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Subject: Workforce Focus Group Findings

Background

"The Greenville Collaborative for Workforce Development, an initiative which is part of the United Way of Greenville County, is a community-based partnership that seeks to strengthen the financial stability of our region by investing in Greenville's low-income, under-skilled workforce to address skill shortages in industries critical to South Carolina's economic health. Currently, more than a third of American workers do not possess the skills necessary to compete in a global economy. At the same time, employers need workers with competitive skills so that local communities may prosper. Such gaps between the skill sets adults have and the skill sets employers require threaten our regional competitiveness and further the disparity between those with and those without education and skills."

"One of the biggest things is taking a group of people who are almost unemployable, and we need to prepare them to be in a professional setting. The training needs to be there. They need to be prepared to put it to good use. Make them hungry to work more to move on."

"To address the skills gap that exists in Greenville today, several organizations came together in 2008 to form a Greenville Collaborative. The participating organizations include the Greenville Chamber, Greenville County Workforce Development, Greenville County Workforce Investment Board, Greenville Technical College, Goodwill Industries of Upstate/Midlands of SC, Greenville ESC One-Stop Center, Sunbelt Human Advancement Resource, and the United Way of Greenville County. The Greenville Collaborative pooled their expertise with that of economic development organizations, industry associations, employers, and public policy organizations to become well-versed in understanding the needs of Greenville's employers and under-skilled workers."

Methodology

To better understand the needs of organizations working within growing industry sectors, Greenville Forward was engaged to conduct a series of focus groups. The primary objective of the research is to understand the key needs of employers in building a high quality workforce.

To accomplish this objective, three focus groups were conducted in March 2009. Two focus groups were conducted with health care providers and one group was conducted within the construction industry.

Note: Focus groups are very effective in gathering reactions to a variety of strategies and programs, and will help identify some of the needs faced by the industry. While not quantitative, focus groups put a "face" on the most important issues organizations struggle with, and are often excellent gauges of performance. However, only seventeen people participated in this effort. Accurate marketplace realities may not be reflected through the opinions of this small number of participants, thus caution is advised in formulating opinions about the population based on the input of just a few individuals.

Seventeen individuals participated in the focus groups. The composition of the groups were:

Healthcare Employers

- Physician, emergency services
- Medical Director, low income health services provider
- Human Resources VP, Greenville Hospital System
- Greenville County Medical Society
- Greenville County EMS
- Human Resource VP, Bon Secours St. Francis Health System

Home Health Agencies

- Comfort Keepers, Home Health Agency
- At Home Senior Care, Home Health Agency
- Geneva Health Care

Construction Group

- Harper Corporation, Project Manager
- Harper Corporation, Project Manager, Health Care
- Carolinas Industrial Association
- BE&K Building Group
- Freeman Mechanical
- Greenville Homebuilders Association
- Rescom Construction
- MB Kahn Construction

Note: Comments made by respondents during the groups are listed under specific findings and color/style coded to easily identify the group. Health care employers are in *italics*, home health providers are in `courier font`, and construction employers are in non-italic type. Comments are edited to be grammatically correct and to fit the comment into the context of the conversation.

Executive Summary of Findings

A Changing Environment. The environment in health care and construction is changing dramatically and both industries are dealing with a great deal of industry uncertainty. In many ways, employees in both industries are required to be more business savvy, to be better trained beyond the “basics,” and focused to deal with greater industry complexities.

The economic downturn has had a dramatic impact on participants, especially on the construction industry. Every firm has been touched, and behaviors have changed as a result. While the effects have been significant, many respondents are hopeful that the worst of the economic downturn has been seen, and we are in a state of recovery.

Importance of Technology. Technology and computers have become a driving force in both industries. While knowledge of technology used to be a “nice to have” skill, now it is a requirement for hire. However, some respondents fear that the emphasis on technology could hurt the importance on the “human touch.” Respondents believe, especially health professionals, that no technology can ever replace the personal, human touch.

Health Care Regulation. With growing regulation in health care comes more complications, confusion, and complexity. The increase in regulation has made it very difficult for health care agencies to provide appropriate care for patients. On the other hand, some of the home health providers would like to see an increase in licensing requirements to help increase professionalism in the industry.

Finding and Hiring Personnel. The hiring process in both industries has not changed dramatically over the last few years. While technology has become more important in the hiring process, face to face interviews continue to be important. Due to the economic downturn, employers are now seeing many applicants who are overqualified for the positions to be filled. Combined with a large pool of applicants, employers have the luxury of being able to be selective in hiring.

Hiring holes in qualified applicants are still visible, especially with higher trained applicants and bilingual applicants.

Special Skills Required for Qualified Employees. People skills are very important, especially in the health care industries, yet these skills are often difficult to train. Being a caregiver requires a special love for people. This can be challenging, especially since the pay is lower than many other industries. Some firms are hesitant to spend a lot to train employees because the turnover rate is extremely high.

Professional Development. The amount of money available for training of employees after being hired is limited. Most employers are not willing to pay for professional development at the entry level. Additional certification is encouraged, but not necessarily paid for by the employer. Some personal habits come into play with professional development to look at employees.

Training. Training is critical for all respondents. One of the most needed training is with professionalism with employees. Many respondents do not feel enough resources have been dedicated to workforce training. Some of Greenville’s workforce is undereducated and do not have the math skills necessary to work in industry. Some construction respondents suggested a greater emphasis in high schools in training students for a trade.

Key Study Findings

Changing Environments

Both the health care and construction industries are changing dramatically, and in many ways are in a state of severe uncertainty.

Health care is becoming more and more complex. There are multiple and a growing number of payor sources, each requiring very different things.

It is a challenge keep up with which specialists take Medicaid and which do not.

Health care providers are becoming more business savvy, and are required to understand more than just the “medical” part of the business.

It's hard for community doctors to manage the business of having a private practice.

You must be a businessman and a practitioner.

With changing complexities comes a need for employees that are better trained and more knowledgeable.

We need employees that are better trained and have a grasp of what the health care field is all about.

Employees are needed with more experience to handle this complexity.

Hospital practice groups are growing and are making the private practice of medicine less significant. Large practice groups are making it difficult to find qualified employees.

The private practice of medicine is becoming extinct; we are becoming dinosaurs.

The hospital system has 1000+ MDs on staff. 350 are employed by the hospital group, 650 are community doctors. Two thirds of admissions comes from the 350.

It makes it hard to find employees. Hospitals are buying doctors groups and hiring so many employees.

One of the most significant demographic changes being seen is the growth of the senior population.

We are going to need to find more care for our aging populations delivered in the homes.

Impact of the Economic Downturn

While the health care industry has only be slightly impacted by the economic downturn, the construction industry has been hit hard.

Healthcare is still generating some work, but most jobs are put on hold right now.

The medical industry seems to be better able to weather the economic downturn.

There are projects in the cooker, but they are waiting it out.

The sales opportunities are probably off 40 to 50 percent. There is a lot of industrial capacity that is idle right now. Vacancy rates are perhaps 70 percent right now.

We have cut field staff probably 25 percent.

We just don't have a need for general laborers right now.

Greenville has fared much better than the Northwest and Midwest. We have always thought this is a grand place to be for construction. We are better able to ply our trade. There is still construction on-going, just not as much. We have always been able to weather it better than other parts of the country.

It's the small businesses who are leading the charge.

We have been in the recession for a year and a half. We didn't see it until the end of last year. It fell off a cliff in October.

The unemployment rate in construction is dramatic. Every firm has been touched.

The unemployment rate in construction is one of the highest in industry. You can get anything you want

The unemployment rate for construction is probably 18 to 20 percent.

Within the health care systems, the economic downturn has caused patients and insurance companies to cut back on some procedures, especially elective surgery.

We have seen people putting off elective things [in health] as much as possible.

People are getting more rejections [by the insurance companies] on knee and hip replacements due to the loss of health insurance.

People are holding off on getting things done. They are trying to see if they can live without certain procedures.

Because of the downturn, there is an increase in emergency room uninsured care.

Both categories of "bad debt" and "the inability to pay at all" are increasing in the hospitals.

Families are cutting back.

Workplace Focus Groups

Several respondents in the construction industry believe that while the economic downturn has been deep, some restructuring as a result may be healthy.

We have been through things in our lifetime, but maybe not this deep.

The thing that will change is the banking side. The banks are going to be a lot tighter on how they loan.

While the economic downturn has been challenging, many respondents are hopeful that the recovery has started.

Our business is slow... less and less.

When this thing comes around, it will go boom. I think this will happen at the end of this year, starting with industrial. There is a lot of pent up demand.

I think the residential construction will lead us out of us. It has been down longer and there are so many people in more house they can afford, but they can't sell it. Once that ball starts rolling, it's going to snowball quickly.

Some respondents see a "silver lining."

The recession has cured the nursing shortage.

Within construction, the green building craze, although perceived to be more expensive than regular construction, is a growing trend. While construction methods do not change if a building is "green," the design phase does.

Green building makes the cost go up.

Green means a lot of different things.

Being green doesn't change the hiring process or the building process. Most of it is design.

The residential side will have a hard time with green building because people are not willing to pay for it. People want the most house they can get for the least money.

Technology and Computers

Most firms require at least a basic knowledge of technology and computers. Knowing technology is now not just “nice to have” but a requirement.

New employees have to take a typing test and must have keyboard skills to work in the office.

Even housekeepers and foodservice people are doing computer-based training.

We have had people who have absolutely no experience with computers.

At GHS and St. Francis, all employment applications are online. Applications are never taken with paper.

We implemented work-key testing to prove the candidate has the ability to enter information into the computer system.

The rise in technology has caused hospital systems to look harder for people with these minimal computer skills.

EMS is a young-person’s profession and technology has impacted their budget; spend a lot of money supporting these technological necessities

Technology has had a dramatic impact on the health industry, but is not completely replacing the human touch. Often technology takes away some of the personal care needed in health care.

You end up spending a lot of time looking at the computer and not the patient.

It makes the patients feel that you aren’t listening to them. We are putting a PC in between us and the patient.

Doing Business

Funding and the payment structure for health care is complicated, cumbersome, and confusing.

Long term care insurance will cover non-medical care, but some insurers will cover licensed agencies. Unfortunately we are not able to get licensed by the state, so we want the state to have more rules.

I have been in home health in Greenville for 16 years. When I first started, people didn’t know how to deal with home health agencies.

The payment system for Medicare changed in 1999 and won’t pay for as much anymore.

The dementia part of seniors makes it hard to get funding. The medical part of it is very difficult to get someone who is certified to care for them.

Workplace Focus Groups

Regulations in health care have also made doing business a challenge. Some of the regulations do not make sense to respondents. However, some of the home health agencies would like to see a better licensing program implemented.

DHEC regulates us greatly as an assisted living facility. That is different than home non-medical care.

A lot of the public doesn't understand this segment of health care. They don't understand why the doctor can't just call and get him to send someone out. We have a lot of restrictions on what Medicare will pay for.

There are no rules in the state that govern us. We want licensing.

The home health industry has changed dramatically over the last several years. With people living longer, and the rising cost of long term care, many people are choosing to seek care in the home.

It has changed tremendously. Eight years ago, nonmedical home care did not exist. Now because people are living longer, people are not able to go into a facility, and they may just need a little extra help. Because of two income families and mobile neighbors, people need private care givers.

Twelve years ago, assisted living was looking at us as nonmedical care as competitors. They don't look at us that way any more.

We are totally private pay as a non-medical care. That is different than assisted living.

The services we have had to provide because of longevity. People want to stay in their homes. Going to assisted is on the way out. It is not their home. Assisted living is not for everyone.

Finding and Hiring Personnel

The process of hiring new employees has not changed dramatically over the years. Most interviews include a face to face interview.

The process has not changed much.

We have an assessment center which is skills based, and looks at performing procedures.

We conduct a business-type interview with applicants.

There are more part-time job seekers, who do not want to work full time.

It is easy to fill positions.

Workplace Focus Groups

There is no longer a general nursing shortage in Greenville, and the pool of nursing is becoming smaller.

We are actually having to turn away some nurses.

Exchange programs with other countries

Greenville does not really have a nursing shortage today.

Few nurses are currently being laid off.

Greenville County is ahead of that curve for the short run.

Greenville Tech changed model of graduation to having it occur every quarter so there are new nurses being released more often.

Due to the economy, some home health agencies and construction companies are seeing applicants who are overqualified for the positions.

I have college graduates who are applying for jobs with us because there are no other jobs available.

I had a LPN come and apply for a job this morning for a CNA position because there is nothing available for her qualifications. LPNs are not hired by hospitals as much as RNs.

People are taking jobs lower than what they are qualified for. I am getting people relocating here from New York and other places looking for places to work and train. They have an interest in multi-craft training.

Skilled workers are now taking jobs they are overqualified for.

The construction trade is not pushed in the schools by career counselors as a viable trade.

We haven't done enough to make it attractive enough for people to want to come into construction.

The type of person who likes to work construction is an outdoor person. What would make it more attractive to those who are not necessarily outdoor people is a better wage which we have not traditionally paid in the Southeast.

Several home health agencies believe there will be a shortage in home health employees in the near future.

The nursing shortage is very real. GHS is giving nurses on the units a larger number of patients. They have hired technicians for jobs that used to be done by the nurses. Nurses are also getting older and are not being replaced.

By 2050, this industry is going to be exploding. By 2025, we can expect our businesses to double every couple of years. It will be an explosion we won't be able to handle.

They can't train health care professionals quick enough.

Workplace Focus Groups

The shortage of CNAs is going to be a worldwide crisis. The base is not there. The amount of people who are going to be needed to take care of the elderly is just not there.

Health care employers have a luxury of being able to be selective and choose from a large pool of potential applicants.

For three years, we grew so fast, we had difficulty finding good people. We would get 30 applications, and hire one person.

We are particular about who we hire, CNAs especially. People are just not what we want.

The biggest employment need in hospitals is for more qualified, higher trained personnel.

The jobs are for higher-end professional level—therapists, pharmacists, nurse practitioners, physicians.

We have high turnover because people are moving on to be PAs or nurses.

We are actually looking for specialty pharmacists.

The importance of having bilingual employees is growing, especially with the increase in the Hispanic population. Racial and cultural sensitivity is also needed in new hires.

Difficult to recruit people who are bilingual – an area where there is a large need.

We need bilingual employees.

We place an emphasis on cultural and racial sensitivities.

The Most Qualified Employees

The highly qualified candidates are also looking to move to other competing communities.

The close proximity to Charlotte and Atlanta causes them to be competitors.

Other areas compete for these higher-end professionals.

We are looking for people with good people skills.

Health care patients can often be difficult to deal with, and require special skills.

Some patients don't feel well—they are in crisis mode.

Patients come into offices hostile—someone at the front end must have strong people skills; younger hires don't have these people skills.

Patients feel the prices are too high, they are angry due to refused acceptance of coverage.

We need to have more mature employees taking on this front end role.

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Personal, people skills are critical for success in home health and health care, but are often lacking in employees.

Front desk employees must be smiling when they are talking to patients. This should be in the training.

You need strong front line people to calm those who are hostile and upset.

Many patients complain about office staff.

While people skills are critical, it is not always easy to train how to deal with people.

People skills develop from life experience.

Younger employees should learn from being in the background.

"Nice-ness" is key to getting a job in the healthcare field.

Being a caregiver requires "heart" and a love for the job.

They have to have a heart for caring for somebody. I don't want somebody just because they are qualified. They have to have the heart for it.

You are putting someone in people's homes. This is not just a business.

It is not possible to train the heart.

One of the challenges in home health is matching the client with the right caregiver.

You don't know who private care givers are, so you are taking a risk. You don't know who they are. We go through the extra burden.

Once you get the right match between the client and the caregiver, if Sally is out sick, they are not going to use anyone else.

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Home health agencies are concerned that less qualified employees are also harder to manage. Finding motivated employees with strong interpersonal skills and professionalism can be challenging.

There are more problems at CNA level than RN level. The RNs have more drive and focus.

If you have taken 2-4 years of college, you have a different work ethic. But, CNA training is only six weeks so students have a different kind of work ethic.

Be looking towards CNAs depending on what responsibility each home is willing to take.

We are looking for high skill-level but with self-motivation.

If somebody changes their job every six months, I don't want them.

We hire anyone from age 19 to 75 years old.

Dependability is the biggest thing.

A lot of those we hire are single mothers, and they don't have a lot of drive and ambition. In a lot of ways they are overwhelmed.

The jewelry, the perfume, and the tattoos are amazing.

Organizations are spending some money for initial employee training. However, some are more hesitant to invest a lot in initial training because the turnover rate is expected to be high.

We spend \$5600 on the first month teaching new EMS personnel.

Greenville Tech is the biggest partner in training.

Training for healthcare technicians is usually paid for by employer.

99.9% of employees pay for school out of their own pocket. They may get grants on their own through the government.

We have to be extremely flexible with working schedules so students can go to school.

Paying for CNA training is usually the responsibility of the individual.

Some nursing homes offer CNA training.

Compensation and Hiring

The amount of scholarship money available for training is limited. Most employers are not willing to pay the scholarships.

Doctors' offices cannot afford scholarships but they will pay for coding courses, CPR, etc.

There are very few external scholarships.

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Training is available for health professionals, but more firms are moving to continuing education rather than hiring employees who are already trained.

There seems to be more continuing education rather than preparatory education.

Pay for entry-level health care professionals such as certified nursing assistants is low.

They make \$9-11 an hour

The northern states have a problem getting caregivers because of the pay scale. You can't charge any thing more than what the clients are willing to pay. Our pay scale is not the best and that is one of the issues we have is getting people with a good heart who are dependable. Dependability is one of the most important things.

I pay \$7.50 an hour for a CNA.

We can only charge clients so much. We cannot charge \$35 to \$50 an hour since it is self pay. We charge \$15 to \$16 an hour.

In health care, being an RN (Registered Nurse) has more appeal than being an LPN or a CNA, primarily because the pay is much higher.

The CNA is \$8 or \$8.50 an hour. LPNs get \$15-\$16 in this area, and RN's get \$25 to \$35.

LPNs are not as common these days. They make four to six dollars less than a registered nurse.

You can make more money as a practicing nurse (highly trained RN) than you can teaching.

If someone comes in and the first thing they ask is "what is the pay?," they are not for me.

LPN is a minimum of a year, but you are licensed with the state.

The true caregiver that we are looking for probably doesn't want to be an RN.

You have to have a certain scholastic aptitude to get the LN.

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While most employees see a need and understand the value in going for higher certifications and training, hurdles to getting the additional certification still exist. One of the most significant hurdles is transportation. Another issue is child care.

Transportation.

Transportation is a big issue. It would be nice to have a CNA bus to get them around.

I will not hire anyone without a driver's license. My caregivers in a lot of cases are driving the client's car.

Transportation is an issue in this area because we don't have a good, reliable transportation system. There are many places where routes don't go.

Child care.

Usually not academic hindrances.

Daycare is an issue. If you find somehow how to take care of their children, they would be very interested in going back to work.

They look at it as a quick paycheck. They don't have to go through a lot of school. They go to school for 4 to 6 weeks and they can get a paycheck. When they get a paycheck, they only work a few weeks before they decide this kind of work is not for them.

I lose most of my caregivers in the first month. If they last a month, I will have them for a while.

When looking for the best employees, employers look beyond just people who are technically qualified, but who also have softer skills, such as teamwork, communication, and flexibility.

Soft skills—the ability to walk into a scene and handle the situation

Teamwork; people are used to being individual performers.

Communication skills.

The ideal candidate is trusting, organized, and can think on their feet. They might see six or seven patients a day. (Home health agency)

We try to hire more CNAs than non-CNAs. We need a lot more personal care caregivers. They need a skill level in transferring patients, and are able to handle dementia.

We are not teaching professionalism and people skills. You can teach anyone to take blood pressures, but you can't teach them how to be a professional. At least, it's not being done.

The medical part doesn't need to change, but the professional part would be more. How to dress. How to communicate. How to be on time for work.

Goodwill just started a program to teach accountability skills.

I am from the old school in a lot of ways. When I went to nursing school, we all wore white uniforms. We thought it was

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stupid at the time, but it served the purpose. It teaches you to respect what you are doing. That is missing these days.

I am toying with having my professionals wearing uniforms again. It would give them identity.

If you make it mandatory for them to wear uniforms, the employer has to pay for it.

Mixing different socioeconomic groups can be a challenge in sending health professionals into client homes. Special training is required.

We are taking two very different socioeconomic groups, and putting them together, and making it work. I am taking a caregiver who may or may not have a high school education, may or may not have the best English, and putting them with someone living in Chanticleer who has traveled the world, and making it work.

They are getting about as personal with that person as you can get.

Smoking is also an issue with health care, however, asking questions like cigarette use are difficult to do.

I don't know if it is legal to ask the question or not but can somebody go without smoking for eight hours? If the person is a smoker, can they stay without a cigarette? If the client is a completely bedridden client, we will never find out if they sneak out.

We ask if someone will go with a smoking client.

There are so many questions you cannot ask during the interview.

Drugs and the night before activity are big complaints.

We do background checks on everyone who comes through the door.

A lot of times we will go through staffing agencies so they go through the screening. We will hire them on a trial basis.

Organizations use a variety of ways to find potential hires.

We require three professional references, and six personal references. I don't care about the professional references. It is amazing what people will say in personal references. Because of HIPA problems, companies won't tell you anything about the person.

Most of our recruits are through our web site and through our recruiter.

Most of mine are through referrals.

I occasionally use the newspaper, but I hate to. 100 potential caregivers apply and you might get one or two. It takes too much time.

If a caregiver refers people to us, we trust that.

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If we need a CNA, we will pull from all the CNAs by ZIP code and mail to them.

I work with SHARE, OneStop. I also work with Goodwill.

Construction companies believe there is a certain stigma to working construction and the schools are not effective in selling construction as a career.

We are working with the schools a lot to educate students about the construction industry. People can come into construction and learn a skill. I would like to see more training in this area.

You have to get past the stigma of people saying they don't understand.

There is a reliance on the school career counselor. That just doesn't work. The last thing they are going to recommend is construction. They are more likely to push them into academics.

You don't have the support of the system to get into the schools.

The construction worker is stereotyped.

Most of the people involved in the school system are women. Most of the people involved in construction are men.

Training

Training is critical. In the health care setting, one of the most needed training focuses should be on professionalism and dealing with people who may be from a higher socio-economic class.

One of the biggest things is taking a group of people who are almost unemployable, and we need to prepare them to be in a professional setting. The training needs to be there. They need to be prepared to put it to good use. Make them hungry to work more to move on.

Lifelong learning is going to be important.

I would like for someone to come up with a seminar on professionalism. Show people how to dress and behave on the job. Email us what services are offered.

One of the most important things we do, besides the cooking and care, is the companionship we offer. The depression and alcohol abuse among the clients we serve is something no one wants to even admit. You would be amazed at how many clients we see who are not eating and when we go in get healthy. Clients are not willing to pay for the companionship.

Many respondents do not feel enough resources have been dedicated to workforce training. Significant numbers of Greenville's workforce are undereducated and lack the math skills necessary to work in construction.

We have not done enough to train. The unions have done a lot better job than we have in the south. When they trained a plumber, you got a real plumber.

We haven't embraced training like we should.

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There is not an educated workforce out there. There are people on the jobs that don't understand the math skills that are necessary. We need to get into the school system and show that this is a real trade.

Contractors have not been willing to ante up to support training programs.

We probably wouldn't be willing to pay for training in this economy.

Some construction respondents suggested a greater emphasis in the high school on training for a trade. Greenville Tech's programs are considered to be a good start.

We say it's okay to drop out of school at 16. Why don't we lobby to not let people graduate, but put them in a trade? Give people some options, but don't let them drop out.

Greenville Tech's program is well spoken of.

There is nothing wrong with on the job training but there should be a way for people to experience it before getting on the job.

In construction, specific trade skills are important training.

Form carpentry, welding, plumbing. The keys to the kingdom are commercial related.

Every construction job has plumbing, HVAC and electrical.

The starting place for all the trades is reading drawings.

There has always been a shortage of good masons. That is a tough business, but has always been difficult to find.

Our average superintendent a few years ago used to be over 45. Our industry has done a horrible job in training superintendents and showing that they could make as much as managers.

One of the questions asked is what other services should the United Way offer to help employers.

Teaching applicants how to interview.

All kinds of diagnostic technology is evolving so people will be needed to run the machines and manage their upkeep.

Need for assistive technology in homes for the older generation wanting in-home care.

We have some guys go through Project Supervision. Field supervision doesn't have a lot of young people in it. Susan has a great class at AGC at training them.

The good craftsmen are older too. The skilled workforce is older.

Moderator Guide Healthcare Industry

Introduction

- Ground rules
- Purpose of focus groups
- Introductions: Name, organization, title, tenure

The Healthcare Industry

- Let's begin by talking about the state of the healthcare industry. What is going on in the industry? Compared to other industries, is healthcare doing better, worse, or about the same?
- How do you measure how well the industry is doing?
- What are the three most pressing issues facing the healthcare industry right now? What is the one biggest thing you are concerned about?
- What effect has the economic downturn had on the healthcare industry?
- What are the greatest threats to the healthcare industry? What is different now about providing healthcare that is different than ten years ago?
- How do you think the healthcare industry will be different five or ten years from now.

Human Relations and Hiring

- How has the hiring process changed in healthcare in the last 10 years?
- If you are in human relations, what are some of the changes you have seen over the last 10 years?
- What are some of your expectations for the next 10 years?

Supply and Market

- We often hear people talk about the nursing shortage. How real is the nursing shortage? Why do you think that is the case?
- What areas of nursing have the greatest shortage? Is there anything that can be done to alleviate this?
- What is the current supply for CNAs, LPNs and RNs? What is the supply of healthcare technicians? How does this compare to other places?
- What are the occupations in healthcare with the shortest supply? What are some ways to increase the supply without sacrificing other areas?
- How high is turnover in these jobs? If turnover is high, why is it so high?
- How much do you on average pay CNAs, LPNs, and RNs? Is this higher or lower than the national average?
- How do the healthcare entities expect the emphasis on healthcare IT and electronic conversion of records to affect their industry's workforce? Are more IT workers needed? At

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what level, if they know?

Education and Training

- Do you think it is important for us to train more CNA's, healthcare technicians, and nurses? Which are the most important categories?
- What is the availability of training?
- Where do CNA's get training? Who typically pays for the training? Are there scholarships available?
- Do CNA training programs work? Why or why not?
- What needs to happen to make CNA training programs more effective?
- How does our education system do in preparing workers for these jobs? Where are the holes?
- Why kind of training is needed to prepare students for the type of work they are doing? What needs to change with the education system?
- What incentives, as employers, do your organizations provide to encourage people to get more training?
- Why do students not complete the CNA training? What type of life issues most often get in the way? Transportation, childcare, etc. List on board.
- What are some strategies to overcome some of the hurdles for people getting the training?
- What are the requirements for a CNA to pursue an LPN or RN? What are the reasons students do not pursue these higher paying jobs? What would you think about having a program to move CNAs to higher certifications?

Strategies

- What are some of the strategies the community needs to do to fix some of these problems?
- Whose responsibility is it to fix these problems?
- What should be the role of the United Way in these issues?

Summary

- I am writing a report to summarize the findings from these focus groups. Write the abstract of the report. In one sentence, how would you summarize the group?
- What is the one strategy the United Way should do to improve the workforce?

Moderator Guide

Construction Industry

Introduction

- Ground rules
- Purpose of focus groups
- Introductions: Name, organization, title, tenure

The Construction Industry

- Let's begin by talking about the state of the construction industry. What is going on in the industry? Compared to other industries, is construction doing better, worse, or about the same?
- How do you measure how well the industry is doing?
- What are the three most pressing issues facing the construction industry right now? What is the one biggest thing you are concerned about?
- What effect has the economic downturn had on the construction industry?
- What are the greatest threats to the construction industry? What is different now about providing construction that is different than ten years ago?
- How do you think the construction industry will be different five or ten years from now?

Human Relations and Hiring

- How has the hiring process changed in construction in the last 10 years?
- If you are in human relations, what are some of the changes you have seen over the last 10 years?
- What are some of your expectations for the next 10 years?

Supply and Market

- What is the current supply and available of people to work in construction? Where are the holes? How does Greenville compare to other places?
- What are the occupations in construction with the shortest supply? What are some ways to increase the supply without sacrificing other areas?
- How high is turnover in these jobs? If turnover is high, why is it so high?
- How much do you on average on pay by positions? Is this higher or lower than the national average?

Education and Training

- Do you think it is important for us to train more construction people? Which are the most important categories?

Workplace Focus Groups

- What is the availability of training?
- Where do workers get training? Who typically pays for the training? Are there scholarships available?
- Do training programs work? Why or why not?
- What needs to happen to make training programs more effective?
- How does our education system do in preparing workers for these jobs? Where are the holes?
- Why kind of training is needed to prepare students for the type of work they are doing? What needs to change with the education system?
- What incentives, as employers, do your organizations provide to encourage people to get more training?
- Why do students not complete the training? What type of life issues most often get in the way? Transportation, childcare, etc. List on board.
- What are some strategies to overcome some of the hurdles for people getting the training?
- What are the reasons students do not pursue these higher paying jobs? What would you think about having a program to move to higher certifications?
- How does the emphasis on green construction affect their construction practices? Do they see business growing to do upgrading, retrofitting, etc.?

- Or is it more “business as usual” – just using/installing energy efficient materials in the same manner, instead of non-energy efficient materials. Will they try to capitalize on any federal/state funding for green energy projects and will they have hiring needs if they get the projects?

- If we focused on a pre-apprenticeship construction program that taught the basics of construction along with good work habits (a 16 week program), would they hire entry-level workers from this pool?

Strategies

- What are some of the strategies the community needs to do to fix some of these problems?
- Whose responsibility is it to fix these problems?
- What should be the role of the United Way in these issues?

Summary

- I am writing a report to summarize the findings from these focus groups. Write the abstract of the report. In one sentence, how would you summarize the group?
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