursement for CNAs to get further training toward becoming an LPN or an RN. A CNA could advance fairly quickly (to a team leader position) if motivated.

### **Interview 3**

Employer: **Advocate Home Health Care**

Interviewees: Sarah Malone, Director of Human Resources  
Katie Riley, Executive Director, Service Operations

Interviewers: Toni Henle, Whitney Dahlman

Date: April 3, 1997

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This home health care organization has two areas where they employ CNAs and nurses, Intermittent Services and Private Duty Services. (Their other businesses are Hospice Services and Respiratory Therapy Services.)

Intermittent care is health care provided through Medicare-certified agencies. It is essentially part-time care under the orders of a doctor for a scheduled, limited time period. It employs Home Health Aides (synonymous with CNAs), physical therapists, MSWs, speech therapists and pathologists, infusion therapists, respiratory therapists and nurses. It primarily involves post-acute, post-hospitalization care, measured by visits (45-60) minutes. AHH conducts 325,000 visits per year in their service territory, which extends south to Indiana, north to Wisconsin and west to Route 47. Because Medicare only covers skilled care, the primary need is for RNs and LPNs. The majority of CNAs' work in Private Duty.

Private Duty Services employs homemakers, CNAs, LPNs, and RNs. While 80% of their revenue is in pediatric shift work for the chronically ill child, only RNs and LPNs work in pediatrics since it requires advanced skills. CNAs work in the remaining part of the service, which is geriatric. Private Duty involves home visits with no scheduled work hours; clients request services and Advocate calls down its roster of CNAs to find someone who is available. Private Duty staff are not guaranteed any number of hours and do not receive health insurance or other benefits. They work 20 hours or less per week on what seems to be an "on-call" basis. A typical CNA "employed" by Advocate in Private Duty may also work for up to five other agencies.

85% of Advocate's business is Medicare, and the other 15% is insurance and private payment.

#### **Future Hiring/Demand in Industry:**

Homemakers/CNAs- They see a large and increasing demand for these positions. They indicated, however, that they find a big challenge in recruiting quality, dependable employees for these positions. They also have a high need for respiratory therapists although many RP's are vacating that career (she

guessed that this was because of cuts in Medicare budget covering oxygen, and hospitals are asking them to do other duties such as EKG's and phlebotomy).

RNs- Very high demand for nurses with advanced clinical skills. Since hospitals are releasing patients earlier, they need nurses in homes with clinical assessment skills, especially with experience in CCU and ICU. They are seeing more oncology, cardiac and diabetic patients in home health care.

LPNs-Their company has a growing recognition of the value of LPNs. They often team them with RNs.

**Current Staffing:**

RNs: 385

LPNs: 61

CNAs/Home Health Aides: 119

Homemakers/Respiratory Therapists: 49

(In the information they had, these two categories were combined; they could not say how many homemaker exactly.)

Total current staffing: 900

(May include staff from other services besides Intermittent and Private Duty as well as administrative staff.)

**Recruitment:**

They use local ads, job fairs, word of mouth. They also recruit nursing students at local colleges to work as CNAs. They offer a hiring bonus. They have found that a pay differential of even .25 cents an hour makes a big difference in recruiting, even if employees have to drive further. They are always recruiting and always have openings for CNAs and Homemakers.

**Education/Experience Requirements:**

They do not accept CNAs straight out of school. They require 6 months to a year of experience. All CNA positions are geriatric work. (Pediatric work is for LPNs and RNs.) AHH prefers that the applicant have job references to call on since the person will be off by herself, usually unsupervised. Once the employees are in the field, they are assessed for competence only once every 6 months or once a year.

They do not look at grades or other information from an applicant's CNA training program.

For RNs and LPNs, work experience is also much more important to them than education (as long as they are certified by the state.) For RNs they require at least 2 years of experience and 1-2 years for LPNs. They prefer nurses with experience in acute care. This is so important that they do not distinguish between nurses with Associates degrees and Bachelor's degrees--critical care experience is the first priority.

**Employee Pay and Benefits:**

The following hourly wages are based on a salary range divided by 2,080 hrs/yr:

Homemaker- \$5.43 to \$7.69

Respiratory Therapist, certified- \$15.20 to \$21.40

Respiratory Therapist, uncertified- \$12.90 to \$18.20

CNA- \$7.55 to \$10.60

LPN- \$11.80 to \$16.60

RN- \$16.40 to \$23.80

Hiring salary depends on experience. Raises are given according to hours worked.

There are no benefits for Private Duty services (virtually no Homemakers or CNAs receive insurance) and hours are very sporadic.

Part-time employees with at least 20 scheduled work hours (Intermittent employees have scheduled work hours) are eligible for the Advocate health care plan. Although there are very few CNAs who work in Intermittent Care, those who do generally work 20 hours a week and so receive benefits. There is a co-pay and it includes dental, life insurance. Those who work at least 1,000 hours a year are eligible for the pension plan.

Vacation and sick time is pooled in PTO (paid time off) which accrues monthly through hours worked.

There is a much larger number of intermittent staff than Private Duty staff. However, the majority of CNAs work in Private Duty (though they did not know the exact breakdown.)

Note: Sarah Malone indicated that there is a high demand among non-scheduled (PD) employees for insurance benefits. For recruitment purposes, they are looking into a plan for these employees to buy into at a group rate (separate from Advocate's own health plan).

**Other Information about CNAs**

None of their Homemaker or CNA positions are full-time (with the exception of those that work at retirement facilities that Advocate contracts to staff.)

CNAs are responsible for personal, hands-on care, such as helping with showering and toileting. They are not to do invasive care such as administer medication and change dressings (LPN duties). Advocate has to be careful that

job duties are delineated and patients do not ask CNAs to do things they are not certified for. This is partly with an eye to saving money.

A CNA must be certified by the state to be hired, but once hired, Advocate administers a CNA competency exam. It is from NLN (National League of Nurses).

Advocate's clients are almost all located in the suburbs; a car would be a necessity for their employees. The increasing trend is that clients (patients) only need someone for 2-4 hours, not a whole day. This makes it quite impractical to use public transportation for such short work hours. However, they do have clients near Ravenswood Hospital (north side of Chicago) and Christ Hospital (Oak Lawn) that may be appropriate sites for employees using public transportation. Again, however, the highest demand is in the western suburbs.

### **Why Interested in Working with BNL?**

First, they wanted to verify that BNL's program provided follow-through with the trainees once they finish the program. This was a very important feature to them.

Katie Riley is familiar with BNL's program at Bethany Hospital and their commitment to "a continuum of care." They see BNL as a well-respected agency. Hiring CNAs is an area that they struggle with and they believe BNL is capable (because of their reputation) of helping to meet that need. "Their involvement with the community is stellar." They have taken advantage of resources in Chicago and "I see from the materials I was sent that they've really pulled together a comprehensive and holistic approach to training." Also, BNL took advice that Sarah had offered about adding conflict management and managing diverse cultures to their training in the JOLI program. "They're open to coming up with something to meet the needs of employers and they have a well-rounded curriculum."

### **Cooperative Programs:**

No cooperative programs, although they do have student nurses from community colleges (Moraine Valley and College of DuPage) do rotations there.

They would entertain the idea of a cooperative program with Bethel (but it seemed that Bethel would need to provide the supervision.) "We are interested in linking with a well-run program." During this part of the discussion there seemed to be a willingness to consider hiring employees right out of training programs.

**In-house Training:**

They provide 12 hours of in-service per year for home health aides (CNAs) and unscheduled in-service for RNs and LPNs on an as-needed basis.

**Major Problems:**

They find it challenging to recruit the quality of employee they want. Since employees are not supervised, they need persons with a high degree of self-direction, who are committed, who manage their time without getting sidetracked. It is hard to find people who have the clinical competency and the maturity to handle the freedom.

They also have a hard time matching staff to available cases, since their staff often work for other companies as well.

**Advice:**

Provide good follow-up with CNA trainees for several months. They would like to know the nature of BNL's planned follow-up.

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Issues for JOLI participants:

-Transportation (a car is a virtual necessity)

-Child care (those with older kids are limited to day time hours and sporadic nature of hours would make it difficult)

-No guaranteed hours (PD)

-No benefits (PD)

## Discussion

The demand for CNAs in the Chicago area is expected to increase as a result of changes in health care practices such as placing long-term care patients in nursing homes and other non-hospital facilities. The demand for LPNs and RNs in nursing homes is also increasing as a result of this shift in care for long-term patients. In addition to an increase in overall demand, many nursing homes in Chicago need to hire CNAs to fill vacancies from turnover, especially for second and third shifts.

Pay for CNAs in nursing homes is relatively low, averaging \$5.40 to \$6.00 per hour. This indicates that program participants entering the field through this type of employment will have difficulty finding livable-wage jobs. Hourly wages in hospitals are substantially higher, averaging about \$8.00 per hour. However, for the most part, CNAs will not be hired by hospitals without prior work experience. For this reason, nursing homes will be the most common route into employment for CNA trainees. Turnover among CNA positions in the nursing home industry is very high and they report waiting lists for day-shift assignments. New positions are always for second and third shifts.

Pay for LPNs is approximately \$13.00 per hour in nursing homes and \$14.00 per hour in hospitals. For RNs it is between \$15.00 and \$16.00 in nursing homes and between \$17.00 and \$19.00 in hospitals. There is not a direct career path from CNA to LPN or RN. CNAs who would like to move up the career ladder will need a high school diploma or GED and a degree from a community college.

Both participants and employers indicated that entry-level health care workers are dissatisfied with their wages. Both participants and employers suggested that that Bethel New Life discuss expectations about pay will participants in training programs. Discussions of this sort would better prepare trainees for their first job and might reinforce the value of additional training in the future.

Nursing homes and hospitals stress that when hiring CNAs, dependability and interpersonal skills are the most important attributes that are sought in applicants. Employers interviewed expressed concern that CNA trainees have unrealistic expectations about entry-level positions, particularly in regards to hours spent on the job and time away from their families. It is believed that the difficulties of working and taking care of a family lead to high turnover rates in the industry. The employer would like to see written documentation that shows that program participants have spent time in real work situations so that they understand what it takes to balance work and family responsibilities. This work experience could take the form of "job shadowing" where trainees work along side CNAs. This suggestion reinforces comments made by program participants that indicate that some do, in fact, experience difficulty handling the demands of work and family. By better preparing trainees for work and family responsibilities, the program will achieve higher retention rates and participants will become aware of the challenges that lay ahead.

A related point concerns requirements that students work and attend classes. Some program participants were surprised that they were held to this requirement. Bethel should make sure that applicants understand that will have to engage in both work and school activities.